Lincolnshire East CCG

Operational Plan

2017 – 2019

(Updated April 2018)

CONTENTS

Introduction

Over the two year period in Lincolnshire, the health service will embark upon an ambitious plan to improve services for patients and make those services sustainable for years to come. The Sustainability and Transformation Plan (STP) is a joint endeavour between commissioners and providers, and Lincolnshire East CCG (LECCG) has been working hard to ensure that the needs and voices of our patients will be met and heard.

As we move through these first two years of the STP, services will become more joined up for patients and we will begin to refocus on care in the most effective place - closer to home where possible, or in the best quality service that makes travelling worthwhile, if necessary.

The Lincolnshire STP has been working on seven priorities since April 2017 and each area is now gaining traction and starting to deliver real change for people needing to access care and support across the county. The areas of focus are:

- Integrated Neighbourhood Team Working including Enhanced Support to Care Homes Programme
- Implementation of GP Forward View
- Mental Health
- Urgent and Emergency Care Transformation
- Planned Care
- Acute Services Review
- Operational Efficiencies

In addition to the Lincolnshire STP priorities the following will also be a focus and these are linked to national priorities that were reflected within the *Next Steps on the NHS Five Year Forward View (March 2017)* for delivery in 2018/19.

- Cancer
- Maternity
- Learning Disabilities

This will require a greater investment in, and development of, community and primary care services. Our general practices are under tremendous pressure and it is essential that we support primary care to expand and develop to meet demand and to work in new ways.

We will see a greater use of technology to improve the information available to clinicians and patients, and to support services that are closer to patients and more accessible, such as telephone and video consultations. Patients will be helped to become more active partners in their care and treatment and we will increase the emphasis on prevention and self-help.

This is the dawn of a new chapter in health services and we look forward to sharing our plans with patients and the public and beginning the journey to a more effective and sustainable health service.

Section 1 - CCG Health Profile

LECCG's registered population is predicted to increase by around 1.2% in 2018/19. On 1 April 2017 the population was of 247,566, having risen to 250,214 on 1 April 2018. This population is served by 27 GP practices, spread across a number of small towns, including Louth, Skegness, Boston, Horncastle, Market Rasen, Woodhall Spa, Coningsby, Wragby and numerous small villages. One of many challenges for LECCG is being able to deliver accessible services across a wide geographical area of 1,350 square miles, 60 miles north to south and 35 miles east to west (larger than the county of Leicestershire) and ensuring equity of services for our population. Another challenge is being able to deliver this equity and accessibility of services to a population which has some significant health and social issues such as those listed below:

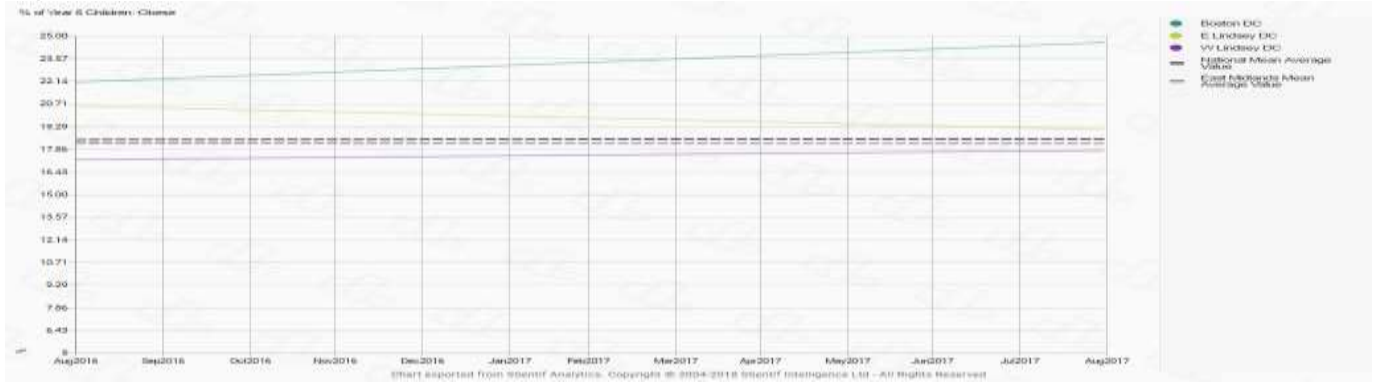
- Overall a higher proportion (32.7%) of the CCG's population are aged 60 and over compared with the England average (23%) (1 April 2018).
- Higher than England average for childhood obesity
- Higher than England average for emergency hospital admissions for CHD, MI and stroke
- Higher than England average for alcohol related harm, emergency admission for hip fractures; elective admission for hip replacements
- Overall life expectancy at birth is slightly lower than the England average for both males and females.
- Premature mortality (<75 years) is higher than that for England.
- Lincolnshire East has a higher population (26.3%) living in a deprived area than the national average (21.8%).
- LECCG has a higher prevalence in most long term conditions than the England average particularly around diabetes, CVD, hypertension.

For more information on the CCG health profile please refer to the embedded document from the December 2016 plan – Appendix 4

SECTION 2 - Improvement and Delivery Plans

a) Prevention

This section outlines the plans that LECCG will implement to recover or improve the baseline position against national standards and indicators within the Improvement and Assessment Framework.



Standard	National Std (NS) England Avg (EA)	Baseline	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4
Children 10-11 overweight or obese	**33.2% EA**	**38.3%**		August 2017 actual: Boston 24.6% East Lindsey 19.1% West Lindsey 17.8%						
Maternal Smoking at Delivery	**10.2%**	**12.7%**	**15.1%** (actual)	**17.6%** (actual)		**12.2%** (trajectory)				**11.7%** (trajectory)

Maternal smoking at delivery:

Smoking In Pregnancy (SIP) task group has been set up to review the issues with smoking status at time of delivery (SATOD) and to reduce the numbers of pregnant women who continue to smoke during their pregnancy. A SIP assessment has been produced with a range of stakeholders to identify gaps and develop a health needs assessment and action plan going forward. Pathways and referral processes have been revisited since the change in stop smoking service (SSS) provider. Recommendations and best practice from elsewhere have been implemented, together with a range of other measures to ensure that all pregnant women are CO monitored throughout their pregnancy. An 'opt out' referral process is introduced, training on SIP and NCSCT

Pregnant smokers are one of the main target areas for the SSS and within LECCG there are proposals for targeted areas to combine work bases for midwifery and SSS within the community.

Children 10-11 overweight or obese:

During the early stages of the Lincolnshire STP, a local healthy weight in childhood in Lincolnshire plan will be agreed. This will address four strategic themes:

a) Promote a healthy lifestyle (healthy eating and physical activity) and raise awareness of obesity.
b) Implement a 'life course approach' to reduce childhood obesity.

c) Establish evidence based interventions commissioned and delivered by both NHS and local authority providers to cover an obesity care pathway.
d) Build capacity and increase partnership working within Lincolnshire, creating stronger links within existing networks.

The plan will have the objective of reducing the rates of overweight and obese children by 2020. Within LECCG we propose to use the Strategic Health Groups which bring together district and county council, public health and the CCG to develop partnership priorities for targeting childhood obesity, developing into local plans for lifestyle promotion, implemented through available resources.

Pre-school boosters - planned activity across the county to develop a communications/marketing programme and engagement with partnership organisations and the community with particular focus on minority communities such as migrant community in Boston and South Holland where, although children may have been vaccinated, the schedule, and therefore the coding, isn't consistent with the system we use.

Healthy lifestyles - awareness and promotion through healthy lifestyle programmes based on Public Health England's One You campaign in order to deliver integrated services to support people to adopt and maintain a more healthy way of life through a multiple approach of physical activity, healthy eating and behaviour change. Results in behaviour change and reduced use of primary care, less reliance on prescribing medicines, better pain management.

Childhood obesity is a particular issue for LECCG. Promotion of a healthy lifestyle (healthy eating and physical activity) and awareness raising by partnership agencies being undertaken; Implement a 'life course approach' to reduce childhood obesity, linking in with existing networks to create stronger links

Alcohol - brief advice to help reduce the health risks in people who drink above the lower risk guidelines. Community safety initiatives to manage the availability of alcohol and promote safe drinking eg Blue Light project, are running successfully in communities, particularly the Boston area.

b) Primary Care

LECCG will support and develop primary care through flexibilities both in strategy and finance, offered through the delivery of the STP and GPFV. In order to deliver the GP Forward View, we will support and encourage GP federations, collaborations and mergers and will engage with them to be a fundamental part of our development. In addition to the voluntary contract approach outlined in the joint section, LECCG will be exploring a number of different options to ensure delivery.

Federations are beginning to form and there are also several practices that are looking at other ways of working collaboratively, including mergers, co-location and changes to partnership models. The CCG is commissioning full population coverage for additional work including ear irrigation, ECG and 24 hour ambulatory blood pressure monitoring. This will ensure patients are offered more services closer to home.

Practices will be supported by transformational funding to form federations and to work at scale, which will allow them to begin to develop plans during 2018/19 to support the new extended access requirements. This will include offering pre-bookable and same day appointments after 6.30pm and offer appointments on both Saturdays and Sundays. The first group of eleven practices began to pilot extended access in February 2018. Further expressions of interest will be sought for additional pilot sites. Any commissioning of seven day working must not be allowed to compromise the safety of core GP services. This is in line with Stage 1 of the GPFV which was submitted to NHSE in 2016.

The CCG proposes to utilise the GPFV Transformation Funding to pilot in-hours unscheduled care hubs. It is intended that such hubs would support 'simple' unscheduled care which would free up GP practice resources to manage frail and complex patients and support sustainability. A clinically led working group has been established to support the development of the pilots.

Management of our frail elderly patients will remain a vital part of primary care and we have developed a universal offer for frailty management as the evolution of our current older adults' service. We will extend the range and nature of services on offer in the community, particularly in terms of surgical services and help our practices engage with national initiatives in estate development. Recruitment and retention are a crucial limiter to our ability to deliver primary care and we continue to work with our LMC colleagues to look towards international recruitment to plug the gap and utilisation of NHSE devolved funding to support training of care navigators and medical assistants.

Better career structures and exciting new opportunities in primary care provision will attract new clinicians into our area.

Priorities	Key Deliverables	Baseline Position	2018/19 actions/ milestones	2018/19 actions/ milestones	Success measures	Relationship to other plans
Investment in Primary Care	1. Development of 'At scale' providers 2. Stimulate implementation of 10 High Impact Changes 3. Secure sustainability of General practice 4. Development of hub sites 5. 100% extended access by 1 October 2018	Early formation of federations and practices working at scale	1. Support business case development for federations/ collaborations/merger/co-location 2. Increase the number of pilot hub site for extended access 3. Pilot hub site for in-hours unscheduled care hubs 4. Engagement in General practice Development Programme.	1. On-going development of collaborations/ merger/co-location 2. Develop additional hub sites (including in hours unscheduled hub capacity) 3. Use NHSE recurrent investment to commission additional GP consultation capacity	All practices part of 'At Scale provider' Hubs developed and implemented across LECCG 100% extended access coverage across the CCG by 1st October 2018	GPFV STP

c) Planned Care

The system efficiency gains that will be made under the STP also underpin the planned care workstream and will support the delivery of constitutional targets for the population of Lincolnshire and the longer term strategic objectives. Although the STP work is system-wide there are local variations in the achievement of constitutional standards that need to be highlighted in terms of risk of achievement and overarching quality.

Improving communication with both patients and other professionals is fundamental to improving quality and reducing risk. Use of technology is a key element of the STP and the launch of the Care Portal (see Lincolnshire Joint Operational Plan Section 15), is an example of this work. The Care Portal enables partner organisations and patients to access a snapshot of the patient record, improving the continuity of care. It will also allow patients to maintain their own records, to update their own records, to update care plans and to play a more active part in leading their own care. The availability of the single portal for records is deemed to be a significant vehicle for reducing clinical risk in both urgent and planned care pathways.

As part of the transformation work in planned care, plans are being implemented in the use of technology – virtual clinics, electronic advice and guidance, Skype and Face Time. Not only will this be more convenient for patients it will also aid the reduction in face to face appointments.

It is a priority to achieve the NHS Constitution standard that 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment, including offering patient choice. There are a number of specialties at the CCGs main acute provider that are not achieving the incomplete standard and remedial action plans are in place for recovery.

In 2018/19, Lincolnshire East CCG will continue to develop, implement, review and revise new systems and processes in order to manage demand placed on secondary care providers. This will centre, initially, on the development of a referral management system (RMS)/Quality Referral System (QRS) involving clinical triage of patient referrals to ensure the appropriate level of information is contained and to direct patients to the most appropriate provider.

The RMS/QRS roll out will continue throughout 2018/19 involving specialties with the largest volume of referrals and those specialties facing significant RTT challenge. In addition, the CCG will continue to develop GP advice and guidance systems enabling GPs access to timely specialist advice on the management of patients. This will reduce the need for onward referral and support GPs to effectively manage patients within primary care.

The CCG will also identify activity currently taking place in secondary care that has the potential to be delivered in alternative settings such as within community services or primary care. The CCG will develop commissioning plans and service specifications to move this activity into newly developed services within non-acute settings ensuring high quality care is delivered closer to home, for example ear irrigation at GP practices from April 2018.

The CCG has struggled to meet the NHS constitution standard and trajectory throughout 2017/18 and at M10 year to date performance for all providers was 87.4%. There is work underway between the main acute provider ULHT, CCGs, NHS Improvement and NHS England to ensure an improvement in performance that the achievement of the standard. There will also be a focus on those that are on waiting list for treatment, reducing the overall numbers throughout 2018/19. Additionally the numbers of those patients who have been waiting longer than 52 weeks will be reduced by 50% by the end of 2018/19.

d) Proactive Care

Integrated Neighbourhood working (INW)

The creation of INW and supporting 'self care' networks has been identified as one of the five priority areas for the STP. The Integrated neighbourhood working bring together health and care professionals, the third sector, local authority and independent organisations to wrap around the whole local community, supporting people to receive integrated, responsive, timely care in the appropriate setting to enable them to remain safely at home wherever possible.

Lincolnshire East has four designated 'Integrated Neighbourhood working' areas within its boundary: East Lindsey North, East Lindsey Middle, Skegness & Coast and Boston. Each have developed close links between health and social care colleagues, including the community and voluntary sector, forming partnership working arrangements that support an integrated approach to supporting the population across the INW areas, this includes care navigation, multidisciplinary working and development of self-care and the neighbourhood network.

Liaison officer posts have been created on a permanent basis to coordinate the activities of each Integrated Neighbourhood working areas. Better Care funding commitment is in place for the next two years to help develop the vision, which has funded the implementer site in the Boston area which will drive the implementation of a number of proven best practice initiatives to support teams. LECCG also commissioned an Older Adult Service providing practice based proactive and re-active management of our at risk population.

Community Hospitals

LECCG has two community hospitals (Louth and Skegness) and a work programme that centres around two main areas: service review and estates planning.

The first element builds on and completes the work that began in 2016 at County Hospital, Louth. It will involve agreeing a re-purposed and re-focused service model and subsequent "right-sizing" the number of community hospital beds at Louth to ensure that what is available meets the needs of the local population. LECCG are working with our community services provider to develop an implementation/transition plan with key milestones. It is expected that the re-defined service will be operational in quarter three 2018/19.

In 2016 LECCG began the process of the strategic outline case for Louth, which entailed the review of current and future service options and the estate required to deliver them. During 2018/19 this work will be developed into an outline business case for Louth Hospital, the outline of which is broadly in line with the STP and proposed "left shift."

The LECCG community hospital estates workstream will continue with a review of services being delivered from our Cecil Avenue health clinic site (Skegness) considering whether there may be merit in releasing this estate and consolidating services to Skegness Hospital.

LECCG will also be progressing an outline business case for an urgent treatment centre type facility for Boston.

e) Urgent and Emergency Care

Urgent Treatment Centres – Principles and Standards (July 2017)

A national review of urgent treatment services in the NHS demonstrated that patients and the public are confused with the mix of walk-in centres, minor injuries units and urgent care centres, in addition to numerous GP health centres and surgeries offering varied levels of core and extended service. Within and between these services, there is a confusing variation in opening times, in the types of staff present and what diagnostics may be available.

To end this confusion, in July 2017 NHS England published the document *Urgent Treatment Centres - Principles and Standards*, formally setting out the specification for UTCs to establish as much commonality as possible. It sets out the expectations that by December 2019 patients and the public will:

a) Be able to access urgent treatment centres that are open at least 12 hours a day, GP-led, staffed by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. urinalysis, ECG and in some cases X-ray.
b) Have a consistent route to access urgent appointments offered within four hours - booked through NHS 111, ambulance services and general practice. A walk-in access option will also be retained.
c) Increasingly be able to access routine and same-day appointments and out-of-hours general practice, for both urgent and routine appointments, at the same facility, where geographically appropriate.
d) Know that the urgent treatment centre is part of locally integrated urgent and emergency care services working in conjunction with the ambulance service, NHS111, local GPs, hospital A&E services and other local providers.

NHS England expect reduced attendances at, and conveyance to, A&E as a result of this standardisation and simplified access, as well as improved patient convenience as patients will no longer feel the need to travel and queue at A&E. Attendances at urgent treatment centres will count towards the four hour access and waiting times standard. NHS England expect that this change will create the opportunity for the commissioning of a genuine integrated urgent care service, aligning NHS 111, urgent treatment centres, GP out-of-hours and routine and urgent GP appointments with face to face urgent care.

Commissioners have been asked to align thinking for urgent treatment centres with the core requirements for GP extended access, as well as opportunities with the clinical assessment service that supports NHS 111. There are considered to be many opportunities to integrate wider primary care with urgent care, to rationalise the service offer, reduce duplication and flex the workforce to provide urgent and primary care services which meet the needs of the local population. Commissioners have also been asked to consider if, and how, the workforce working in UTCs can also provide clinical assessment in the CAS.

Primary care vision for urgent care:

The STP identifies that through consolidating and joint working, and with access to localised urgent care provided by a network of practices working together as federations, primary care will become more resilient and variability in access and outcomes and patient experience will reduce. It also supports the offer of a portfolio career to its workforce.

The Primary Care Home model, which includes a focus on health population management, has been developed by the National Association of Primary Care (NAPC) and is seen as a key component part of the GP Five Year Forward View. In Lincolnshire, locality based Integrated Neighbourhood Workings are being developed around natural communities and groups of practices.

The expectation is that by 2021 primary care will be the driver of the system not the recipient. It is anticipated within the STP that there will be a network of hubs working towards voluntary contract (or working under an alliance contract) and provision of local urgent care services. Improved access to primary care

will be better managed with work taken off GPs via more self-care, use of IT, and access to a wider range of primary care/community staff providing integrated care and care coordination. This will help to release GPs to take clinical leadership roles and focus on seeing people with the most complex needs.

By developing in this way, the objective is to stabilise primary care through recruitment, mentoring existing and new recruit GPs and increasing development of advance nurse/clinical practitioners and community pharmacists.

Lincolnshire position

A&E four hour waiting times performance in Lincolnshire has been deteriorating since September 2014 and has not seen sustained recovery since that time. This is not unique to Lincolnshire with many trusts in neighbouring areas also not achieving the 95% standard, contributing to the performance in Lincolnshire. A recovery plan for our main acute provider, ULHT, is in place and is revisited regularly to ensure the actions identified remain in line with continued issues. As a system, other initiatives are being considered or implemented to support recovery of performance. Performance at Boston Pilgrim Hospital continues to be a focus for LECCG as this is where the majority of LECCG patients attend in an urgent/emergency situation.

Since February 2016 the number of patients successfully diverted away from A&E has reduced significantly and LECCG continue to look at schemes and initiatives in line with the STP, but also specific to this area. The following schemes are already in place or being scoped:

- Clinical navigator role at Boston Pilgrim Hospital
- Ongoing review all activities designed to reduce A&E attendances and admissions at Boston Pilgrim Hospital A&E to ensure they are operating
- Ongoing scoping activity to reduce 'frequent flyers' by providing timely and appropriate support. To be fully effective this will require a system wide approach involving Primary Care, ULHT, EMAS, Integrated Neighbourhood Workings, LCHS, NLaG and LPFT.
- Primary care streaming has been in place at Lincoln County and Pilgrim Boston since October 2017
- Implementation of urgent treatment centre standards at Louth and Skegness Community hospitals.

In January 2018 the Lincolnshire Urgent Care Strategy was agreed by the A&E Delivery Board and System Executive Team. The vision for Lincolnshire is 'to transform our urgent and emergency care services into an improved, simplified and financially sustainable 24/7 system that delivers the right care in the right place at the right time for all of our population'. There are five strategic aims of the local strategy based on various national policy and guidance, supporting the delivery, will be four projects:

- Supporting self-care/self-management and prevention
- Access to the right advice first time for urgent care needs (hear and treat)
- Delivery of urgent care out of hospital
- A&E redesign

Neighbourhood working (hubs and teams) and changes to urgent care and treatment will deliver the aspiration of providing care closer to home and will have the effect of:

- Wrapping self-contained health and care services around local populations;
- Focusing on a see and treat/one-stop-shop model of care;
- Enabling Lincolnshire's hospital system to downsize, becoming more resilient and sustainable
- Offering more choice for Lincolnshire people to have their treatment locally than at present;

- Making better use of technology including development of a new Care Portal enabling the sharing of clinical information and the ability of patients to contribute to their own records.

The East Midlands Ambulance Service continues to fail against all of the standards. Remedial action plans continue to be monitored at a system level. The service has seen significant performance challenges for more than a year and there has recently been further deterioration in performance for Lincolnshire East CCG. A number of factors have been reported by EMAS as having a negative impact on performance.

f) Cancer

Standard	National Std(NS) England Avg (EA)	Baseline	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4
Cancers diagnosed at an early stage	**50.7% EA**	**36.5%**	**43%**	**44%**	**45%**	**46%**	**47%**	**48%**	**49%**	**50%**

LECCG works closely with Lincolnshire West CCG, the county-wide lead for the cancer programme. During the last 12 months they have worked with colleagues from ULHT, Macmillan, Cancer Research UK, NHSE and NHSI to develop a programme of work that will support improved outcomes for patients living with cancer in Lincolnshire. Key areas of work have included improving 62 day performance, roll out of the Find out Faster programme, supported improvement in clinical pathways so that these align with the ECAG optimal pathway, developed the Living With and Beyond Cancer strategy, commissioned a health needs assessment and strengthened links with public health to ensure that the screening and prevention programmes align with the needs of local people. Good progress has been made, but at the recent cancer summit we heard how performance at ULHT across all indicators is amongst the worse in the country. Furthermore, improvement supported by localised improvement has plateaued and the proposed trajectory from ULHT suggests that performance is still at risk of being adversely affected by increased demand during the winter months.

<u>62 Day Performance</u>

- Completed a deep dive within ULHT to understand the issues that are negatively impacting on performance.
- Developed and implemented an agreed action plan to drive improvement
- Secured funding from the Lincolnshire system and national team to deliver the programme of improvement.

Performance from April 2017:

Cancer Standard (%)	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
62 Day Classic	74.6	67.1	72.8	77.8	65.8	67.4	69.2	71.2	66.3	70.0	65.4	77.0	76.6	75.2	72.2

85%														
14 Day Suspect Cancer 93%	89.5	89.4	82.1	89.2	90.4	91.5	87.5	85.3	90.1	92.7	92.5	88.7	86.0	86.5	77.1
14 Day Breast Sym 93%	74.3	56.8	18.9	72.6	80.0	74.6	92.0	91.7	87.9	93.1	92.2	85.4	84.2	54.2	22.6
62 day Breast 85%				95.5	95.2	100	84.2	95.5	100	100.0	87.5	93.3	94.7	94	90

Objective - By June 2018 ULHT achieve and sustain 85% of patients being treated within 62 days

Objective – Early diagnosis

- Implement Faecal Immunochemical Testing (FIT) in Primary Care
- Implementation of the 'RAPID' Pathway pilot *(Rapid Access Prostate Imaging & Diagnosis)*

Objective – Optimal Clinical pathways

- Along with colleagues from specialised commissioning support ULHT to develop partnerships that will mitigate local constraints
- As a member of the Cancer Alliance, identify priority areas for improvement and attend ECAGs

Objective – Living with and beyond cancer

- Introduce risk stratified follow up for patients with breast cancer
- Introduce risk stratified follow up for patients with prostate cancer

Objective – By September 2018 have an agreed framework for the acute service offer for Cancer for people living in Lincolnshire.

At the recent cancer summit the health and care system committed to support a work programme for 2018/19 and determine the key areas of intervention that will ensure that by 2021 we have:

- Maintained achievement of all constitutional standards
- Increased the number of cancers diagnosed at an early stage
- Reduced the number of cancer diagnosed through the emergency care
- Improved patient experience
- Be in the top quartile for one and five year survival rates

This work programme will be challenging and, alongside continued localised improvement will require a review of the arrangements for providing cancer treatments in Lincolnshire.

g) Mental Health, Learning Disabilities and Autism

It is a key priority for LECCG, working with the lead countywide commissioning teams to achieve the ambitions under the Five Year Forward View for Mental Health. To ensure we are improving outcomes for people with mental health, learning disabilities and autism, maximising the opportunities to deliver care and support across the whole health and social care system, thus reducing health inequalities. This includes:

- Supporting the reduction of demand on acute and out of area provision and developing community services;
- Developing integrated teams that respond holistically to a person's needs and ensures their care is delivered at the right time in the right place (i.e. Integrated Neighbourhood Working development);
- Working with Primary Care to improve interactions with physical, behavioural and mental health issues, increasing identification, review and ongoing support (i.e. increase Annual Health checks for people with Learning Disabilities);
- Increase awareness and improve understanding of mental health, learning disabilities and autism ensuring health care professionals access appropriate support and services for their patient population;
- To be intrinsic in the mechanism to review, confirm and challenge delivery, ensuring high quality care and improve understanding of local issues that impact on provision i.e. recruitment and staffing issues.

Dementia

One of the challenges facing Lincolnshire East is the proportion of older people and the demand placed on the local health and social care system attributed to conditions associated with this patient cohort. Whilst dementia is prevalent in a younger population the prevalence increases with age, as does it's severity. LECCG has a confirmed registered population of 2584, (65.8%) patients living with dementia, with some of the highest rates in the county reported in the East Lindsey Locality. Our estimated Dementia Prevalence is 3924, whilst we are close to achieving the 67% target there is still a large gap between the number we have identified and the expected number. It is a key priority of LECCG to increase these rates and ensure timely diagnosis which enables the patients, their families and clinicians to maximise the benefits of possible treatment and options of support, enabling independence and wellbeing, during 2018/19 we will continue with our focus on:

- Earlier identification and timely diagnosis – we are working with practices to support the achievement of the 67% diagnostic rate and are looking at enhancing access and quality of memory assessment services, working more collaboratively with Primary Care;
- Post diagnostic support – improving the systems and processes that ensure patients are appropriately reviewed and patients and their carers are provided with information, timely care and support;
- Development of the support network and dementia friendly communities – three local Dementia Action Alliances have been established across LECCG, to promote awareness and whole community development and achieve dementia friendly community status to support independence and wellbeing, Boston DAA and Skegness Area DAA have been granted working towards Dementia Friendly Community Status;
- Improve carer support including respite, education, training emotional and psychological support;
- Improve integrated care and the coordination of services (Integrated Neighbourhood Working development);
- Review support in crisis/end of life;
- Work with Lincolnshire County Council to review current position against updated Lincolnshire's Joint Dementia Strategy

Trajectory for delivery:

Standard	National Std (NS) England Avg (EA)	Baseline	2017/18 Q4	2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4
Estimated diagnosis rate for people with dementia	**66.7% (NS)**	**64.3%** (Q4 2016/17)	**65%** (actual)	**66.7%**	**66.7%**	**66.7%**	**66.7%**
Dementia care planning and post-diagnostic support	**77% (EA)**	**77.8%** (Q4 2016/17)	**77%**	**77%**	**77%**	**77%**	**78%**

SECTION 3 - Quality Initiatives In Lincolnshire East CCG	
Quality assurance visits	LECCG has a framework to support the assurance mechanism for reviewing the quality of services. This framework details the approach to Level 1, 2 and 3 visits. The CCG supports the providers with any identified actions to ensure improvement. On-going monitoring of the quality assurance visits is through Quality Patient Experience Committee and reported to Governing Body.
Monthly patient safety meeting	The purpose of these meetings is to obtain assurance in terms of the management of patient safety issues within United Lincolnshire Hospital NHS Trust. Support the sharing of broader learning across the Lincolnshire Health Community through the review of patient safety issues. This meeting also enables the CCG to have oversight of information to support the strategic early warning assessment of risks and to receive and analyse data identifying emerging trends, providing a forum for positive challenge to secure assurance regarding action taken to mitigate any risk identified.

Monthly risk management meetings	These meetings have been established to follow the patient safety meetings in order to get assurance of the current process with regards to the management of incidents. This meeting has clinical representation to ensure appropriate challenge is undertaken and assurance is provided in a timely manner. This supports the focused work relating to outstanding serious incidents which is on-going with clinical representation from both providers and the CCG.
Monthly quality monitoring at the contract operational group	Quality monitoring continues through the quality monitoring framework. This review process is now undertaken at the monthly contract operational group meetings where the CCG receives assurance from ULHT; this group escalates concerns to the contract assurance board.
CQUIN and Quality Schedule monitoring	The CCG meets quarterly with the provider to review progress against the CQUINs and the quality schedule. Once agreed by ULHT and LECCG this is reviewed at the contract assurance board for final sign off.
Attendance at appropriate ULHT Committees	The CCG attends committees within ULHT to support and contribute to the on-going quality improvement of the organisation.
Attendance at ULHT Mortality Overview Review Assurance Meeting	The CCG supports these review meetings with clinical representation to contribute to the peer review of the cases presented. During these review meetings any concerns are escalated and managed through the appropriate process.
Lincolnshire Mortality Summit	LECCG is leading on the development of a focused mortality review of a selected cohort of patients to better understand the increased mortality in the community. This group is a sub group of the Lincolnshire Mortality Summit
Lincolnshire Listening events	The listening events were organised in response to the findings of the Keogh Review. They allow us to listen first hand to people's experiences of treatment and care and to identify what is working well and what can be improved. Members of the public are invited to share their experiences directly with a range of organisations. The event provides an opportunity for health and social care professionals to listen to patients' and service users' experiences. The information provided is captured, summarised and fed back to stakeholders to enable patient voice to be heard and quality issues to be identified.
Patient Council	The Patient Council, established in March 2015, meets on a quarterly basis. It brings together key stakeholders from across East Lincolnshire, to focus on patient experience. The Patient Council provides the opportunity to engage with patients and the public about commissioning decisions; forming part of a wider continuous process of listening to our patients. The purpose of the Patient Council is to:

	• provide a mechanism to feed patient and public voice into decision making within the CCG; • collate the views of a wide range of groups by drawing on the networks of Patient Participation Groups (PPGs), Healthwatch, voluntary and community groups and others; • provide scrutiny of the CCG's engagement and consultation activity; • enable existing networks for involvement to have a voice in decision making around health and care issues; • Provide a channel for outgoing communication and engagement to patients and members of the public. Alongside the Patient Council, we have developed a Virtual Patient Council. This enables people who cannot attend Patient Council meetings to still take part in the work of the Patient Council via the CCG's website, ensuring we have the opportunity to hear from a wider range of patients, including hard to reach groups.
Primary Care Quality Dashboard	The primary care dashboard has been developed to provide an overview of the current performance and quality within GP practices. The dashboard acts as a quality trigger indicator to identify any areas of concern. This dashboard is used to support the risk sharing meeting and reports to the Primary Care Co-commissioning Committee.
Primary care quality assurance visits	LECCG has a framework to support the assurance mechanism for reviewing the quality of services in primary care. This framework details the approach to Level 1, 2 and 3 visits. The CCG supports the practices with any identified actions to ensure improvement. On-going monitoring of the quality assurance visits is through Primary Care Co-commissioning Committee.
Primary care listening events	Listening Clinics take place at each GP practice on an annual basis. Each clinic is attended by the Engagement Manager and/or a nurse from the CCG's Quality team. The team encourage patients to feedback their experiences of local health services in their own words and may prompt or ask questions to get further information if needed.
Primary care risk sharing meeting	This meeting has representation from the CCG, the care quality commission and NHS England. The meeting shares intelligence in relation to any concerns and identifies appropriate actions to address the issues. This meeting reports to the Primary Care Co-commissioning Committee.
Care home quality dashboard	The care home quality dashboard has been developed to provide an overview of the current performance and quality within care homes in Lincolnshire. The dashboard acts as a quality trigger indicator to identify any areas of concern.
Representation at service quality review meetings	There is CCG representation at the quality review meeting hosted by Lincolnshire County Council as the lead commissioners. High risk homes are discussed and action plans are formulated. The CCG supports care homes with improvement against the action plans where appropriate.
Multi-agency care home meeting	This meeting has representation form Lincolnshire County Council, the Care Quality Commission, Continuing Healthcare, Healthwatch and the four Lincolnshire CCGs. The purpose of the meeting is to develop and maintain systems & processes for collating and sharing information/intelligence about care homes in Lincolnshire which support the calculation of risk, quality surveillance and

	subsequent actions to secure good quality care. Risks can be in relation to an individual practitioner, premise or contract. Ensure effective communication between partner organisations to ensure consistency of approach and eliminate duplication of effort. Co-ordinate assurance reporting mechanisms about the quality and safety of services commissioned for provision to respective CCGs. Agree responsibilities and actions to be taken to mitigate any identified risk and improve quality of services and to ensure continued focus until any issues of concern are resolved and escalate concerns as appropriate and necessary within the agreed governance arrangements.

SECTION 4 - Commissioning Priorities - RightCare

Priorities	Key Deliverables	Baseline Position	2017/18 actions/ milestones	2018/19 actions/ milestones	Success measures	Relationship to other plans
a) RightCare – Current and future programmes of work - 2016/17/18/19						
Circulation	1. Self-management/self care package in primary care. 2. Prescribing advice and guidance targeting heart failure. 3. Primary care protocols and referral form 4. Review of capacity and capability needed to deliver a quality heart failure service	1. Limited support, unstructured. 2. Formulary to be disease specific 3. Does exist but not used.	1. Package developed and implement 2. Updated formulary in place. 3. Protocols and form developed and implemented 4. Option appraisal completed, way forward agreed	1. Identify undiagnosed population 2. Review self-management. 3. Set up monitoring of prescribing to ensure best practice 4. Review protocols and forms 5. Commission heart failure service following option appraisal	1. Self-management/self-care in place. 2. Formulary update, Optimise RX amended and SystmOne prescribing tool up and running 3. Protocols and referrals form on SystmOne and being used in primary care 4. Commission: to deliver capacity and capability to address issues within heart failure	STP
MSK/ Neurological	1. Self-management/self care package in primary care. 2. Prescribing advice and guidance development of chronic pain formulary "Ladder of Pain". 3. Pain management pathway - primary care protocols & Referral Form 4. Commission a community pain management service	1. Ltd support, unstructured. 2. Formulary for chronic pain doesn't currently exist. 3. No community pain services	1. Package developed and implemented 2. Chronic pain formulary in place. 3. Pathway protocol and form developed & implemented 4. Community pain management procurement commenced	Commencement of commissioned Community pain management service	1. Self-management / self-care in place. 2. Chronic pain formulary in place, Optimise RX amended & SystmOne prescribing tool up and running 3. Protocols and referrals form on SystmOne and being used in primary care 4. Commissioning of a community pain management service	Linked into the STP

b) RightCare – New Opportunities identified within the Commissioning for Value (Oct 16) (Yet to be prioritised).						
Prescribing	• Review prescribing opportunities across the full range of services • Identify any opportunities raised by RightCare not being addressed by PMOS. • Agree a plan to address the gaps	• Gastrointestinal - £395k. • Genitourinary - £350K • Endocrine, nutritional & metabolic - £372k • Cancer- £308k • Trauma and injuries- £55k	• Prescribing plan developed – to optimise quality prescribing and value for money			
Respiratory	• Focus pack/deep dive • Identified and agreed priorities • Optimal design (where needed) • Action/implementation plan	Opportunities: Non elective- £822k	• Focus pack – deep dive • Identify opportunities to focus on • Optimal design • Action plan and implementation	1. Home oxygen service- a new enhanced community respiratory team 2. Review of pulmonary rehab service across Lincolnshire		STP
Complex patients	• Focus pack/deep dive • Identified and agreed priorities • Action/implementation Plan	Complex patients comprise 15% of inpatient spend on admissions Spend on complex patients (2%) - £14,503K	• Focus pack/deep dive • Identify opportunities to focus on • Action plan and implementation.			

c) Prescribing

Prescribing and Pharmacy Programme: a number of projects well advanced (including an ambitious drive of supporting initiatives to introduce new clinical pharmacists into the community, together with drugs management software in hospitals to support the more effective management of medicines).

In Lincolnshire opportunities to improve efficiency and effectiveness have been identified in prescribing practice, direct patient care delivery and procurement of pharmaceuticals. National and local datasets, including Right Care, Model Hospital and the local Medicines Management and Optimisation groups have highlighted poor prescribing practice, unwarranted variation and gap in control mechanisms and processes applied to monitor and manage prescribing. The total efficiency available to Lincolnshire has been stated to be in excess of £45million across the system if all services and models of delivery were exploited and operating in the upper quartile of performance nationally.

Antibiotic Trajectory (LECCG)

Standard from CCG IAF	National Std (NS) England Avg (EA)	Baseline	2017/18 Q4	2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4
Appropriate prescribing of antibiotics in primary care	1.180 NS	1.177	1.165	1.161	1.161	1.161	1.161
Prescribing of broad spectrum antibiotics in primary care	10.52% EA	10.66%	10%	9.9%	9.9%	9.9%	9.9%

Work Plan 2018/19

The work plan for 2018/19 is focused on quality improvement and value for money:

- To reduce unwarranted prescribing practice variation in both primary and secondary care (including switching to lower cost alternatives, review and optimise dosage)
- To increase access to pharmacists as the correct health professional to assist patients in managing their conditions by supporting the development of new roles and a growth pipeline for the qualified workforce in partnership with local education providers.
- To reduce the volume of prescribing and mismanagement of patients medications in the community and care homes (polypharmacy).
- To support the GP workforce to provide the best care to patients, releasing GP time with new Clinical Pharmacy roles, providing education via these new recruits and reducing follow up burden and unplanned admissions due to medications errors.
- To look at cost procuring and suppling drugs & appliances.

These will be implemented through multiple work streams countywide, including STP service delivery unit.

	2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4
Optum MMO-delivered switch programme	√	√	√	√
Develop use of OptimiseRx to support prescribers	√	√	√	√
Develop and continue to publicise and monitor OTC project, incorporate additional NHSE guidance	√	√	√	√
Review and develop further secondary care pharmacist e.g. homecare drugs	√	√	√	√
Review Right Care opportunities e.g. Respiratory against joint formulary	√	√	√	√
Develop & Implement Prescribing Incentive Scheme	√			
Promote CP as self-care source of support to patients	√	√	√	√
Review & rationalise stoma products prescribing	√	√	√	√
Review repeat prescribing processes in care homes	√	√	√	√
Review and challenge non-formulary prescribing across the system	√	√	√	√
Engage in appropriate rebate schemes	√	√	√	√
Review and rationalise ONS prescribing / supply	√	√	√	√
Antibiotics – continue to focus on reducing volumes utilising QP	√	√	√	√
Participate in STP Prescribing and Pharmacy working groups to support delivery of system-wide change programme e.g. implementation of repeat prescribing PODs, clinical pharmacists in primary care, wound care products rationalisation.	√	√	√	√

SECTION 5 - Finance and QIPP

Financial Allocation and business rules

The CCG has received the 3.1% growth to allocation in 2018/19 giving resources of £393.2m. This continues to present a number of challenges for the CCG noting the 1.2% forecast rise in population and non-demographic growth in services such as continuing health care and those aligned to an ageing population.

A robust and sustainable Quality, Improvement, Productivity and Prevention (QIPP) programme which is clinically led is essential to ensure financial balance. The saving target for 2018-19 is approximately 3.3% of the CCG allocation, valued at £13m. The CCG's QIPP programme has both CCG driven QIPP schemes and schemes developed on a countywide basis. This countywide financial QIPP programme underpins the Lincolnshire STP.

Key metrics from the business rules are set out below. The plan is compliant with all aspects of the NHS England planning guidance, providing the growth targets for acute activity recommended by NHS England.

- There is a 0.5% contingency.
- Quality premium will be spent appropriately in line with the guidelines.
- Running costs plans are aligned to the allocation of £5.1m.
- Co-commissioning costs plans are aligned to the allocation of £38.2m.
- The CCG is planning to meet the Mental Health Investment Standard.
- The CCG is planning to meet the NHSE growth assumptions for Acute activity

Planned Changes to Financial Programme Spend

The table below starts with expenditure forecasts for 2017/18 as at M9 which are in line with the CCG's control total for the year. It then adds the recognised cost pressures in M10 and other non recurrent adjustments which show the underlying deficit in 2017/18. Then the projected growth, inflation and investments are added to give the estimated outturn expenditure for 2018/19.

The QIPP savings plans for £13.0m are needed to contain total expenditure within the allocation and meet the £1m in year surplus requirement

The figures are still at the draft stage. An updated, more accurate plan will be produced for 30th April. The table below provides a summary of planned expenditure and budget by programme for 2018/19 as at the 8th March. This will be refreshed for the final 30th April submission.

£m	2017/18 forecast outturn at M9	2017/18 Recurrent Exit position	2018/19 financial plan
Allocation (+)	385,536	383,349	393,182
Expenditure			
Acute	182,153	185,619	190,030
Mental Health	39,094	38,783	40,047
Community Health Services	41,927	42,062	41,401
Continuing Care	12,872	13,567	13,476
Prescribing	50,501	51,146	50,030
Primary Care Services	6,081	5,699	6,883
Primary Care Co-Commissioning	37,695	37,641	38,229
Other programme	5,407	4,844	6,466
Contingency			1,775
Non Recurrent Headroom	1,710		0
Running Costs	5,170	5,146	5,144
Unidentified QIPP			(1,300)
Total Expenditure	382,611	384,506	392,182
Surplus / (deficit)	2,925	(1,157)	1,000

A priority for the plan is significant reduction of acute hospital spend through collaborative working across Lincolnshire Health in line with our STP to ensure financial balance for us as a CCG and attainment of financial balance for the aggregate Lincolnshire Health system. The delivery of QIPP is critical to achieving this goal.

QIPP Plans to Deliver Programme of Spend

The CCGs QIPP programme is still under development. A summary is given below. With a historic track record of 80% achievement, the CCG will need to target projects with a value of £16m to achieve the £13m target.

To implement QIPP plans, the CCG is cooperating with STP partners on county wide projects to make better use of existing staff resources and accelerate the pace of change in the health economy.

QIPP 2018/19	£k
Acute	(4,470)
CHC	(564)
Prescribing	(3,085)
MH	(1,407)
Community	(1,680)
Other Programme	(498)
Unidentified	(1,300)
Total	(13,004)

Acute care is still an important opportunity for efficiency savings, with a current target of £4.5m. There will be full year benefits from projects such as procedures of limited clinical value and better management of Pathology. In 2018/19, the drive to change pathways and move activity from secondary to primary care settings is also hoped to reduce expenditure.

Whilst receiving additional activity from secondary care, Community Services are also being reviewed to test value for money. It will be important to ensure community services have economies of scale and appropriate quality standards so that they can operate effectively. £1.7m community savings is the current target, with more to follow in future years.

Mental Health services has been the subject of service redesign in 2017/18 and this will continue into 2018/19, with an increased focus on reducing activity for Mental Health services outside of Lincolnshire (Acute and PICU)

Prescribing costs will continue to reduce as the impact of the Prescribing Incentive Scheme and Over The Counter cost management are further established. The CCG will be working with Optum CSU and county wide partners on a number of projects to control expenditure and switch activity to the most appropriate products.

Investment Plans to Deliver Programme of Spend

The CCG has plans for a number of investments:

- the development of primary care services (evolving general practice and additional services);
- completion of the expenditure for GP forward view (£3 per head over two years);
- supporting STP developments by contributing to county wide transformation funding;
- investment to support achievement of the Mental Health Investment Standard (including targeted investment to reduce Mental Health out of area spend for Acute and PICU services);
- investments to support QIPP delivery.

Financial Risk

There are financial risks within the plan which are partially mitigated by the contingency reserves. Any further mitigation will require additional QIPP and/or countywide risk sharing mechanisms.

The core financial risks to the effective delivery of the CCG's 2018/19 financial plan are:

- slippage on delivery of our QIPP Programme will impact directly on the CCG's financial outturn
- urgent demand in primary care and the potential impact on other services
- pressures in the health care system by having two main acute providers in special measures
- activity and cost variation in PbR acute activity, prescribing and continuing healthcare.

Mitigations

- To mitigate slippage on QIPP, the CCG continues to review and develop the QIPP programme to delivery of £3m QIPP 'headroom'.
- To mitigate over performance in the acute sector, the plan includes funding to cover the national growth rates, after QIPP initiatives. The CCG has established a number of demand management initiatives which have the potential to restrict growth to below that seen at an historic national average level.
- The CCG is heavily engaged in countywide approach to managing QIPP delivery and identification of schemes to manage in year
- The CCG is investing in Primary Care as part of the investment programme and identified initiatives to pilot for the management of urgent care demand in 2018/19 in addition to the development of Primary Care Hubs for increasing access to General Practice services