


# Agenda Item 6

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire East Clinical Commissioning Group

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>16 December 2015</b>
Subject:	<b>Lincolnshire East Clinical Commissioning Group – General Update</b>

**Summary:**

This report provides the committee with an update in relation to the activities for Lincolnshire East Clinical Commissioning Group (CCG). The report will include the commissioning activities of the CCG, as well as providing information on the wider developments that the CCG has been involved in.

**Actions Required:**

The Health Scrutiny Committee is asked to consider the contents of this report.

## 1. Background:

The aim of this report is to update the Health Scrutiny Committee information on the developments within Lincolnshire East Clinical Commissioning Group (CCG). Lincolnshire East CCG has 30 member practices which are structured across three localities covering over 1,060 square miles. The locality structure is fundamental to how the CCG operates and member practices are embedded within the localities and communities that they serve.

The CCG covers a population of 243,650, and since the 2001 census has experienced population growth greater than the national average. There is substantial inward migration into the CCG of older people from industrial centres

from the Midlands. This migration has influenced the age structure of the population and the prevalence of long term health conditions. A total 24.7% of the population are aged 65 years or older, compared to 16.9% for England. Some 23.7% of the population of Lincolnshire East have a limiting long term illness or disability, which is significantly higher than the England average of 17.6%.

## **Key Work Programmes**

Over the past year the CCG has focused on a number of areas, which have included the following

### Mental Health: Dementia

County wide dementia services are in the process of being reviewed and redesigned to support best practice in service delivery for the needs of patients and their carers. Specific areas of improvement for patients with dementia have been identified and actions have been outlined in the Lincolnshire Joint Strategy for Dementia. To support the delivery of this strategy Lincolnshire East CCG have been looking to standardise primary care led screening for dementia using the CANTAB mobile screening tool. The CANTAB mobile screening tool is a brand name, which is described as a sensitive screening tool for healthcare professionals to use to identify the earliest signs of clinical relevant memory impairment indicative of Alzheimer's disease in under ten minutes. It was anticipated that this will lead to increased screening for patients, leading to improved diagnosis and identification of patients with dementia.

### Care for the Over 75s

There has been a national drive to focus on the needs of the frail elderly over the age of 75. The CCG chose to approach this by asking its GP practices to innovate and find new solutions and services for the over 75s. The focus was the support and maintenance of people at home and the reduction of admissions. Projects have delivered 3000 additional patient contacts, 800 interventions such as medication changes and the development of over 500 proactive care plans. We are evaluating the projects to determine which have been most effective.

### Neighbourhood Teams

Neighbourhood Teams are a development from the Lincolnshire Health and Care programme that aims to introduce a more proactive approach to out of hospital care. The vision is that community staff of all disciplines work in integrated teams focussed on a neighbourhood. Through case-finding, proactive planning and intervention care is moved closer to home and the teams intervene before people become acutely ill or descend into crisis.

The CCG has two neighbourhood teams in place, one focussed on the Skegness area and a second on East Lindsey North (Louth and coast area). We are now deploying the model into the Boston area and finally to East Lindsey Middle and expect all teams to be in place by February 2016. Teams are supported by Care

Navigators who focus initially on the introduction of the Team and then move into a service liaison role.

### Integrated Urgent Care

In order to manage patients appropriately and reduce demand on Accident and Emergency care services the CCG has led a review of urgent care services at Pilgrim hospital. This has led to a number of urgent care based initiatives, including the development of a clinical navigator role and GP presence in the Accident and Emergency department. The CCG has also been working to develop a rapid response function at Pilgrim hospital, comprising community staff, adult social care, and mental health staff working together in an integrated manner to identify patients who can be rapidly stepped back into the community, who would otherwise have been admitted to an acute medical unit.

### Care Home Projects

The CCG has been working to ensure that we keep patients within their own homes and out of hospital wherever possible. In the Boston Locality the focus has been on primary care practices working with care homes to adopt early interventions, as well as preventative and proactive care to keep people out of hospital, ensuring that patients in these settings receive the same level of care as patients in their own homes. In Skegness the locality has been working on the development of a new care home support team. The service provided by Lincolnshire Community Health Services, has been designed to support patients in care homes by regular patient ward rounds, and the delivery of a comprehensive training programme for care home staff. Whilst this initiative is in the early phases, so far, there has been a 14% reduction in admissions to hospital from the care homes where this service is operating.

### Community Hospitals

The CCG has a greater investment in community hospitals than other CCGs in Lincolnshire. We have been working on the future model for our community hospitals and the ways in which they play into the Lincolnshire Health and Care future. The emphasis on care closer to home ought to put our community hospitals into a key position. We have held market engagement events to explore the future service model for Louth Hospital. We are pleased to be able to report that after a long wait NHS Property Services have commenced a significant programme of backlog maintenance and improvement at Louth Hospital. Most of these will be 'behind the scenes' improvements but they are essential to keeping Louth Hospital up to standard.

## Optimising Prescribing in Primary Care

Across England, prescribing accounts for approximately 10% of the NHS budget. As such it offers the opportunity to make savings in a safe and appropriate manner, by ensuring that patients are taking medication that is appropriate for them. The CCG has introduced Optimise Rx, a practice based software tool, that advises the clinicians on safe prescribing, as well as effectiveness of prescribing.

## C2 Evaluation and Future

As well as supporting our patients through medical interventions, the CCG has also been working with the community and in partnership with East Lindsey District Council through C2. C2 is a community based enablement project which works in partnership with communities to establish long term sustainable solutions for locally owned projects focusing on improving health and care. C2 focuses on two communities - Wainfleet and Winthorpe. Initiatives have included a cancer self-help group and luncheon group. The Chairman of the Winthorpe Partnership won carer of the year this year.

## Caravan Dwellers

The East coast of the county receives large numbers of visitors to the coastal part of the CCG, including a large community of temporary residents living in static caravans in Skegness and surrounding areas. One of the key challenges is to persuade these temporary residents to register with the local primary care practices, so that the clinician can work with them in a more positive and proactive manner.

## **Lead Commissioning Responsibilities**

### United Lincolnshire Hospitals NHS Trust

The Lincolnshire commissioning responsibilities are divided between the four CCGs, with each taking the lead role for one or more providers. Until recently Lincolnshire East CCG was the lead commissioner for Lincolnshire Community Health Services NHS Trust, East Midlands Ambulance Service, NSL non-emergency transport services and NHS 111. This changed earlier this year when the CCGs reviewed the lead commissioning areas and as a result Lincolnshire East CCG is now the lead commissioner for United Lincolnshire Hospitals NHS Trust (ULHT). Lincolnshire West CCG (LWCCG) was formerly the lead commissioner for ULHT and the CCGs have in effect exchanged commissioning portfolios. LWCCG have retained some commissioning responsibility for planned care. The CCGs have worked through these changes between September and November.

Our focus has been on building new a commissioning relationship with ULHT in the context of the future of Lincolnshire health services and the next stage of Lincolnshire Health and Care. In particular we would like to build stronger clinical links and leadership with ULHT and have held a clinician to clinician meeting

between CCG clinical leaders (from all four CCGs) and ULHT lead clinicians such as Clinical Directors.

### Urgent Care and System Resilience

The CCG has the lead responsibility for urgent care and system resilience including emergency planning, resilience and response (EPRR) which deals with readiness for major incidents. We host the urgent care team on behalf of all four CCGs. The CCG Accountable Officer is the Chairman of the System Resilience Group (SRG) which is the key forum for the leadership of urgent care and EPRR. The SRG is a whole-system group with membership from all commissioners and providers, adult social care, and the independent care sector. The SRG plans both tactical and strategic developments in urgent care. The Urgent Care Team also leads the urgent care programme for the Lincolnshire Health and Care. A major development this year has been the introduction of the Clinical Assessment Service (CAS). The CAS acts as a management focus for patients requiring an urgent response and will incorporate the clinical assessment aspects of NHS 111, EMAS, Out of Hours and provider contact centres.

LECCG was pleased to be a partner in the development of the Joint Ambulance Conveyance Project (JACP) which provides ambulances to retained fire services in order to provide a faster ambulance response to local communities. The project is now at the evaluation stage. We were delighted when the project won the prestigious Health Service Journal Award for acute care in the face of stiff competition, and went on to win in the 'Innovation of the Year' category at the Excellence in Fire and Emergency Awards 2015.

### Information Management and Technology

The CCG leads on IM&T for the four Lincolnshire CCGs, including the IM&T enabling workstream of the LHAC programme. Key work programmes include the management of the transition out of the former national Connection for Health programme. In the forthcoming planning round all CCGs will be producing 'Digital Roadmaps' which set out the health community's direction of travel for achieving the Government's digital strategy. This aims to provide greater access for patients to their clinical records, and to move the NHS toward being 'paperless at the point of care' by 2020. The major programme of work this year has been to support the LHAC with IM&T enablers. An integrated telephony system has been commissioned, and a capacity management system which will allow health and social care to build a dashboard of the system capacity across all sectors and locations.

We have also produced a business case for an integrated care portal. This is a technology that will enable all health records for a patient which are held in various locations and systems to be drawn together into a single integrated view. For the first time ever this would allow health professionals to see the whole picture of care for a patient, improving patient management and reducing duplication. A robust patient consent model will be required to allow this to work.

## **Primary Care and Primary Care Commissioning**

When the CCG was authorised, NHS England had the responsibility for commissioning all primary care – GP services, pharmacies, optician services and dental services. In 2014-15 NHS England offered CCGs the opportunity to take on the commissioning responsibility for GP services. The rationale was that the local focus of the CCG would enable a more tailored approach to local commissioning and stronger links between the strategic direction of other services commissioned by CCGs with GP services. The statutory responsibility for GP services remains with NHS England, but through these co-commissioning arrangements NHS England delegates this responsibility CCGs.

Lincolnshire East CCG achieved full delegated responsibility for GP services and now has the lead commissioning responsibility for them. In order to do this we have had to set up appropriate governance arrangements to manage any conflict of interest. The CCG has a Primary Care Commissioning Committee (PCCC) which is a formal committee of the governing body. No LECCG GPs sit on the PCCC which is composed of Governing Body lay members and CCG officers. Meetings of the PCCC are held in public.

Priorities for primary care commissioning will be to develop a primary care strategy laying out the direction of travel and models for GP services in the future, and the way in which these dovetail into the NHS Five Year Forward View.

The CCG has introduced enhanced processes for managing GP services including a quality management system and a dashboard of key quality indicators.

## **Delivery of NHS Constitution Standards for Patients of Lincolnshire East CCG**

The delivery of the NHS Constitution standards for accident and emergency, ambulance services, and cancer has deteriorated during 2015-16. The planned care standard has been redefined in terms of incomplete patient pathways and is being met overall (94% against a target of 92%). At specialty level there are still challenges in some areas including urology, plastic surgery and neurology. The CCG is taking steps to improve these areas of performance including working with the Emergency Care Improvement Programme (ECIP) to improve A&E performance, and working on improvement programmes and referral to other providers to improve planned care and cancer performance. Planned care and cancer have shown improvement in recent months but A&E performance is still proving challenging. At CCG level performance is 94.95% against a target of 95%, but at ULHT specifically performance for LECCG patients is 89.3%.

All of these standards and performance are published monthly and publicly in the CCG Governing Body papers.

## **Financial Management**

The CCG has a total commissioning allocation in 2015-16 of £368 Million. Each CCG is required to:

- Achieve a 1% overall surplus

- Provide for a contingency of 0.5%
- Allocate 1% of resources to be spent non-recurrently
- Stay within a running cost of £21.20 per head of population

The CCG is forecasting a balanced position against its plan and is on target to deliver all of its key metrics with the exception of the underlying surplus. 2016-17 is expected to be extremely challenging financially and the CCG leadership are considering options for reducing expenditure in less effective areas in order to maximise spend on effective services and create headroom for service change and improvement.

## **2. Conclusion**

The Health Scrutiny Committee is request to consider and comment on the content of the report.

## **3. Consultation**

This is not a direct consultation item.

## **4. 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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