

MEETING DATE:	9 April 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY RATIFICATION OF CHAIR'S ACTION DATED 7 APRIL 2015
AGENDA ITEM NUMBER:	Item 6.1	
AUTHOR:	Jane Ellerton	
JOB TITLE: DEPARTMENT:	Senior Manager; Commissioning NL CCG	

BUSINESS PLANNING; 2015/16

PURPOSE/ACTION REQUIRED:	For ratification of 'Chair's Action' dated 7 April 2015
CONSULTATION AND/OR INVOLVEMENT PROCESS:	This plan has been developed through consultation with CCG Engine Room, Y&H CSU, and North Lincolnshire resident population.
FREEDOM OF INFORMATION:	<i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i> Public

1. PURPOSE OF THE REPORT:

This paper provides the final version of the NL CCG business plan for 2015/16. This document provides a refresh of year 2 of the 2 year operational plan submitted to NHS England in May 2014 in line with The Forward View Into Action; Planning for 2015/16. The CCG is required to submit the plan by 12 noon on 7th April 2015.

The submission comprises;

Narrative plan, containing a number of minor amendments following outcomes of applications to Vanguard and Prime Minister's Challenge Fund, and following feedback from NHS England on the draft submission.

Planned performance against NHS Constitutional indicators and other targets; these remain unchanged and are described in the attached methodology report.

The submission does not include Quality Premiums; Guidance was released on 31/03/15, with an expected submission date in May 2015.

Activity and finance plan which has previously been shared. Main changes made from the last submission are;

- The CCG's allocation for 2015/16 has been reduced by £400k from £220,285k to £219,885k due to; post month 7 transfers to NHS England for specialist services (£1,005k) off set by the receipt

of £650k to fund NHS England Enhanced Tariff Option (ETO) to hospital trusts on 2015/16.

- The unmet QIPP target has been significantly reduced, and the QIPP values agreed with NLAG NHS FT have been included within the Minimum Income guarantee and removed from the formal QIPP schedule (in line with NHS England’s expectations) as the risk of non-delivery is not significant.
- The activity plan and BCF savings figures are being updated for the latest scheme details

There is no change to the CCG’s reported surplus or other key targets as a result of these changes.

Following approval by Chair’s action, the plan will be submitted to NHS England and will be released with Governing Body papers prior to discussion at Governing Body on 9th April 2015.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	X
Reduce unwarranted variations in services	X
Deliver the best outcomes for every patient	X
Improve patient experience	X
Reduce the inequalities gap in North Lincolnshire	X

3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP

4. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes		No	X
-----	--	----	---

5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	X
-----	--	----	---

6. LEGAL IMPLICATIONS:

Yes		No	X
-----	--	----	---

7. RESOURCE IMPLICATIONS:

Yes	X	No	
-----	---	----	--

Resource implications of this plan are covered in the CCG Finance plan

8. EQUALITY IMPACT ASSESSMENT:

Yes		No	X
-----	--	----	---

9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes	X	No	
-----	---	----	--

Please explain briefly what involvement/communication has taken place or is planned

A public engagement event was held on 27th February regarding the content of this plan

Does this paper need to be forwarded on to another Committee Group?

Requires approval by NL CCG Chair. For formal sign off by Governing Body.

10. RECOMMENDATIONS:

The CCG Governing Body is asked to ratify the 'Chair's Action' to:

- Approve the attached plan for submission on 7 April 2015

	SIGNED	DATED
<u>CCG CHAIR SIGNATURE</u>	<i>Original Signed</i>	<i>7 April 2015</i>
<u>GROUP A SIGNATURE</u> Chief Officer	<i>Original Signed</i>	<i>7 April 2015</i>



***North Lincolnshire
Clinical Commissioning Group***

**North Lincolnshire Clinical
Commissioning Group Operational Plan
2015/16**

Contents

Section		Page number
1.0	Introduction	3
2.0	Development of the plan	3
3.0	Strategic transformation	3
4.0	New models of care	4
5.0	Better Care Fund (BCF)	5
6.0	Demographics	7
7.0	Place based commissioning	8
8.0	Delivery across the 5 domains and 7 outcome measures	9
9.0	Meeting the NHS Constitution standards	10
10.0	Improving health and reducing health inequalities	10
11.0	Parity of esteem	11
12.0	Transforming care	12
12.1	Francis	12
12.2	Winterbourne	13
12.3	Market position Statement	14
12.4	Care and Treatment Review	14
12.5	Learning Disability Self-assessment Framework	14
13.0	Patient Safety	15
14.0	Patient Experience	16
15.0	Compassion in Practice	17
15.1	Helping people to stay independent, maximising well-being and improving health outcomes	17
15.2	Working with people to provide a positive experience of care	18
15.3	Delivering high quality care and measuring the impact of care	18
15.4	Building and strengthening leadership	18
16.0	Staff satisfaction	18
17.0	Convenient access for everyone	19
18.0	Seven day services	19
19.0	Operational resilience	20
20.0	Urgent and emergency care	20
21.0	Safeguarding	21
21.1	Prevent	22
21.2	Mental Capacity Act	23
22.0	Research and Innovation	23
23.0	Workforce	24
24.0	Information technology	25
25.0	Primary Care capital bids	25
26.0	Alignment of plans	25
27.0	Progress made against 2014/15 plan	26
28.0	2015/16 plan	30
29.0	NL CCG finance plan commentary	33
30.0	References	33

1.0 Introduction

This plan sets out the commissioning intentions for North Lincolnshire Clinical Commissioning Group for 2015/16 and acts as a refresh of year 2 of the CCG's operational plan within *North Lincolnshire Clinical Commissioning Group Unit of Planning; Plan for the Commissioning of High Quality Services for North Lincolnshire; 2014/15 – 2018/19*. The plan also reflects NL CCG approach to taking forward Five Year Forward View which has resulted in the CCG considering its models for commissioning to ensure these maximise the benefits available through alternative models.

This document should be read in conjunction with the following documents;

- NL CCG finance and activity plan 2015/16,
- NL CCG planning 2015/16 Unify template,
- NL CCG Better Care Fund Plan,
- NL CCG Vanguard Registration of Interest,
- NL CCG Co-commissioning Submission Proforma Annexe A
- North Lincolnshire Clinical Commissioning Group Unit of Planning; Plan for the Commissioning of High Quality Services for North Lincolnshire; 2014/15-2018/19
- Prime-minister's challenge bid; Safecare GP Federation
- Healthy Lives, Healthy Futures plan
- NL CCG Finance plan commentary 2015/16 (attached)

2.0 Development of the plan

As a refresh of the second year of the five year strategic plan, NL CCG has reviewed its progress against the plan submitted in 2014/15 and agreed the elements of the plan which carry forward. This plan also sets out where the 2014/15 plan has been revised and why. It also reflects the NHS 2015/16 planning guidance: five year forward view into action. This plan forms the NL CCG plan for 2015/16 as opposed to the strategic plan covering the unit of planning set out in the 2014/15 submission.

3.0 Strategic transformation

The strategic vision for NL CCG remains relatively unchanged from 2014/15. The CCG aims to commission services which empower and support people to manage their own health and care, and maintain their independence for as long as possible. People will receive care in the home or community setting wherever it is safe to do so, only being admitted to hospital for clear clinical reasons, and supported to return to independence through access to re-ablement and rehabilitation.

Sustainability of health services across the geographical area of Northern Lincolnshire remains the main priority in delivering the vision. The Healthy Lives, Healthy Futures programme will continue, supported by the recent revised governance arrangements delivering all partner commitment to drive through the service change at pace. This sees the NLAG Chief Executive act as lead Accountable Officer and the NL CCG Medical Director act as lead clinician in the delivery of the programme. This is supported by the programme management office which also has clean lines of accountability for the Better Care Fund.

Support has also been commissioned from PWC to develop a sustainable plan for Northern Lincolnshire through Healthy Lives Healthy Futures, which will draw together transformation plans across the all commissioners and providers. This structure is supported by the programme management office which also has clean lines of accountability for the Better Care Fund.

This year will see organisations across Northern Lincolnshire work together to develop a joint planning framework, which will provide a new approach to planning and contracting that supports HLHF and integration and incentivises the system as a whole to do the right things and manage risks jointly across the health and social care system. NL CCG is working with NLAG, NEL CCG and its partners to ensure alignment of plans. The joint planning framework aims to provide a minimum income guarantee, with risk share agreements and incentives for delivery of transformational change in line with HLHF. Partners have made a commitment to using this approach for a medium term of 3-5 years given the development time required, but will start to use this approach in 2015/16 through a memorandum of understanding alongside the NLAG contract.

4.0 New models of care

The vision for the health economy will be delivered through integration of services across current professional and organisational boundaries to deliver proactive out of hospital care to the majority, supported by specialists (traditionally operating within hospital settings) providing advice to and working with Primary care and community services. We will treat people holistically rather than on a disease specific basis.

The benefits of horizontal integration and use of multi-specialty community provider model will support the delivery of long term conditions management, which remains a priority for NL CCG. This care model will support the prevention and self - management agenda which to date, the CCG have made limited progress with. The CCG has not put forward an expression of interest to be an early implementer of the diabetes prevention programme given it has not yet made significant strides towards a diabetes prevention programme, however, the CCG will watch the development of the early implementer sites with interest and learn from these sites.

NL CCG has been successful in its application to NHS England for co-commissioning status at level 2, joint commissioning. The CCG sees this as an opportunity to deliver increased benefits through co-commissioning of primary care services to support the shift in care from hospital based to primary and community based care. This shift in care models is heavily reliant on commissioning of alternative services within primary care as well as community care, using new models of care¹.

NL CCG registered its interest in joining the 'Vanguard' new models of care programme, however this was unsuccessful. NL CCG believes that despite being unsuccessful, the use of new models of care have significant potential to support delivery of a sustainable health and care system across Northern Lincolnshire. The CCG will therefore continue to assess how it takes these models forward in the absence of support and national funding. The Vanguard registration of interest document set out how NL CCG along with the local authority and NHS England will jointly commission services under the new multi-specialty community provider model to enable integration across primary, secondary, community, social and mental health services combining this with the Enhanced Health in Care Home model.

5.0 Better Care Fund (BCF)

The operational plan has a direct read across to the Better Care Fund Plan which is now approved. The plan sets out a vision where people are supported to live independently where possible. People can access support close to home when they need it and are supported to return to independence following periods of illness through proactive re-ablement. This vision reflects the views of the local population as gathered through an engagement process using Experience Led Commissioning™ 'Keeping Well and Maintaining Independence' undertaken during 2013. The local population highlighted that they want support to maintain their health and independence with access to universal support that helps them manage their own health. The plans set out in the BCF plan directly correlate with the views expressed by the local population and the vision set out in the Strategic plan.

Implementation plans for BCF have been co-created with partner providers and commissioners to ensure the plans reflect the needs of the local community and deliver the reduction in non-elective hospital admissions and care home placements required³. Modelling for BCF has been reviewed in December 2014 to ensure plans are deliverable. This was undertaken with central support in modelling the schemes and potential benefits that can be achieved. Each of the Accountable Officers have signed up to the model developed by PA Consulting and have agreed the principles of the work undertaken.

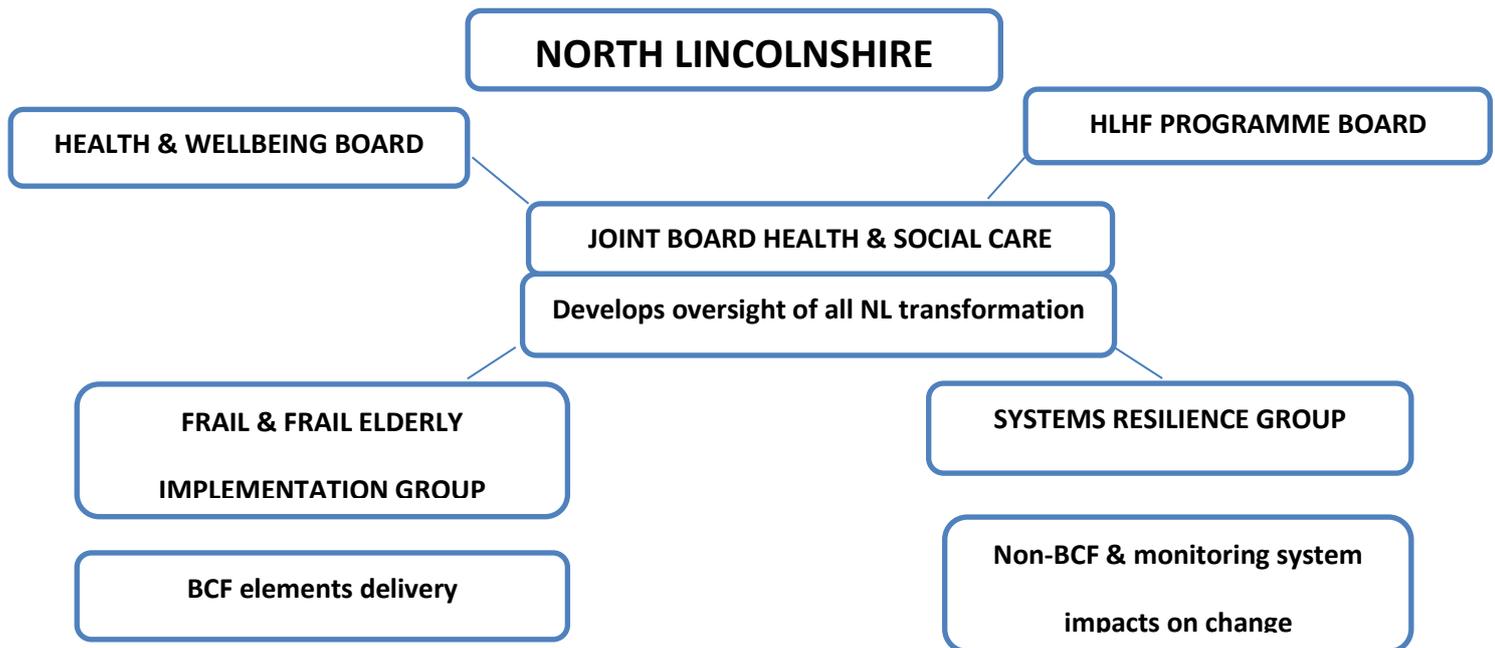
The activity and finance submission of 27/02/15 now reflects the activity shift as set out in the BCF plan.

The metrics and impact described through the BCF submission aligns with the longer term journey around service transformation across North Lincolnshire. The milestones and service changes delivered through BCF form steps along the way towards realising the 5 year Strategic Plan. The BCF plan represents a joining together of the strategic intentions of the CCG, GP commissioners and providers, the LA, Acute and Mental Health Trusts.

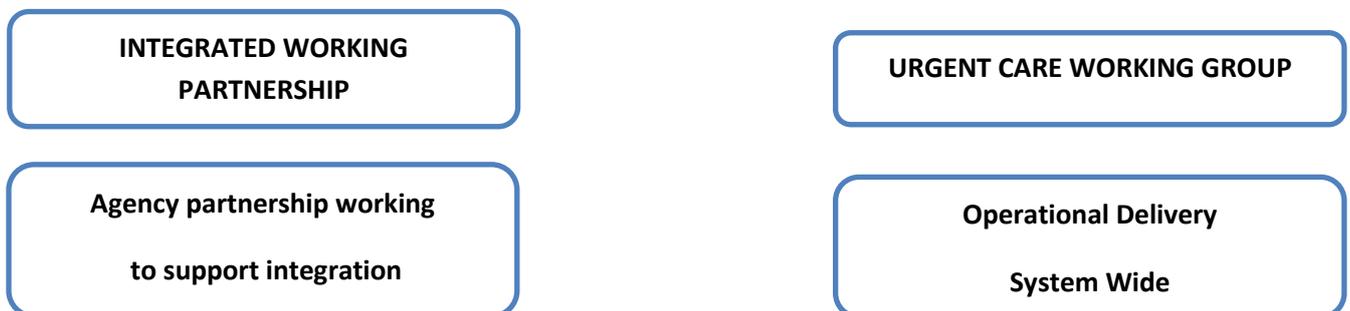
These plans are also aligned with the strategic and business plans of Northern Lincolnshire and Goole NHS Foundation Trust and Rotherham, Doncaster and South Humber Foundation Trust as submitted to Monitor in terms of strategic direction and approach.

The BCF plan is monitored by the North Lincolnshire Joint Board for Health and Social Care which has responsibility for the delivery of transformation in North Lincolnshire to support HLHF and is supported by the Frail and Elderly Implementation Group which is responsible for the planning and delivery of the Frail and Elderly vision and work-streams. The diagram below illustrates the governance arrangements these two programmes have.

ACCOUNTABLE GROUPS



SUPPORTING SYSTEM-WIDE GROUPS



6.0 Demographics

North Lincolnshire has seen only a slight growth in population from 167,400 to 168,400 in 2014/15 and a reduction in practices from 21 to 19. The CCG is served by one main acute care provider within the county; Northern Lincolnshire and Goole NHS Foundation Trust.

North Lincolnshire's population has increased at a faster rate, 9.5% from 2001 to 2011 compared with a national growth of 7.9%. The population demographic is also older than that of the national average, with a predicted 21.3% of the population over 65 by 2018 compared to the England Average of 18.5%. North Lincolnshire is a relatively large area (328 sq. miles), with a dispersed population across urban

Scunthorpe, 6 market towns and 80 villages. This demography is reflected in the CCG's planning priorities.

7.0 Place based commissioning

Given the NL CCG submission of application for level 2 joint commissioning of primary care, the required governance arrangements are being put into place. This will support the CCG strategy for moving activity out of traditional hospital based models to integrated primary and community care based models. During 2014/15, the CCG has set up the Primary Care Development Group. This group will lead the development of the Primary Care Development Strategy, advise and make recommendations on the development of the GP federation and support primary care contribution to pathway development and re-design. NL CCG has supported the local GP Federation in its bid for wave 2 Prime-minister's Challenge funding to transform primary care through the introduction of new models of care to deliver seven day services.

Through the Integrated Commissioning Partnership, a working group of the Health and Wellbeing Board, we continue to review our approach to commissioning services for people with mental health and learning disability needs to reflect the needs of the local population. We will work with local authority colleagues to further develop the scope of personal budgets.

NL CCG has a small number of individuals with personalised budgets at present, however we continue to offer these through CHC adults and children, with low take up. CCG will look during 15/16 to work with NLC and others through the integration agenda to encourage and support uptake, and as part of the transforming care agenda, look to offer personalised budgets to those people coming back into area from out of area placements.

We are working with key local stakeholders to raise awareness of Personal Health Budgets and Personalisation and the CCG shares information and promotes the use of Personal Health Budgets.

The CCG is able to access support from the specialist Personal Health Budget team in Yorkshire and Humber Commissioning Support. In addition we will continue to work with the local authority on the development of PHB however we will not be progressing with application for national pilot site status for MH PHB at this time.

8.0 Delivery across the 5 domains and 7 outcome measures

A/E performance has been a significant challenge during 2014/15. Whilst performance improved during quarter 2 at Scunthorpe, the Trust has not achieved the target during quarters 3 and 4. Additional resource to support A/E and bed capacity were put in place during winter, funded through resilience funding, however this has not enabled the trust to achieve the 4 hour target. Whilst activity levels through A/E have not significantly increased, the proportion of patients requiring hospital admission has risen and remained so for a number of months. Implementation of the BCF plan in 2015/16 should result in a reduction in the number of patients needing hospital admission through the provision of appropriately staffed, community based services.

NL CCG has commissioned an urgent care model from NLAG. The CCG is currently working with NLAG through a series of clinician and manager attended workshops to clarify the specification and expectations and work up an action plan to move to full delivery.

This plan, combined with the Better Care Fund plan, will deliver an improvement in the proportion of patients seen and discharged/admitted within 4 hours, an increase in the number of people managed within the community and a reduction in non-elective admissions.

Ambulance performance has also been challenging during 2014/15, however, although East Midlands Ambulance Service performance overall has been below target, performance within Lincolnshire has consistently been at or above target. Work has commenced in year and will continue into 2015/16 to reduce ambulance conveyance rates through the implementation of pathways. These will initially focus on care homes across end of life, falls and long term conditions pathways. This work programme is being taken forward through the Frail and Elderly Implementation group to ensure integration with the BCF plan.

Referral to treatment times have been a significant issue nationally, impacted on during winter due to the need for some Trusts to cancel elective activity in order to manage non-elective demand. Through the contracting team, Trusts have shared recovery plans to deliver waiting times in the future. For some Trusts, this plan has included moving some activity to the independent sector. NL CCG continues to monitor this closely with all its providers and manage issues through contracting processes.

Overall, cancer waiting times requirements have been met across all four quarters, however the CCG continues to monitor performance across all providers monthly.

There have been 3 MRSA cases apportioned to NL CCG during 2014/15 against a zero target. All cases were community acquired. The CCG achieved its target for C Diff, with 35 cases against a target of 37. The CCG has robust processes in place for monitoring and assurance, including monthly multi-agency review meetings.

9.0 Meeting the NHS Constitution standards

NL CCG has set a plan for 2015/16 to deliver on all NHS Constitution standards. These are set out in NL CCG UNIFY submission 27/02/15.

10.0 Improving health and reducing health inequalities

NL CCG works closely with North Lincolnshire Council on the Joint Needs Assessment and this has been refreshed over winter 2014. The profiles for North Lincolnshire have not changed significantly over the last year and the 2014/15 – 2018/19 plan clearly described the local health needs and how the commissioning plan responds to this.

The JSNA can be found at: http://nlido.northlincs.gov.uk/IAS_Live/sa/jsna/

The CCG recognises that its work programme over the last year has focussed more on management of active conditions and the prevention agenda needs further priority. In addition to the joint work to refresh the Joint Needs Assessment, the CCG works with the local authority public health team and Health and Wellbeing board to take forward the prevention agenda and the Health and Well-being strategy.

The CCG has a good understanding of its population needs and lifestyle and how this impacts on accessing services. Each locality within North Lincolnshire has its own characteristics which are considered during service planning. For example Scunthorpe North has a high proportion of BME groups, with a growing Eastern European population; the population tends to be much younger than elsewhere in the county. However, the Isle of Axholme, by contrast has a significantly older population, many of whom need support in terms of care and assisted travel options. Due to the very nature of the LTC programme within NL CCG plans, the impact of this programme will be more targeted at outlying towns and villages with the highest population of older people.

The CCG will continue to work with Public Health teams to drive forward the prevention agenda, using the Call to Action; Commissioning for Prevention framework. Through its membership of the Health and Wellbeing Board the CCG and is engaged in the Health and Wellbeing Strategy priority areas has signed the NHS Statement of support for tobacco control.

Actions during 2015/16 will include working with North Lincolnshire Council and the service provider to increase smoking cessation uptake. North Lincolnshire Council is currently re-commissioning its tier 2 weight management service. NL CCG has commissioned a tier 3 weight management service from April 2015, and will work with North Lincolnshire Council, NHS England Specialist Commissioning team and service providers to review the whole pathway to maximise the patient experience from tier 2 to tier 4.

A significant part of the 2015/16 work-plan will focus on prevention and self-management, particularly for people with long term conditions, drawing in the outputs for the Experience Led Commissioning work, during which people articulated a vision where they are empowered and able to self manage to maintain and maximise their health. This will include working in partnership with North Lincolnshire Council to take forward self-care within the Well-being agenda, harnessing the benefits of the recently launched Well-being Hubs – locality based points of access to a wide variety of services and activities aimed at keeping people well.

NL CCG uses the Equality Diversity Assessment tool (EDS2) and Healthcare Equality Index to self-assess its approach to commissioning in relation to equality and develop action plans. The CCG has been working with Stonewall during 2014/15 and recently complete training to relevant staff on the LGBT agenda to ensure it commissions services in a way that meets the needs of the LGBT community.

We have taken steps to address the equality and diversity agenda through proactive engagement with specific groups, such as LGBT through planned events, and through proactive encouragement of people to join the CCG public and patient network 'Embrace' as a way of directly engaging with people around their areas of specific interest. This is in an early stage and we will continue to grow this membership through 2015/16.

11.0 Parity of esteem

Mental health and physical health treatment have traditionally been subject to a silo based approach within health services yet people with poor physical health are at a higher risk of developing mental health problems. Equally, those with mental health problems suffer deteriorating physical health. The CCG has started to implement mental health liaison services for older people, piloting this initially as part of the BCF 'Perfect week' and continuing this beyond that initial pilot. 2015/16 will see this service develop into a more robust service able to meet the level of demand. The service will rapidly assess on admission those older people identified as having mental health problems, through an MDT approach which supports assessment,

care planning and discharge to reduce length of stay and increase likelihood of the person being discharged home rather than a move to a care home. In addition, plans in 2015/16 will address the requirement for Liaison Psychiatry within the hospital setting across all ages. Work will also focus on improving the physical health of people within mental health services.

NL CCG is committed to working with partner agencies and providers to deliver;

- waiting times targets for mental health services,
- service improvements related to the outputs from the Experience Led Commissioning programme,
- the requirements of the mental health concordat and
- continuation of the plans put in place using the MH resilience funding

In addition we will support the individual's right to choice by building on the local provider pilot and continue our drive to improve health services for all ages, not just working age adults.

We recognise the long term ambition of achieving parity and the impact of mental ill health throughout our economy. Our long term vision will support better integration of physical and mental healthcare to deliver improved outcomes and better value across NHS funded services. We will utilise the implementation of mental health payment and pricing as a means to achieve a greater outcome focus in our commissioning processes. We will also work with our commissioning partners, whether in health, local government or education to agree a shared vision and integration where this is of demonstrable value.

12.0 Transforming care

Response to Francis, Berwick and Winterbourne View

12.1 Francis

The Francis Inquiry report examined the causes of the failings in care at Mid Staffordshire NHS Foundation Trust between 2005-2009. The report makes 290 recommendations which NLCCG have reviewed and implemented a detailed plan with adjustments to the business and assurance processes within the commissioning functions.

In 2015/16 the key priorities required from the recommendations will be further embedded with an explicit focus on improving health outcomes for the whole population and reducing inequalities in health.

The core themes include:

- openness, transparency and candour throughout the healthcare system (including a statutory duty of candour). This is monitored through the Quality contract review process.
- improved support for compassionate caring and committed care and stronger healthcare leadership through the Care and Compassion agenda – see section 15.0.

In response to the inquiry report the CCG has developed a set of commitments designed to ensure that the patients in our care remain safe, have access to high quality care and that anyone can easily feedback any concerns. These commitments include:

- listening to patients – we will actively involve patients in the decision making process when making commissioning decisions and involve them through ELC to re-design services.
- To prioritise the delivery of high quality care and develop capacity – when we commission services we will use the latest clinical evidence and feedback.
- To work with our Providers to monitor and review the quality of care and to ensure the duty of candour is implemented in all of our providers.
- We will further develop our Boards and Organisations - as a CCG we will be open and transparent in all that we do. Staff and Board members are encouraged to question the quality of care provided if they feel it is compromised.

12.2 Winterbourne

In 2014/15 NLCCG will have reduced the number of clients registered under the Winterbourne criteria from 11 to 2 by end of March 2015. Rigorous monitoring and assurance systems are now in place to ensure that appropriate individual care plans have been developed with clients and their families that safeguard their appropriate placements. All clients are reviewed monthly by means of a comprehensive quality assessment with planned dates of discharge back to the local area if an out of area placement has been deemed appropriate. Significant multi- agency work is underway to identify appropriate Providers who can deliver the required care for those people with learning disabilities and complex needs. This is delivered through the 'North Lincolnshire Complex Care Review' which provides evidence to support the development of local services. It forms the basis for effective commissioning providing a pathway for those based out of area whilst ensuring the delivery of quality, cost effective services for those individuals in area, their families and carers. The review sits within the QIPP agenda.

This Joint Improvement Plan has been endorsed by the Health and Wellbeing Board and indicates the actions required to transform local services which can be defined as follows:

- Individual service reviews
- Market management
- Joint Commissioning and Pooled Budgets
- Public, user and carer engagement
- Prevention and transition

12.3 Market Position Statement

As a commissioner NLCCG are responsible for planning for local needs and purchasing care to meet people's needs. This commitment to personalised services, tailored to the needs of each individual person, is a key focus for 2015/16. NL CCG and partners have developed a Market Position Statement and will build on this during 2015/16 to ensure there is a thorough and shared understanding of services available and gaps in provision. An implementation plan has been agreed by key stakeholders to ensure agencies work with Providers of learning disability and complex needs to ensure there is greater choice of high quality services for people living in the local area now and in the future.

12.4 Care and Treatment Reviews

NHS England requires that all clients who meet the Winterbourne View criteria, including those in secure care, will receive a Care and Treatment Review (CTR). These reviews are currently being undertaken in North Lincolnshire by a team including a commissioner, independent clinical advisor and expert by experience. The review team examine all case files and speak to clients, family members, advocates and care teams. The review panel then complete a consensus report which focuses on three key areas:

- Am I safe?
- What is my current care like?
- Is there a plan for the future?

The outcome of the review and action plan is then shared with clients and other stakeholders. All clients who are North Lincolnshire residents, in non-secure settings, will have been reviewed by the end of February 2015.

12.5 Learning Disability Self-assessment Framework

The annual self-assessment framework was published by NHS England on 10th September 2014 and has been completed and submitted for 2014/15.

A multi-agency consultation event called the “Big Health” took place on 25th November 2014 with the Learning Disability Partnership Board. This was facilitated by Inclusion North and was held to hear the voice of clients and their carers. The information gathered from this event is being used to underpin the self-assessment framework and inform these commissioning plans.

In 2015/16 work with the acute provider to further develop services for those people with learning disabilities will be a priority to assess the patient pathway through acute services for those who require this level of treatment to ensure they receive a high quality of care and compassion and appropriate treatment when they are required to visit acute hospital and/or community services. A further key priority will continue to be to ensure that all people with challenging behaviour in inpatient assessment and treatment services are appropriately placed and safe and their progress tracked to ensure they have alternative arrangements made as soon as possible and as a minimum within 12 months.

NLCCG will give precedence to transforming the commissioning of services for people with learning disabilities and/or autism following the Government pledge to ensure the following areas are pivotal in the way services are commissioned:

- Strengthening rights of people and listening to what they have to say
- People with learning disabilities/and or autism and their families have the right to challenge decisions about their care.
- The right of people to have a personal budgets including those in inpatient care and those at risk of being admitted to inpatient care.

13.0 Patient Safety

NL CCG Quality Strategy will provide the key focus and framework for understanding, monitoring and promoting patient safety in both commissioned services and primary care. NL CCG is signed up to the ‘sign up to Safety Campaign’ and the governing body has pledged to deliver harm free care for every patient, every time, everywhere.

The CCG’s Incident Monitoring Group will review all Serious Incidents and associated action plans. Audits of action plans will be conducted with service providers to ensure that changes are implemented and learnt across organisations to reduce patient harm. Overseen by NL Quality Group, monitoring systems will be further developed to identify good practice and areas for action; where serious safety concerns are identified external reviews may be commissioned.

CQUINS and key performance indicators will include targeted actions to reduce patient harm and promote learning. Information from local and national patient surveys, the Friends and Family test results (including from primary care), complaints and comments will be collated and used to ‘build in’ safety in service

planning and re-design Systematic service reviews will be conducted and site visits undertaken to work with providers to ensure safe practice is embedded into service delivery.

The CCG will continue to increase reporting of harm in Primary Care through supporting and disseminating the web based incident reporting tool, mortality reviews, review of incident reports and feedback to practices, and training workshops for primary care staff.

A number of initiatives will be aimed at improving antibiotic prescribing in primary care and secondary care including:

- Continuing to benchmarking practices against national comparators and additionally against local CCG's where prescribing is higher; for local challenge through peer led discussions and in appraisals
- Taking lessons learnt from C.diff reviews and ensure that they are supported through work planning
- Work with providers and practices to set and monitor through scorecard targeted reductions in inappropriate prescribing
- Continuing to promote patient awareness through a range of social media channels and events including promoting Public Health antibiotic awareness days, working jointly with secondary care, community pharmacy and providers
- Reviewing prescribing beyond practices and within providers i.e. Out of Hours services

14.0 Patient Experience

NL CCG will set measurable targets based on service user feedback using CQUINS and key performance indicators to target improvements with provider organisations.

The CCG will work with patient practice forums and practices to set improvement targets based on FFT results and national patient surveys. Practice specific actions will also be identified using a range of information from, complaints, comments and PALS feedback. Improvements will be monitored by scorecards and reviewed at CCG Quality Group meetings.

Patient practice forums will be supported and encouraged to include and engage with hard to reach groups. Experience Led Commissioning initiatives will seek to involve hard to reach groups in the commissioning and re-designing services. Specific actions will be identified to ensure that practices are identifying and working with hard to reach groups and performance will be monitored at CCG meetings of the Primary Care Development Group. The CCG will also work with Health Watch and voluntary organisations to ensure an inclusive approach to commissioning and service evaluation.

The CCG will support Patient Participation Groups in primary care and develop forums where learning and best practice can be shared and areas for action identified.

15.0 Compassion in Practice

The national nursing strategy – Compassion in Practice – was published over a year ago and sets out shared purpose to deliver high quality, compassionate care and to achieve excellent health and wellbeing outcomes. This is a three-year strategy that centres on core values and behaviours recognised by patients and carers alike and which are encapsulated in the 6Cs: Care, Compassion, Competence, Communication, Courage and Commitment. This is a nursing, midwifery and care staff strategy which is being delivered by the health and care system with national bodies and regulators leading on a range of initiatives. The implementation plans of Compassion in Practice have national, local and individual actions.

Since the publication of Compassion in Practice there have been several publications that reinforced the principles and actions set within the strategy such as the Robert Francis Inquiry Report, the Berwick Report and the Keogh review. The strategy outlines six action areas which have further shaped action areas for nurses and which are for local implementation by the CCG. The action areas are as follows:

- Helping people to stay independent, maximising wellbeing and improving health outcomes
- Working with people to provide a positive experience of care
- Delivering high quality care and measuring impact
- Building and strengthening leadership
- Ensuring the right staff, with the right skills are in the right place
- Supporting positive staff experience

15.1 Helping people to stay independent, maximising well-being and improving health outcomes

- The CCG has initiated a practice nurse forum to provide development and professional network to ensure training and sharing of best practice.
- Integration of practice nurse training and development into the CCG training programme for Primary Care
- Developed and implemented a Primary Care Development Strategy.
- Developing work to support compassionate care in addressing the dementia challenge

15.2 Working with people to provide a positive experience of care

- The Friends and Family Test (FFT) is being delivered throughout the country. NLCCG are monitoring provider performance against this national indicator. Performance is monitored through existing local governance arrangements and monthly reports provided to the Governing Body.
- Commissioners continue to work with providers regarding 6Cs being adopted and integrated into the culture of all health professionals and care workers. Commissioners continue to seek assurance from providers.
- The 6Cs are integrated in the provider contracts and commissioning frameworks.
- Provider quality assurance visits are undertaken to providers where care and compassion is a high priority
- The CCG works closely with local Healthwatch to share information and undertake joint assessments.

15.3 Delivering high quality care and measuring the impact of care

- Existing metrics in care homes have been reviewed and include measurable metrics to support implementation of care and compassion
- Working with providers to supporting the use of the Safety Thermometer
- CCG has further developed its provider assurance contract management. This includes a robust process for the monitoring of all aspects of quality through the Quality Contract Review process for each provider. This includes on-going monitoring of a range of quality areas of our main acute Trust provider.

15.4 Building and strengthening leadership

- Further development of training and education programme for practice nurses and unregistered staff is a priority to enable transformation of care.

16.0 Staff satisfaction

CCG staff took part in the annual staff survey. The survey benchmarked against 4 other CCGs. An action plan has been agreed to address findings from the survey, addressing capacity, appraisals and communication. Measurable improvements will be assessed through repeated staff surveys.

The CCG is keen to support the Health and wellbeing of its staff and has committed to achievement of North Lincolnshire's Healthy Workplace awards. A further Staff

survey of health and wellbeing has been completed to understand staff interest in local provision of opportunities. This indicated staff support for flexible working to enable regular exercise, but given the small staff population no consensus regarding solutions. In addition, the CCG supports staff led initiatives e.g. Dry January, Sugar – free February.

Staff have access to counselling as well as other health related support. No smoking cessation needs identified.

The CCG has further work to do to understand health economy position and required actions. Given the local challenges with staff recruitment and retention within providers, promotion of a positive working environment and good levels of staff satisfaction are essential to improving recruitment and retention.

The Health and Wellbeing Board promotes the Healthy Workplace Award scheme managed by Public Health. The scheme has been developed to recognise businesses that value a healthy workforce and commit to creating a healthy culture for their employees. The award framework has three levels (Bronze, Silver and Gold), with each level having core and additional criteria to meet.

17.0 Convenient access for everyone

The CCG will continue to ensure it commissions services which offer convenient access through extended working hours to reflect needs of the population. The CCG continues to undertake equality impact assessments for service change to ensure no group is unfairly disadvantaged and to promote access to specific groups where appropriate. The support from Stonewall during 2014/15 has enabled the CCG to gain deeper understanding of the needs of the LGBT group within North Lincolnshire and is offering training to staff within both CCG and General Practice to increase levels of awareness.

The CCG is supportive of the GP Federation bid for Prime-Minister's Challenge funding which will support the delivery of a new model of primary care over 7 days, thus improving access for patients.

18.0 Seven day services

Beyond the Federation bid, the CCG is working with the acute Trust to ensure high priority services are available over 7 days. This will build on the work undertaken in 2014/15, working with providers (acute, community and social care) to ensure senior decision making 7 days per week, supported by 7 day diagnostics, treatment and surgical interventions where required. The Better Care Fund plan is built upon the

principle that services will operate over 7 days. The CCG will continue to seek assurance from providers on their delivery of the clinical standards across 7 day working through its established quality assurance arrangements.

19.0 Operational resilience

NL CCG has reinforced its resilience arrangements with the development of the System Resilience Group. The SRG provides strategic and operational leadership across the healthcare system of North Lincolnshire, for both elective and non-elective care. With strategic responsibility to ensure a whole system response, the SRG has the responsibility to ensure the commissioning and provision of high quality, safe and integrated planned and unplanned care that is designed to meet the needs of the populations of North Lincolnshire and, where they use NLAG services, East Riding. The SRG is supported by the established Urgent Care Working Group and the Resilience Operational Group.

Resilience funding available in winter 2014/15 is now recurrent within the finance plan and the SRG will recommend proposals to the CCG on the on-going use of this funding. The CCG will work with partners to undertake a review of the current resilience plan based on the learning and the implementation of resilience funded initiatives during winter 14/15, however some schemes are covered in 2015/16 through the BCF, e.g. Older People's mental health and care home short stay placements as part of discharge to assess.

20.0 Urgent and emergency care

NL CCG implemented a new integrated urgent care model in 2013/14 and continues to work with the provider to ensure the outcomes are delivered. The implementation of the BCF will significantly impact on the number of non-elective admissions as more patients are treated within the home setting, and those frail and elderly people who are admitted are managed through effective, multi-disciplinary teams to rapidly assess, manage and discharge them.

Guidance of urgent care networks is still awaited. The CCG has good links with ERY CCG and NEL CCG through current resilience arrangements and would look to developing a network around current patient flows, thus incorporating Hull and East Yorkshire Hospitals NHS Trust and NLAG Diana, Princess of Wales site.

As a part of a wider commitment to the Crisis Care Concordat, our action plan will include examination of the model for liaison services to ensure timely and appropriate access to mental health support in an acute environment, particularly in response to crisis situations. This will include interface with specialist services in

addition to Humberside Police, providing training and support to staff to ensure they are skilled and confident in dealing with mental health care as a part of their role and that fewer people subsequently require either police or restrictive intervention.

21.0 Safeguarding

North Lincolnshire CCG will meet its statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people that reflect the needs of the children they deal with; and to protect vulnerable adults from abuse or the risk of abuse.

For children and young people, the key legislation includes the Children's Act 1989 and the Children's Act 2004. Sections 11 and 13 of the 2004 Act have been amended to ensure that the NHS Commissioning Board and commissioning groups have a duty to safeguard and promote the welfare of children and to be members of the LSCB.

In discharging these statutory duties/responsibilities account will be taken of statutory requirements including those within the Care Act 2014 which comes into effect on 1st April 2015 and the revised Accountability and Assurance Framework for Safeguarding Vulnerable people in the NHS that is also due to be published in May 2015.

As a commissioning organisation North Lincolnshire CCG is required to ensure that all health providers from whom it commissions services (both public and independent sector) have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and to protect vulnerable adults from abuse or the risk of abuse; that health providers are linked into the Local Children's and Adults' Safeguarding Boards and that health workers contribute to multi-agency working. This is monitored through the framework for contract management to ensure that the quality of services agreed is being delivered.

North Lincolnshire CCG, whilst not directly responsible for commissioning primary medical care (or other primary care services) has a duty to support improvements in the quality of primary medical care and works with Primary Care teams to ensure they are compliant.

To discharge its duties within safeguarding NL CCG has clear lines of responsibility with the Director of Risk and Quality Assurance undertaking the executive lead for safeguarding on the Board who is also a member of both the adults and children's Local Safeguarding Boards.

CCGs are required to secure the strategic professional expertise of Designated Nurse and Doctor for Safeguarding Children. These professionals are

commissioned by the CCG through Service Level Agreements from a provider; they have the authority to work across the entire local health economy to influence local thinking and practice.

NLCCG has developed a work plan for 2015/16 to ensure it carries out its functions in relation to the LSCAB and LSAB priorities. The work plan will be dynamic and responsive to the commissioning issues arising from local and national learning, reviews and inspections.

Key priorities for 2015-16 include:

- Supporting the quality arrangements required in primary care and other independent contractor services.
- Development and roll out of safeguarding supervision strategy for Northern Lincolnshire health economy (in collaboration with North East Lincolnshire CCG)
- Further development of a safeguarding training strategy for Northern Lincolnshire health economy (in collaboration with North East Lincolnshire CCG)
- Embedding the monitoring of safeguarding children arrangements for all commissioned provider health services.

21.1 Prevent

NL CCG recognises the importance of its role in the PREVENT agenda and invests in the resource to provide clear responsibility for ensuring that the priorities are implemented. The Designated Nurse for Safeguarding adults has the operational lead with the Director of Risk and Quality Assurance fulfilling the Executive Lead on the Board. NL CCG is now 100% compliant with its Prevent training for staff. In addition the Prevent Lead for Humberside Police led a GP Training session at the GP Training Group which was very well attended by a range of practice staff.

The Counter Terrorism Bill which is currently awaiting Royal Assent will be implemented when this is granted. The CCG will fulfil its duty to be a partner on “Channel Panels” of which there will be one for South Humberside. In addition there will be a responsibility to ensure that Prevent is incorporated into the contract for our provider agencies to ensure that anyone working within the NHS can identify the signs of someone who is vulnerable to radicalisation and access the appropriate reporting processes.

21.2 Mental Capacity Act

NL CCG is taking a joint approach by Health and Social Care in North Lincolnshire to ensure a high quality of care and assessment for those vulnerable people who require assistance and support in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.

Significant work is being undertaken in both health and adult social care and detailed organisation specific action plans are in place. However, it is recognised that care for the people of North Lincolnshire will be improved and more efficient if organisations work together to achieve improved outcomes.

The following priorities and actions have been agreed by North Lincolnshire CCG and Local Authority;

- Contracts
- Improved understanding of MCA/DOLs principles and practicalities
- Community pathways
- Best Interest Assessors
- On-going development, sharing and monitoring

A robust process for provider assurance is also in place with each of the main Providers submitting detailed plans to confirm their compliance with the reviewed DOLs guidance with regard to the case of '*P v Cheshire West and Chester Council and other*' and '*P and Q v Surrey County Council*', and established an acid test for Deprivation of Liberty.

Providers are focussing on staff training and improved quality of the mental capacity assessments to ensure the best care and outcomes for their patients. This is being monitored through the CCG Quality assurance processes which includes a confirm and challenge method.

22.0 Research & Innovation

To support meeting its statutory requirements the CCG has a research strategy underpinned by an implementation plan that sets clear goals to promote research activity and adopt and promote innovative practice.

Regular updates will be made to the CCG Quality Group on compliance with research activity in primary care and progress in increasing GP participation.

To comply with the NHS innovation agenda the CCG will promote innovative practice within local provider organisations through CQUIN schemes, monitoring NICE compliance and participate in forums to share innovation.

The CCG will continue to participate in and support the local clinical research networks through our primary care research lead and seek to increase infrastructure capacity

The CCG will establish a North Lincolnshire Primary Care Research Group to promote research and the adoption of evidence based practice.

23.0 Workforce

To support the Five Year Forward view we;

- Have submitted an expression of interest to be a Vanguard site through NHS England's New Model of Care Programme, which focuses on the acceleration of the design and implementation of new models of care in the NHS. Given that this was unsuccessful, NL CCG will continue to assess where it can take these new models forward in the absence of the national support and funding.
- Will continue to work closely with North Lincolnshire Council to shape and jointly commission services, through the Joint Board for Health and Social Care, Integrated Commissioning Partnership and Health and Wellbeing Board. The workforce is at the heart of these changes and we will be supporting local providers to facilitate improved information sharing, co-location of professionals, a single assessment process, strengthened clinical leadership and an assessment of skills across the health and social care workforce.
- Will support HLHF's and BCF implementation through continued work with organisations across the patch to understand the workforce changes required in shifting activity from hospital to primary and community care and moving to more integrated services and new models of delivery across the health and social care workforce. This will require conversations and support from a wide variety of organisations including the local council, hospital, general practice, Health Education England Yorkshire & Humber, social care providers and colleges/universities.
- Will continue to work with our providers to ensure we have assurance, supported by data flows of appropriate staffing levels and competencies to deliver safe services. We receive regular workforce reports from providers and this is managed through contract compliance.
- Will support the newly developed local GP Federation to respond to the changing demand on Primary Care services in line with the NL CCG strategic vision and workforce profiles. We know there are issues with recruiting GP's across England and our area is no exception. CCG outcomes indicators - Health and Social Care Info Centre (Sept 2013) showed North Lincolnshire had 74 whole time equivalent (WTE) GPs against the England average of 101, a shortfall of 27 WTE. We will be working with the support of Health Education England Yorkshire

& Humber to better understand how we can address these vacancy issues both in the short and long term. We are also working with Hull and York Medical School to boost GP recruitment, including recruiting from Holland.

- Are committed to working with NHS England to address racial inequalities through the Workforce Race Equality Standard (WRES). The Standard forms the first stage in a process of addressing workforce equality issues. A report will be submitted annually to the Coordinating Commissioner and published on our website outlining progress against the Standard.
- Will engage with Health Education England and NHS England to work through the implications of the Investing in People Plan (2015/16), and develop a better understanding of the demand line for the primary care workforce, based upon the needs of patients in a primary care setting.

Through the HLHF programme, a workforce resource group has been established to support the workforce planning and organisational development requirements across all health and social care services.

24.0 Information technology

The CCG IT plan will be integrated with the wider work-plan to maximise benefits through the use of technology. In particular there is opportunity to utilise IT in the provision of support and advice to people, particularly those with long term conditions. We will also maximise the use of technology to improve access, through web based consultations in primary care. Work will continue with partners around the use of the NHS number as the single identifier. This is a key requirement of the BCF plan and integration agenda.

25.0 Primary Care capital bids

The majority of North Lincolnshire practices have submitted capital bids for improvements to practice accommodation to increase capacity. This will support the strategic plan of increasing care delivered from primary and community facilities as more activity is moved out of hospital and closer to home.

26.0 Alignment of plans

Finance and planning templates are currently based on 14/15 forecast out-turn plus demographic growth. Activity is costed as per the national tariff option as selected by each provider. Specifically out of the CCG's main 6 providers, only one (Sheffield Teaching Hospitals) has not chosen the 2015/16 Enhanced Tariff Option. These options have all been applied at provider level in the underlying data at a HRG and

Specialty Level. The Specified activity for each provider takes account of the planned reductions associated with the Better Care Fund and those QIPP schemes agreed by both provider and commissioner. The CCG activity model and the provider activity model have been reconciled and are aligned,

NL CCG continues to work closely with NEL CCG, Northern Lincolnshire and Goole NHS Foundation Trust and North East Lincolnshire providers to finalise the joint plan, underpinned by a Memorandum of Understanding.

The Full Finance plan submission includes a gross surplus drawdown of £4.6 million including the extra £500k of B/Fwd surplus from 2014/15 relating to the CHC Levy Refund which is now being drawdown into 2015/16, subject to the overall NHS position for 2014/15 remaining stable.

The additional B/fwd surplus received in 2015/16 along with savings produced from validation of the provider and commissioner activity / finance models has been used to eliminate the unidentified QIPP target which was set against NLAG NHS FT in the initial 2015/16 Finance Plan submission.

As set out above, the Full Finance Plan also quantifies the potential impact of the recent Enhanced Tariff Option (ETO) made by NHS England and Monitor to NHS hospital providers. For NL CCG the estimate net impact of NHS providers switching to this option is estimated at circa £359K.

27.0 Progress made against 2014/15 plan

The 2014/15 – 2018/19 plan utilised a life stage approach to describing the transformational change the CCG planned to make. The table below sets out the key transformational changes planned within each life stage and provides and update on implementation to date.

Life stage	2014/15 plan	Progress to date	Plan for 2015/16
Starting well / Growing well	Midwifery service specification	This work continues in conjunction with NEL CCG. Draft specification developed	Completion of service specification and inclusion in the contract. Continued input into Northern Lincolnshire Maternity Partnership
	Redesign of urgent care pathway for children and increased Children's Community Nursing service	This work is completed, with new models going live in November 2014	Further development will be based on the outcomes of the ELC work programme
	Understanding the needs of children with long term conditions and their families using Experience Led Commissioning Approach (ELC)	This work is due to commence in early March 2015 and will be completed in summer 2015	Completion of ELC programme and co-design of pathways for implementation in autumn 2015
	Actions to address SEND implications	Processes developed and in place. No take up to date. Designated Clinical Officer in place for SEND personal budgets	Continue to offer personal budgets and facilitate where taken up. Integrated Health and Education plans in place
	Revised CAMHs service specification	Service specification developed and agreed.	Full implementation of revised specification
Working well	Development of long term conditions pathways which reflect the views gathered through LTC ELC programme;		
	respiratory	Business case developed, service specification in draft	Finalise specification and complete procurement. Review TB services
	diabetes	Specification agreed, implementation commenced	Continue work with acute Trust to fully implement model. Review learning from diabetes prevention programme as this becomes available
	cardiology	Business case and service specification drafted- undergoing further revision	Finalise specification and procurement

	Musculo-skeletal service	Draft business case completed, however service specification requires revision prior to a procurement decision	Finalise specification and procurement
	Chronic wound care model	Model not yet agreed, service specification and business case being developed	Finalise model and business case
	Community neurology services	Approval of funding through Parkinson's UK for a community based Parkinson's nurse	Holistic LTC model to include neurological conditions
	Develop model for tier 3 obesity services	Business case approved, service go live; April 15	Work with NLC, NHS E SC and providers to review whole pathway for tiers 2-4. Monitor impact and proportion of patients going into tier 3 who progress to tier 4.
	Full implementation of the urgent care model	Implementation continued through 2014/15	Work will continue to ensure the expected benefits are delivered
	Systemic review of all suicides and develop strategies to reduce	The CCG and RDaSH jointly commissioned an independent review of inpatient mental health services – report approved by Governing Body. North Lincolnshire wide Suicide review group, of which NL CCG is a member, continues.	
	Co-design mental health services for adults through the use of ELC programme	Programme delivered during 2014/15. Action plan being developed for implementation in 2015/16	Implementation of actions arising from the ELC programme and monitoring of impact
	Equity of access to IAPT services	Work planned for 2015/16	Benchmarking of access to current services to be completed
	Communication and education regarding early detection of cancer	Training programme delivered to Primary Care staff through protected learning time. Macmillan GP facilitators	Work programme for GP facilitators to continue
	Review of telehealth/telecare	Review completed. Continued work with local Authority on model of care. The telehealth contract has not been renewed due to poor uptake and limited effectiveness.	LTC model to consider how patients can self monitor

Ageing well	Implementation of Accountable GP for over 75s	Implemented in all practices, monitoring in place	
	Dementia screening and awareness	Programme developed and delivered	Work plan to continue through 2015/16
	Implementation of actions from ELC Dementia programme	Partnership working continues to implement the actions arising from this programme	Full implementation of the plan
Dying well	Implementation of actions arising from the ELC end of life programme	Some actions implemented. Integrated specification will drive forward the integration elements of the plan	Continued implementation of actions
	Development of an integrated end of life service specification	Specification not yet developed	Development of the integrated service specification and agreed implementation plan
	Implementation of special patient notes		

28.0 2015/16 plan

This section sets out the changes made from the 2014/15 -2018/19 plan. The CCG has considered in its revisions, changes highlighted within the developing Joint Needs Assessment, patient and public feedback and engagement outputs, comparative and benchmarking data and best practice drawn from elsewhere.

Whilst the 2014/15 plan focussed particularly on the development of new pathways for people with long term conditions, the plan also set out a vision to create a new, holistic model to care for people with long term conditions by 2018/19. This was in recognition that many people have multiple long term conditions and the outputs from the Experience Led Commissioning work included development of a model which holistically managed people with multiple long term conditions with a single lead clinician responsible for the care. Whilst the disease specific models will be progressed during 2015/16, the CCG will do this in the context of developing a holistic model for long term conditions. The diabetes model utilises the Super Six approach developed in Portsmouth and CCG is currently assessing how this model can be used across all long term conditions to provide holistic patient care.

During 2015/16, CCG will continue the work-plan set out in 2014/15, however will bring forward the development of the holistic Long Term conditions model. This work is a high priority to the CCG given the rising number of complex and elderly patients, their risk of admission and the requirement to reduce non-elective admissions in line with the BCF and finance plans. CCG is continuing to work closely with providers to rapidly implement the Better Care Fund plan and ensure the benefits are realised.

There will also be increased focus on the prevention and self- care agenda with plans developed to empower and support people to manage their own health, supported with resources in a variety of formats to meet needs and preferences. This work links closely to the well-being agenda led by North Lincolnshire Council.

The CCG will continue its work with partners on developing maternity services, finalising the service specification in conjunction with the Trust and North East Lincolnshire CCG. The CCG will work with NLAG to ensure the Trust review the Morecambe Bay Investigation Report and its recommendations and identified and takes any required action in response to the findings and recommendations of the report.

Mental health services will receive increased prioritisation in 2015/16 with the development of psychiatry liaison models and evaluation of the pilot of street triage. NL CCG shall retain focus on dementia and plan to maintain the position of 67% of expected dementia prevalence diagnosed, with a focus on ensuring access to appropriate support through the implementation of ELC action plan. In addition, the contracting approach with RDaSH will see implementation of a risk share agreement

which will support provision of local care wherever appropriate and a reduction in out of area placements. The CCG will continue the work with partners to implement actions in line with the Mental Health Concordat to improve the experience of people with mental health problems, reducing crisis and ensuring good experience of care through periods of crisis.

The management of unwarranted variation remains a high priority for the 2015/16 plan and will address variation across the system rather than limited to primary care. The work programme will be overseen by the Primary Care Development Group and will focus on specific areas to improve quality outcomes across North Lincolnshire. This will include a working group to take forward the in-year development of an enhanced primary care service to raise quality, for example; early detection rates, long term condition management and appropriateness of referral pathways.

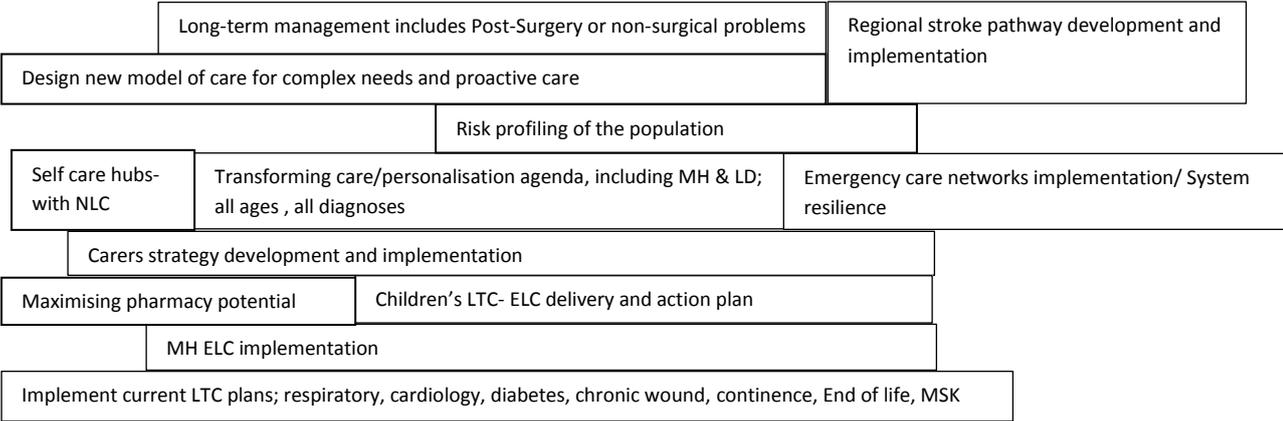
The diagram overleaf represents the work-plan for the CCG for 2015/16 in relation to the overall vision which reflects where new models of care will be delivered

NL CCG work-plan

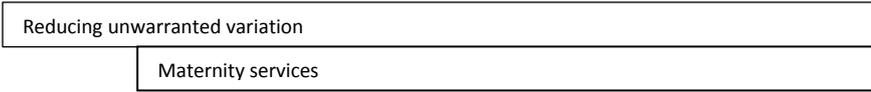


Prevention agenda

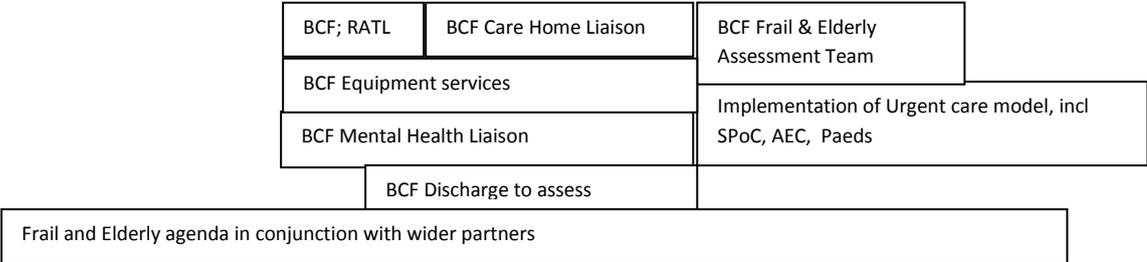
Pro-active Care, incl. Long term management



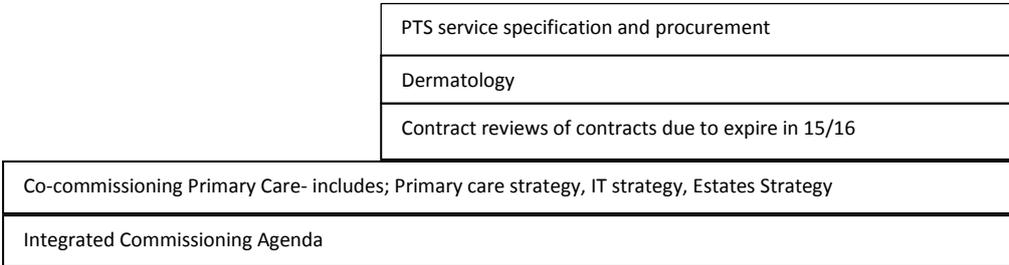
Planned Care Short term



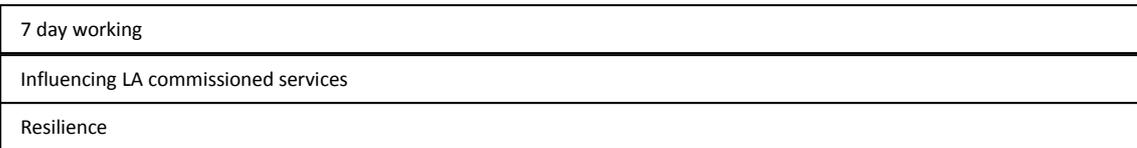
Unplanned Care including Mental Health



Transactional/ Service specification review/re-procurements



Cross cutting Themes



29.0 NL CCG Finance plan commentary



NL CCG finance plan
commentary 2015/16

30.0 References

1. NL CCG Co-commissioning submission proforma Annexe A
2. NLCCG Vanguard registration of interest
3. NL CCG BCF plan

The North Lincolnshire Plan

Vision: North Lincolnshire is a healthy place to live where everyone enjoys improved wellbeing and where inequalities are significantly reduced. People achieve the best health and well-being that is possible, delivered within the resources available. More care is delivered in or close to people's homes. People feel able to self-care and are supported to do so. Services are proactive in their approach to enable people to remain independent for as long as possible



Striving to develop;

Aspiring people

Inspiring places

Step changes to delivery

Reduction in acute care capacity – beds and outpatient facilities	Increase in primary, community and social care capacity – delivered in integrated way	New approaches to commissioning and provision	
Ambitions	Interventions	Timescale	Outcomes
Securing additional years of life Reduction of 150 years of life lost per 1000 pop by 2018/19	LTC self-care,	2015/16	People live longer, with a better quality of life
	Whole system approach to LTC care	2015/16	
	Early cancer diagnosis	2016/17	
Improving health related quality of life for people with Long Term Conditions To achieve and maintain position within the upper quartile nationally	Community based LTC care- respiratory/diabetes/circulatory	2014/16	People feel in control and can access support when needed, leading to increased quality of life
	Whole system approach to LTC care	2018/19	
	Implementation of risk stratified follow-up pathways for people with cancer	2016/17	
Increase proportion of people living independently at home following hospital discharge	Better care fund plan; preventative care, rehabilitation, integrated care delivery	2015/16	
Reducing emergency admissions by 11.5% by end 2015/16	Build on the increased Children's Community Nursing service through co-design using ELC for children with long term conditions	2015/16	People care cared for in a safe environment, whilst reducing admissions to hospital
	Increase in proportion of non-elective attendances managed using Ambulatory Emergency Care pathways	2015/16	
	Implementation of the BCF plan; RATL, Care Homes Liaison, Hospital Social Workers, FEAST	2014/16	
Increase proportion of people having a positive experience of hospital care year on year	Primary and Community based care, Quality measures, CQUINs	2015/16	Positive patient experience
	Elderly care fund plan, Whole system approach to long term conditions		
Making significant progress towards eliminating avoidable deaths in hospital by problems in care	Quality measures , CQUINs,	2015/16	Positive patient experience