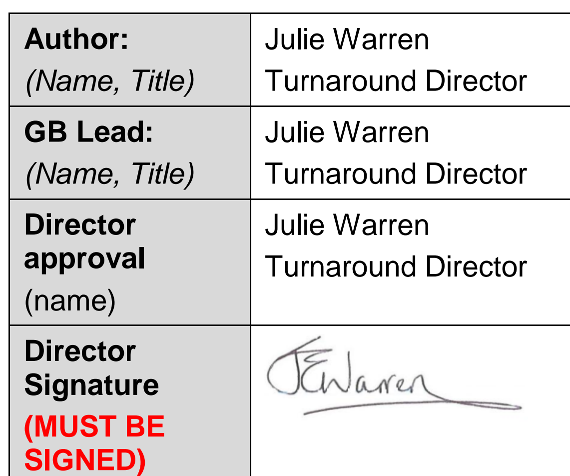
NHS
North Lincolnshire
Clinical Commissioning Group

Date:	8th February 2018
Meeting:	Board meeting
Item Number:	9.1
Public/Private:	Public ☒ Private ☐

Author: *(Name, Title)*	Julie Warren Turnaround Director
GB Lead: *(Name, Title)*	Julie Warren Turnaround Director
Director approval (name)	Julie Warren Turnaround Director
Director Signature (MUST BE SIGNED)	

Report Title:
NL CCG Strategic Intentions
Decisions to be made:
The Governing Body is asked to note the work to date to develop the strategic intentions for 2018-2021 and the six priority areas for 2018/19

Continue to improve the quality of services	☒	Improve patient experience		☒
Reduced unwarranted variations in services	☒	Reduce the inequalities gap in North Lincolnshire		☒
Deliver the best outcomes for every patient	☒	Statutory/Regulatory		☒
Purpose (tick one only)	Approval ☒	Information ☐	To note ☐	Decision ☐

Executive Summary (Question, Options, Recommendations):

The Governing Body, as part of the external governance review (undertaken Oct 2017) was recommended to review the strategic intentions for 2018 – 2021 as a minimum.

In order to inform this process, a number of sessions have been held over January 2018:

- Governing Body GP development session – 4 Jan '18
- Executive development session – 9 Jan '18
- Governing Body workshop (including NLC) – 11 Jan '18
- Planning & Commissioning Committee – 18 Jan '18
- Heads of Service session – 25 Jan '18
- Council of Members meeting – 25 Jan '18

Recommendations	1 Agree the six priority areas 2 Agree the enablers to support delivery 3 Note the need to agree Governing Body clinical leads for each priority 4 Agree the alignment to a committee and inclusion on the workplan

Report history		
Equality Impact	Yes ☐ No ☒	
Sustainability	Yes ☐ No ☒	
Risk	Yes ☐ No ☒	
Legal	Yes ☒ No ☐	
Finance	Yes ☒ No ☐	

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	***Y***	***N***	***Date***		***N/A***	***Y***	***N***	***Date***
Patient:	☐	☐	☒		**Clinical:**	☐	☒	☐	4/1, 9/1, 18/1, 25/1
Public:	☐	☐	☒		**Other:**	☐	☒	☐	GB 11/1

Governing Body Strategic Intentions

1 Introduction

The Governing Body, as part of the external governance review (undertaken Oct 2017) was recommended to review the strategic intentions for 2018 – 2021 as a minimum.

In order to inform this process, a number of sessions have been held over January 2018:

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2 Outputs from GP Governing Body Session

- Outpatient waiting times and RTT must be returned to an acceptable period of time locally. We think this will be linked to advice and guidance and if NL&G are unable to provide this we need to commission from elsewhere.
- Urgent care and winter planning
- Community services/specialist provision, especially the 3 being looked at through right care (respiratory, cardiology and gastro). There must be joint cardio /respiratory clinics in the community, these 2 conditions frequently co-exist/ affect each other.
- Community gynae clinic, why haven't we got this service, has been discussed in past
- Adult mental health, Crisis/suicide response is still poor and too slow
- Elderly, there must be a care of the elderly and a falls service (recently lost this). We should have a pro-active service for the elderly (prevention is better than reaction)
- Preservation of our ECP service, there is a risk that ECPs are looking for other work/ work elsewhere as they are being expected to take on roles that are not within their clinical capacity. The current ECP role is very valuable.
- ICS must provide a step up service as well as the current step down service (this is what we had previously always thought it should provide but has never done so)
- Palliative care, OOH poor provision, Macmillan nurses stop at 5pm and there is no IT inter connectivity so passing on patient details is leaving patients with poor experience
- A&E/GP streaming must use Systmone to be effective, It is enabled but provider wont use This should be a simple thing to change
- OOH primary care access(this is not working as we are not being provided with what we have commissioned)
- Social prescribing , (what has happened to this? Were advised ready to roll out a year or two ago?)
- Encourage AQP for provision of diagnostics
- Support to Safecare development (for benefit of primary care services and the health economy)
- Community intermediate service which can manage COPD patients and patients with infection including cellulitis and DVT in community
- Community elderly care service which will should be consultant led and integrated between primary care and secondary care and focused on patient care plan and prescribing and end of life care planning

3 Outputs from GB Workshop January 2018

Prevention

- Social prescribing
- Public Health schemes – what's in?
- Community safety schemes (CSP Rep?)
- Primary care – flu jabs/healthier North Lincolnshire / LES schemes
- Voluntary and community sector (compact)
- Wider determinants of health – linked to 'Place' board

Out of hospital

- Community services (incl. Long Term Conditions/Sexual Health /integrated/urgent care/Out Of Hours)
- Primary care transformation – (1° care at scale GP 5year forward view)
- Musculoskeletal (MSK)
- Rightcare - < Variation/ Managing need (1) reducing demand/Health optimisation wider effectiveness/Value For Money
- Specialty level review – referral/demand/intent/place of delivery
- (2) Chronic disease management
- (3) Community Frailty
- Palliative/End Of Life care

Acute Commissioning

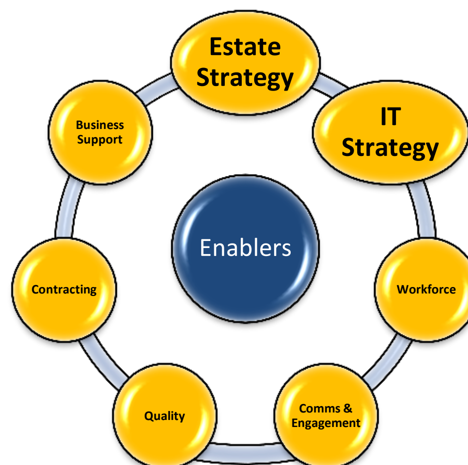
- Specialty level commissioning intent
- Evidence based commissioning models
- Role/remit/assurance/comms Humber acute services review
- Delivery constitutional targets
- Establish links STP/Spec comm

Vulnerable People (All Ages)

- Learning Disabilities
- Adult Mental Health- Crisis service
- Safeguarding
- LeDer
- TCP
- Transition
- CAMHS/Autism

4 Enablers

In order to deliver the strategic intentions and priorities the CCG needs to also work on a number of 'enablers' alongside as these will be integral to the timely delivery. These enablers are:



5 Six Priority Areas 2018/19

Priority		Executive Lead
1	**Prevention –** To develop social prescribing in NL to promote self-care/self-management	Penny Spring
2	**Out of Hospital –** To define a new community service model where care is closer to home. • Reconfigure existing community services into more coherent groupings of care • Ensuring newly created groupings cover the key areas of care (prevention, detection/diagnosis management & rehabilitation • Ensure groupings can deal with physical, mental and social well-being • Moving actively out of hospital which does not need to be there • Commissioning for outcomes not process	Richard Young
3	**Acute Commissioning** – The CCG needs to implement systems/processes to manage demand and offer alternatives in the community	Richard Young
4	**Primary Care** – The CCG aims by 2020 to ensure that general practice is fit for the future, able to work at scale and make the best use of resources for technologies as described in the GP 5 year forward view through the following priority areas: • Investment • Workforce • Workload • Infrastructure • Care Design • Local estates strategy for primary care • Information management and technology (IMT) • Medicines optimisation	Geoff Day
5	**Vulnerable People –** Focus on optimum levels of social functioning and joint commissioning	John Pattinson
6	**Medicines Management** - ensure high quality and safe prescribing in primary care that takes into account existing national and local guidance	Robert Jaggs Fowler

6 Next Steps

- Programme plans need to be written for each priority area for the end February 2018.
- Align GB clinical leads to each priority area.
- Align priorities to the committee.
- Develop a programme approach to monitor delivery.
- Include the programme plans into the Committee work plans for 2018/19.

7 Recommended Action

The Governing Body is recommended to:

1. Agree the 6 priority areas
2. Agree the ‘enablers’ to support delivery
3. Note the need to agree GB clinical leads
4. Agree the alignment to a Committee and inclusion in the work plan