NHS
North Lincolnshire
Clinical Commissioning Group

Date:	12th April 2018
Meeting:	Governing body
Item Number:	8.3
Public/Private:	Public ☒ Private ☐

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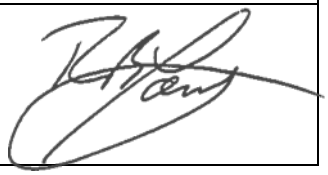
Director approval	Richard Young
Director Signature **(MUST BE SIGNED)**	

Report Title:
North Lincolnshire CCG Operational Plan Submission
Decisions to be made:
For noting of the report and approval of the recommendation.

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):	
Each CCG is required to submit a refresh of its current two year operational plan, covering 2018/19 to NHS England. The final submission of this plan, with accompanying finance and activity plans is due on 30th April 2018. This paper provides the current draft of this plan and reflects the finance and activity plans submitted to date. Further clarifications are taking place with NHS England regarding the CCG's activity growth assumptions. These will be concluded before the final submission date. At present, the CCG plan sets trajectories for delivery of the constitutional indicators and a range of other indicators as required by NHS England. Quality premium guidance has not yet been released and therefore a further paper will be brought to the committee in response to this guidance in due course. Governing body is asked to note this report, and approve final sign off be delegated to the Chair and Accountable Officer to enable submission by 30th April 2018.	
Recommendations	1. Note the attached draft refresh of the NL CCG Operational plan for 2018/19 2. Agree delegation of approval to Chair and Accountable Officer

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:**	☐	☐	☒	
Public:	☐	☐	☒		**Other:**	☐	☐	☒	

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North Lincolnshire
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North Lincolnshire CCG

Refresh of Operational plan 2017/18 to 2018/19 for the period April 2018 – March 2019

Submission date: 30th April 2018

Index

1.0 Introduction

NHS Five Year Forward View was published in October 2014 and set out a five-year journey for the NHS. It described a future that should have more focus on prevention and public health; patients with greater control of their own care and a breakdown of barriers in how care is provided. To support this new Models of Care were proposed that describe care delivered in a much more integrated way than currently delivered. This was further supplemented by Next Steps on the NHS Five Year Forward View, published in March 2017.

This document sets out North Lincolnshire Clinical Commissioning Group's refreshed operational plan for 2018/19 building on the previous submission for 2017/18 – 2018/19 and forms year four of the Five Year Forward View. This plan reflects the requirements set out in the NHS Operational Planning Guidance; Refreshing NHS Plans for 2018/19. This document should be read in conjunction with NL CCG Operational Plan Resubmission (12.06.17)

The Five Year Forward View (5YFV) set out a clear direction for the NHS, detailing the case for change, and what the future NHS health care system is expected to look like. The document sets out three key principles for change relating to gaps in healthcare that the new strategic direction will seek to address. These include:

- The health and wellbeing gap
- The care and quality gap
- The funding and efficiency gap

The NHS has been experiencing growing demand for services and public expectation over recent years, coupled with limited growth in funding and available workforce. This has put the NHS as a whole under great strain- a strain felt equally within social care. The next two years are crucial for the CCG and its partners in developing a sustainable system, able to meet the demands of the changing population, public expectations and accessible workforce.

In order to respond to these requirements, the NHS is undergoing fast-paced, transformational change which is resulting in new approaches to planning and ways of working. North Lincolnshire CCG set out in its 2015/16 plan its vision for healthcare, which includes the 'shift to the left' which reflects the CCG's plan to empower and enable people to manage their own health, self-manage and seek early help, resulting in a reduction in the need for hospital based care, supported by an increase in innovative solutions to support people during illness within their own home or community.

The CCG has recently reviewed and confirmed its strategic intentions for 2018/19 – 2020/21; this plan refresh sets out how we will deliver on these intentions during 2018/19.

2.0 North Lincolnshire CCG Vision

NL CCG vision is that North Lincolnshire is 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.

3.0 Strategic Intentions 2018/19 – 2020/21

North Lincolnshire's strategic intentions and subsequent operational plan refresh has been developed in response to a range of information sources including the Joint Strategic Assessment and associated public health observatory data, Burden of Disease analysis, and benchmarking information including Right-Care and Dr Foster analytical tools.

The Burden of Disease describes the differences in life expectancy locally compared to England and identifies the causes of this. North Lincolnshire has high levels of premature mortality, ranked 244 highest out of 324 Districts with a higher proportion of cancers and respiratory disease reflecting its industrial heritage.

The UK Global Burdon of Disease Study has demonstrated that, while life expectancy has improved and YLL reduced substantially over the last decade there has been no corresponding reduction in the years of life with illness and disability (YLD) and no substantial narrowing of the gap in health inequalities. Local analysis shows that the greatest variation in is those areas of highest deprivation and relate mainly to respiratory conditions in women and external factors (accidents and self-harm) and circulatory conditions in men.

In terms of Years of Life Lost (YLL), across the life course there are distinct patterns of causation:

- 15 – 34 yrs, deaths due to injury (self-harm; traffic accidents)
- From age 35 liver disease (alcohol and injecting drug related)
- From as early as 45 years, heart disease, cancer and respiratory disease with dramatic differences in profile by deprivation score. In the most deprived quintile:
- The majority of YLL occur before age 65, while in the least deprived quintile it is the opposite
- From ages 25 – 65 there are substantial excess YLL due to:
    - Mental health and drug related deaths,
    - Gastrointestinal disease deaths, majority of which are cirrhosis (due to alcohol related harm and infectious hepatitis, much, but not all of which occurs in injecting drug users).
    - Injuries in males (mainly road accidents or self-harm in).
- A large proportion of cardiac related YLL occur before age 65, while this is only limited to small numbers in the least deprived quintile

In terms of years of life with disability, the bulk of the burden in older age comes from 3 categories:

- Neurological, including Alzheimer's dementia
- Musculoskeletal, mainly due to 'back and neck' problems than arthritis
- Sensory, loss of sight and hearing, which is very substantial

The CCG uses this information along with the other sources described to help prioritise actions to address specific population needs.

The CCG refreshed strategic intentions are:

Prevention:	**Out of Hospital:**
The CCG in partnership with the NL Council by 2020 aims to: • promote a healthy start in life • increase the number of Healthy Life Years people have; • increase awareness and promote healthier life choices to prevent ill health; • reduce inequalities to improve the wider determinants of health	The CCG aims by 2020 to: • deliver a new community service model where care is closer to home. • ensure that general practice is fit for the future, able to work at scale and make the best use of resources and technologies as described in the GP Five Year Forward View.
Acute Commissioning:	**Vulnerable People:**
The CCG by 2020 aims to reduce the reliance and dependence on acute services to ensure patients are only admitted • for investigation and/or a procedure that involves a hospital stay of greater than one day or access to specialist equipment /profession which for safety or economies of scale suit hospital; • if medically unstable and/or need continuous monitoring and care; • because of emergency and/or trauma	By 2020 the CCG aims to secure sustainable: • improvement in adults, children & young people's emotional wellbeing & mental health. • comprehensive local mental health services which are responsive, high quality and which promote recovery & well- being, and which are provided as close to home as possible • improvements in relation to dementia including increased awareness, prompt diagnosis and tailored, good quality post-diagnostic treatment and support • services that promote the four key principles of Rights, Independence, Choice, & Inclusion for people with learning disabilities & provide support services which are community based & person centred

In agreeing these strategic intentions, the CCG has identified a number of priorities for 2018/19. These are;

Priority	
1	**Prevention –** To develop social prescribing in NL to promote self-care/self-management
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 activity out of hospital which does not need to be there • Commissioning for outcomes not process
3	**Acute Commissioning** – The CCG needs to implement systems/processes to manage demand and offer alternatives in the community. This covers demand for planned and unplanned care, created at both primary and secondary care level. For example; - reduction in GP referrals to secondary planned care services through development of new services and streamlined pathways which reduce the number of visits required, - reduction in urgent care demand on secondary care through access to NHS 111, clinical advice and community based services
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 • Recruitment and Retention • Primary Care Networks (includes sustainability, extended access for example) • Infrastructure (Premises and IM&T) There are also 2 cross cutting themes • Communications and Engagement • Quality
5	**Vulnerable People –** Focus on optimum levels of social functioning and joint commissioning
6	**Medicines Management** – ensure high quality and safe prescribing in primary care that takes into account existing national and local guidance Implement plans to look at safe "de-prescribing" of medicines to improve quality of life of our patients.

In order to deliver these priorities, the CCG will continue its work on a number of enablers. These include Estates and IT strategies, workforce, communications and engagement, quality, contracting and business support. We will utilise the 'Right-care' approach and other relevant service redesign approaches in the delivery of these priorities.

4.0 Sustainability of services

Both the CCG and its main acute provider, Northern Lincolnshire and Goole NHS Foundation Trust are facing significant challenges in delivering sustainable services. Services in their current form are not sustainable from a workforce or financial position. Many local hospital specialties are becoming fragile due to the service demand and the availability of workforce to deliver the care. As a result,

the Trust faces significant challenges in meeting key quality and performance standards and providing 24 hour cover, 7 days per week in a number of specialties.

In 2017/18, the health economy developed a collaborative approach to achieving financial balance, performance and patient safety, utilising the principles of an aligned incentive contract underpinned by a financial risk mechanism. However financial challenges and service sustainability remain a high risk to the health economy. During 2017/18, the health economy, in conjunction with other STP partners has developed plans for a Humber Acute Services Review. The purpose of this review is to develop plans for delivering acute hospital services that are safe, sustainable and meet the needs of our local populations across the Humber area. This may include delivering some aspects of care outside of hospital settings to better meet the needs of our populations. This plan is described in more detail in section 5.0.

The fragility of a number of specialties within the Trust has led to a significant deterioration in the performance against referral to treatment times. Current performance and recovery plans are described in greater detail in section 5.0.

5.0 Working with the STP: Integrated System Working

The North Lincolnshire health economy forms part of the Humber, Coast and Vale (HCV) STP. The STP plan sets out a vision which directly reflects the NL CCG vision. The STP aims to enable people to look after themselves to reduce the risk of them falling ill, have systems in place to avoid crisis through early help and only go to hospital when it is planned and necessary and for the minimum amount of time. The STP sets out a triple aim; achieving our desired outcomes, maintaining quality services and closing our financial gap.

The STP is leading the work to align operational plans across commissioners and providers within its footprint. The STP is leading the Humber Acute Services review, with input from commissioner and provider organisations and wider stakeholders. The Humber Acute Services Review comprises a number of phases, with some running in parallel.

Phase One (July 2017 to December 2017) comprised a comprehensive analysis of current and projected needs for acute hospital services in the Humber area. This analytical work was undertaken by York Health Economics Consortium (YHEC), and this independent analysis will be used to support the later phases of the review by providing a detailed model of the potential impact on hospital services of particular scenarios for the delivery of services.

Phase Two (October 2017 to January 2018) comprised analysis of the sustainability of current hospital services, including assessment of workforce, quality, capacity and financial pressures in order to prioritise service areas for review. During these phases, engagement mechanisms have been developed to engage with partners and stakeholders (internal and external) throughout the review.

Wave 2 is expected to commence in Spring 2018 and comprises;

- Urgent and Emergency Care services, which will include:

    - Accident and Emergency
    - Acute Medicine
    - Elderly Medicine
    - Respiratory Medicine
    - Acute (unplanned) surgery
    - Critical Care
- Maternity and paediatrics
- Cardiac
- Immunology
- Neurology

Wave 3 will include the following services:

- Planned and Specialist Services (including Dermatology, Gastroenterology, GI Surgery, Oral and Maxillofacial Surgery, Ophthalmology and Orthopaedics)
- Radiology

Wave 4 will include any further services identified as needing review on the basis of ongoing quality or service issues.

There are also a number of other work-streams led by the STP aimed at delivering improvement and sustainability across the footprint aiming at securing system wide benefits. These include;

- Mental Health
- In hospital services
- Collaborative Commissioning including out-patients, respiratory, cardiology, MSK, ophthalmology, commissioning policies

This work includes development of unified commissioning intentions and contracts to provide consistency of approach for both commissioners and providers allowing opportunities to work together to be realised and to improve operational and contract management between CCG's and providers. These arrangements do not prevent place level commissioning where this is appropriate.

The CCG will continue to work with both the STP and the Northern Lincolnshire STP 'place' partners to ensure fit between STP plans and local place based plans.

6.0 Place Based Integrated Care

The CCG has previously used a funnel diagram to describe its aim to shift activity to the left of the funnel. This approach focuses on prevention and early help, with increased community based care, meaning that only those people who really need hospital facilities receive their care in a hospital setting.

The CCG has been working with local health and care providers to shape service models fit for the future. These providers; mainly community services providers, local authority adult social care and the North Lincolnshire GP Federation are engaged in developing more integrated service delivery however at this stage are not an approved Integrated Care System nor are they eligible to join the Integrated Care System development programme.

The CCG plans build on the recent development of Care Networks, integrating adult social care, primary and community service delivery along with the voluntary sector to ensure holistic and timely interventions to maximise the health and well-being of residents. The Care Networks form a cornerstone of our community based model- Care Networks are the place of delivery across the geographical patch, designed to support configuration of services locally to meet need on a sustainable footprint. The CCG is currently developing its commissioning model for its community based services including configuration of services which maximise synergies and support a shift of service provision from hospital to community settings.

7.0 National Deliverables

7.1 Mental Health

The CCG will develop its mental health plans to achieve delivery of the Five Year Forward View by 2020/21. This programme will be supported by a North Lincolnshire Mental Health Partnership, co-chaired by a service user and CCG Director to ensure that all stakeholders are aware of the Mental Health Five Year Forward View. The Partnership will work with the CCG to further develop, implement and monitor the Mental Health Five Year Forward View Implementation Plan.

- **Each CCG must meet the Mental Health Investment Standard (MHIS) by which their 2018/19 investment in mental health rises at a faster rate than their overall programme funding. CCGs' auditors will be required to validate their 2018/19 year-end position on meeting the MHIS.**

The CCG is undertaking a full review of all mental health programme expenditure. The CCG notes that the last two years have seen a growth in the overall programme spend within individual placements and is reviewing this cohort of patients to ensure that the investment is delivering an improved system in the context of the STP and more importantly, delivering outcomes which provide optimum chance for recovery and maximize independence in the least restrictive environment possible. Whilst the CCG continues this, it will re-invest in mental health services to improve patient outcomes and transform local services to respond to demand.

- **Ensure that an additional 49,000 children and young people receive treatment from NHS-commissioned community services (32% above the 2014/15 baseline) nationally, towards the 2020/21 objective of an additional 70,000 additional children and young people. Ensure evidence of local progress to transform children and young people's mental health services is published in refreshed joint agency Local Transformation Plans aligned to STPs.**

Aligned to the STP plans, NHS North Lincolnshire CCG and local partners are working to increase the access to NHS community services and has made good progress during 2017/8. Plans in the coming year include universal access to mental health training and support resources for schools and teachers, linked to liaison workers within the local CAMHS team. Support to schools has been trialled over the last year and is now subject to evaluation, having increased the access by over a 1000 referrals for the year 2017/18.

- **Make further progress towards delivering the 2020/21 waiting time standards for children and young people's eating disorder services of 95% of patient receiving first definitive treatment within four weeks for routine cases and within one week for urgent cases.**

NHS North Lincolnshire CCG recognises the importance of this specialist service and last year, in conjunction with Doncaster and Rotherham CCGs jointly commissioned a Community Eating Disorders Service using a hub and spoke model. The service continues to achieve a 95% access target and is subject to ongoing evaluation.

- **Deliver against regional implementation plans to ensure that by 2020/21, inpatient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements, within a context of 150-180 additional beds.**

NHS North Lincolnshire CCG is a low referrer to the Tier 4 service for CAMHS. Plans in place aim to maintain children as close to home as possible. Discussions with the Local Authority have been positive in terms of developing a new crisis response (crash pad) for children who have higher levels of needs during their time of crisis.

- **Continue to increase access to specialist perinatal mental health services, ensuring that an additional 9,000 women access specialist perinatal mental health services and boost bed numbers in the 19 units that will be open by the end of 2018/19 so that overall capacity is increased by 49%.**

In conjunction with the STP, NHS North Lincolnshire is working towards the phase 2 implementation of specialist perinatal mental health services. Comparing prevalence data to the recorded activity of the provider Trust, it does appear that the prevalence data over estimates demand. Existing mental health services are meeting the needs of most people, however, in line with the 5 year forward view, the CCG continues to progress with the STP proposals for a specialist service. This will be a managed clinical network across a hub and spoke model between three providers.

- **Continue to improve access to psychology therapies (IAPT) services with, maintaining the increase of 60,000 people accessing treatment achieved in 2017/18 and increase by a further 140,000 delivering a national access rate of 19% for people with common mental health conditions. Do so by supporting HEE's commissioning of 1,000 replacement practitioners and a further 1,000 trainees to expand services. This will release 1,500 mental health therapists to work in primary care. Approximately two-thirds of the increase to psychological therapies should be in new integrated services focused on people with co-morbid long term physical health conditions and/or medically unexplained symptoms, delivered in primary care. Continue to ensure that access, waiting time and recovery standards are met.**

NHS North Lincolnshire made slower progress than hoped in the early part of 2017/8 on increasing the percentage of people entering into psychological therapies. During quarter 3 (latest data available) performance has been at or above plan with a strong signal for continued success in pursuit of the 19% ambition for 2018/19. On this basis, the CCG has set a trajectory for continued delivery of this target.

- **Continue to work towards the 2020/21 ambition of all acute hospitals having mental health crisis and liaison services that can meet the specific needs of people of all ages**

- **including children and young people and older adults; and deliver Core 24 mental health liaison standards for adults in 50% of acute hospitals subject to hospitals being able to successfully recruit.**

Work is ongoing with regards the liaison services. The CCG is working creatively to manage resources as effectively as possible given the current constraints associated with financial special measures. There are however, still some opportunities to reinvest in a different way the monies. Progress is slow but there are opportunities to reinvest up to £100k which is associated with activity in A&E that could be managed via a liaison service.

- **Ensure that 53% of patients requiring early intervention for psychosis receive NICE concordant care within two weeks.**

Access to early intervention in psychosis has exceeded the national requirement throughout 2017/8. Ambition for 2018/9 includes reducing variation and maintaining good performance.

- **Support delivery of STP-level plans to reduce all inappropriate adult acute out of area placements by 2020/21, including increasing investment for Crisis Resolution Home Treatment Teams (CRHTTs) to meet the ambition of all areas providing CRHTTs resourced to operate in line with recognised best practice by 2020/21. Review all patients who are placed out of area to ensure that have appropriate packages of care.**

In conjunction with the STP, NHS North Lincolnshire is working towards all out of area placements being eliminated. NHS North Lincolnshire CCG is currently undertaking a full commissioner review of the whole urgent care and crisis response pathway in mental health, including the interface with CMHTs where RightCare data suggests the majority of people don't have a crisis plan in place.

- **Deliver annual physical health checks and interventions, in line with guidance, to at least 280,000 people with a severe mental health illness.**

NHS North Lincolnshire is working to achieve physical health checks for all patients with a long term mental illness and will continue to work with our local primary care and secondary care services to that end.

- **Provide a 25% increase nationally on 2017/18 baseline in access to Individual Placement and Support services.**

Linked to the STP plans, North Lincolnshire CCG is seeking to make a bid (phase 2) for support to improve our position on IPS. The STP governance includes a working group for Individual Placement and Support services which is coordinating the effort across the STP footprint. Because services are limited in North Lincolnshire, we are unable to apply for the phase 1 funding via NHS England.

- **Maintain the dementia diagnosis rate of two thirds (66.7%) of prevalence and improve post diagnostic care.**

The diagnosis rate has significantly improved during 2017/18 and is now being maintained. There has been a full commissioner review of the dementia pathway over the last year and is coming to the end of the redesign phase. The redesign seeks to provide rapid access and diagnosis for those who need to access the memory clinic services and is designing a range of services for support to those with mild, moderate and severe needs. The CCG is also developing a new service; Specialist Assessment for Frail and Elderly (SAFE) which will further contribute to the identification, diagnosis and support of patients with dementia. In conjunction with the Local Authority, there are

opportunities being made available via extra care housing to support people in the community for as long as possible.

- **Deliver their contribution to the mental health workforce expansion as set out in the HEE workforce plan, supported by STP-level plans. At national level, this should also specifically include an increase of 1,500 mental health therapists in primary care in 2018/19 and an expansion in the capacity and capability of the children and young people's workforce building towards 1,700 new staff and 3,400 existing staff trained to deliver evidence based interventions by 2020/21.**

There is a workforce development plan that has been developed over the last year. There are STP level plans to improve the number of skilled staff with support from HEE.

- **Deliver against multi-agency suicide prevention plans, working towards a national 10% reduction in suicide rate by 2020/21.**

Working through the Crisis Care Concordat, NHS North Lincolnshire CCG is working with partners on a range of initiatives to help reduce suicides, including the learning from SIRI's, the recent yellow wellies 'mind your head' campaign, and includes a partnership approach with the local Director of Public Health to address the ambition of the 10% reduction

- **Deliver liaison and diversion services to 83% of the population.**

NHS North Lincolnshire has little direct service provision for liaison and diversion, tending only to respond to crisis situations. In conjunction with the provider, we are reviewing the current service specifications and have noted in particular an increase in young people requiring PICU admissions after taking 'legal highs'. Following the review, the CCG will be seeking to reinvest in an alternative model but given the presenting needs of those people using 'legal highs' it is difficult to conceptualise at this stage, an alternative provision unless local services can be extended to provide a short term crisis response.

- **Ensure all commissioned activity is recorded and reported through the Mental Health Services Dataset.**

NHS North Lincolnshire is refreshing the requirements of the contract with the local provider and has already determined that the DQIP will include pre requisite delivery of data via the Mental Health Services Dataset. Work to progress this will follow through the year.

During 2017/8 NHS North Lincolnshire CCG has continued to progress a number of objectives for the Five year forward view, and will continue to develop plans with local provider(s). A summary of these objectives are provided below. To help maintain a focused approach, NHS North Lincolnshire has refreshed the population needs analysis and is undertaking a full commissioner review of all mental health services (NHS and independent) to ensure that commissioned services are meeting population need and addressing the vision for the five year forward view.

- Additional psychological therapies
- More high-quality mental health services for children and young people
- People experiencing a first episode of psychosis begin treatment within 2 weeks
- Increase access to individual placement support for people with severe mental illness
- Commission eating disorder teams so that children receive treatment within 4 weeks
- Reduce suicide rates by 10% against the 2016/17 baseline.
- Ensure delivery of the mental health access and quality standards
- Deliver the Mental Health Investment Standard

- Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence
- Eliminate out of area placements for non-specialist acute care by 2020/21.

7.2 Cancer

Current performance; 62 day Referral to Treatment Waits

Indicator		Dec-16	Jan-17	Feb-17	Mar-17	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
% patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer (inc 31 day Rare cancers)	Actual	79.3%	66.0%	80.0%	75.0%	82.3%	76.9%	70.7%	55.6%	75.0%	76.9%	66.7%	72.1%	65.7%
	Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
	Num.	23	35	28	33	433	20	29	20	27	30	30	31	23
	Den.	29	53	35	44	526	26	41	36	36	39	45	43	35
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	Actual	94.1%	92.9%	87.5%	100%	95.2%	50.0%	100%	100%	0.0%	100%	100%	100%	66.7%
	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Num.	16	13	7	1	80	1	3	2	0	1	2	1	2
	Den.	17	14	8	1	84	2	3	2	1	1	2	1	3
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	Actual	100%	33.30%	Nil Return	100%	90.9%	66.7%	66.7%	Nil Return	100%	66.7%	0.0%	100%	66.7%
	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Num.	2	1	0	4	20	2	2	0	2	2	0	1	2
	Den.	2	3	0	4	22	3	3	0	2	3	1	1	3

Performance against the 62 day standard has not been met since November 2016, however the Trust has a recovery plan and performance is expected to improve and maintain performance as per the standard, although the challenge of this is recognised.

The 62 Day wait for treatment following a referral from an NHS Cancer Screening service failed to achieve the required 90%. Numbers of patients within this group are extremely small and therefore a breach has a significant impact as a percentage of the denominator.

- **All 8 waiting time targets to be met**

There is a 62 day recovery plan in place with NLAG (partly funded through one off national monies) and these elements are now beginning to show an impact on 62 day performance, with work ongoing across key tumour sites, including implementation of FIT for low risk colorectal patients, supported by an Alliance wide work programme on diagnostic capacity, implementation of timed pathways and managing inter provider issues. Performance is likely to remain fragile over the next year as longer term transformation work is ongoing. There are challenges associated with the link of Cancer Transformation Funding monies to 62 day performance, however the CCG is working with the STP and Alliance to maximise the benefits of the investment through prioritisation. The Trust is proactively engaged in the HCV Systems Performance Monitoring Group and CCG led planned care board where performance standards, issues and mitigating actions are discussed. NLAG has plans in place to manage its backlog.

The Humber Acute Services Review and further redesign work including revision of gastroenterology pathways through the Right Care programme and the work of the Urology transformation board, linking with Alliance and STP wide work is expected to benefit the 62 days target. There is an audit plan for 2ww referrals to ensure they are timely and appropriate. The implementation of a Trust

wide cancer board will provide oversight of performance on Cancer Waiting Times (CWT) standards and delivery of related recovery plans. There is a Cancer Locality group in place with all key stakeholders with oversight of actions taking place across the locality to deliver on the national and regional cancer ambitions.

- **Support new Radiotherapy service specification**

Contact has bene made with NHS England and we are currently in a watch and see position on this. We will be updated in due course and take any necessary actions at that point

- **Implement rapid assessment & diagnostic pathways for lung, prostate and colorectal cancers**

The Trust is aiming to implement timed pathways for lung and colorectal and there is already regional agreement on the implementation of the optimal lung pathway. The Trust's clinical lead for lung is also the Alliance lead and is championing the need for change in the lung pathway. As a result, NLAG will be engaging in the Alliance wide work programme on this which will include development of clinically led task and finish groups for each pathway, with potential for support from external clinicians with experience of implementing the pathway in their services. An Alliance wide evaluation of the Hull model of vague symptoms will be taking place shortly and will help to clarify what if any actions would be appropriate locally. Region wide demand and capacity planning aims to support development of a diagnostic model that will support delivery of timed pathways and CWT standards.

- **Progress against 62% of cancer patients to be diagnosed at stage 1 & stage 2**

North Lincolnshire has an Early diagnosis work-stream to encourage people to come forward at an earlier stage - working with GP lead to support practices to refer early and wider population initiatives such as cancer champions (in place for a while in NEL, but now rolling out across NL). The Alliance wide pilot for lung health checks will be rolled out across NL and NEL initially and will support earlier diagnosis of lung cancer. Working with primary care and Cancer Research UK via the CCG GP lead and in collaboration with the alliance wide work will increase uptake in national cancer screening programmes. The CCG will share learning from NCDA and encouraging GPs to carry out SEAs to identify any learning points that might lead to earlier diagnosis/reduce emergency admissions. Use of the Gateway C tool as an aid to this will need to be discussed, as significant pick up costs might mean that it is not feasible to use this tool regionally.

- **Support roll out of bowel cancer screening programme**

The CCG will work with lead GP to ensure GPs are aware of changes to the screening programme and plan roll out of fIT for symptomatic patients . There are bi monthly meetings between CCGs and the bowel screening programme providers and this includes working with the providers to develop sufficient scoping capacity.

- **Pilot programmes offering low dose CT scanning in CCGs with lowest lung cancer survival rates**

The roll out of this across HCV will start in North and North East Lincolnshire CCGs to assess patients with high risk of lung cancer and identify early disease.

- **Progress towards all breast cancer patients to move to a stratified follow up pathway**

A risk stratified breast pathway is already in place to some extent but this needs expanding to meet the national requirements. The Trust team is engaged in the HCV wide work regarding the recovery package and risk stratification which aims to meet the national timescales in all regards. There is also a North and North East Lincolnshire Recovery Package steering group which is supporting local implementation of this.

- **Ensure implementation of new cancer waiting times system in April 18**

There is already agreement from NLAG that it will implement this however it is recognised that this may cause some issues in ability to predict performance

- **Begin data collection for 28 day Faster Diagnosis standard**

Implementation of the new CWT IT system will provide the functionality of shadowing 28day diagnostic targets. Work on this is already ongoing.

7.3 Primary care

In order for the CCG to deliver on requirements of *General Practice Forward View* and *Next Steps on the NHS Five Year Forward View* to stabilise general practice and support the transformation of primary care for the future the CCG will continue to develop and implement it's Primary Care Strategy

> **• Providing extended access to GP services, including at evenings and weekends, for 100% of their population by 1 October 2018. This must include ensuring access is available during peak times of demand, including bank holidays and across the Easter, Christmas and New Year periods.**
>
> **• Delivering the CCG contribution to the workforce commitment to have an extra 5,000 doctors and 5,000 other staff working in primary care. CCGs will work with their local NHS England teams to agree their individual contribution and wider workforce planning targets for 2018/19.**

The CCG will follow the NHS England guidance and have in place a service to ensure patients have access to extended primary care from 1st October 2018. This will provide a minimum of 30 appointments per 1000 patients and will be widely advertised. Alongside this interim arrangement a full procurement will be undertaken that meets the 7 national requirements. As the plans for the North Lincolnshire Urgent Care Centre, we will consider how these two work-streams interface to maximise benefits to the local population.

A Workforce Strategy is currently being developed and will be available by the end of June 2018.

The CCG is part the Humber Coast and Vale International Recruitment Programme and is seeking to recruit 13 GP's through this route.

In addition to the 2 current schemes, we are working with the care networks to develop future bids against the clinical pharmacist scheme.

Building on the requests received through the resilience funding process all practices have been offered the opportunity to take up funded nurse prescribing courses, this is to compliment the free places offered by Health Education England.

The CCG is exploring how it develops the Physician Associate role locally and how it utilises a more varied workforce, for example mental health therapists and physiotherapists working in primary care.

- **Investing the balance of the £3/head investment for general practice transformation support.**

The CCG will invest the '£3 per head' by the end of 2018/19, using this to stimulate:

- development of "at scale" providers for improved access
- implementation of the 10 high impact actions to free up GP time
- sustainable models of general practice at scale

Practices have been asked to provide proposals for the use of funding at a minimum of care network level (circa 50k populations)

- **Actively encourage every practice to be part of a local primary care network, so that there is complete geographically contiguous population coverage of primary care networks as far as possible by the end of 2018/19, serving populations of at least 30,000 to 50,000.**

Care Networks were established within North Lincolnshire in 2016. However the CCG recognises that further development of these Networks is required to meet future healthcare needs in a sustainable and more integrated way of working and that as a result of the development work this may mean that practices move around networks to achieve a more cohesive grouping. Resilience funding has been used to support the organisational development of the networks.

- **Investing in upgrading primary care facilities, ensuring completion of the pipeline of Estates and Technology Transformation schemes, and that the schemes are delivered within the timescales set out for each project**.

Three schemes have been approved via Estates and Technology Transformation Fund and work is underway to finalise the PID and complete due diligence has commenced.

An estates capacity and suitability report has been commissioned and will ensure the CCG has a sound foundation on which to prioritise schemes moving forward. This will include the mapping of all facilities providing healthcare.

- **Ensuring that 75% of 2018/19 sustainability and resilience funding allocated is spent by December 2018, with 100% of the allocation spent by March 2019.**

NHSE are currently working with the LMC to agree an approach for use of 2018/19 monies to ensure this requirement is met.

- **Ensuring every practice implements at least two of the high impact 'time to care' actions.**
- **In all practices, delivering primary care provider development initiatives for which CCGs will receive delegated budgets, including online consultations.**

Plans are in place to ensure that all of the funding available through the GPFV is used to support primary develop at scale and for the benefit of patients and clinicians alike. This includes

- care navigation training
- Investment in MJOG to reduce DNA's and assist with self-help.
- Care Home Assessment Team
- Roll-out of e-consulting
- Practice Manager development and succession planning , for example through funding places on the Practice Managers National Association of Primary Care Diploma course

A Social Prescribing model is currently being developed and is one of the CCGs priorities for 2018/19.

- **Where primary care commissioning has been delegated, providing assurance that statutory primary medical services functions are being discharged effectively.**

NL CCG is currently under formal directions and was not considered appropriate to take on fully delegated primary care commissioning from 1st April 2018, however the CCG will resume discussions about timescales for application for full delegation in due course.

- **Lead CCGs expected to commission, with support from NHS England Regional Independent Care Sector Programme Management Offices, medicines optimisation for care home residents with the deployment of 180 pharmacists and 60 pharmacy technician posts funded by the Pharmacy Integration Fund for two years**.

The CCG is currently awaiting further information/instruction on this item. To be updated for final submission.

7.4 Urgent and Emergency care

Current A/E performance

Indicator		Dec-16	Jan-17	Feb-17	Mar-17	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
A&E waiting time - total time in the A&E department, SitRep data	Actual	82.60%	80.20%	76.00%	85.0%	87.40%	79.3%	85.5%	83.1%	83.8%	89.3%	87.3%	91.6%	92.3%
	Improv Traj.	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
12 hour trolley waits in A&E - NL CCG	Actual	0	11	0	0	11	0	0	0	0	0	0	0	0
	Target	0	0	0	0	0	0	0	0	0	0	0	0	0
A&E performance - local performance (NLAG Performance)	Actual	82.44%	83.48%	75.78%	84.69%	87.74%	78.7%	85.3%	82.5%	83.9%	89.4%	87.4%	91.5%	92.5%
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Performance at the Scunthorpe site is generally better than that at the Grimsby site. Whilst performance improved during Quarter 3, there have been significant performance challenges over Q4 to date.

The CCG continues to build upon the work of the last year to redesign its urgent care model to meet national requirements and local need. The A&E Delivery Board is developing plans for implementation of Urgent Treatment Centres in both North and North East Lincolnshire by March 2019. This will result in the development of a UTC based on the Scunthorpe site and will form the point of access for patients walking in. This will be primary care led.

Whilst it is acknowledged that acute service configuration is under review at a regional level and that the future shape of on-site acute services at the Diana Princess of Wales Hospital (DPoW) and Scunthorpe General Hospital (SGH) may be subject to change, the plan for the implementation of an Urgent Treatment Centre (UTC) on each site remains relevant on the basis that there is and will continue to be, a need for Urgent Treatment Centres that are part of locally integrated urgent and emergency care services working in conjunction with the ambulance service, NHS111 (including CAS and Direct Booking), local SPAs, local GPs, hospital services and other local providers.

Taking all factors into account it is considered that co-location of a UTC on each of the hospital sites offers the best solution for the population of Northern Lincolnshire. Whilst timelines do not align, the CCG will also integrate this with primary care extended access provision to maximise the benefits to the population.

The plan will deliver a single UTC model, delivered on two sites, one within North Lincolnshire and one within North Lincolnshire where:

- The UTC meets the 27 minimum national UTC standards
- The UTC exceeds these standards where it is deemed appropriate for the local IUC system (e.g. opening hours)
- To further define the UTC as the only walk-in option for hospital attendees to the current A&E departments. Walk-in attendees will only be able to access acute A&E services following UTC assessment. This would demand 24/7 access.
- Is operational and meeting the standards by March 2019 at the latest.
- It is closely linked to any developments around Primary Care and community services.

- **Aggregate performance against the four hour A&E standard is at or above 90% in September 2018 and achieving 95% in March 2019.**

NL CCG is working closely with system partners to deliver 90% A&E performance throughout 18/19 improving on performance each quarter compared to the same quarter in 2017/18. Locally the Trust has struggled to achieve 90% in quarter 1 and 2 of 2017/18, but saw an improvement in quarter 3. During quarter 4, performance has been erratic and the system has faced significant challenges. However the system partners have worked closely together to support the system during peaks in demand and periods of escalation. The CCG will continue this work with partners to review resilience arrangements over the winter 17/18 period, including a review of lessons learnt in 2017/18 and develop plans for 2018/19.

- **Implementation of NHS on-line to 100% of the population by December 2018**

North Lincolnshire CCG as part of Humber, Coast and Vale has already implemented a pilot of NHS on line for limited periods. The service became fully operational from the end of January 2018. Data shows that North Lincolnshire is getting in excess of 10 patients per day using the on-line service. At present, patients are only made aware of the service when they dial NHS 111 so uptake is expected to increase as the service is widely communicated.

- **Access to enhanced NHS 111 services to 100% of the population, with more than half of callers to NHS 111 receiving clinical input during their call. Every part of the country should be covered by an integrated urgent care Clinical Assessment Service (IUC CAS), bringing together 111 and GP out of hours service provision. This will include direct booking from NHS 111 to other urgent care services.**
- **By March 2019, CCGs should ensure technology is enabled and then ensure that direct booking from IUC CAS into local GP systems is delivered wherever technology allow**s.

North Lincolnshire CCG's NHS 111 service is provided by Yorkshire Ambulance Service (YAS). The CCG continue to work with the wider Urgent and Emergency Care Network to increase the proportion of patients accessing clinical advice. Plans are in place to commission the Clinical Advice Service on a regional basis with an expectation that this is procured during 2017/18. Interim plans are in place to ensure the current service develops in line with requirements increasing the proportion of patients receiving clinical advice and increasing direct booking into services.

- **Designate remaining UTCs in 2018/19 to meet the new standards and operate as part of an integrated approach to urgent and primary care.**

The CCG is currently developing plans for a co-located UTC on the hospital site, meeting the UTC requirements around skill mix, diagnostics and opening hours. NL CCG, along with North East Lincolnshire CCG and the local Trust (NLAG) have developed a shared vision for UTCs which makes the UTC the access point for walk-in patients and maximises the opportunity to manage within Primary care. This plan will link with the CCG's plans for extended access and a system wide single point of contact.

- **Work with local Ambulance Trusts to ensure that the new ambulance response time standards that were introduced in 2017/18 are met by September 2018. Handovers between ambulances and hospital A&Es should not exceed 30 minutes.**
- **Deliver a safe reduction in ambulance conveyance to emergency departments.**

The CCG is working with wider STP partners to agree diversionary pathways. Progress has already been made on respiratory diversionary pathways and other pathways will follow e.g. falls. Implementation of these pathways will support a reduction in ambulance conveyance through the use of alternatives and through support to care homes reduce hospital admissions by managing the patient in the community.

- **Continue to make progress on reducing delayed transfers of care (DTOC), reducing DTOC delayed days to around 4,000 during 2018/19, with the reduction to be split equally between health and social care.**

Data for North Lincolnshire shows a year on year improvement in number of delayed discharges attributable to NHS, Social care and joint. The forecast outturn position for 2017/18 is 2557

compared to 3336 in 2016/17 and 3469 in 2015/16. This is significantly better than the national target although there remains opportunity for further improvement, particularly in relation to NHS delays.

There has been significant improvement in reducing delayed transfers of care within our mental health provider. Work continues to implement a Trusted Assessor model; this includes the appointment of a trusted assessor for care homes (from March 2018), hosted by the local authority and introduction of ward assessments undertaken by a single professional, either therapist or social worker completing an integrated assessment.

Discharge to Assess Pathways have been developed and are now in place. During 2018/19 the CCG and partners will embed these new pathways, particularly to support the out of hours period.

Work will continue into 2018/19 to implement Integrated Discharge teams. This work commenced in January 2018.

- **Continue to improve patient flow inside hospitals through implementing the "Improving Patient Flow" guidance. Focus specifically on reducing inappropriate length of stay for admissions, including specific attention on 'stranded' and 'super stranded' patients who have been in hospital for over 7 days and over 21 days respectively**.

The Trust (NLAG) continues to implement the action plan developed in response to the Emergency Care Improvement Programme review. This includes roll-out of 'SAFER' and 'Red 2 Green'. The Trust monitors its stranded and super stranded cohort, which tend to be higher acuity and more complex, but recognises the need for further system level work to address this.

- **Continue to work towards the 2020/21 deliverable of all acute hospitals having mental health crisis and liaison services that can meet the specific needs of people of all ages including children and young people and older adults; and deliver Core 24 mental health liaison standards for adults in 50% of acute hospitals, subject to hospitals being able to successfully recruit**.

Work is ongoing with regards the liaison services. The CCG is working creatively to manage resources as effectively as possible given the current constraints associated with financial special measures. There are however, still some opportunities to reinvest in a different way the monies. Progress is slow but there are opportunities to reinvest up to £100k which is associated with activity in A&E that could be managed via a liaison service.

- **Ensure that fewer than 15% of NHS continuing healthcare full assessments take place in an acute setting.**

NL CCG currently undertakes very few CHC assessments within a hospital setting, equating to less than 5% of all assessments. This will continue during 2018/19 through the utilisation of current community bed options for those patients who cannot be assessed at home.

- **Continue to progress implementation of the Emergency Care Data Set in all A&Es (Type 1 and Type 2 by June 2018; and Type 3 by the end of 2018/19).**

The CCG continues to work with the Trust to ensure implementation of the dataset is delivered within this timescale. The CCG has agreed this with NLAG as part of the CQUIN. The data is being submitted to NHS Digital, but is currently remapped to inpatients and A/E. At this stage the CCG is not in receipt of this data.

- Increase the number of patients who have consented to share their additional information through the **extended summary care record** to 15% and improve the functionality of e-SCR by December 2018.

The CCG has plans in place to increase the percentage of patients consenting to eSCR data sharing. This will build on the targeted cohort to date of frail and end of life. Moving forward, this includes use of pop-up clinical system templates, consenting as part of new registrations and use of SMS.

- **Implement a proprietary appointment booking system at particular GP practices, 50% of integrated urgent care services and 50% of UTCs by May 2018, supported by improved technology and clear appointment booking standards issued by December 2018**.

All practices currently use a proprietary appointment booking system (SystemOne and EMIS). As the CCG develops its plans for an Urgent Treatment Centre, it will ensure a proprietary booking system is used which facilitates direct booking and data transfer. The CCG will ensure it develops plans to respond to the booking standards once these are released.

- **Continue to rollout the seven-day services four priority clinical standards to five specialist services (major trauma, heart attack, paediatric intensive care, vascular and stroke) and the seven-day services four priority clinical standards in hospitals to 50% of the population**

The HCV Urgent and Emergency Care Network continue to work towards delivery of the clinical standards including the strategic planning of Urgent care services for the future. The Network has commissioned a modelling tool to support strategic planning at STP and CCG level.

- **Continue to roll-out the seven day services four priority clinical standards to five specialist services (major trauma, heart attack, paediatric intensive care, vascular and stroke) and the seven-day services four priority clinical standards in hospitals to 50% of the population**.

NLAG continues to work towards these standards however self-assessment data shows the need to improve in particularly around standards 6 and 8 on weekends, where performance is significantly worse than on week days. The Trust does experience significant medical staffing issues which will contribute to these challenges, and the need to adhere to these standards will be a consideration within the Humber Acute Services Review work-stream described in section 5.0

7.5 **People with Learning Disabilities**

- **Continue to reduce inappropriate hospitalisation of people with a learning disability, autism or both, so that the number in hospital reduces at a national aggregate level by 35% to 50% from March 2015 by March 2019. As part of achieving that reduction we expect CCGs and TCPs to place a particular emphasis on making a substantial reduction in the number of long-stay (5 year+ inpatients).**

NHS North Lincolnshire continues to work towards the ambition of no hospital admissions that are not necessary, preferring to provide intensive support at home wherever possible. For 2017/8 performance for the CCG has been good despite the challenges relating to Responsible Commissioner and the consequences of the NHS England Specialist Commissioning bed closures automatically transferring patients to the CCG. There is more work to do with the market on alternative models of provision and in particular the management of people in crisis.

- **Continue to improve access to healthcare for people with a learning disability, so that the number of people receiving an annual health check from their GP is 64% higher than in 2016/17. CCGs should achieve this by both increasing the number of people with a learning disability recorded on the GP Learning Disability Register, and by improving the proportion of people on that register receiving a health check.**

Plans remain unchanged from the previous year because the CCG has already commissioned Community Learning Disabilities Team to have dedicated capacity to lead work with primary care colleagues, with support from the CCG clinical leads, to ensure that there is improved take up of the annual health checks.

- **Make further investment in community teams to avoid hospitalisation, including through use of the £10 million transformation fund.**

In conjunction with the TCP, NHS North Lincolnshire CCG continues to plan for services that are community based, providing care in the least restrictive environment and promote independence. The Local Authority are keen to work in partnership to develop a model that will support those with the most complex needs during times of crisis and that is the current gap in our local model. The future planning around services for people with a learning disability creates an inherent tension between the need to plan and deliver via the STP footprint and the previous allocation and alignment to a TCP that is not coterminous in the same way. NHS England has recognized this tension but is not empowered to support any changes.

- **Ensure more children with a learning disability, autism or both get a community Care, Education and Treatment Review (CETR) to consider other options before they are admitted to hospital, such that 75% of under 18s admitted to hospital have either had a pre-admission CETR or a CETR immediately post admission.**

With support from the National and Regional programme teams in NHS England, NHS North Lincolnshire CCG is working to develop the local risk register for children as well as the routines review of CeTRs. Whilst still in the early stages, there are still very few admissions to hospital for under 18s in North Lincolnshire.

- **Continue the work on tackling premature mortality by supporting the review of deaths of patients with learning disabilities, as outlined in the National Quality Board 2017 guidance.**

The CCG continues to review all deaths in accordance with the NQB guidance. Links through provider reviews and the quality schedule of the contract are established as are the links through to Safeguarding Boards (Children and Adults).

7.6 Maternity

Better Births was published at the beginning of 2016. It set out a very clear direction for the future of maternity services and highlighted seven key priorities to drive improvement and ensure women and babies receive the best possible care wherever they live.

In order to achieve these ambitions, the National Maternity Transformation Programme Board will support and scrutinise how we, as local commissioners with our providers, come together to enact delivery. NL CCG will work closely with NEL CCG to assess need and future delivery models which ensure sustainable and high quality maternity care including those ambitions that can only be achieved across our wider Sustainability and Transformation Plan footprint, Humber Coast and Vale. Maternity forms part of wave 2 of the Humber Acute Services Review.

To achieve the desired outcomes, NL CCG is working with the Local Maternity System (LMS) to achieve our 2018/19 deliverables through four work-streams:

1) Improving Choice, Personalisation and Continuity of Carer
2) Quality & Safety
3) Perinatal Mental Health
4) Multi-professional working and governance

- **Deliver improvements in safety towards the 2020 ambition to reduce stillbirths, neonatal deaths, maternal death and brain injuries by 20% and by 50% in 2025, including full implementation of the Saving Babies Lives Care Bundle by March 2019.**

NLAGs still birth rate (as of November 2017) was 2.8, better than the national target of 4.7. The CCG is engaging within the LMS work-stream on quality and safety, whose primary ambition is to deliver improvements in safety and implement the Saving Lives Care Bundle. Furthermore, the CCG works closely with NLAG to closely to monitor key performance indicators around stillbirths and neonatal deaths. To support the objective, NLAG have recently recruited two Clinical Skills Midwife posts to improve the safety, governance and compliance.

Part of the Saving Babies Lives Care Bundle is to reduce maternal smoking, linked to the associated increased risk of still birth and neonatal death. In December 2017 all NLAG midwifery staff undertook BabyClear training (level 1-3) an initiative that has been successful in the North East at significantly reducing maternal smoking rates and supported by the Tobacco Control Collaborating Centre.

NL CCG and the LMS are also working with the Yorkshire & Humber Maternity Clinical Network, whose work-streams include Stillbirth and Safer Maternity Care.

- **Increase the number of women receiving continuity of the person caring for them during pregnancy so that by March 2019, 20% of women booking receive continuity.**

In December 2017 NHS England published "Implementing Better Births: Continuity of Carer" guidance, which outlines two main models to meet the continuity of carer principle: team continuity and full case-loading. The LMS is to consider the recommendations included the local approach and in setting trajectories.

As part of our work with the LMS, there is an agreed ambition to ensure that all women have a small Midwifery Team providing the core continuity of care. Already across the LMS community teams have been in place, including linking with Consultants to provide antenatal and postnatal care. Together with the LMS the CCG is looking at options to ensure that women are familiar with the Team members, including a 'meet the team' booklet. The CCG is planning to undertake an audit to assess women's views of continuity of carer which will be repeated at least annually. Existing constraints on the midwifery workforce mean that including intrapartum care, except in home births, is not currently deliverable; however, in conjunction with the LMS are developing a plan to include intrapartum care as part of the continuity of carer offer.

- **Continue to increase access to specialist perinatal mental health services, ensuring that an additional 9,000 women access specialist perinatal mental health services and boost bed numbers in the 19 units that will be open by the end of 2018/19 so that overall capacity is increased by 49%.**

Humber, Coast and Vale STP is finalising a bid application to submit for Wave 2 NHS England funding towards specialist perinatal mental health services. This comprises two hub-and-spoke models, one for York and Scarborough, the other for the four Humber CCGs. The outcome of the bids will be known in April 2018 with expected implementation in May 2018.

The Humber, Coast and Vale STP/LMS has a dedicated perinatal mental health work-stream, in addition to the Yorkshire & Humber Clinical Network Perinatal Steering Group to which commissioners attend. Following the approval of a Y&H Clinical Network PNMH pathway framework, NL CCG will be leading a LMS work-stream subgroup in developing local pathways.

Progress will be significantly enhanced locally as NLAG has recruited a perinatal mental health midwife, who started in post late 2017. In addition, as part of the current Mental Health provider service review, NL CCG will also agree the local offer from universal services (IAPT, Access, Recovery teams, etc.) to women with perinatal mental health issues.

- **By June 2018, agree trajectories to improve the safety, choice and personalisation of maternity.**

As part of the LMS Improving Choice, Personalisation and Continuity of Carer work-stream the CCG has agreed the following milestones;

- 1% year on year in growth in the percentage of women will know the small team of Midwives who will provide their antenatal and postnatal care by April 2021
- LMS wide model of including intrapartum care within the small team of Midwives agreed by April 2020
- 1% year on year increase in the percentage of low risk women will have been cared for by a small integrated team throughout antenatal, labour and postnatal care by April 2021

8.0 Referral to treatment times and elective care

8.1 RTT performance

The CCG continues to see a significant number of 52 week breaches, with almost all of these being within Northern Lincolnshire & Goole Hospitals NHSFT (NL&G). The Trust has now completed its data cleansing process meaning that these breaches are now largely attributed to capacity issues. Significant pressures continue to be reported in Colorectal Surgery, Trauma and Orthopaedics, ENT, Ophthalmology, Gastroenterology and Cardiology.

The Trust secured external support from the NHS Intensive Support Team (IST) and is currently undertaking capacity and demand planning in its most fragile services and developing plans for improvement which are shared with the CCG. There is also a read across to the Humber Acute services Review for these fragile services where local improvement plans may not be sufficient or effective to manage future demand.

Referral to treatment times plans for 2018/19 will deliver the requirements set out in the planning guidance, with a 50% reduction in patients waiting more than 52 weeks (incomplete pathway) in March 2019 compared to March 2018. Planning assumptions are based on the January 2018 position (and that the March 18 position will be no higher than the January position). This will be revised in the April submission.

Indicator		Dec-16	Jan-17	Feb-17	Mar-17	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Referral to Treatment pathways: incomplete	Actual	82.90%	83.10%	83.70%	83%	83.00%	81.2%	81.4%	80.1%	79.5%	78.2%	76.8%	76.7%	76.7%
	Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
	Imp Traj.	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Num.	11,009	11,145	11080	11212	11,212	11,122	11,368	11,387	11,614	11,597	11,357	11,266	11,137
	Den.	13,280	13,410	13240	13512	13,512	13,703	13,964	14,222	14,611	14,833	14,791	14,686	14,517
Number of >52 week Referral to Treatment in Incomplete Pathways	Actual	6	9	13	18	47	31	33	33	35	39	39	32	37
	Target	0	0	0	0	0	0	0	0	0	0	0	0	0

The CCG is continuing to work with its main providers to understand the impact of reduced elective activity over the winter period and plans to address the long waiters as a priority. In order to deliver this position, given the fragility of some local acute services, the CCG will explore how it utilises alternative providers where required in order to deliver the target.

8.2 Patient choice and e-referrals

The CCG has been working with the local acute provider to increase e-referral rates in line with national expectations, however this is behind plan. The CCG has considered performance to date in setting a trajectory for 2018/19. Whilst most specialties are now open to e-Referral there is still significant work to do by both the CCG and the Trust to achieve the national targets for eRS. The next specialties to go live on eRS are large specialties and therefore greatest impact of the work has not yet been seen. Once these final specialties go live, and paper referrals are subsequently ceased, the CCG will make significant strides in performance. To this end, the CCG has set a trajectory to deliver 80% of referrals via eRS by end of quarter 2 and 100% by end of quarter 4. The CCG feels this is a more realistic trajectory reflecting the work to date and the current appointment slot issues the Trust faces.

During 2018/19 the CCG will work with its practices to drive up use of eRS and will work with the Trust to switch off paper referrals thus further driving the use of e referral.

8.3 Demand Management

NL CCG is continuing to develop its plans to manage service demand. This includes reduction in ill health through disease prevention programmes, supporting primary care to reduce referrals to secondary care through standardisation of pathways including pre-referral work up and the development of community based alternatives to secondary care. The CCG also continues to work with the STP to review policies for procedures of low clinical value to ensure consistency across the STP footprint.

9.0 Personal Health Budgets

The uptake of personal health budgets within North Lincolnshire remains lower than some areas in Yorkshire and The Humber but has improved to a position of 25 people taking up a Personal Health Budget over the last year. The CCG has reviewed its trajectory for uptake of PHBs with the aimed setting a challenging yet achievable target for 2018/19. The CCG plans a trajectory set back to 2017/18 level, to achieve 70 PHBs by March 2019.

During 2018/19 all PHBs will be reviewed and where possible, NHS North Lincolnshire CCG will encourage people to take up the offer of a PHB. To date, all have come via the Continuing Healthcare route. Of the 25 PHB holders, 14 are in receipt of a Direct Payment. Our ambition to roll out PHBs across other commissioned service groups (Mental health and learning disabilities) remains a key objective for 2018/9 but current uptake remains poor. There is more work to do in understanding the benefits and costs associated with a mixed model of provision (nominal PHB, Direct Payment and Third Party Trusts) and audit work this coming year will assist the CCG in its understanding, including the perceived barriers to using PHBs.

10.0 Improving Quality

Following the legal directions requirements, the CCG reviewed the governance arrangements of the CCG Governing Body. As part of this process, the CCG revised its committee structure and reporting arrangements. As a result, quality, performance and finance have become further aligned and integrated, which enhances the CCG's ability to address issues in a more holistic way.

As part of the governance review, the CCG Quality Group and the Finance Reconciliation Board were amalgamated to form the Quality Performance & Finance (QP&F) Committee. The QP&F Committee (hereafter the Committee) is a sub-group of the Governing Body and meets on a monthly basis; the Committee is responsible for the monitoring and review of quality, performance and finance data, and this is reflected in the Committee's revised terms of reference.

The Committee receives details of the CCG's financial position and the CCG's achievement against constitutional standards, including national and local quality and performance measures. The Committee also receives information relating to areas of concern and risk, and recovery actions being taken to mitigate the risk. This information is triangulated to identify themes and trends, to further understand the potential impact on the CCG; this information is consolidated into one Integrated Governance Report, in preparation for escalation to the Governing Body. This combined approach further enhances the CCG's ability to monitor, challenge and support improvements in service delivery.

The Committee reviews the quality of commissioned services against the contract requirements, to promote continued improvement and innovation across the local health system. The Committee also receives a quality dashboard at each meeting; the dashboard provides an update on performance against quality measures across the CCG's main providers.

The Committee also has an agreed work plan that incorporates the key priorities in relation to delivering against the CCG's statutory and constitutional requirements, including joint working with local providers and commissioners to promote and improve patient safety and quality for the population of North Lincolnshire.

- **Quality Assurance across our Providers**

The CCG supports its Providers in improving the quality of care delivered to its population, by undertaking the following on a routine basis:

- Confirm and challenge of Provider performance against quality metrics and governance arrangements on a monthly basis, as part of the contract management process
- Undertake announced and unannounced quality assurance visits to Providers, particularly in relation to those areas of concern
- Review each Provider's performance against the three quality themes (Safety, Experience & Effectiveness) as part of the CCG's quality dashboard and provide feedback to each Provider on areas of good practice and areas for further development
- Undertake reviews of the local health and social care system as part of the North Lincolnshire Place Report, including reports and views from stakeholders

- Undertake a Quality Risk Profile for the CCG's main Providers, specifically those Providers where performance and/or quality concerns have been identified.
- Facilitate the sharing of good practice between the CCG's Provider organisations. E.g. the Humber Coast & Vale STP Site Visit Protocol, and the STP review of NICE compliance processes across the Humber area

In addition to the above, the following measures are also undertaken as and when required:

- Commissioner led task & finish groups established to further develop areas of good practice identified in the North Lincolnshire areas E.g. dementia and learning disability work streams
- Commissioner-led review group established to triangulate soft and hard intelligence relating to our main Providers, the outcome from this Group is submitted to the Provider for further scrutiny as part of the contract management meeting process. Specifically those Providers where performance and/or quality concerns have been identified.

Staffing shortages and capacity pressures are an area of increased risk faced by the CCG's providers at this time. This is reflected in, and can be attributed to, the recent challenges in meeting our constitutional targets such as A&E performance, RTT waiting times, diagnostic waiting times, mortality rates and cancer waiting times.

The following initiatives have been implemented by the CCG's provider organisations where staffing remains an area of concern:

- Implementation of the Carter recommendations (E.g. monthly Safer Staffing reports including triangulation of staffing levels vs. achievement of quality measures and breakdown of new appointments made by staff group)
- Commitment to appoint staff residing in the UK where possible, this is in response to concerns identified re skill mix and language barriers identified by one of our Providers
- Stronger links formed with local education institutions to appoint newly qualified students
- Implementation of improved staff induction schemes, E.g. Care Camp to introduce new recruits to the organisation and to provide an opportunity to introduce core skills, expectations and approaches with new clinical employees
- Improved promotion/marketing of the local area, to encourage greater interest in local vacancies

The CCG receives assurance that these initiatives are in place and reviews the impact that these initiatives have on the quality of care delivery, via the monthly clinical quality review meetings which form part of the contract management process.

The CCG has identified improvements in collaboration with local partner organisations during 2017/18; this can be seen via the System Improvement Board and via the collaborative working arrangements with the local Acute Trust.

- **National Quality Board resources**

In July 2017, the National Quality Board published updated guidance on its Quality Surveillance Group (QSG) model. The updated model is more integrated and more flexible than previous versions, and encompasses a wider group of partners to accommodate the needs of each locality.

In response to this updated guidance, NLCCG and NELCCG established the Northern Lincolnshire QSG to engage in the surveillance of quality at a local level.

The local QSG has representation from those stakeholders that are most aware of the issues, and good practice in the North Lincolnshire area, and focuses on the impact that these issues and good practice have on the North Lincolnshire Place.

Information provided via the local QSG is captured in a locality based Place Report, which is escalated to the Yorkshire & Humber QSG as part of the regional Locality Surveillance Reporting structure.

- **Public Engagement**

In December 2017, the CCG launched the North Lincolnshire CCG Patient and Community Assurance Group (PCAG). The PCAG provides independent assurance that patients and the public of North Lincolnshire have the opportunity to contribute to the understanding, design, delivery and on-going review of local health services. The group also provides an independent review of patient and public involvement plans, providing feedback on their suitability for the purpose of improving the health and wellbeing of the local population.

One of the core functions of the PCAG is to ensure that the CCG puts the patient and patient experience at the heart of quality improvement, in North Lincolnshire. This is achieved through the Group's work plan and via the PCAG Assurance Framework, and is supported by the CCG Quality Manager and the CCG Patient Experience Manager as members of this Group.

The CCG's Governing Body receives a patient story at each meeting; the patient's voice is discussed, and resulting lessons and impact are considered. These stories enable the Governing Body to further understand the experiences and needs of people accessing health services in North Lincolnshire, and support the CCG's commissioning process.