


Agenda Item 8

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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 Gary James, Accountable Officer, Lincolnshire East Clinical Commissioning Group

Report to	Health Scrutiny Committee for Lincolnshire
Date:	23 November 2016
Subject:	Lincolnshire East Clinical Commissioning Group Update

Summary:

This report provides the Health Scrutiny Committee for Lincolnshire with an update on the activities of Lincolnshire East Clinical Commissioning Group (LECCG). It includes information on the lead commissioning arrangements undertaken by the LECCG; financial and performance information; and patient engagement activity.

Actions Required:

- (1) To consider and comment on the information presented by Lincolnshire East Clinical Commissioning Group.

1. Background

Lincolnshire East CCG (LECCG) is now in its fourth year of commissioning services for our population 245,000 patients. During the last twelve months we have seen the NHS facing unprecedented demands for services and, at a time of austerity in all public services, this is proving to be a particularly challenging time. It is clear that the CCG and the NHS generally is going to have to change and adapt in order to meet the needs of patients, and find ways to become more effective and efficient. We need to secure a sound future for the NHS locally and ensure that the needs of all patients continue to be met in the most comprehensive and accessible way possible, whilst putting the NHS onto a more sustainable footing.

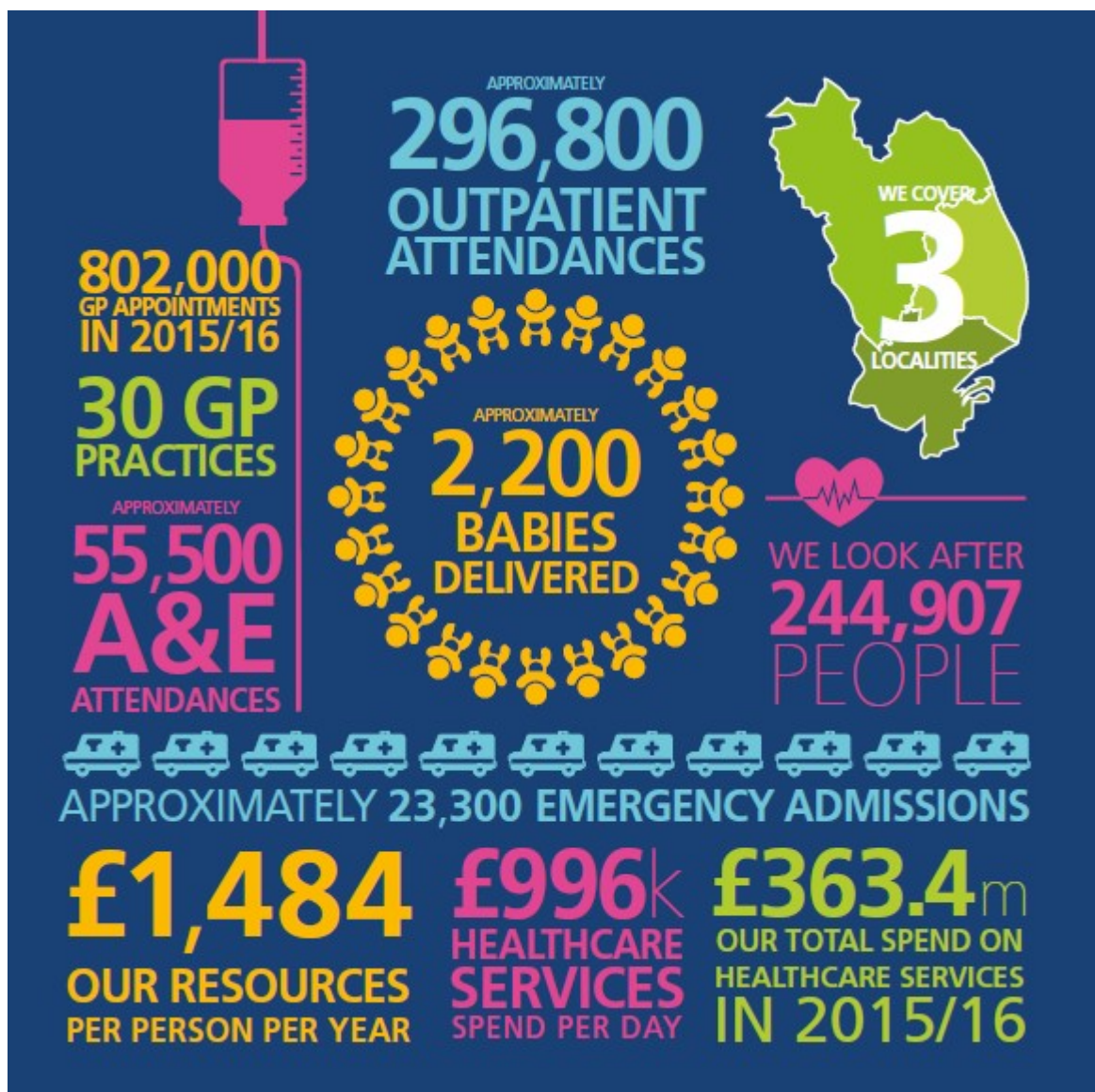


Figure 1 – Some key facts and figures for LECCG

2. The Past Year in Commissioning

During the last year the CCGs in Lincolnshire have reviewed the lead commissioning arrangements (the organisations that each CCG commissions on behalf of all Lincolnshire CCGs). LECCG is now lead commissioner for United Lincolnshire Hospitals NHS Trust, whereas previously we commissioned Lincolnshire Community Health Services, East Midlands ambulance Service, Non-emergency patient transport and NHS 111 services. This has required a change in focus for the CCG and the development of new relationships with ULHT. We feel this has gone well and that relationships are challenging but positive. We were pleased to achieve agreement on the 2016-17 ULHT contract on time and without recourse to arbitration for the first time in over a decade. This is good for the NHS and for patients, because it is an indication of the service working together and not getting engaged in lengthy bureaucratic issues.

The CCG has fully delegated authority for Primary Medical (General Practice) services. The commissioning of GP services is managed through the Primary Care Co-commissioning Committee (PCCC) which is constituted to avoid any conflict of interest

with GPs as members of the CCG. The PCCC has focussed for this year on the sustainability of general practice, developing a primary care strategy and managing the development and investment of GP services. The PCCC has also been developing quality dashboards for GP services in order to supplement the CQC quality regime with more locally focussed and responsive quality systems.

Over the past year we have

- Addressed isolation in rural areas through Talk, Eat, Drink (TED) in partnership with East Lindsey District Council
- Developed a Diabetes service specification
- Delivered care home schemes in Boston and Skegness
- Worked on dementia support services
- Addressing antimicrobial resistance
- Invested in our GP Practices to deliver case management for the over 75s

3. CCG Finances

During 2015-16 the CCG spent £363.4 million on the purchase of healthcare. This is 98% of our total resources. The largest expenditure (60%) is on buying services from NHS trusts. Prescribing costs accounted for 14% of our total, and administrative costs were 2% or £4.5m, much of which goes into 'back office' support services from our commissioning support unit. Our spend on health care is shown in figure 2 below.

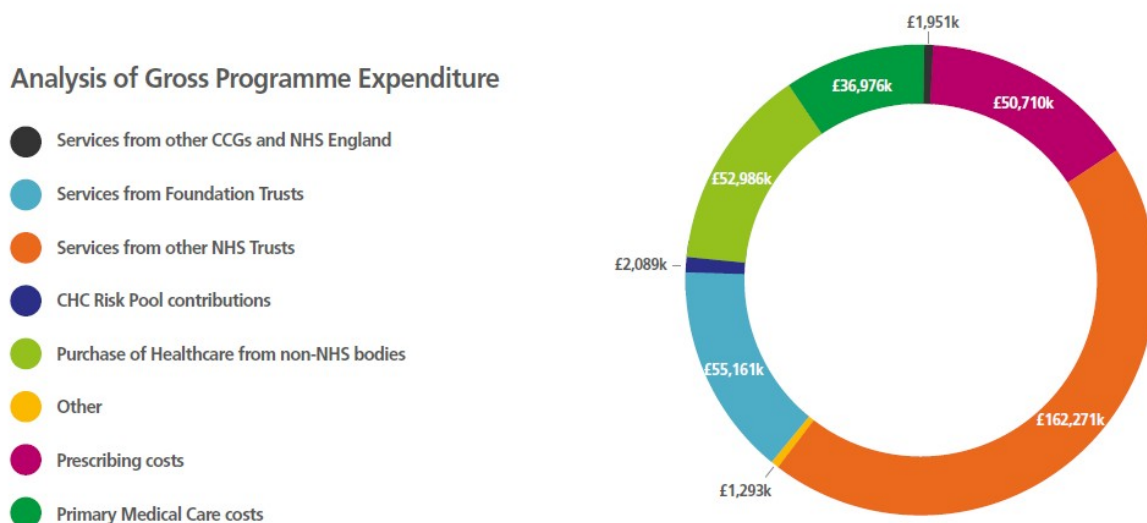


Figure 2 – Use of LECCG Program Funds

The CCG did receive an increase in funding for 16-17 but nevertheless increasing demand for services in a time of relative funding constraint is leading to some significant pressures on budgets. Pressure is particularly arising from the increases in demand and admissions for urgent care, increases in prescribing costs, and increases in the costs of continuing health care (support packages for people being supported at home and in care homes with long term needs).

The CCG is reacting to this pressure by taking measures to improve productivity and by focussing on services which are the highest priority. Obtaining value for its publicly funded budget is always a priority for a commissioner but at times of austerity it becomes even more important to ensure that every penny is being invested where it will bring the greatest benefit to patients.

Measures that the CCG is taking to manage the financial pressures include:

- Improving the cost effectiveness of prescribing by focussing on the best value medications such as generic rather than branded medicines, and changing to the most cost effective equivalent product
- Consulting the public about over the counter medications and whether some of the spend on these (approximately £4m for LECCG) should be prioritised elsewhere
- Seeking care in the most cost effective setting, for example in community surgical schemes rather than hospitals if possible
- Reviewing the clinical guidelines for procedures of low clinical value, to ensure compliance and that patients are receiving the most appropriate care at the most appropriate time

4. Performance of the CCG

CCGs are assessed through a performance framework of quarterly reviews and an annual summative conducted by NHS England. For 2015-16 LECCG, in line with all CCGs in Lincolnshire, was rated overall as 'Requires Improvement'. The CCG performance on each of the assessment framework domains was:

Well Led:	Good
Delegated Functions:	Good
Finance:	Requires Improvement
Performance:	Requires Improvement
Planning:	Requires Improvement

Overall 'Requires Improvement' was the commonest CCG rating nationally with 92 CCGs being assigned this outcome. Because of the way the framework is applied it is not possible to achieve a better rating than 'requires improvement' unless the finance element is also rated as 'Good'. The 'Performance' rating of the CCG framework principally refers to the performance of the system in meeting constitutional standards for patients.

Clinical priority baselines were published for the first time this year and for LECCG these are shown in Figure 3. We are pleased with our 'Top Performing' rating for

diabetes given how prevalent this is in the CCG, representing a huge challenge. The CCG has plans for improvement in place for dementia and cancer services.

The clinical priority ratings are an initial baseline and the data period used varies between indicators. They are intended to identify areas for focus going forward for the CCG and are a snapshot in time. For example, the CCG benchmarks as slightly better than the national average for cancer survival but has had significant problems with cancer staging, which is a measure of the degree of progression seen in a cancer at time of diagnosis.

5. Patient engagement

The CCG has been focussing on increasing its engagement with the public and has now established a patient council and patient viewpoint panel in addition to the active patient participation groups attached to GP practices.

We use a number of national patient feedback systems to listen to opinions of patients, and also proactively seek patient opinion by reaching out to our communities in specific events. The national feedback systems we use includes:

- CQC patient survey programmes in mental health, inpatient, accident and emergency, and maternity
- The Friends and Family test
- GP Patient Surveys
- Digital Feedback reports from NHS Choices and Patient Opinion
- Complains and concerns

Our local engagement approaches include:

- Patient Participation Groups at GP Practices
- Quality Visits to providers
- Public listening events
- Listening Clinics in our GP Practices
- Youth Workshops to reach out to young people
- A health bus programme to take health messages and access out into our communities

We feel we have made major improvements in patient engagement this year through this range of activities and this will be especially important as the CCG moves toward public consultation of the STP and LHAC plans.

NHS Lincolnshire East CCG					
Clinical Priority Area	Overall Rating	Indicator Ratings			
Cancer	Greatest Need for Improvement	36.5%	72.1%	68.8%	85.9%
		New of cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed	Of people with an urgent GP referral having first definitive treatment for cancer within 62 days of referral	of adults diagnosed with any type of cancer in a year who are still alive one year after diagnosis.	of responses ,which were positive to the question "Overall, how would you rate your care?"
Dementia	Greatest need for improvement	64.0 %		75.1%	
		Estimated diagnosis rate for people with dementia		of patients diagnosed with dementia whose care plan has been received a face-to-face review in the preceding 12 months	
Diabetes	Top performing	39.3%		15.9%	73.3%
		of diabetes patients have achieved all the NICE-recommended treatment targets		of people with diabetes diagnosed for less than a year who attended a structured education course	of GP practices that participated in the National Diabetes Audit
Learning Disabilities	Needs improvement	69		47%	
		Rate of inpatients per million GP registered adult population for each Transforming Care Partnership. CCGs are then assigned the score of the TCP they belong to		of people with a learning disability who are on the GP register and receiving an annual health check during the year. Measured as a percentage of the CCG's registered learning disability population	
Maternity	Needs improvement	83.2	68.0	6.5	14.1%
		The score out of 100 for women's experience of maternity services based on the 2015 CQC National Maternity Services Survey	The score out of 100 for choices offered to women in maternity services based on the National Maternity Services Survey	The rate of stillbirths and deaths within 28 days of birth per 1,000 live births and stillbirths, reported at CCG of residence level by calendar year.	of women who were smokers at the time of delivery
Mental Health	Needs improvement	52.3%		0.0%	
		of people who were initially assessed as "at caseness", attended at least two treatment contacts, are coded as discharged, and are assessed as moving to recovery		of people with first episode of psychosis starting treatment with a NICE-recommended package of care and treated within 2 weeks of referral	

Figure 3 – Baselines for CCG Clinical Priorities

6. System Leadership

LECCG takes a leadership role across the county in a number of areas. In addition to our lead commissioning role for ULHT we also provide the lead commissioning role for urgent care across the County. In the STP and LHAC programs the CCG has led on Urgent Care, Women and Children's Care, and on the development of the Local Digital Roadmap which is the digital strategy to support the STP programme.

7. Sustainability and Transformation Plans and Lincolnshire Health and Care Programmes

In partnership with other commissioners and providers across Lincolnshire LECCG has been working on the Strategic Transformation Plan which incorporates the clinical redesign started in the Lincolnshire Health and Care (LHAC) programme. The Sustainability and Transformation Plan (STP) has been submitted to NHS England (NHSE) and after a review by NHSE will be published so that the CCG can continue the dialogue with the patients of Lincolnshire. The STP is an important strategic plan that aims to establish the NHS in Lincolnshire on a path to improved and more sustainable services. LECCG has taken a lead in urgent care and women and children's services in the STP and has been engaging with parents and women in particular regarding the challenges around women and children's services.

8. Conclusion

This is an extremely challenging period for the NHS in which we are seeing unprecedented levels of demand and a system that is struggling at times to meet constitutional standards. LECCG continues to focus on the needs of its patients whilst understanding that this has to be done in the context of services that will work for Lincolnshire as a whole. We think that our improvements in public engagement and continued strong clinical leadership make us well placed to lead the NHS system for the patient of Lincolnshire East and to address the challenges ahead.

9. Consultation

There is no consultation required as part of this item.

10. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Gary James, Accountable Officer, Lincolnshire East Clinical Commissioning Group, who can be contacted via
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