Lincolnshire COUNTY COUNCIL
Working for a better future

# LINCOLNSHIRE HEALTH AND WELLBEING BOARD

**Open Report on behalf of the Lincolnshire Clinical Commissioning Groups**

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| Report to | **Lincolnshire Health and Wellbeing Board** |
| Date: | **6 December 2016** |
| Subject: | **Lincolnshire CCGs Draft Joint Operational Plan: Lincolnshire East CCG, Lincolnshire West CCG, South Lincolnshire CCG, South West Lincolnshire CCG.** |

**Summary:**
NHS England published planning guidance in September 2016 bringing the NHS planning cycle forward by 3 months this year, and requiring CCGs to align operational planning to years 2 & 3 of the local Sustainability and Transformation Plan (STP).

Lincolnshire has worked together more closely than ever in the past 3 years to develop the Lincolnshire Health and Care Programme; our Blueprint for future health and care services in Lincolnshire and our new model of care. The development of the Sustainability and Transformation Plan (STP) over the last year has built on this strong foundation and is a major milestone in a very complex and extensive programme of work. Our Sustainability and Transformation Plan has been developed by the whole Lincolnshire system. It covers the underpinning changes that have been required to enable us to develop the plan and become ready for implementation, including how organisations and leaders:

- Have changed their awareness and understanding of challenges,
- Have developed a changed approach to leadership,
- Have changed behaviours in the past year
- Have developed a different and shared understanding of the solutions.

The Joint Draft Lincolnshire CCG Operational Plan 2017-19 forms years 2-3 of the STP and translates our strategic STP into a delivery plan; turning solutions into reality. Like our STP, our two year operational plans have also been developed by cross organisational working; for the first time

all seven NHS organisations have come together to agree these operational plans. The STP assumptions for activity, finance and workforce modelling as well as the STP critical path have been further developed for our operational plan(s) so we have collective understanding of what is required and how and when we are going to deliver it. Our two year operational plans will start to make the STP "business as usual" and deliver this complex and challenging improvement programme.

To support delivery of the STP we are developing principles of planning and contracting including dispute resolution that will be used to support some of the difficult decisions to be made during the lifecycle of this operational plan and assist us to mitigate risk so enhancing our opportunities for success.

In addition to being held to account for delivery of the STP the CCG Improvement and Assessment Framework provides the framework by which CCGs performance will be monitored during the life cycle of the operational plan. The table below provides an overview of current performance against the CCG Improvement and Assessment Framework.

| | Area | IAF Target | Period | Eng Avg Nat Std | Lincs STP | LE | LW | SWL | SL | Better is… |
|---|---|---|---|---|---|---|---|---|---|---|
| Better Health | Smoking | Maternal smoking at delivery | Q1 16/17 | 10.2% | 11.0% | 12.7% | 12.7% | 10.1% | 7.0% | ↓ |
| | Child obesity | Children 10-11 overweight or obese | 2014-15 | 33.2% | 33.3% | 38.3% | 31.1% | 28.2% | 33.6% | ↓ |
| | Diabetes | Achieved all three of the NICE treatment targets | 2014-15 | 39.8% | 38.4% | 39.3% | 39.7% | 34.7% | 37.8% | ↑ |
| | | Diagnosed < 1 yr attend a structured education course | 2014-15 | 5.7% | 16.1% | 15.9% | 20.6% | 14.3% | 9.3% | ↑ |
| | Falls | Injuries in people aged 65+ per 100,000 popn | Mar-16 | 2,014 | | 1,663 | 1,625 | 1,832 | 2,200 | ↓ |
| | Personalisation and choice | Utilisation of the NHS e-referral service | Jul-16 | 52.0% | | 73.0% | 73.2% | 76.5% | 62.1% | ↑ |
| | | Personal health budgets per 100,000 popn | Q1 16/17 | 11.3 | 23.4 | 21.6 | 29.7 | 24.1 | 16.5 | ↑ |
| | | % deaths which take place in hospital | Q4 15/16 | 47.0% | 47.0% | 48.6% | 45.2% | 43.5% | 49.4% | ↓ |
| | | People with a LTC feeling supported | 2016 | 64.3% | | 64.8% | 65.3% | 64.8% | 68.0% | ↑ |
| | Health inequalities | Inequality in avoidable chronic ACS emergency admissions | Q4 15/16 | 929 | | 700 | 676 | 543 | 684 | ↓ |
| | | Inequality in emergency admissions for urgent care sensitive conditions | Q4 15/16 | 2,168 | | 1,539 | 1,495 | 1,203 | 1,472 | ↓ |
| | Anti-microbial resistance | Appropriate prescribing of antibiotics in primary care | Jul-16 | 1.07 | | 1.18 | 1.07 | 1.04 | 1.14 | ↓ |
| | | Prescribing of broad spectrum antibiotics in primary care | Jul-16 | 9.3% | | 10.8% | 11.3% | 10.6% | 10.2% | ↓ |
| | Carers | Quality of life of carers - health status score (EQ5D) | 2016 | 80.0% | | 76.2% | 78.1% | 73.3% | 77.9% | ↑ |
| Better Care | Care ratings | Use of high quality providers | in development | | | | | | | |
| | Cancer | Cancers diagnosed at early stage | 2014 | 50.7% | 39.0% | 36.5% | 33.3% | 42.8% | 48.3% | ↑ |
| | | Cancer 62 days first definitive treatement standard | Aug-16 | 85.0% | 77.1% | 75.7% | 84.2% | 72.2% | 73.7% | ↑ |
| | | One-year survival from all cancers | 2013 | 70.2% | | 68.8% | 69.9% | 69.3% | 71.1% | ↑ |
| | | Cancer patient experience | 2015 | 8.68 | | 8.52 | 8.37 | 8.56 | 8.91 | ↑ |
| | Mental Health | Improving Access to Psychological Therapies recovery rate | Jun-16 | 50.0% | 55.3% | 53.2% | 53.1% | 62.1% | 56.9% | ↑ |
| | | 1st episode of psychosis < 2 weeks of referral | Jul-16 | 50.0% | 94.4% | 100% | 85.7% | 100% | 88.9% | ↑ |
| | | CYPMH services transformation | | | | 50% | 50% | 50% | 50% | ↑ |
| | | Crisis care and liaison MH transformation | | | | 60% | 60% | 60% | 60% | ↑ |
| | | Out of area placements (inpatient) - transformation | | | | 25% | 25% | 25% | 25% | ↑ |
| | Learning Disability | LD and/or autism specialist inpatient care (per million) | Q1 16/17 | 58.2 | | 67.0 | 67.0 | 67.0 | 67.0 | ↓ |
| | | LD annual health check | 2014-15 | 47.0% | | 47.0% | 25.0% | 46.0% | 32.0% | ↑ |
| | Maternity | Neonatal mortality and stillbirths per 1,000 births | 2014-15 | 7.1 | 6.4 | 6.5 | 4.2 | 8.5 | 8.3 | ↓ |
| | | Women's experience of maternity services | 2015 | 80.3 | | 83.2 | 80.8 | 73.8 | 82.4 | ↑ |
| | | Choices in maternity services | 2015 | 65.6 | | 68.0 | 61.9 | 63.7 | 65.4 | ↑ |
| | Dementia | Estimated diagnosis rate for people with dementia | Aug-16 | 67.0% | 64.2% | 64.1% | 63.5% | 56.8% | 71.1% | ↑ |
| | | Dementia care planning and post-diagnostic support | 2014/15 | 77.0% | 78.8% | 75.1% | 77.8% | 82.6% | 82.7% | ↑ |
| | Urgent & Emergency Care | Milestones delivery of an integrated urgent care service | Aug-16 | 8 | | 1 | 1 | 1 | 1 | ↑ |
| | | Emergency admissions rate for urgent care sensitive conditions | Q4 15/16 | 2,359 | | 2,054 | 2,111 | 1,772 | 1,929 | ↓ |
| | | A&E 4 hour standard | Aug-16 | 95% | 87.2% | 88.2% | 87.6% | 78.2% | 89.9% | ↑ |
| | | Ambulance Cat A RED 1 standard | | 75% | 63.1% | 52.4% | 75.8% | 77.3% | 55.6% | ↑ |
| | | DToC attributable to the NHS and Social Care per 100,000 | Aug-16 | 14.1 | 15.9 | 16.0 | 15.4 | 16.2 | 16.3 | ↓ |
| | | Emergency bed days per 1,000 population | Q4 15/16 | 1.0 | | 0.9 | 0.9 | 0.8 | 0.9 | ↓ |

| | Area | IAF Target | Period | Eng Avg Nat Std | Lincs STP | Clinical Commissioing Group LE | LW | SWL | SL | Better is… |
|---|---|---|---|---|---|---|---|---|---|---|
| Better Care cont.. | Primary Medical Care | Emergency admissions for chronic ACS conditions | Q4 15/16 | 795 | | 731.2 | 670.3 | 656.5 | 672.1 | ↓ |
| | | Patient experience of GP services | H1 2016 | 85.2% | 85.4% | 82.5% | 88.5% | 84.6% | 86.0% | ↑ |
| | | Primary care access (evening/weekend) | in development | | | | | | | |
| | | Workforce - GPs and practice nurses per 1,000 popn | H1 2016 | 1.0 | 1.2 | 1.3 | 1.1 | 1.3 | 1.3 | ↑ |
| | Elective Access | 18 week RTT standard | Aug-16 | 92% | 91.0% | 90.7% | 89.5% | 90.8% | 94.0% | ↑ |
| | 7 Day Services | Achievement of clinical standards in delivery of 7 day (consultant) services | in development | | | | | | | |
| | NHS Continuing Healthcare | Eligible for standard NHS Continuing Healthcare per 50,000 popn | Q1 16/17 | 46.0 | 63.4 | 64.5 | 59.7 | 63.7 | 66.6 | ↑ |
| Sustainability | Financial sustainability | Financial plan | 2016 | | | Amber | Green | Green | Green | ↑ |
| | | In year financial performance | Q1 16/17 | | | Red | Amber | Green | Amber | ↑ |
| | Allocative efficiency (C4V) | Expenditure in areas with identified scope for improvement | in development | | | | | | | |
| | | Outcomes in areas with identified scope for improvement | Q1 16/17 | 58.3% | | 66.7% | wave 2 | 66.7% | wave 2 | ↑ |
| | New models of care | Adoption of new models of care | in development | | | | | | | |
| | Paper-free at the point of care | Local digital roadmap in place | | | | Yes | Yes | Yes | Yes | ↑ |
| | | Digital interactions between primary and secondary care | Q2 16/17 | 62.4% | | 71.0% | 72.2% | 70.3% | 59.9% | ↑ |
| | Estates strategy | Local strategic estates plan (SEP) in place | 2016-17 | | | Yes | Yes | Yes | Yes | ↑ |
| Well Led | STP | Sustainability and Transformation Plan | in development | | | | | | | |
| | Probity & corporate governance | Managing Conflicts of Interest | in development | | | | | | | |
| | Workforce engagement | Staff engagement index | 2015 | 3.8 | | 3.7 | 3.7 | 3.7 | 3.8 | ↑ |
| | | Progress against Workforce Race Equality Standard | 2015 | 0.2 | | 0.3 | 0.2 | 0.3 | 0.3 | ↓ |
| | CCGs' local relationships | Effectiveness of working relationships in the local system | 2015-16 | 69.1 | | 68.3 | 62.0 | 78.6 | 63.9 | ↑ |
| | Quality of leadership | Quality of CCG leadership | Q1 16/17 | | | Green | Green | Green | Green | ↑ |
| | **Area** | **STP Target** | **Period** | **Eng Avg Nat Std** | **Lincs STP** | **LE** | **LW** | **SWL** | **SL** | **Better is…** |

Our joint operational plan must ensure we continue to deliver core NHS Constitution and associated standards within the Improvement and Assessment Framework. Where we are not achieving we have developed improvement trajectories and improvement plans to achieve core standards. These improvement plans will focus on short term improvement whilst longer term strategic change programmes forming part of the STP, will ensure longer term sustainable delivery of NHS standards is achieved. The 3 top priority improvement plans that all 4 CCGs will focus on over the next 2 years are:

- A & E four hour wait standard
- Referral to Treatment 18 week standard
- NHS Constitution standards for cancer

Appendix A Lincolnshire CCGs Draft Joint Operational Plan on a Page provides a summary of our plan.

**Actions Required:**

The Health and Wellbeing Board is asked to note the Lincolnshire CCGs Draft Joint Operational Plan on a Page 2017-19

## Background

NHS England CCGs requires CCGs to submit final Operational Plans on 23 December 2016 alongside finalising contract negotiations with providers. Operational plans form the basis of year 2 and 3 of the STP. STPs are more than just plans. They represent a different way of working, with partnership behaviours becoming the new norm. What makes most sense for patients, communities and the taxpayer should always trump the narrower interests of individual organisations. This means improving and investing in preventative, primary and community based care. It means creating new relationships with patients and communities, seeing the totality of health and care in identifying solutions, using social care and wider services to support improved productivity and quality as well as people's wellbeing.

There are 9 'must do's' outlined in the planning guidance for 2017-19.

1. Deliver years 2 and 3 of the STP.

2. Financial balance: Deliver individual CCG and NHS provider organisational control totals, and achieve local system financial control totals.

3. Deliver the 5 Year forward View for Primary Care to ensure sustainability of general practice and develop primary care at scale.

4. Urgent and emergency care: Deliver the four hour A&E standard, and standards for ambulance response times and meet the four priority standards for seven-day hospital services for all urgent network specialist services. Implement the Urgent and Emergency Care Review. Deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department. Initiate cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis.

5. Elective Care: Deliver the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment (RTT). Deliver patient choice of first outpatient appointment, and achieve 100% of use of e-referrals. Streamline elective care pathways. Implement the national maternity services review, Better Births, through local maternity systems.

6. Cancer: Implement the Cancer Taskforce Report. Deliver the NHS Constitution 62 day cancer standard, including by securing adequate diagnostic capacity, and the other NHS Constitution cancer standards. Make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission. Ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types. Ensure all elements of the Recovery Package are commissioned.

7. Deliver the implementation plan for the Mental Health Five Year Forward View for all ages, including: Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care. More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services; Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral. Increase access to individual placement support for people with severe mental illness in secondary care services. Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral. Reduce suicide rates by 10% against the 2016/17 baseline. Ensure delivery of the mental health access and quality standards. Increase baseline spend on mental health to deliver the Mental Health Investment Standard. Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support. Eliminate out of area placements for non-specialist acute care by 2020/21.

8. Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism. Reduce inpatient bed capacity by March 2019 to 10-15 in CCG-commissioned beds per million population. Improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check. Reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability and/or autism.

9. Quality: All NHS organisations should implement plans to improve quality of care, particularly for organisations in special measures. Drawing on the National Quality Board's resources, measure and improve efficient use of staffing resources to ensure safe, sustainable and productive services. Participate in the annual publication of findings from reviews of deaths, to include the annual publication of avoidable death rates, and actions they have taken to reduce deaths related to problems in healthcare.

## 2. Conclusion

The Draft Joint CCG Operational Plan for 2017-19 is built on the Lincolnshire Sustainability and Transformation Plan and signals a significant shift in the way healthcare is planned and delivered across Lincolnshire. Over the next 2 years implementing the joint operational plan will require partners to work collaboratively at pace and scale to deliver sustainable services for the people of Lincolnshire.

## 3. Consultation

In line with the STP critical path there are elements of the plan that require formal consultation. For those elements formal consultation will commence May 2017.

## 4. Appendices

| These are listed below and attached at the back of the report | |
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| Appendix A | Lincolnshire Draft Joint CCG Operational Plan on a Page |

## 5. 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 Annette Lumb Head of Planning and Corporate Governance Lincolnshire West CCG (on behalf of Lincolnshire East CCG, Lincolnshire West CCG, South Lincolnshire CCG South West Lincolnshire CCG who can be contacted on (01522 513355)