

REPORT TO:	GOVERNING BODY	
MEETING DATE:	26 March 2018	
REPORT TITLE:	EL CCG 2017-19 Operating Plan Q3 Highlight Report	
SUMMARY OF REPORT:	The document provides a status report of progress against the East Lancashire CCG Operating Plan as at January 2018 (including the Five Year Forward View priorities, nine 'Must Dos', six Clinical Priorities and Quality Premiums.	
REPORT RECOMMENDATIONS:	The paper is only for information.	
FINANCIAL IMPLICATIONS:	None.	
REPORT CATEGORY:	Formally Receipt	Tick X
	Action the recommendations outlined in the report.	
	Debate the content of the report	
	Receive the report for information	
AUTHOR:	Jason Newman: Head of Performance & Delivery [drawing together contributions from CCG Managers/Leads].	
	Report supported & approved by your Senior Lead	Y
PRESENTED BY:	Kirsty Hollis, Chief Finance Officer	
OTHER COMMITTEES/ GROUPS CONSULTED:	Senior Management Team	
PRIVACY IMPACT ANALYSIS (PIA) :	Has a PIA been completed in respect of this report?	N
	If yes, please attach If no, please provide reason below: Not required.	
EQUALITY IMPACT ANALYSIS (EIA) :	Has an EIA been completed in respect of this report?	N
	If yes, please attach If no, please provide reason below: Not required.	
RISKS:	Have any risks been identified / assessed?	N
CONFLICT OF INTEREST:	Is there a conflict of interest associated with this report?	N
CLINICAL ENGAGEMENT:	Has any clinical engagement/involvement taken place? Joint composition with Managers on the narrative.	Y
PATIENT ENGAGEMENT:	Has there been any patient engagement associated with this report?	N
PRIVACY STATUS OF THE REPORT:	Can the document be shared?	Y
Which Strategic Objective does the report relate to		Tick
1	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	X
2	Optimise appropriate use of resources and remove inefficiencies.	Y
3	Improve access, quality and choice of service provision within Primary Care	X
4	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	X

**NHS EL CCG Governing Body
26 March 2018**

EL CCG 2017-19 Operating Plan Quarter 3 (17/18) Highlight Report

1. Introduction

- 1.1 This paper provides a summary on the current programmes of work (in Quarter 3) underpinning the East Lancashire CCG 2017-19 Operating Plan (in the form of an 'Executive Summary' below and as a highlight report shown in Appendices).

2. Background

- 2.1 The NHS has a clear set of priorities and plans which are reflected in the Five Year Forward View (up to 2020/21). NHS England has requested that local systems reflect priorities within their own Operational Plans, setting out their ambitions for schemes in support of, and aligned to their local Sustainability and Transformation Plans (STPs).
- 2.2 East Lancashire CCG published its own Operating Plan (for 2017-19) in late 2016 in which it identified the programmes of work that reaffirm the national priorities included in the Five Year Forward View (significantly, encompassing the nine 'Must Dos' and six 'Clinical Priorities'). These work streams which in the majority cover Pennine Lancashire organisations, look to drive forward improvements in health and care, restore and maintain financial balance and deliver core access and quality standards.

3. Executive Summary

- 3.1 The summary shown in Table 1 (and fuller documentation in Appendix A) is a status report for the various work-streams that make up the East Lancs CCG Operating Plan 2017-19. It presents a comparison between the statuses of each scheme as at Quarter 2 with the current progress in Quarter 3. Again in summary:
- Eight schemes have been identified as having a worse RAG status in Q3 than Q2;
 - Eleven schemes are viewed as having an improved RAG status in Q3 than Q2.
- 3.2 Tables 2 and 3 provide summaries of the six 'Clinical Priorities' and Quality Premiums respectively (shown in Appendices B and C respectively).
- 3.3 The narrative in the summary below provides an indication of the main requirements of the plan under each category of work (e.g. Finance, Primary Care working, et al) with a RAG status of the delivery of the various schemes (for Quarters 2 and 3) [Red - that the project is not progressing or has issues that need resolution; Amber – progression is either slow or has some risk of delay; Green – projects are being implemented generally well and within the tolerances set at the outset].
- 3.4 The narrative in Appendix A gives more information on progress within the last three month period (of the third quarter) – effectively from October to December 2017. Against each of the individual Operating Plan schemes respective CCG Managerial- and Clinical Leads were requested to provide a statement on progress and a RAG status (which has been loosely aggregated as an overall RAG within the Executive Summary).

Table 1 – Operating Plan Summary

Chapter Heading	Q2 Report	Quarter 3 Status
Sustainability & Transformation Plans , including: <ul style="list-style-type: none"> Implement agreed STP milestones and achieve agreed trajectories against core metrics set for 2017-19. 	Green	Green
Finance , including: <ul style="list-style-type: none"> Deliver individual CCG and NHS provider organisational control totals and achieve local system financial control totals. Implement local STP plans; achieve local targets to moderate demand growth and increase provider efficiencies. 	Amber	Amber
Primary Care , including: <ul style="list-style-type: none"> Ensure the sustainability of general practice and that local investment meets minimum required levels. Tackle workforce / workload issues; Support general practice. 	Green	Green
Urgent and Emergency Care , including: <ul style="list-style-type: none"> Deliver 4hr A&E standard, standards for ambulance response times and a reduction in the proportion of ambulance 999 calls. Implement the Urgent and Emergency Care Review. 	Amber	Amber
Referral to Treatment Times , including: <ul style="list-style-type: none"> Deliver: The NHS Constitution standard; Patient choice of first outpatient appointment; 100% of use of e-referrals (April 2018). Streamline elective care pathways, including through outpatient redesign and avoiding unnecessary follow-ups. Implement the national maternity services review, Better Births. 	Amber	Amber
Cancer , including: <ul style="list-style-type: none"> Implement cancer taskforce report (via Cancer Alliances et al); NHS Constitution 62d standard; Improve 1yr survival rates; A treatment summary is sent to the patient's GP at the end of treatment; a cancer care review is completed by the GP. 	Amber	Amber
Mental Health , including: <ul style="list-style-type: none"> Implement plan for the mental health Five Year Forward View; Ensure delivery of the mental health access/quality standards; Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence. 	Amber	Amber
People with Learning Disabilities (LD) , including: <ul style="list-style-type: none"> Deliver Transforming Care Partnership with local government; Reduce inpatient bed capacity; Improve access to healthcare for people with LD and reduce premature mortality. 	Amber	Amber
Improving Organisations , including: <ul style="list-style-type: none"> All organisations implement plans to improve quality of care. Improve efficiency of staffing ensuring safe, productive services 	Green	Green
Maternity , including: <ul style="list-style-type: none"> CCG/Providers in maternity systems to design/deliver maternity services improvements. 	Green	Green
Diabetes , including: <ul style="list-style-type: none"> Develop/implement plans to tackle obesity and diabetes. 	Green	Green
Seven Day Services , including: <ul style="list-style-type: none"> Building on delivery of the 4 priority standards for 7d services. 	Green	Amber
Personal Health Budgets (PHB) , including: <ul style="list-style-type: none"> Implementing commitments for people to have PHBs. 	Amber	Amber
Wheelchair Access: <ul style="list-style-type: none"> Eliminate 18 wk waits for wheelchairs by the end of 2018/19; 	Not reported	Red
Continuing Healthcare , including: <ul style="list-style-type: none"> Improve process to provide speedier assessments for patients; 	Green	Green
Better Care Fund , including: <ul style="list-style-type: none"> CCGs to work with local authority at Health & Wellbeing Board level to pool budgets and develop integrated spending plans. 	Amber	Green

- 3.5 The Five Year Forward View also sets out national ambitions for the transformation in six vital clinical priorities: Cancer, mental health, dementia, diabetes, learning disabilities and maternity. Table 2 summarises the CCG's performance over the last quarter, where possible (as some data items are not easily reconcilable). Appendix B provides more granularity of progress.

Table 2 – Six 'Clinical Priorities' Performance

Clinical Priority	Quarter 2 Report	Quarter 3 Status
Cancer	Amber	Red
Dementia	Amber	Amber
Diabetes	Green	Green
Learning Disabilities	Green	Green
Maternity	Green	Green
Mental Health	Green	Green

- 3.6 The NHS Quality Premium scheme is about rewarding Clinical Commissioning Groups for improvements in the quality of the services that they commission. The scheme also incentivises CCGs to improve, and reduce inequalities in patient health outcomes and improve access to services focusing on the fundamentals of everyday commissioning. Table 3 shows the performance for 2017/18 (with Appendix C giving further detail for both Pennine Lancashire CCGs).

Table 3 – Quality Premium Performance

Type	Metric	Month 9 Performance
National	Cancer (Stage 1 & 2)	Pending
National	GP Patient Survey	Pending
National	Continuing Healthcare: - CHC Checklist (50%) - CHC Assessments (50%)	Failing
		Failing
National	Mental Health: IAPT - Equity of Access	Failing
National	Bloodstream Infections – Reducing: - Gram Negative (BSI) - Inappropriate antibiotic prescribing. - Inappropriate Primary Care prescribing.	Failing
		Achieving
		Achieving
Local	FeV1 record in COPD patients	Pending
Constitution	18 week RTT	Achieving
Constitution	4Hr A & E	Failing
Constitution	Cancer (62 Days)	Achieving
Constitution	Cat A Red 1 calls (see below 3.6)	N/A

- 3.7 NHS England has advised that the Category A (Red 1) Ambulance Call measure is not now valid for 2017/18 as a Quality Premiums. Data has therefore not been assessed

as part of this report. This change in the measures means that the proportions of the 'Constitutional Measure' penalties have changed. The revised weightings are shown in the table below:

Constitutional measure	Standard	Assessed in QP?	Weighting (Reduction to QP)
1) Maximum 18 weeks from referral to treatment – incomplete.	92%	Yes	33.3% (was 25%)
2) Maximum 2 month (62-day) wait from urgent GP referral to first definitive treatment for cancer.	85%	Yes	33.3% (was 25%)
3) Maximum 4 hour waits in A&E departments.	95%	Yes	33.3% (was 25%)
4) Maximum 8 minute response for Category A (Red 1) ambulance calls	75%	No	0% (was 25%)

4. Recommendations

- 4.1 This report is for information only as a summary of CCG's progress in Quarter 3 2017/18 (nominally October to December, inclusive) against the schemes identified in the Operating Plan.
- 4.2 By way of a general summary: This report identifies that although a number of work streams have made progress in Quarter 3, an almost equal number appear to be encountering difficulties in their delivery (both suppositions based on a crude assessment of changing RAG statuses and the narrative). Systematic advancement to completion and/or achievement of the schemes and plans appears limited at this point in time [contemporaneously]. Significant further work is recommended.

5. Further Information

- 5.1 The *NHS Operational Planning and Contracting Guidance for 2017-19* can be found at: <https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>
- 5.2 Information on the Next Steps on the NHS Five Year Forward View can be found at <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>
- 5.3 Further details on the 2017/18 NHS Quality Premium schemes can be located at this link: <https://www.england.nhs.uk/wp-content/uploads/2015/12/ann-b-qual-prem.pdf>.
- 5.4 The following link provides additional narrative on the six Clinical Priorities: <https://www.england.nhs.uk/commissioning/ccg-assess/clinical-priority-areas/>.

KIRSTY HOLLIS
Chief Finance Officer

Appendix A – 2017-19 Operating Plan Assurance Report

Sustainability & Transformation Plans		
<ul style="list-style-type: none"> • Implement agreed STP milestones, so that you are on track for full achievement by 2020/21. • Achieve agreed trajectories against the STP core metrics set for 2017-19. 		
Work-stream Lead	Narrative	Q3Status [RAG]
Executive Team	<p>The CCG is fully engaged with the STP planning and is part of Pennine Lancashire Transformation Programme.</p> <p>Overseeing Committee: Executive Team Meetings</p> <p>Quarter 1 RAG Status: Green.</p> <p>Quarter 2 RAG Status: Green.</p>	Green
Finance		
<ul style="list-style-type: none"> • Deliver individual CCG and NHS provider organisational control totals, and achieve local system financial control totals. At national level, the provider sector needs to be in financial balance in each of 2017/18 and 2018/19. At national level the CCG sector needs to be in financial balance in each of 2017/18 and 2018/19. • Implement local STP plans and achieve local targets to moderate demand growth and increase provider efficiencies. • Demand reduction measures include: implementing RightCare; elective care redesign; urgent and emergency care reform; supporting self-care and prevention; progressing population-health new care models such as multispecialty community providers (MCPs) and primary and acute care systems (PACS); medicines optimisation; and improving the management of continuing healthcare processes. • Provider efficiency measures include: implementing pathology service and back office rationalisation; implementing procurement, hospital pharmacy and estates transformation plans; improving rostering systems and job planning to reduce use of agency staff and increase clinical productivity; implementing the Getting It Right First Time programme; and implementing new models of acute service collaboration and more integrated primary and community services. 		

Work-stream Lead	Narrative	Q3Status [RAG]
Deidre Lewis	<p>CCG Financial duties 2017/18 and 2018/19:</p> <ul style="list-style-type: none"> 2017/1 <p>The CCG is reporting that it expects to meet its statutory financial duties for 2017/18.</p> <p>Overseeing Committee: Sustainability Committee and Governing Body</p> <p>Quarter 2 RAG Status: Amber.</p>	Green
	<ul style="list-style-type: none"> 2018/19 <p>The CCG is facing significant challenges in 2018/19, there is unidentified QIPP from 2017/18, resulting in an overall QIPP target of circa £18m, limited QIPP schemes have been identified. Should schemes not be identified will place the CCG at risk of meeting their financial statutory duties in 2018/19.</p> <p>Overseeing Committee: Sustainability Committee and Governing Body</p> <p>Quarter 1 RAG Status: Amber.</p> <p>Quarter 2 RAG Status: Red.</p>	Red
	<p>Commitment to increase Mental Health spend in 2017/18.</p> <p>The CCG is meeting the parity of esteem for Mental Health.</p> <p>Overseeing Committee: Sustainability Committee & Governing Body</p> <p>Quarter 1 RAG Status: Green.</p> <p>Quarter 2 RAG Status: Green.</p>	Green
	<p>Resources available to Primary Care for 2017/18.</p> <p>Resources of £1,127 £3 per head have been made available to Primary Care.</p>	Green

	<p>Overseeing Committee: Primary Care Committee</p> <p>Quarter 1 RAG Status: Green.</p> <p>Quarter 2 RAG Status: Green.</p>	
	<p>Status of running cost allowance for 2017/18.</p> <p>The CCG are currently under-spending against the 2017/18 Running Cost Allowance</p> <p>Overseeing Committee: Sustainability Committee & Governing Body</p> <p>Quarter 1 RAG Status: Green.</p> <p>Quarter 2 RAG Status: Green.</p>	Green
Primary Care		
<ul style="list-style-type: none"> • <i>Ensure the sustainability of general practice in your area by implementing the General Practice Forward View, including the plans for Practice Transformational Support, and the ten high impact changes.</i> • <i>Ensure local investment meets or exceeds minimum required levels.</i> • <i>Tackle workforce and workload issues, including interim milestones that contribute towards increasing the number of doctors working in general practice by 5,000 in 2020, co-funding an extra 1,500 pharmacists to work in general practice by 2020, the expansion of IAPT in general practice with 3,000 more therapists in primary care, and investment in training practice staff and stimulating the use of online consultation systems.</i> • <i>By no later than March 2019, extend and improve access in line with requirements for new national funding.</i> • <i>Support general practice at scale, the expansion of MCPs or PACS, and enable and fund primary care to play its part in fully implementing the forthcoming framework for improving health in care homes.</i> 		
Work-stream Lead	Narrative	Q3Status [RAG]
Lisa Cunliffe	<p>Care Redesign (Improving Access)</p> <p>Improving Access</p> <p><u>GP Extended Access Service</u></p> <p>December 2017 saw the launch of the GP Extended Access Service in Hyndburn. This service currently</p>	Amber

	<p>provides:</p> <ul style="list-style-type: none"> - An additional 30 hours of routine clinical capacity per week 6.30 – 8.30pm Monday to Friday which equates to approximately 100 additional appointments per week(5200 per annum) - An additional 15 hours of routine and same day clinical capacity 10am – 4pm on Saturdays which equates to approximately 47 additional appointments per week (2444 per annum) - An additional 4 hours of same day clinical capacity 10am – 2pm on Sundays and Bank Holidays which equates to approximately 15 additional appointments per week (780 per annum) <p>This additional capacity (8424 appointments per annum) is currently available to patients registered with a GP in Hyndburn (Approx. 21% of the total East Lancs population) and is pre-bookable via GP Practices weekdays and weekends and GP OOH at weekends.</p> <p>The CCG are working in close collaboration with patients, providers and NHSE colleagues to secure access to extended GP Services for 100% of the population of East Lancashire from 1 October 2018</p> <p>Overseeing Committee: Primary Care Committee Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Amber.</p>	
<p>Lisa Cunliffe Kirsty Slinger</p>	<p>Workload</p> <p>10 High Impact Changes (1 Active Signposting, 2 New Consultation Types, 3 Reduce DNAs, 4 Develop the Team, 5 Productive Work Flows, 6 Personal Productivity, 7 Partnership Working, 8 Social Prescribing, 9 Support Self-care, 10 Develop QI Expertise)</p> <p>East Lancs CCG committed to spending GP Transformation Funding (Approx. £3.00 per head) in 2017/18to stimulate implementation of the 10 high impact actions to free up GP time, and secure sustainability of general practice.</p> <p>GP Practices across East Lancashire were asked to indicate how they would propose investing the resource to support transformation at GP Practice, Primary Care Network of CCG level. As a result the CCG has agreed to proposals that support GP Practices coming together to deliver high impact changes in the following areas:</p> <ul style="list-style-type: none"> - Active Signposting 	<p>Green</p>

- New Consultation Types
- Reducing DNAs
- Supporting introduction of Clinical Pharmacists into GP
- Productive Workflows/Personal Productivity
- Partnership Working
- Social prescribing and supporting self-care
- Quality Improvement

Care Navigation (Active Signposting)

The CCG has worked in close collaboration with GP Practices, patients and providers to develop an East Lancs programme of Care Navigation this has involved:

- Working with service providers and commissioners to develop access criteria for the 4 services included in phase 1.
- Working with Practice Manager and Data Quality colleagues to develop a clinical template to collect data regarding care navigation. This will help to monitor implementation.
- Developed a directory of service for each locality
- Produced communications and engagement materials for practices to use
- Undertaken communications and engagement with stakeholders and patients
- Attended locality meetings and patient participation groups
- Offered funding to practices to purchase automated arrival screens and call management systems to support free reception time and support the roll out of care navigation.
- Rolled the care navigation model for East Lancs to the Hyndburn, Ribblesdale, Rossendale and Burnley localities. Pendle training scheduled for March 2017
- Access to online training licences issued to 301 members of staff. 254 members of staff have attended face to face training
- The care navigation model for East Lancs will be rolled out to all localities by 31st March 2018.
- Currently working with service providers and commissioners to develop access criteria for the services to be included in phase 2.
- Considering setting up a network to support care navigators particularly in respect of SEAs, complaints etc.

Work will continue during 2018/19 to support the roll out of new phases of the Care Navigation programme and the development of Networks that will support the sharing of experience and best practice with a view to embedding this new way of working

New Consultation Types

GP Online

Resource is available at Lancashire and South Cumbria level to support the introduction of GP Online Consultations. The CCG is working with the STP digital team to ensure the effective roll out and is keen to ensure local initiatives align with the Lancashire and South Cumbria Digital Roadmap and will therefore be working in close collaboration with the NHS Digital Team to support the roll out of GP online consultations. The CCG understands that 3 Primary Care Networks in East Lancashire have been selected as exemplar sites for the introduction of GP Online. The CCG has committed to work with the Primary Care Networks identified as exemplar sites and the NHS Digital Team to ensure that learning from these exemplar sites is cascaded across East Lancashire with a view to supporting an accelerated programme of implementation across East Lancashire.

Social Prescribing

The CCG is committed to investing into a social prescribing programme, which is managed by Burnley Pendle and Rossendale Council for Voluntary Services (BPRCVS), working in partnership with Hyndburn and Ribble Valley Council for Voluntary Services (HRV CVS). The social prescribing programme offers a community connector service, along with a small grants funding programme at locality level.

A key aim of the Keeping Happy, Healthy and Well component of the New Model of Care is to ensure that social support and healthy lifestyle activities are as respected and recognised as medical support for their impact on people's emotional health and wellbeing and long term physical health. Feeling connected to a community, having a sense of purpose and taking part in activities regularly are considered to be some of the most important drivers of mental wellbeing and good health and that people should be encouraged to do more of these things and for us to provide help where needed.

Community Connectors

The Community Connectors support service is suitable for:

- People who are lonely or isolated
- People with Long term Conditions who need support to self-manage
- Anyone with mild mental health issues, who may be anxious or depressed
- People who use the NHS the most, due to complex needs
- Those who struggle to engage appropriately with services and who go through “revolving doors”
- People with wider social issues – poverty, debt, housing, relationship problems.

The service will also be beneficial for people with mental health conditions, loneliness, stress, anxiety and depression disorders providing non-medical support for patients.

Small Grants Funding

The small grants funding programme is designed to support small, mainly volunteer led (with few, if any paid workers) organisations to deliver activity and build capacity across the voluntary, community and faith sector.

These groups can include everything from debt counselling, support groups and walking clubs, to community cooking classes and one-to-one peer mentoring, provided by the voluntary, community and faith sector across East Lancashire.

Small grants awarded as part of the scheme need to clearly demonstrate that they contribute towards promoting wellbeing, prevention of ill health and/or actively help reduce admissions to hospital, meeting specific locality and partnership needs whilst continuing to grow and support the grassroots organisations. Small groups will need to demonstrate a commitment to work towards the development of primary care networks and supporting primary care as part of the CCGs strategy to improve local access to health, social and voluntary services.

	<p>Develop QI expertise.</p> <p>East Lancashire CCG recognise that shared Quality Improvement is a very valuable process and want to support all General Practices to plan, implement, evaluate, and embed new approaches more effectively and efficiently into practice. The East Lancs Quality Framework for General Practice seeks to embed a QI approach. Practices are expected to:</p> <ul style="list-style-type: none"> - Attend and contribute to a minimum of 4 QI events each year, - Undertake at least 1 QI audit cycle which can be shared with peers - Develop a QI action Plan <p>The CCG are also working in close collaboration with the National Time For Care Team.</p> <p>The team are able to offer Quality Improvement and Change Management Training locally</p> <p>GP Resilience Programme</p> <p>Sustainability and resilience funding is administered by NHSE local team. The CCG will continue to support GP practices in East Lancashire to bid for resilience resource as deemed appropriate and will continue to support NHSE colleagues in assessing the appropriateness of bids and effective decision making in terms of how the resource is allocated.</p> <p>Atypical Populations</p> <p>The CCG has developed a service specification to support practices serving small and isolated practices and has worked with NHSE colleagues to develop a specification for Practices with a significantly high ratio of patients who do not speak English</p> <p>Overseeing Committee: Primary Care Committee</p> <p>Quarter 1 RAG Status: Green.</p> <p>Quarter 2 RAG Status: Green.</p>	
<p>Lisa Cunliffe Joy Arrandale</p>	<p>Workforce</p> <p>The CCG will continue to work with the NHS England Lancashire and South Cumbria Team to agree our</p>	<p>Green</p>

contribution towards the wider workforce planning targets for 2018/19. The CCG will work in close collaboration with NHSE colleague to support the piloting and procurement of an enhanced workforce modelling tool. This tool will help practices improve their short term resilience and longer term sustainability as they begin to develop and operate at scale in Primary Care Networks. The aim of the workforce workload tool is to provide practices and CCGs with a detailed understanding of their **workload** activity and uses this information to inform and develop a **workforce plan** that responds to new models of care and potentially adopt a more diverse clinical skill mix.

GP Trainers and Learning Environments

There are currently 29 GP practices in East Lancashire (43 across Pennine Lancashire) that are accredited as Learning Environments, with 3 more practices currently in the process of being accredited by HEE. There are currently 56 Trainers in East Lancashire (87 across Pennine Lancashire) a reduction of 11 following the recent retirements of a number of GP Trainers. There are however, 4 new trainers currently going through accreditation and 6 GPs waiting to start on the next HEE Basic Trainers course.

GP Trainees and Placements – The East Lancashire GP Specialty Training Programme covering both East Lancashire and Blackburn with Darwen CCGs, has capacity to take up to 30 GP Specialty Trainees per year. Due to the drop in numbers of doctors applying for GP training 21 were recruited to the programme locally in 2016/17. 20 have been recruited to start their training in 2017/18; the maximum intake limited by the availability of hospital training posts for GP Specialty Trainees. A second round of national recruitment took place for trainees to start in February 2018, and resulted in a further 4 trainees being placed locally. 20 Specialty Trainees successfully completed their GP training in 2016/17 and a further 23 are expected to successfully complete in 2018. 6 new hospital training posts for GP STs have been created in partnership with ELHT and have now been approved by HEE.

Foundation Year 2 Trainee Placements in General Practice – The Pennine Lancashire CCGs and GP Practices have provided continuing support to the local Foundation Programme by ensuring very Foundation Year 2 doctor undertakes a 4 month placement in GP as part of their training. It is during this second year of a Junior Doctors training that many choose their future career path and apply for specialty training; positive experiences in GP placements actively encourages those who have never considered GP as a career to reconsider their options. Foundation Year 2 doctors who have completed their Foundation

Training regularly take up placements with the East Lancashire GP Specialty Training Programme
International GP recruitment. East Lancs CCG is part of a Wave 3 STP bid for the International GP Recruitment scheme, which is due to be announced in December 2017. If successful, the STP aims to recruit 140 overseas doctors in a phased recruitment by 2020/21.

GP Retention Scheme – The CCG will continue to support this scheme which provides a package of financial and educational support to help doctors who might otherwise leave the profession

Clinical Pharmacists - In 2016/17 a collaboration of GP practices in East Lancashire were successful in their application to pilot the use of Clinical Pharmacists in General Practice. A team of 4 Clinical Pharmacists (3 full time and 1 part time) were appointed to cover 5 GP practices with recruitment problems, serving deprived and substantially ethnic minority populations. Subsequently the CCG has and will continue to support further waves of applications for Clinical Pharmacists in General Practice across populations of between 30 – 50,000

Physicians Associates - The role of Physician Associate is an innovative new health care professional who while not a doctor works to the medical model with the attitudes, skills and knowledge base to deliver holistic care under defined levels of supervision.

As part of the Workforce Transformation programme in March 2015 Health Education North West (HENW) invited NHS providers across the region to be part of the discussion that would ultimately shape the development of a pilot programme for 160 student Physicians Associates across the region. As a health economy the Pennine Lancashire CCGs and East Lancashire Hospitals Trust agreed to jointly sponsor 10 PA students from UCLAN as part of the HENW pilot. This was further increased to 12 as additional GP Practices expressed interest in being part of the pilot and providing PA student placements in GP. Currently 6 GP practices provide placements as part of the sponsorship agreement and a further 2 GP practices have been recruited to provide additional placements. The current recruitment round has increased demand for GP practices to take PA students, with a further 30 starting their 2 year training with UCLAN at the end of January 2018. Three local practices will be employing Physician Associates from the pilot cohort who completed their studies and qualified at the end of January 2018.

Mental Health Therapists - In 2016/17 East Lancashire and Blackburn with Darwen received IAPT expansion funding from the national NHS England IAPT programme. East Lancashire and Blackburn's

vision is for an integrated mental and physical health care service working across NHS and Third Sector IAPT providers. A clear pathway will be created, understood and owned by patients and providers. In year 1 they will develop an integrated service for people with chronic obstructive pulmonary disease. In year 2 this will be expanded to include diabetes, other respiratory problems and cancer. These areas have the greatest numbers of unplanned admissions with no clear clinical outcomes locally, this strongly indicates that the population would benefit from an integrated IAPT intervention.

IAPT Long Term Conditions: Assist in 20/21 target increase 15% to 25%
Improving Access to Psychological Therapy (IAPT):

The IAPT Long Term Conditions (LTC) Pilot ceases as of 31st March 2018. The pilot has been a joint development with BWD CCG and therefore is operational across Pennine Lancashire. The service is still in its infancy but has developed both close working within GP Surgeries and linking in with physical health colleagues in the community.

The IAPT target has increased in 2017/18 to 19%. The current performance between both providers: LCFT and LWC is 19.2% as of Q3. Both providers had a strong final quarter 2016/17 and the same is expected this year.

LWC performance on IAPT LTC 0.6% is significantly underperforming 17/18 plan of 1.8% although the core element is above performance for this time last year.

LCFT performance is on track to deliver on 15% with a strong final quarter as 2016/17 and they are over performing on LTC 1.2% versus 1.6%

In addition to the nationally prescribed data set for IAPT, Pennine Lancs mental health commissioners have worked with Business Intelligence colleagues and the CSU to develop a 'flat-file' that tracks patient's pre and post IAPT service. Once available, this data will demonstrate the impact of the service on the wider health economy and therefore support quantifying the savings within the system

	<p>Overseeing Committee: Mental Health Steering Group & Clinical Reference Group (STP) Overseeing Committee: Primary Care Committee Quarter 1 RAG Status: Green. Quarter 2 RAG Status: Green.</p>	
Lisa Cunliffe	<p>Quality</p> <p>Continuing to:</p> <ul style="list-style-type: none"> - Develop and evolve the East Lancs Quality Framework for General Practice with phase 4 due to be launched for 2018/19 - Increase Quality Improvement skills, capacity and capability including QI champions, sharing best practice, Peer review etc. - Embed a robust Quality Assurance Process with a view to ensuring high quality primary care services <p>Overseeing Committee: Quality Committee Quarter 1 RAG Status: Green. Quarter 2 RAG Status: Green.</p>	Green
Kirsty Slinger	<p>Practice Infrastructure</p> <p>Overseeing Committee: Pennine Lancashire Strategic Estates Group</p> <p>What we have done:</p> <p>Estate</p> <ul style="list-style-type: none"> • Developed a Strategic Estates Plan (SEP) to identify priority areas to increase utilisation within our core estate as well as rationalisation of unused premises looking to disposals where feasible to create some cost savings across the system • Supported ETTF/Improvement Grants in line with the priority areas identified in the SEP • Undertaken 6 facet surveys across all GP owned estate to ensure statutory compliance is met <p>Technology</p> <ul style="list-style-type: none"> • Supported the development of the Lancashire Digital Roadmap 	Green

	<p>What we will do:</p> <ul style="list-style-type: none"> • Continue to develop the Strategic Estates Plan to reflect the evolving changing estates landscape across East and Pennine Lancashire and in line with the STP footprint • Work with GP practices across primary care to develop improvement grants where appropriate and identify future opportunities for potential investment into primary care in line with the Strategic Estates Plan • Continue to progress projects in priority areas identified to increase utilisation within the core estate and look to identify disposals where feasible. <p>Quarter 1 RAG Status: Green. Quarter 2 RAG Status: Green.</p>	
Lisa Rogan	<p>Introduction of Self Care Policy</p> <p>Improve patient ownership and self-care while reducing inappropriate pressures on GP practices in managing self-limiting conditions. Self-care policy consulted and agreed. Communications campaign underway. Minor Ailments service ceases as contract comes to an end as of 30th September 2017 to ensure consistent messages. From PresQIPP Report – estimated saving of £250- 300k if all GP practices implement policy.</p> <p>This is included in work plan for 2018-19.</p> <p>Overseeing Committee: Medicines Optimisation Steering Group and Sustainability Committee</p> <p>Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Green.</p>	Green
Urgent and Emergency Care		
<ul style="list-style-type: none"> • <i>Deliver the four hour A&E standard, and standards for ambulance response times including through implementing the five elements of the A&E Improvement Plan.</i> • <i>By November 2017, meet the four priority standards for seven-day hospital services for all urgent network specialist services.</i> • <i>Implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by</i> 		

<p>March 2020 in each STP footprint, including a clinical hub that supports NHS 111, 999 and out-of-hours calls.</p> <ul style="list-style-type: none"> • Deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department. • Initiate cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis. 		
Work-stream Lead	Narrative	Q3Status [RAG]
Alex Walker	<p>The following has been completed in the last quarter:</p> <p>Restore A&E Performance to 95%</p> <p>System-wide work has continued throughout this quarter focusing on key areas that contribute to A&E performance. The Pennine Lancashire A&E 4 hour performance for quarter 3 was 83.3% The recently published NHS Planning and Financial guidance 2018/2019 has revised expectations around 4 hour performance, where performance between April and August 2018 is expected to be above 85%, between September 2018 and March 2019 it is expected to be above 90% and above 95% from the end of March 2019.</p> <p>Overseeing Committee: A&E Delivery Board (AEDB) Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Green.</p>	Amber
Alex Walker	<p>The following has been completed in the last quarter:</p> <p>A&E Rapid Improvement Area</p> <p>Work on the Rapid Improvement Areas has been brought together in a Plan on a Page (POAP) with an associated risk register. This is updated monthly and presented to the A&E Delivery Group and then the AEDB</p> <p>Overseeing Committee: AEDB Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Green.</p>	Green

<p>Alex Walker</p>	<p>The following has been completed in the last quarter:</p> <p>Next Steps (NHS 5YFV): Every hospital must have comprehensive front-door clinical streaming by October 2017</p> <p>RBH now has front door streaming in place. Patients presenting to A&E will be appropriately streamed to either minor injury, illness, mental health, ambulatory or Respiratory pathways.</p> <p>Overseeing Committee: AEDB Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Green.</p>	<p>Green</p>
<p>Alex Walker</p>	<p>Work on the following is ongoing as part of the overall A&E Recovery Plan. Roll out began at the end of August 2017, planned completion March 2018.</p> <p>Patient flow & Discharge</p> <p>Both of these areas are key work areas as part of the A&E recovery plan and their progress is monitored as part of the POAP. The Discharge to Assess pathway is now fully in place for both Home based and Care Home based support supported through iBCF funding from Local Authorities.</p> <p>Overseeing Committee: AEDB Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Amber.</p>	<p>Green</p>
<p>Alex Walker</p>	<p>Work on the following is ongoing – some reduction has been achieved.</p> <p>PTS Unplanned</p> <p>Work continues in this area. Further reductions have taken place through joint working with NWAS/ ELHT. A short term contract is now in place to ensure business continuity and resilience.</p> <p>Overseeing Committee: AEDB Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Amber.</p>	<p>Green</p>

Alex Walker	<p>Work is ongoing. Community Service Efficiency & Integrated Teams A system diagnostic of District Nursing teams, Community Hospitals and Discharge pathways was undertaken this quarter involving all local agencies. The recommended opportunities from the diagnostic will be considered by the Partnership Leaders forum in March</p> <p>Overseeing Committee: Partnership Leaders Forum Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Amber.</p>	Amber
Alex Walker	<p>Work is ongoing. 7 Day Clinical Service A further audit against the delivery of the 4 priority 7 day clinical standards has been undertaken with ELHT divisions asked to re-calibrate plans against the audit. There is a regular 7 day services delivery group overseeing implementation</p> <p>Overseeing Committee: 7 day services delivery group Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Green.</p>	Amber
Alex Walker	<p>Work was completed prior to Winter 2017/18. Health and Social Care Economy Capacity Planning & Escalation This plan has been completed and signed off by partners through the AEDB. Escalation is reviewed on an ongoing basis</p> <p>Overseeing Committee: AEDB Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Amber.</p>	Green
Alex Walker	<p>The following has been completed in the last quarter: The ambulance service will offer a more equitable and clinically focused response that meets patient needs in an appropriate time frame with the fastest response for the sickest patients. This followed the start of the Ambulance Response Programme implemented by NWS during August 2017. During quarter 3 reporting of performance has not been available. This is expected to restart in Q4.</p>	Amber

	<p>Overseeing Committee: AEDB Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Green.</p>	
Alex Walker	<p>Several of the areas below are on track; however delays have occurred in other schemes. Work is ongoing to try to bring these schemes back on plan.</p> <p>Next Steps (NHS 5YFV):</p> <ul style="list-style-type: none"> - Hospitals, primary and community care and local councils should work together to ensure people are not stuck in hospital while waiting for delayed community health and social care. DToC targets are reducing in EL, Local Authority stretch targets for DToC submitted within the BCF are on track and the overall 3.5% target for ELHT DToC is on trajectory for delivery by March 2019 - By October 2017 every hospital and its local health and social care partners must have adopted good practice to enable appropriate patient flow, including better and more timely hand-offs between their A&E clinicians and acute physicians, 'discharge to assess', 'trusted assessor' arrangements, streamlined continuing healthcare processes, and seven day discharge capabilities. Roll out of the SAFER bundle (Red/Green days), Discharge to Assess and Trusted Assessment have all taken place. These still require ongoing work and fine-tuning but are in place. - Strengthen support to care homes to ensure they have direct access to clinical advice, including appropriate on-site assessment. Enhanced Health in Care Home support within EL has been overseen and supported through the national Vanguard with NHS E. <p>Overseeing Committee: AEDB and UECN</p> <p>Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Green.</p>	Green
Alex Walker	<p>The following has been completed in the last quarter:</p> <p>Intermediate Care A system diagnostic of Community Hospitals and Discharge pathways was undertaken this quarter involving all local agencies. The recommended opportunities in reviewing Intermediate care pathways from the diagnostic will be considered by the Partnership Leaders forum in March. Discharge to Assess pathways have been fully implemented in the last quarter</p>	Green

	<p>Overseeing Committee: AEDB Quarter 1 RAG Status: Green. Quarter 2 RAG Status: Green</p>	
Alex Walker	<p>The following has been completed in the last quarter: Next Steps (NHS 5YFV): Specialist mental health care in A&Es.</p> <p>Consistent coverage at RBH front door by MH liaison and triage is now in place. MH decision unit is open and has widened their criteria for acceptance to enable access to a broader range of MH patients. Core 24 funding will further enhance the MH front door offer from April 2019.</p> <p>Overseeing Committee: AEDB Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Green</p>	Green
Alex Walker	<p>The following work is on track and expected to reach completion in the next few months. Next Steps (NHS 5YFV)</p> <ul style="list-style-type: none"> - Enhance NHS 111 by increasing from 22% to 30%+ the proportion of 111 calls receiving clinical assessment by March 2018; - NHS 111 online will start during 2017, allowing people to enter specific symptoms and receive tailored advice on management. <p>NHS 111 continues to be driven by NWSA/ Blackpool CCG, as lead commissioners. NHS 111 on line is currently being piloted in Mersey. This is likely to be rolled out to Lancashire in the near future. East Lancs CCG will be involved in roll out discussions.</p> <p>Overseeing Committee: AEDB and UECN Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Amber.</p>	Amber
Alex Walker	<p>The initial work for the following has been completed in this last quarter: Next Steps (NHS 5YFV): Roll-out of standardised new 'Urgent Treatment Centres'. Two UTCs have been agreed for designation in Pennine Lancashire; at BGH and RBH. Scoping and analysis has been taking place to consider the needs for any further UTCs in Pennine</p>	Green

	Lancashire. Overseeing Committee: Sustainability Committee/ AEDB Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Green	
Referral to Treatment Times		
<ul style="list-style-type: none"> • <i>Deliver the NHS Constitution standard that more than 92 percent of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment.</i> • <i>Deliver patient choice of first outpatient appointment, and achieve 100% of use of e-referrals by no later than April 2018 in line with the 2017/18 CQUIN and payment changes from October 2018.</i> • <i>Streamline elective care pathways, including through outpatient redesign and avoiding unnecessary follow-ups.</i> • <i>Implement the national maternity services review, Better Births, through local maternity systems.</i> 		
Work-stream Lead	Narrative	Q3Status [RAG]
Cathy Gardener	<p><i>Achieving NHS Constitution standards</i></p> <p>A Pennine Lancashire Health Economy Access and Choice Group oversee RTT and the development of pathways to improve the quality and efficiency of elective care pathways. Currently achieving RTT on an aggregate level and the specialties who are not achieving has recovery plans in place and the position is on an upward trajectory towards achieving the target. The actions plans are currently being revised at a specialty level and it is anticipated that they will achieve by year end at a specialty level.</p> <p>Overseeing Committee: Access and Choice Group Quarter 1 RAG Status: Green. Quarter 2 RAG Status: Green</p>	Green
Cathy Gardener	<p><i>Streamline elective care pathways, including through outpatient redesign and avoiding unnecessary follow-ups</i></p> <p>There has been lack of progress around dermatology; despite a productive nurse led forum; which has unfortunately resulted in lack of progress in Q3 and there is a current position paper shared with ELHT re the options open to us for 2018/19. We do have a well utilised community dermatology service in ELCCG</p>	Amber

	<p>footprint. The work around AMD management was achieved in Q3 and has seen an improvement in extended treatment and ceases to treat and reduced follow up activity. The work around Glaucoma continues in terms of the management of stable glaucoma out of hospital provision. An outline business case is currently out for input from the clinical director and colleagues prior to confirmation of commissioning intentions in 2018/19. MSK is monitored monthly and continued operational issues discussed alongside innovations within the service.</p> <p>ENT work commenced in December with clinical and managerial presence and is working through clinical options management and potential future out of hospital provision being increase. There continues to be pressures in pain management both activity and cost and there is work being undertaken by commissioners ; supported by colleagues in the CCG, in particular the quality team. Service specification review are in pace in line with contract end dates.</p> <p>Overseeing Committee: Access and Choice Group Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Amber.</p>	
Cathy Gardener	<p><i>Deliver patient choice of first outpatient appointment, and achieve 100% of use of e-referrals by no later than April 2018 in line with the 2017/18 CQUIN and payment changes from October 2018.</i></p> <p>ELHT did not take up the CQUIN option for e-referral in 2017/18 and there is currently a national drive for all paper switch off ; 30 September 2018. There is currently a multi-partner task and finish group for e-referral with an executive lead/lead GP and managerial support. To support the process in primary care ; champions in practice across the geographical patch and training will be in place The time lines for achievement are : * Cancer : 1 May 2018 * All specialities : 31 July 2018 Alongside this ; utilisation of CaB remains good locally</p> <p>Overseeing Committee: Access and Choice Group Quarter 1 RAG Status: Red. Quarter 2 RAG Status: Red.</p>	Amber
Cancer		

- Working through Cancer Alliances and the National Cancer Vanguard, implement the cancer taskforce report.
- Deliver the NHS Constitution 62 day cancer standard, including by securing adequate diagnostic capacity, and the other NHS Constitution cancer standards.
- Make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.
- Ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types.
- Ensure all elements of the Recovery Package are commissioned, including ensuring that:
 - all patients have a holistic needs assessment and care plan at the point of diagnosis;
 - a treatment summary is sent to the patient's GP at the end of treatment; and
 - a cancer care review is completed by the GP within six months of a cancer diagnosis.

Work-stream Lead	Narrative	Q3Status [RAG]
Carol Hedley	<p><u>Structures to manage the development, delivery, quality and performance:</u> Lancs and South Cumbria Cancer Alliance (L&SCCA) programme Delivery Plan in Place: Five work streams reports to STP Board. Rapid Recovery team in place, sub-group of the L&SCCA with the remit of leading and managing the L&SCCA Rapid Recovery Plan. It is established to monitor performance of all elements of the L&SCCA against the NHS national cancer waiting time targets, with a specific focus on the 62-day 'Referral to First Treatment' target. In addition, a 62 Day Target 'Dial' in-call held fortnightly with standardised KLOE reporting. CCG Pennine Lancashire (PL) Tactical Group provides a forum for a collaborative approach to performance monitoring and management of cancer waiting time targets. PL Cancer Partnership Group in place, key role is to implement and influence the development of the Strategic Vision for Cancer Services across Health and Social Care at a local level, from prevention, screening, diagnosis, treatment through to survivorship and end of life care. Overseeing Committee: PL Tactical Group and PL Cancer Partnership Group. Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Amber.</p>	Amber
Carol Hedley	<p><u>CCG PL Cancer Plan (96 recommendations)</u> Cancer Team Workplan in place with work streams linked to 96 recommendations in AWCCO. Cancer team hold fortnightly team meetings to update and plan work streams. Joint work plan with ELHT in place with 96 recommendations aligned to leads/ responsible parties.</p>	Amber

	<p>Detailed Plan updated jointly quarterly to reflect progress. Shorter Summary document detailing 96 recommendations and responsible organisation highlighted in place (NHSE/ELHT/CCG). On-going process.</p> <p>Overseeing Committee: PL Tactical Group and PL Cancer Partnership Group</p> <p>Quarter 1 RAG Status: Amber.</p> <p>Quarter 2 RAG Status: Amber.</p>	
Carol Hedley	<p>Implementation of NICE Clinical Guidance on Suspected Cancer</p> <p>2WW referral templates and supporting documentation both reflecting NG12 referral criteria made available to Pennine Lancs GPs May 2017. Nov 17 audit of 2WW referrals indicated over 95% compliance.</p> <p>Overseeing Committee:</p> <p>Quarter 1 RAG Status: Green.</p> <p>Quarter 2 RAG Status: Green.</p>	Green
Carol Hedley	<p>Progress: 'Faster Diagnosis Standard Test Site Project'</p> <p>ELHT 28 FDSTS pilot ends 31st March 2018. There will be no continuation after that date, the Trust will need to formulate a plan going forward around achieving compliance with the Day 28 Target by 2020. Whilst the pilot will end the Task and Finish group will continue. This will be pivotal in helping to launch the standard across ELHT from April 2018. ELHT Cancer service Manager co-ordinating the process. PLCCGs are part of the T & F group.</p> <p>Overseeing Committee: PL Tactical Group</p> <p>Quarter 1 RAG Status: Green.</p> <p>Quarter 2 RAG Status: Green.</p>	Amber
Carol Hedley	<p>Cancer Pathway redesign: Multiple</p> <p>October 2017 to current date, multiple pathway mapping workshops/ meetings have taken place across Providers/ CCG and Network Site Specific Groups (NSSGs) to progress national optimal pathways – Lung/Prostate/ Upper and Lower GI. Two dedicated project leads appointed by the Alliance to work across four provider sites to support pathway development (and other work streams)</p> <p>Overseeing Committee: L & SC Cancer Alliance / PL Cancer Partnership Group</p> <p>Quarter 1 RAG Status: Amber.</p>	Amber

	<p>Quarter 2 RAG Status: Amber.</p>	
Carol Hedley	<p>Next Steps (NHS 5YFV): <i>Targeted national investment.</i></p> <p>The L & SC Cancer Alliance has bid for transformation monies to support the ‘Earlier Diagnosis’ component of the National Cancer Plan (Achieving World Class Cancer Outcomes 2015-2020). The bid will be substantial and if successful (decision due end of Feb 2018) will bring a significant sum of money into the L & SC Cancer Alliance footprint.</p> <p>‘Living with and Beyond Cancer’ – Successful bid to the National Cancer Team 2017 over the next 18 months. Release of revenue quarterly dependant on achieving 62 day targets. Focus on the ‘Recovery Package’ and ‘Risk Stratified Follow Up’</p> <p>Overseeing Committee: : L & SC Cancer Alliance</p> <p>Quarter 1 RAG Status: Amber.</p> <p>Quarter 2 RAG Status: Amber.</p>	Amber
Carol Hedley	<p>Next Steps (NHS 5YFV): Expand the cancer workforce:</p> <p>Cancer Workforce plan (HEE Dec 2017), The plan, developed with NHS England, for the first time provides detailed data on key professions so that local Cancer Alliances, HEE and employers can agree the actions needed to help recruit, train and retain the staff necessary to deliver improvements in cancer care. To inform the next phase of the plan HEE is asking a range of stakeholders and interested parties about the five drivers of change and how they are likely to impact on the forecast demand for health care for people affected by cancer over the next ten to 15 years. Key drivers of change: demographics (population profiles); technology and innovation; social, political, economic and environmental; current and future service models and expectations (patients/staff). Deadline for responses 26/01/18. The views and evidence provided will enable HEE to consider the likely workforce implications against a consistent set of planning assumptions.</p> <p>Overseeing Committee: L & SC Cancer Alliance/ STP</p> <p>Quarter 1 RAG Status: Red.</p> <p>Quarter 2 RAG Status: Amber.</p>	Amber
Carol Hedley	<p>Next Steps (NHS 5YFV): <i>Clear accountability and delivery chain.</i></p> <p>The cancer dashboard, co-produced by NHS England and Public Health England, is a tool to help clinical leaders, commissioners and providers to quickly and easily identify priority areas for improvement in their cancer services. This can be done by comparing performance against other similar organisations or the England average and tracking progress over time where data are available. The dashboard also enables easy tracking of progress towards the national ambitions set by the Taskforce at both a national and a local</p>	Amber

	<p>level, and allows local health economies to see how they are contributing to these key priority areas. The dashboard also links closely with the CCG Improvement and Assessment Framework (CCG IAF). All indicators included in the CCG IAF will be included in the cancer dashboard, and the dashboard will help to provide context for these indicators and support the development of a broader view of cancer services across a CCG. Overseeing Committee: L & SC Cancer Alliance / PL Cancer Partnership Group</p> <p>Quarter 1 RAG Status: Amber.</p> <p>Quarter 2 RAG Status: Amber.</p>	
Mental Health		
<ul style="list-style-type: none"> • <i>Deliver in full the implementation plan for the mental health Five Year Forward View for all ages, including: <ul style="list-style-type: none"> ○ <i>Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care;</i> ○ <i>More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of CYP IAPT by 2018;</i> ○ <i>Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral.</i> ○ <i>Increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline.</i> ○ <i>Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine case; and one week for urgent cases.</i> ○ <i>Reduce suicide rates by 10% against the 2016/17 baseline.</i> </i> • <i>Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.</i> • <i>Increase baseline spend on mental health to deliver the Mental Health Investment Standard.</i> • <i>Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.</i> • <i>Eliminate out of area placements for non-specialist acute care by 2020/21.</i> 		
Work-stream Lead	Narrative	Q3Status [RAG]
Joy Arrandale	<i>Deliver in full: Mental Health Plan Five Year Forward View:</i>	Amber

The L&SC STP is taking forward the implementation of the next steps 2017/18 Five Year Forward View for Mental Health. Locally recent developments across Pennine have been:

Core 25: Mental Health Liaison Service

Build capacity within the team to deliver 24/7 service

Mental Health Clinical Triage in A&E is now operational

Clinical Decision Unit within RBH operational since 1st Dec 2017

Crisis House Community provision opening March 2018 (Burnley)

Other FYFV work streams are in development such as: perinatal in-patient and community services, Individual Placement Support (IPS), CAMHS tier 4 beds and Children and Young People IAPT, suicide prevention and intensive home treatment as an alternative to hospital admission.

The Mental Health Data Set System (MHDSS) is a national IT system that is in development and is due to go live imminently, this will provide comprehensive data on the impact of FYFV services both Lancs wide and locally.

The Pennine Mental Health and Learning Disability Commissioning team have developed work stream plans that manage the implementation of local developments. Regular monthly meetings now take place led by Dr Rakesh Sharma and attended by LCFT senior managers to collectively address the challenges that arise from large scale service redesign.

Community Mental Health Team (CMHT) redesign

Pennine Lancs commissioning managers are working with LCFT to implement the new primary care focussed CMHT service. The aim is to embed mental health services with physical health resulting in mental health becoming routine to the physical healthcare pathway. This means that eventually a separate referral into LCFT will not be necessary in most cases. The team will also ensure that **the physical health checks of the Serious Mental Illness (SMI) register are undertaken and any identified needs are actioned.** This ensures better case management, joint care planning and coordinated assessments. Overall improved mental health awareness and better working relationships will evolve and positively impact quality and outcomes for patients. LCFT plan to have the redesigned service in place by the

summer of 2018, however confidence that this will be the case is yet to be provided.

LCFT has regularly reported that the **Early Intervention Service (EIS)** performs above target. However, it has become apparent that LCFT have been misreporting and as a consequence EIS is significantly underperforming across Lancashire. Latest data shows ELCCG: 32% against a national target of more than 50% of people experiencing first episode psychosis will be treated with a NICE-approved care package within two weeks of referral This has led to more recent revised national submissions, an action plan is in place and rapid improvement is expected.

A Lancs wide sub-group of the LCFT NHS Standard Contract: Performance Effectiveness Group (PEG) monitors the performance of IAPT, EIS, Dementia and CAMHS on a monthly basis.

Succeed Thrive Empower Pennine (STEP) service provided by Change Grow Live (CGL) which support the needs of vulnerable people who frequently attend Emergency Departments with highly complex physical/mental health and social care needs. The service provides a 'holistic' assessment and non-clinical intensive case management. Caseload for the 5.5FTE STEP Navigators is now up to 68 (Feb 18).

The Service work in partnership across the system with; Transforming Lives, Integrated Neighborhood Teams, Mental Health Liaison and Community MH, NWAS, ELHT ED operational staff, Police, wider community services and social care. The service is aligned with the Pennine Lancashire New Model of Care developments.

Volunteers are being recruited and trained. Currently there are 11 volunteers with some coming from the cohort pool. The volunteer role will help improve the efficiency of the STEP Navigators by supporting service user engagement with the community, family and friends.

Early data shows evidence of a reduction in ED attendances as a result of the STEP service interventions. The next 6 months will provide greater clarity of the impact.

The emerging service user case studies highlight how effective the intense case management model is, in rapidly pushing through barriers.

	<p>Overseeing Committee: Mental Health Steering Group& Clinical Reference Group (STP)</p> <p>Quarter 1 RAG Status: Amber.</p> <p>Quarter 2 RAG Status: Amber.</p>	
Joy Arrandale	<p>Maintain DEMENTIA diagnosis rate.</p> <p>East Lancs CCG has maintained the dementia diagnostic rate which is 76% as of December 2017 A dementia quality framework is in place and actions are built into work programmes to ensure that improvements continue for example practice returns and cross referenced against finance and a review of the service specification. A Dementia event was arranged for February 2018 as part of the quality framework to provide training and awareness for primary care staff.</p> <p>Overseeing Committee: Lancashire wide: Performance and Effectiveness Group</p> <p>Quarter 1 RAG Status: Amber.</p> <p>Quarter 2 RAG Status: Amber.</p>	Green
Joy Arrandale	<p>IAPT Long Term Conditions: Assist in 20/21 target increase 15% to 25% Improving Access to Psychological Therapy (IAPT):</p> <p>The IAPT Long Term Conditions (LTC) Pilot ceases as of 31st March 2018. The pilot has been a joint development with BWD CCG and therefore is operational across Pennine Lancashire. The service is still in its infancy but has developed both close working within GP Surgeries and linking in with physical health colleagues in the community.</p> <p>The IAPT target has increased in 2017/18 to 19%. The current performance between both providers: LCFT and LWC is 19.2% as of Q3. Both providers had a strong final quarter 2016/17 and the same is expected this year.</p> <p>LWC performance on IAPT LTC 0.6%is significantly underperforming 17/18 plan of 1.8% although the core element is above performance for this time last year.</p>	Green

LCFT performance is on track to deliver on 15% with a strong final quarter as 2016/17 and they are over performing on LTC 1.2% versus 1.6%

IAPT ACCESS by MAIN PROVIDER and OTHER PROVIDER

		Annualised - predicted performance				Plan	
		2017/18 (target 16.8%)				Year to Date - 2017/18	
		Q1	Q2	Q3	Q4 M9	YTD M9	*Plan M9
MAIN PROVIDER	Total	1789	1877	1823	0	5489	5924
	Total Rate %	14.9%	15.6%	15.2%	0.0%	15.2%	-435 (-7%)
	Core	1633	1735	1694	0	5062	5359
	Core Rate %	13.6%	14.4%	14.1%	0.0%	14.0%	-297 (-6%)
	LTC	156	142	129	0	427	566
	LTC Rate %	1.3%	1.2%	1.1%	0.0%	1.2%	-139 (-24%)
LWC	Total	532	523	443	0	1498	2091
	Total Rate %	4.4%	4.3%	3.7%	0.0%	4.2%	-593 (-28%)
	Core	463	449	369	0	1281	1243
	Core Rate %	3.9%	3.7%	3.1%	0.0%	3.6%	38 (3%)
	LTC	69	74	74	0	217	848
	LTC Rate %	0.6%	0.6%	0.6%	0.0%	0.6%	-631 (-74%)
GRAND TOTAL	Total	2321	2400	2266	0	6987	8015
	Total Rate %	19.3%	20.0%	18.8%	0.0%	19.4%	-1028 (-13%)
	Core	2096	2184	2063	0	6343	6601
	Core Rate	17.4%	18.2%	17.2%	0.0%	17.6%	-258 (-4%)

		%							
		LTC	225	216	203	0	644	1414	
		LTC Rate %	1.9%	1.8%	1.7%	0.0%	1.8%	-770 (-54%)	
	<p>In addition to the nationally prescribed data set for IAPT, Pennine Lancs mental health commissioners have worked with Business Intelligence colleagues and the CSU to develop a 'flat-file' that tracks patient's pre and post IAPT service. Once available, this data will demonstrate the impact of the service on the wider health economy and therefore support quantifying the savings within the system</p> <p>Overseeing Committee: Lancashire wide: Performance and Effectiveness Group Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Amber.</p>								
Joy Arrandale	<p>Dementia/ Memory Assessment Service</p> <p>Dementia service improvements are ongoing. The waiting time for referral to treatment has significantly reduced whereas in December 2017 all 22 referrals were seen within 0-6 weeks. Ensuring people can access appropriate post-diagnostic support is being address in the service redesign. LCFT have an existing sub-contract arrangement with Alzheimer's Society that will be subject to review during 2018/19</p> <p>Overseeing Committee:Lancashire wide: Performance and Effectiveness Group Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Amber.</p>								Amber
Kirsty Hamer	<p>Next Steps (NHS 5YFV): <i>Better mental health care for new and expectant mothers:</i> The new 8 bed mother and baby unit in Chorley will open in July 2018. A research project has been completed across Pennine Lancashire to understand the impact on mental health needs of mothers and carers of babies requiring admission to NICU. The findings will be reported at the end of March 2018</p> <p>Overseeing Committee: Lancashire CAMHS Commissioning Board.</p>								Green

	<p>Quarter 1 RAG Status: Green.</p> <p>Quarter 2 RAG Status: Green.</p>	
Kirsty Hamer	<p>Next Steps (NHS 5YFV): <i>Improved care for children and young people.</i></p> <p>CAMHS Transformation funding has been allocated to the CCG to improve care for children and young people. Funding will support the achievement of the 6 key outcomes:</p> <ul style="list-style-type: none"> • Promoting Resilience, Prevention and Early Intervention • Increasing Access to Specialist Perinatal Mental Health Support • Improving Access to Effective Support • Ensuring Appropriate Support and Intervention for CYP in Crisis • Improving Care for the Most Vulnerable • Improving Service Quality <p>A CAMHS Transformation plan has been developed to implement the plans to achieve the 6 key outcomes.</p> <p>The Lancashire and South Cumbria CAMHS redesign programme is underway and is expected to be complete with implementation by 1st April 2019. The redesign is based on the THRIVE framework and is being overseen by a redesign support group. A Communications and Engagement Plan has been developed to ensure clinical and patient co-production of CAMHS Services across Lancashire and South Cumbria.</p> <p>Issues in relation to increasing CAMHS provision up to 18 years of age due to ongoing dialogue around transition arrangements between ELHT and LCFT.</p> <p>Overseeing Committee: Lancashire CAMHS Commissioning Board</p> <p>Quarter 1 RAG Status: Amber.</p> <p>Quarter 2 RAG Status: Amber.</p>	Amber
Kirsty Hamer	<p>Next Steps (NHS 5YFV): <i>Care closer to home.</i></p> <p>Tier 4 Move across the North West to reduce bed base from 210 to 180 beds. This is due to the plans to increase the bed base provision across other parts of the Country leading to a reduced need for out of area patients to be placed in the North West and freeing up capacity for local children and young people.</p> <p>The Cove, Tier 4 provision for Lancashire is open, however, staffing issues have meant that not all beds have been available. Specialist Commissioning working to address this.</p>	Red

	<p>It is anticipated that the Lancashire and South Cumbria redesign will lead to an increase in local community support to prevent children and young people coming into crisis.</p> <p>Overseeing Committee: Lancashire CAMHS Commissioning Board</p> <p>Quarter 1 RAG Status: Red.</p> <p>Quarter 2 RAG Status: Red.</p>	
<p>People with Learning Disabilities</p>		
<ul style="list-style-type: none"> • <i>Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.</i> • <i>Reduce inpatient bed capacity by March 2019 to 10-15 CCG-commissioned beds per million populations, and 20-25 NHS England-commissioned beds per million population.</i> • <i>Improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.</i> • <i>Reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability or autism.</i> 		
<p>Work-stream Lead</p>	<p>Narrative</p>	<p>Q3Status [RAG]</p>
<p>Joy Arrandale</p>	<p>Implementation of the PL-wide 'Right Track' plan: New integrated model</p> <p>The Lancashire Fast Track TCP plans are consistent with <i>Building the Right Support</i> and the <i>National Service Model</i> developed by NHS England, the LGA and ADASS, published October 2015. As such, these plans focus on a shift in power to ensure people with a learning disability and/or autism are citizens with rights, who should expect to lead active lives in the community and live in their own homes just as other citizens expect to. The aim is clearly to build the right community based services to support them to lead those lives, thereby enabling us to close all but the essential inpatient provision.</p> <p>The Lancashire Fast Track plans have been coproduced with people with a learning disability and/or autism and their families/carers the transformation plans, and the plans will give people more choice as well as control over their own health and care services. An important part of this is through the expansion of personal budgets, personal health budgets and integrated budgets.</p>	<p>Amber</p>

	<p>Overseeing Committee: L&SC Transforming Care Steering Group Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Amber.</p>	
Joy Arrandale	<p>Development of Community Support Services</p> <p>As part of the national Transforming Care Programme the aim is to transform services for people of all ages with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, in line with Building the Right Support – a national plan to develop community services and close inpatient facilities (NHS England, LGA, ADASS, 2015). The plans cover 2016 - 2019.</p> <p>The Specialist Support Service provides intense therapeutic interventions for people with a learning disability and/or autism with a forensic background or challenging behaviour has been developed and will sit alongside the Community Learning Disability Teams to provide an enhanced service and respond to crisis situations. The contract with Mersey Care Foundation Trust will transfer from NHSE Specialised Commissioning Team to NHS East Lancashire as from April 2018</p> <p>The Enhanced Support Service also provided by MCFT is providing a reduced number of community placements for people with a learning disability that are proving difficult to move-on to other suitable community provision. Work is ongoing at a North West level to develop a new clinical model of CCG commissioned beds.</p> <p>Overseeing Committee: L&SC Transforming Care Steering Group Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Amber.</p>	Amber
Improving Organisations		

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

Work-stream Lead	Narrative (Quarter 3 RAG Status)	Q3Status [RAG]
Kathryn Lord	<p>Implementation of plans to improve quality of care.</p> <p>Work continues to monitor the jointly agreed CQUIN and Quality schedules with providers as previously outlined and reported through to the Pennine Lancashire Quality Committee. The 'Connect' system is continuously capturing patient experience and soft intelligence issues that are raised directly with providers in an attempt to highlight potential areas of risk before incidents or complaints occur and to improve quality of care. Walk rounds continue in provider organisations (in line with Quality Schedules); these assist in seeking true assurance on the delivery of actions within Serious Incident action plans, patient, carer and staff experience and evidencing the quality of care delivered.</p> <p>Overseeing Committee: Pennine Lancashire Quality Committee</p> <p>Quarter 1 RAG Status: Green. Quarter 2 RAG Status: Green.</p>	Green
Kathryn Lord	<p>Measure and improve efficient use of staffing resource.</p> <p>The CCG continues to work closely with providers to measure and assist in improving the efficient use of staffing resources to be able to deliver safe, sustainable and productive services.</p> <p>Overseeing Committee: Pennine Lancashire Quality Committee</p> <p>Quarter 1 RAG Status: Green. Quarter 2 RAG Status: Green.</p>	Green
Kathryn Lord	<p>Publication of avoidable death rates/actions taken.</p> <p>Mortality is discussed at monthly quality meetings with Provider, and an avoidable Mortality annual publication has been confirmed at the relevant Quality meetings that are held monthly. A CCG officer attends the ELHT monthly Mortality Steering Group and the Clinical Effectiveness Committee.</p> <p>Overseeing Committee: Pennine Lancashire Quality Committee</p> <p>Quarter 1 RAG Status: Green. Quarter 2 RAG Status: Green.</p>	Green

Kathryn Lord	<p>ELCCG Quality Strategy deployment. Work continues to ensure the continuous delivery of safe, personalised and effective care to all in East Lancashire and is demonstrated through the work highlighted above. Overseeing Committee: Pennine Lancashire Quality Committee Quarter 1 RAG Status: Green. Quarter 2 RAG Status: Green.</p>	Green
Maternity		
<ul style="list-style-type: none"> CCGs and providers should come together in local maternity systems to design and deliver maternity services improvements in line with the recommendations in the national maternity review, <i>Better Births</i>. 		
Work-stream Lead	Narrative	Q3Status [RAG]
Kirsty Hamer	<p>Delivery of maternity services in line with national review: Better Births implementation plan. The Local Maternity System has been established and a Local Maternity System Plan has been developed. A local review of Maternity Services across Pennine Lancashire is taking place to benchmark the services against national guidance and ensure that services have the capacity to continue to meet best practice guidance. Overseeing Committee: Senior Clinicians, Quality and Safety Committee Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Amber.</p>	Green
Kirsty Hamer	<p>CAMHS transformation allocation: Service improvement. Additional funding from the CAMHS Transformation allocation has enabled:</p> <ul style="list-style-type: none"> Primary Mental Health Workers Dedicated Children and Young People Eating Disorder Service Crisis Care 7 days a week with care offered 24/7 Support for children with a learning disability and challenging behaviour <p>Overseeing Committee: Lancashire CAMHS Board Quarter 1 RAG Status: Green. Quarter 2 RAG Status: Green.</p>	Green

Kirsty Hamer	<p>Outcomes from CQUIN 'Saving Babies Lives'. Implementation of the Care Bundle has seen a reduction in stillbirths. Overseeing Committee: Maternity Voices Partnership Quarter 1 RAG Status: Green. Quarter 2 RAG Status: Green.</p>	Green
Kirsty Hamer	<p>Perinatal Mental Health Community Development bid - development of Mental Health Five Year Forward View plan. The Phase 2 Community Perinatal Mental Health bid has been successful and the pan-Lancashire group are continuing to Phase 3. Overseeing Committee: Lancashire CAMHS Board. Quarter 1 RAG Status: Green. Quarter 2 RAG Status: Green.</p>	Green
Diabetes		
<ul style="list-style-type: none"> Develop and implement plans to tackle obesity and diabetes, including referring 500 people per 100,000 populations annually to the National Diabetes Prevention Programme and improving GP participation in the National Diabetes Audit. 		
Work-stream Lead	Narrative	Q3Status [RAG]
Lisa Rogan	<p>Reducing variation: Service improvements The diabetes service co-design will provide a new, integrated service model that will improve the quality of life and health outcomes for patients with diabetes through reducing variation and improving access and uptake of diabetes services closer to home. A standardised individualised care plan has been developed and agreed across East Lancashire. This can be found on the ELM MB website: www.elmmb.nhs.uk The team has worked with the Data Quality Team to develop a standardised template for reviewing patients with diabetes. This has been installed on the EMIS system across all practices. Outcome data on treatment targets is now available on ECLIPSE which can be used by practices to review their processes, exception coding, recording and management plans. A Pennine Lancashire Diabetes Health Improvement Board has been established which provides a forum for discussion and review of performance against proposed targets as well as providing an opportunity to discuss issues that have arisen during mobilisation and implementation of the new service model.</p>	Green

	<p>The first meeting of the Diabetes Health Improvement Board took place in October 2017 and meetings occur quarterly.</p> <p>Overseeing Committee: Pennine Lancs Integrated Diabetes Health Improvement Board</p> <p>Quarter 1 RAG Status: Green.</p> <p>Quarter 2 RAG Status: Green.</p>	
Lisa Rogan	<p>Delivery of the new integrated service model</p> <p>The development and implementation of the new diabetes integrated service will enable patients to be seen, reviewed and managed in a community setting closer to home, thus avoiding the need for patients to travel in some cases significant distances to be seen in a hospital setting. The new service model provides the specialist support in the community as well as developing the primary care workforce enabling a resilient service for the future.</p> <p>Delivery of structured diabetes education was identified as a priority for the CCG as an increasing number of reports were being received that patients had to wait over 18 months to be seen after referral and in some cases over 3 years.</p> <p>A Project Board has been set up (led by the Medicines Management Team) to project manage the new Structured Diabetes Education Programme (EMPOWER). This Board has now become a performance management group that meets monthly to review outcomes against trajectories.</p> <p>Following the submission of a Transformation Fund bid in January 2017, East Lancashire CCG in collaboration with BwD CCG and ELHT were successful in being awarded additional resources to improve diabetes care in the following areas:</p> <ul style="list-style-type: none"> • To improve structured diabetes education (SDE) • To reduce amputations by improving the timeliness of referrals from primary care to a MDT foot team for people with diabetic foot disease • To reduce length of stay for in-patients with diabetes by the provision of Diabetes Inpatient Specialist Nurses <p>Two GPs and additional DSNs have been recruited and are working within the community specialist service, supporting primary care with advice and triage.</p> <p>Uptake for SDE has increased from 1.5% to 53% and the additional resources will be used to increase uptake further as well as target hard to reach groups.</p> <p>The additional funding for treatment targets will be used to support practices with poor outcomes with respect to HbA1C, BP and cholesterol as well as those with high exception rates. This will be done through data analysis, peer review visits, training and mentorship and ongoing monitoring.</p>	Green

	<p>Although community pharmaceutical services are commissioned by NHS England, an effective relationship with community pharmacy and its leaders is instrumental in transforming community pharmacy practice and supporting delivery of the CCG medicines optimisation strategy. The CCG is engaging with the local pharmacy profession through the Lancashire Local Professional Network (LPN) and Local Pharmaceutical Committee (LPC) in the delivery of the CCG priorities for medicines optimisation, recognising the important contribution of this sector to health improvement and protection.</p> <p>In collaboration with Bradford University, the diabetes clinical diploma has been delivered locally to practice nurses and GPs across East Lancs in the last two years. In addition update sessions have been delivered for those already holding a diploma qualification and a HCA programme has been delivered to health care assistants with an interest in diabetes management.</p> <p>In collaboration with Leicester University a bespoke programme on insulin start-ups and injectable treatments has been developed and delivered to practice nurses and GPs with an interest in delivering enhanced diabetes care.</p> <p>KPIs have been developed and updated over the last 12 months for the SDE programme. More recently KPIs for the enhanced primary care service and specialist service have been developed.</p> <p>Overseeing Committee: Pennine Lancs Integrated Diabetes Health Improvement Board</p> <p>Quarter 1 RAG Status: Green.</p> <p>Quarter 2 RAG Status: Green.</p>	
Lisa Rogan	<p>Delivery of 'upskill courses' within Primary Care</p> <p>In collaboration with Bradford University, the diabetes clinical diploma has been delivered locally to practice nurses and GPs across East Lancs in the last two years. In addition update sessions have been delivered for those already holding a diploma qualification and a HCA programme has been delivered to health care assistants with an interest in diabetes management.</p> <p>In collaboration with Leicester University a bespoke programme on insulin start-ups and injectable treatments has been developed and delivered to practice nurses and GPs with an interest in delivering enhanced diabetes care. This programme will continue throughout 2018-19 and will be expanded to include a 'Train the Trainer' approach to ensure a resilient workforce to effectively manage patients with diabetes going forwards as numbers of newly diagnosed patients increase rapidly. A system wide event is scheduled to take place on 22nd March 2018 to discuss how the approach can be effectively managed through the new models of care.</p> <p>Overseeing Committee: Pennine Lancs Integrated Diabetes Health Improvement Board</p>	Green

	<p>Quarter 1 RAG Status: Green. Quarter 2 RAG Status: Green.</p>	
Seven Day Services		
<ul style="list-style-type: none"> Building on the delivery of the four priority standards for seven day hospital services by completing implementation for a further 25 percent of the population by the end of 2017/18 and ensuring that other health economies are on track to complete implementation by the end of 2019/20. 		
Work-stream Lead	Narrative	Q3Status [RAG]
Alex Walker	<p>Delivery of the four priority clinical standards for 7 day services</p> <p>7 Day Clinical Service A further audit against the delivery of the 4 priority 7 day clinical standards will be undertaken in April 2018 with ELHT divisions asked to re-calibrate plans against that audit. There is a regular 7 day services delivery group overseeing implementation</p> <p>Overseeing Committee: 7 day services delivery group Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Green.</p>	Amber
Personal Health Budgets		
<ul style="list-style-type: none"> Commissioners should make progress on implementing Mandate commitments that 50,000-100,000 people will have Personal Health Budgets in 2020/21 and set trajectories for this purpose. 		
Work-stream Lead	Narrative	Q3Status [RAG]
Judith Johnston / Iain Fletcher	<p>Implementation of 'Mandate' commitments</p> <p>The CCG has not received assurance from the CSU on the numbers of PHBs in place in Quarter 2 2017/18. Progress has been made in Quarter 1 in identifying mitigating actions to ensure achievement of trajectories in March 2018.</p> <p>Integrated personal commissioning pilots in partnership with Calico commenced on 1st October.</p>	Amber

	<p>Overseeing Committee: IPA Programme Board / PHB Task & Finish Group</p> <p>Quarter 1 RAG Status: Amber.</p> <p>Quarter 2 RAG Status: Amber.</p>	
Judith Johnston / Iain Fletcher	<p>Lessons learned from NHSE PHB End of Life pilot.</p> <p>Lessons learned are being shared across Lancashire and South Cumbria CCGs for the purposes of rolling out future PHBs to help achieve CCG national trajectories.</p> <p>Overseeing Committee: IPA Programme Board</p> <p>Quarter 1 RAG Status: Green.</p> <p>Quarter 2 RAG Status: Green.</p>	Green
Judith Johnston / Iain Fletcher	<p>Development of CCG Strategy for PHB</p> <p>It is now proposed that this is taken forward at an STP level and therefore work on the individual CCG strategy is on hold.</p> <p>The CCG is integrating personalisation within other CCG strategies.</p> <p>The Team is still working through the process with the Integrated Care System to challenge the IPA agenda through the commissioning framework</p> <p>Overseeing Committee: IPA Programme Board</p> <p>Quarter 1 RAG Status: Red.</p> <p>Quarter 2 RAG Status: Red.</p>	Red
Judith Johnston / Iain Fletcher	<p>Review of infrastructure for PHB delivery.</p> <p>This work is being implemented through the Lancashire Individual Patient Activity Programme Board. The CCG is now in a position to make direct payments.</p> <p>There was a concentration in Quarter 3 to increase uptake of notional budgets, but the increases have not been achieved. Resource capacity constraints within the ML CSU are a risk to delivery – this is being reviewed within the IPA Programme Board and PHB Task & Finish Group.</p>	Amber

	<p>Overseeing Committee: IPA Programme Board</p> <p>Quarter 1 RAG Status: Amber.</p> <p>Quarter 2 RAG Status: Amber.</p>	
Continuing Healthcare		
<ul style="list-style-type: none"> Improving processes to provide speedier assessments for patients and to implement emerging best practice; and mainstream delivery model for NHS Continuing Care and continuing care for children. 		
Work-stream Lead	Narrative	Q3Status [RAG]
Judith Johnston / Iain Fletcher	<p>Action planning to improve assurance and compliance – the CCG is on track to achieve compliance with the national framework.</p> <p>Overseeing Committee: Quality Committee</p> <p>Quarter 1 RAG Status: Green.</p> <p>Quarter 2 RAG Status: Green.</p>	Green
Judith Johnston / Iain Fletcher	<p>Review of roles/responsibilities across CHC pathway.</p> <p>Local review of processes has resulted in improvements to systems. Lancashire wide review currently in progress.</p> <p>Overseeing Committee: Quality Committee</p> <p>Quarter 1 RAG Status: Red.</p> <p>Quarter 2 RAG Status: Amber.</p>	Amber
Judith Johnston / Iain Fletcher	<p>Lancashire wide discharge to assess pathway agreed, currently activity to secure discharge to assess beds. Full cooperation from CSU in implementing changes to CHC pathway across 27 Providers within the community.</p> <p>Overseeing Committee: Discharge to Assess Task & Finish Group</p>	Green

	Quarter 1 RAG Status: Green. Quarter 2 RAG Status: Green.	
Wheelchair Access		
	<ul style="list-style-type: none"> CCGs should set out improvement plans to halve the number of children waiting 18 weeks by Q4 2017/18 and eliminate 18 week waits for wheelchairs by the end of 2018/19. 	
	NHS England reported in December 2017 (through the Integrated Operational Report - IOR) that the CCG was not achieving the planned performance target of 93.9% children waiting more than 18 weeks for a wheelchair. Commissioning Teams will now review the circumstances of the service and plan accordingly.	Red
Better Care Fund		
	<ul style="list-style-type: none"> Via the Better Care Fund (BCF) planning guidance, all CCGs to work with local authority partners at a Health and Wellbeing Board level to pool budgets and develop and agree an integrated spending plan for using their BCF allocation. 	
Work-stream Lead	Narrative	Q3Status [RAG]
Alex Walker	<p>Planned delivery: Delayed transfers of care (DToC)</p> <p>A Home First delivery model is being funded through iBCF and is supporting between 30-40 patients a week in East Lancashire. In January, a further discharge to assess model for a non-home based pathway (to Care Homes) was introduced as a pilot. Since October 2017, these models have helped support a staged reduction in DToC and although we are still falling slightly short of the stretch target for DToC, the LA component of the stretch target is being fully met.</p> <p>Quarter 1 RAG Status: Amber. Quarter 2 RAG Status: Amber.</p>	Green
Alex Walker	<p>Planned delivery: Permanent admissions to residential care</p> <p>The Q3 figure of 1826 admissions for the rolling year is a slight improvement on the Q2 figure of 1883 but has not achieved the BCF target of 1795. This must be considered against the background of much increased social care assessment activity.</p>	Amber

	<p>Overseeing Committee: BCF steering group Quarter 1 RAG Status: Red. Quarter 2 RAG Status: Red.</p>	
Alex Walker	<p>Planned delivery: Proportion of older people at home 91 days post re-ablement</p> <p>Q3 figures show a further improvement in that 1304 people were offered these services for the period compared with Q2 figures of 1214 people. This exceeds the 2017/18 Better Care Fund target of 1000.</p> <p>Lancashire outcome figures for Q3 monitor the whereabouts of these individuals and indicate 1140 (87.4%) were still at home after 91 days. This compares favourably with the 2016/17 national average of 82.5% and with the Lancashire 2017/18 Better Care Fund target of 84.0%.</p> <p>Overseeing Committee: BCF steering group Quarter 1 RAG Status: Green. Quarter 2 RAG Status: Green.</p>	Green

Appendix B – Update on Clinical Priorities as at October 2017

Priority Area	Indicator Rating [Report: Monthly, Quarterly, Annual]	Work-stream Brief [Leads]	Previous Report (& date)	Current Report / Comments	Q3 RAG Status
Cancer	46.2% New cases of cancer diagnosed (stage 1 & 2) as a proportion of all new cancer cases diagnosed. (2014 data used) [Q]	[Dr Neil Smith Carol Hedley] Overseeing Committee: Cancer Tactical Group	PHE Cancer outcomes data average Q1 TO Q4 – 47%. This data indicates an upward trend Additional data sources continue to demonstrate improved performance levels. (2013/14/15) In addition local intelligence is being gathered and analysed to provide a more timely picture and enable an earlier intervention Quarter 2 RAG Status: Amber.	Progress in Quarter 3 Improved access to screening, raised patient awareness, GP direct access to diagnostic tests Education events for clinical staff PH National Cancer Registration and Analysis Service 2016 Diagnosed stage 1&2 39.9% (from 38.9% 2014, 40.1% in 2015)	Red
	90.6% People with urgent GP referral having first definitive treatment for cancer within 62 days. (Q4 2015/16 data used) [M]	[Dr Neil Smith Carol Hedley] Overseeing Committee: Cancer Tactical Group.	BwD CCG – 83.56% (Dec17-YTD) EL CCG – 85.52% (Dec17-YTD) Quarter2 RAG Status: Amber.	Progress in Quarter 3 EL CCG performance has dipped in quarter 3 to 82.1%. Full year achievement of the standard is possible but is under intense pressure. 7 day 1 st Out patient, 28 day to diagnosis all speed patients pathway,	Amber

Priority Area	Indicator Rating [Report: Monthly, Quarterly, Annual]	Work-stream Brief [Leads]	Previous Report (& date)	Current Report / Comments	Q3 RAG Status
				Improved tracking. Patient compliance is a key factor in achievement therefore engagement is critical and the area that the CCG and providers could most influence. This is also a national driver in the achievement of the standards.	
	69.2% Of adults diagnosed with any type of cancer in a year who are still alive (1yr after diagnosis). (2013 data used) [A]	[Dr Neil Smith Carol Hedley] Overseeing Committee: Cancer Tactical Group.	IAF to be reported through Public Health. An annual report that is three years behind. 2013 – 69.2% - this is the latest data and is showing a downward trend	Progress in Quarter 3 Public Health England/Cancer Alliance dashboard: 2013 68%, 2014 69%, Office for National Statistics 2013 68.7%, 2014 69.4%, 2015 70.3% Significant variation between tumour sites – Breast 95.5%, lung 34.3%	Amber
	87.3% Responses which were positive to the question "Overall, how would you rate your care?" (2014 data used) [A]	[Dr Neil Smith Carol Hedley] Overseeing Committee: Cancer Tactical Group.	Survey question now changed invalidating the trend for improvement. Survey reported nationally. Quarter 2 RAG Status: Green.	Progress in Quarter 3 An update against the indicator is not possible	Choose an item

Priority Area	Indicator Rating [Report: Monthly, Quarterly, Annual]	Work-stream Brief [Leads]	Previous Report (& date)	Current Report / Comments	Q3 RAG Status
Dementia	67.0% Estimated diagnosis rate for people with dementia.	[Dr Rakesh Sharma & Joy Arrandale] Overseeing Committee: L&SC Performance and Effectiveness Group	NHSE 66.7% Target 17/18 = 2612 YTD Aug 2017 75.2% = 2943 EL as at Jan-18 = 2955 (71.8%) Quarter 2 RAG Status: Green.	Progress in Quarter 3 ELCCG continues to meet this target. Previous redesign work has addressed the issues regarding long waits and the performance of the service continues to be monitored locally and Lancs wide	Green
	74.9% People diagnosed with dementia whose care-plan has received a review in previous 12m.	[Dr Rakesh Sharma & Joy Arrandale] Overseeing Committee: L&SC Performance and Effectiveness Group	Enhanced reviews that GPs have undertook from April 2017 – Dec 2017 = (959) – Information extracted from EMIS as part of the Quality Framework. Quarter 2 RAG Status: Amber.	Progress in Quarter 3 The quality framework encourages GPs to undertake a review of those people diagnosed with dementia. This is working progress and we would expect to see an improvement in the final Q4 17/18	Amber
Diabetes	38.5% Diabetes patients achieving all NICE-related treatment targets. (2014/15 data used)	[Dr Lisa Rogan] Overseeing Committee: Pennine Lancs Integrated Diabetes Health Improvement Board	361 additional patients required to get to treatment target to achieve a 40.2% target for March 2018 (partially dependent of success of diabetes bid). Quarter 2 RAG Status: Green.	Progress in Quarter 3	Choose an item

Priority Area	Indicator Rating [Report: Monthly, Quarterly, Annual]	Work-stream Brief [Leads]	Previous Report (& date)	Current Report / Comments	Q3 RAG Status
	1.5% People with diabetes diagnosed <1yr attended education course. (2014/15 data used)	[Dr Lisa Rogan] Overseeing Committee: Pennine Lancs Integrated Diabetes Health Improvement Board	Aiming for 15.1% target by March 2018 Quarter 2 RAG Status: Green.	Progress in Quarter 3 Exceeding target – currently at 53% uptake.	Green
	36.2% GP practices participating in the National Diabetes Audit.	[Dr Lisa Rogan] Overseeing Committee: Pennine Lancs Integrated Diabetes Health Improvement Board	Aiming for 84.6% by March 2018. To explore central extraction through data quality. To include in Primary Care Quality Framework 2017-18 and circulate Hot Topic in advance to remind practices to complete Quarter 2 RAG Status: Green.	Progress in Quarter 3 Exceeding target – achieved 100%.	Green
Learning Disabilities	88 Inpatient rate (per million GP registered adult population) for each TCP (CCG score by TCP). (March 2016 data used)	[Dr Rakesh Sharma Judith Johnston] Overseeing Committee:L&SC Transforming Care Steering Group	The TCP area is currently the only area in the North of England achieving trajectories for discharge, however this is fragile and depends on robust management of individual discharges. Previous report 88 (YTD?) Quarter 2 RAG Status: Green.	Progress in Quarter 3 There were no LD discharges during Q3 for ELCCG patients however, there have been 2 during Q4 so far	Green

Priority Area	Indicator Rating [Report: Monthly, Quarterly, Annual]	Work-stream Brief [Leads]	Previous Report (& date)	Current Report / Comments	Q3 RAG Status
	42% People with a learning disability on GP register & receiving an annual health check. Measured as a % of CCG's learning disability population. (2014 data)	[Dr Rakesh Sharma Cathy Gardener] Overseeing Committee: L&SC Transforming Care Steering Group	42% 14/15	Progress in Quarter 3 No update provided as of 14/15 data (NHSE)	Choose an item
Maternity	81.1 Score out of 100 for women's experience of maternity services (2015 CQC Survey) [A]	[Dr Baht Kirsty Hamer] Overseeing Committee: Maternity Voices Partnership	Maternity Service Liaison Committee is a Service User led Group and champions service improvements in Maternity care through patient feedback forums/websites/social media etc. Quarter 2 RAG Status: Green.	Progress in Quarter 3 Maternity Voices Partnership continues to champion service improvements in maternity care through patient feedback forums, websites and social media. The local maternity services review will also enable us to understand experiences of maternity services.	Green
	68.3 Score out of 100 for choices offered to women in maternity services based on CQC Survey. (2015 data used) [A]	[Dr Baht Kirsty Hamer] Overseeing Committee:	Women in East Lancashire are offered choice based on clinical need of; Home Birth (Low risk Cases) Stand-alone Midwife-Led Birth Unit (Low risk Cases) Midwife-Led Birth Unit alongside Obstetric Centre Obstetric Centre (High Risk Cases). Quarter 2 RAG Status: Green.	Progress in Quarter 3 Women in East Lancashire are offered choice based on clinical need of; Home Birth (Low risk Cases) Stand-alone Midwife-Led Birth Unit (Low risk Cases) Midwife-Led Birth Unit alongside Obstetric Centre Obstetric Centre (High Risk Cases)	Green

Priority Area	Indicator Rating [Report: Monthly, Quarterly, Annual]	Work-stream Brief [Leads]	Previous Report (& date)	Current Report / Comments	Q3 RAG Status
	<p>6.6</p> <p>Rate of stillbirths and deaths within 28 days of birth, per 1,000 live births and stillbirths, (CCG residence level / calendar year). (2014/15 data used) [A]</p>	<p>[Dr Baht Kirsty Hamer]</p> <p>Overseeing Committee:</p>	<p>In 2016/17 EL CCG has implemented a CQUIN for 'Saving Babies Lives' which is a national recommendation of care measures to try to avoid stillbirth. Deaths within 28 days are reported within Infant Mortality figures. The County Council leads an Infant Mortality meeting and has recently undertaken a NorthWest Peer Review with local recommendations to implement. Infant Mortality rates have reduced in recent years. Rates of stillbirths and infant mortality will be affected by levels of consanguinity due to local population demographics. Early indications following implementation of new pathways of care is that preventable stillbirths are reducing.</p> <p>Quarter 2 RAG Status: Amber.</p>	<p>Progress in Quarter 3</p> <p>Monitoring rates of stillbirths and deaths within 28 days of birth is carried out via the Maternity Voices Partnership and Quality reporting from ELHT.</p> <p>Infant Mortality meetings are in place to address infant mortality rates of which Commissioners support.</p> <p>The Local Maternity Service review will allow us to self-assess against national guidance such as 'Saving babies lives' and understand any gaps in service and work towards best practice.</p>	<p>Green</p>
	<p>15.6%</p> <p>Women who were smokers at the time of delivery. (Q3 2015/16 data used) [Q]</p>	<p>[Dr Baht Kirsty Hamer]</p> <p>Overseeing Committee: SATOD (smoking at time of</p>	<p>Smoking rates at delivery are improving year on year. In 2015/16 CO Monitors were purchased by Local Authority and used to test every woman at the first booking appointment with the Midwife. Women identified</p>	<p>Progress in Quarter 3</p> <p>The smoking pathway within maternity services is in place, with CO2 monitoring at the first booking appointment with the midwife and referral onto smoking cessation</p>	<p>Green</p>

Priority Area	Indicator Rating [Report: Monthly, Quarterly, Annual]	Work-stream Brief [Leads]	Previous Report (& date)	Current Report / Comments	Q3 RAG Status
		delivery) Working Group, Maternity Voices Partnership.	as smokers are referred to Smoking Cessation Services through an opt-out pathway. Women are incentivised to stop smoking during pregnancy. CCG and the local District General Hospital are partners to a joint action plan led by Lancashire County Council to reduce smoking in pregnancy. Quarter 2 RAG Status: Green.	services. Third sector funding has been allocated for a doula project to work with Mother's and the doula's have been trained in smoking cessation. A SATOD Plan has been developed to work towards continuously reducing smoking rates in pregnancy.	
Mental Health	41.3% People initially assessed as "at caseness", attended at least two treatment contacts, are coded as discharged; and assessed as moving to recovery. (February 2016 data used) [M]	[Dr Rakesh Sharma & Joy Arrandale] Overseeing Committee: L&SC Performance and Effectiveness Group	EL CCG 41.3% (DEC 17) Quarter 2 RAG Status: Green. Quarter 2 RAG Status: Green.	Progress in Quarter 3 Both LCFT and LWC combined performance. ELCCG continues to meet this target	Green
	61.1% People with first episode of psychosis starting treatment with a NICE-recommended package of care. Treated in 2wks/referral. (March 2016 data used) [M]	[Dr Rakesh Sharma & Joy Arrandale] Overseeing Committee: L&SCU Performance and Effectiveness Group	ELCCG 61.1% (AUG 17 YTD) EL CCG 32% (Dec 17) Quarter 2 RAG Status: Amber.	Progress in Quarter 3 LCFT has regularly reported that the Early Intervention Service (EIS) performs above target. However, it has become apparent that LCFT have been misreporting and as a consequence EIS is significantly underperforming across Lancashire. Q3 does show improvement and the issue is being monitored at PEG	Amber

RAG Status: Green = On Plan; Amber = On/late to plan but with manageable risk; Red = Late to plan or requiring re-plan or scope change

Appendix C– East Lancashire CCG Quality Premium Assessment 2017/18 – as at Dec. Month 9

Number	Metric	Lead	Type	%age	£ Impact	Threshold	Performance	Eligible Funding £
1	Cancer (Stage 1 & 2)	Carol Hedley	National	17%	£323,000	60% or 4% improvement	47.7% (1yr average)	£ 323,000

To earn this portion of the Quality Premium, CCGs will need to either:

1. Demonstrate a 4 percentage point improvement in the proportion of cancers (specific cancer sites, morphologies and behaviour) that are diagnosed at stages 1 and 2 in the 2017 calendar year compared to the 2016 calendar year. For year 2 (2018/19) this will be the 2018 calendar year compared to the 2017 calendar year.

Or

2. Achieve greater than 60% of all cancers (specific cancer sites, morphologies and behaviour) that are diagnosed at stages 1 and 2 in the 2017 calendar year. For year 2 (2018/19) this will be the 2018 calendar year.

Plans to progress and achieve the measure:

NICE guidance lowered the threshold of symptoms at which GPs can referral

Improved access to diagnostic tests

Cancer Champions within practices to share information with colleagues, promote national campaigns, develop safety netting processes,

National campaigns of signs and symptoms raising public awareness

Increased patient engagement with the national screening programmes encouraged through LIS projects.

'Think Cancer' and very active promotion across Pennine Lancs

Progress in Quarter 3

All 2WW templates reflect NICE guidance and were distributed to GPs in May 2017, audit of use indicates over 95% compliance, emphasising a positive relationship with partners.

Continued well attended education events, support of national campaigns, innovative ideas to increase screening uptake. Collaboration with ELHT to allow direct access to diagnostic tests.

Future developments include improved tracking systems, alliance wide projects, ensuring cross organisation learning and system wide approach.

National – 28 day to diagnosis, move to 7 day 1st outpatient appointments.

Patient compliance is a key factor in achievement therefore engagement is critical and the area that the CCG and providers could most influence. This is also a national driver in the achievement of the standards.

Patient knowledge of signs and symptoms can delay presentation in first instance. Raised patient awareness from primary care onwards – use of ‘life channel’ in practices.

The CCG aims to support primary care in enforcing the message of the importance of attending first appointment offered, reducing DNAs, delayed appointments and increase alignment to emerging primary care networks.

Overseeing Committee: Cancer Tactical Group

Known issues:

Population demographic – reluctant to engage, unaware of symptoms, fatalistic, cultural issues.

2	GP Patient Survey	Lisa Cunliffe	National	17%	£323,000	85% or 3% increase	Baseline: 72%	£323,000
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To earn this portion of the Quality Premium, CCGs will need to demonstrate in the July 2018 publication, either:

- Achieve a level of 85% of respondents who said they had a good experience of making an appointment, or;
- A 3 percentage point increases from July 2017 publication on the percentage of respondents who said they had a good experience of making an appointment.

Plans to progress and achieve the measure:

Phase 3 of the Quality Framework launched on the 1st April 2017 includes a requirement to improve or maintain patient experience, measured by the national patient experience survey. The aim is to increase the CCG's overall average by 3% for question 18 in the survey which is "overall, how would you describe your experience of making an appointment?". Practices are required to submit a report by the end of October 2017 highlighting their actions to improve access for patients requiring same day appointments and to increase their practice scores in 17/18 against those from 16/17. If a practice already achieves or exceeds the national average then this level should be maintained. The CCG has monitored/compared individual practice achievement of this question in July 2016 and July 2017 and compared it to the CCG achievement, the CCG target and the national average. This has been presented to individual practices asking them to provide a report by the end of October 2017 detailing how they plan to improve or maintain their achievement.

Progress in Quarter 3

The Primary care Team will again include this in the Quality Framework for 2018/19. In essence:

To improve or maintain patient experience, measured by the national patient experience survey. The aim is to increase the CCG's overall average by 3% for question 18 in the survey, which is "Overall, how would you describe your experience of making an appointment?" As a CCG our score is currently at 71%.

- GP Practices in their Primary Care Networks:
 - Are expected to show that patients have an improved experience of accessing Primary Health Care and that this improvement be reflected via the National Patient Experience Survey;
 - Will review data related to patient experience and explore improvement solutions as part of their development planning process.

Overseeing Committee: Primary Care Committee

3a	Continuing Healthcare: CHC Checklist (50%)	Judith Johnson	National	17%	£323,000	>80%	Sept 17: 56%	£323,000
3b	Continuing Healthcare: CHC Assessments (50%)					<15%	July 17: 17.98%	

This is a two part indicator, each part of which attracts 50% of the payment for the indicator:

Part a) worth 50%. To achieve the Quality Premium for this part, CCGs must ensure that in more than 80% of cases with a positive NHS CHC Checklist, this CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility).

Part b) worth 50%. To achieve the Quality Premium for this part, CCGs must ensure that less than 15% of all full NHS CHC assessments take place in an acute hospital setting.

Plans to progress and achieve the measure:

Remedial action plan being submitted to NHS England on 11 September 2017.

Lancashire wide work on development of CHC pathways

A&E Delivery Networks development of discharge to assess

Known issues:

Current practices in check list completion

Lack of assurance with regard to data collection

Progress towards discharge to assess

Capacity to undertake community assessments

Progress in Quarter 3

The Integrated Discharge Team is reviewing progress at a patient level; in some cases the patients have a complexity which precludes from stepping down from an Acute bed. Individual these patients are being cared for in the most appropriate way, which is in contrast to achieving this Quality Premium.

Overseeing Committee: Multi-Agency Complex Case meeting (at ELHT)

4	Mental Health (EL): IAPT: Equity of Access	Joy Arrandale	National	17%	£323,000	2016/17 Baseline	Q1.17 65+: 9.03%	£323,000
							Q2.17 BAME: 43%	

1. Recovery rate of people accessing IAPT services identified as Black, Asian and minority ethnic (BAME); improvement of at least 5 percentage points each year or to same level as white British, whichever is smaller. And
2. Proportion of people accessing IAPT services aged 65+; to increase to at least 50% of the proportion of adults aged 65+ in the local population or by at least 33%, whichever is greater in 2017/18. For 2018/19, to increase to at least 70% of the proportion of adults aged 65+ in the local population, or by an additional 33%, whichever is greater.

Plans to progress and achieve the measure: a BME specific event is being planned to work with relevant partners to a) raise awareness of the quality premium and b) support them in assisting the CCG to meet the target by encouraging BME service to access IAPT services. Plans need to be developed to address the OA section of the target.

Known issues: This is a 2 section measure: increasing recovery for patients from BME communities and to increase the proportion of older adults (OA) accessing IAPT. For both sections the current data available Q4 is to establish baselines for both sections of this measure. Q1 data is not available and is anticipated Oct 17. As Q4 data stands in relation to BME there is 11% negative disparity in comparison to Q3 data. In relation to Older Adults our target is to improve OA access by 9.84% which is an additional 61 patients per quarter. As the number of patients accessing IAPT increase due to the increase in previous target then the % of OA accessing will increase. It is not confirmed at this stage by Quality colleagues if the target is an average over 17/18 or whether taken from 17/18 Q4 reports.

Progress in Quarter 3

The BME recovery rate for East Lancashire CCG has deteriorated in Q2 2017/18 to 43% from 47% in Q1 2017/18 and has not achieved the 5 percentage point improvement target when compared with baseline data from Q4 2016/17 (42%).

ELCCG has not met the Older Adult target: 11.96%. As of Q2 9.03%. YTD 8.38%

The overall promotion of IAPT LTC including Older Adults and BME groups is as below:

1. A new Mind Fit plus course at Outreach for residents of sheltered housing in Church, Accrington at The Park Family Centre
2. We are restarting delivery at Stoneyholme school asap – (courses ended due to management restructure)
3. Providing a Me & The Menopause course in Accrington
4. starting Culture Clubs in Accrington end of February, a peer group which we feel will appeal to the over 65 clients
5. Designing a consultation survey to send out to sheltered housing / age concern in order to better understand 'need' of over 65s
6. Meeting age UK next week
7. Contacted a BME Gentleman who runs a BME radio station in Nelson – he would like us to do a radio interview on mental health and our service
8. I have also met with Lancashire fire and rescue about them sending referral to us

Primary care has been encouraged to refer to IAPT LTC via usual communication routes for example GP Newsletter

Overseeing Committee: L&SC Performance and Effectiveness Group (PEG).

5a	Bloodstream Infections: Reducing Gram Negative (BSI) – Part A	Vanessa Morris	National	7.65%	£145,350	-10%	227	£-
5b	Bloodstream Infections: Reducing inappropriate antibiotic prescribing.	Lisa Rogan	National	7.65%	£145,350	-10%	0.552	£145,350
5c	Bloodstream Infections: Reduction of inappropriate Primary Care prescribing.	Lisa Rogan	National	1.7%	£32,300		1.115	£32,300

Part a) reducing gram negative blood stream infections (BSI) across the whole health economy.

Part b) reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care.

Part c) sustained reduction of inappropriate prescribing in primary care.

Plans to progress and achieve the measure:

Year to date (including December cases) *E.coli* cases for ELCCG are 250 cases and BWD are 108cases

Target for ELCCG is <257 cases & Target for BWDCCG is <141 cases

The over-arching E coli CCG Reduction Plan developed to cover the Pennine Lancashire footprint continues to be monitored via the HCAI Pennine Lancashire group monthly meetings. This is supported with attendance from East Lancashire Hospital trust (ELHT), Lancashire Care Foundation Trust and Lancashire County Council Public health team. During January 2018 meeting Linda Dempster, Head of Infection Control at NHS Improvement dialled into the meeting.

She was assured with the progress being made.

The CCG IPC nurse has attended all the locality practice nurse meetings across East Lancashire and is scheduled to attend the Blackburn with Darwen practice nurse meeting this month to raise awareness of the E coli reduction plan and to gain support in the data collection.

Lancashire Care Foundation Trust has now been granted access to the data Capture System so they are now able to identify any patients with recent community care input.

Training dates will be decided after the core primary care data set has been collected. General training that is already established will continue – for example sepsis training, UTI training etc. in care homes and AMR training from meds management. Hydration training has been provided by Lancashire County Council IPC team to Care homes across Pennine Lancashire.

Progress in Quarter 3

The Teams are on course to deliver the intended targets within the year.

Overseeing Committee: Medicines Management Board

Known issues:

No further information has been received about any national Public Health campaign on preventing infections and self-care.

Part b i): Trimethoprim/Nitrofurantoin prescribing ratio
June - August 17 EL CCG. Reduction from baseline -62% (Target being achieved: Yes)

Part b ii): Number of Trimethoprim items prescribed to patients aged 70 years or greater
Latest 12 months August 17 EL CCG (Target being achieved: Yes)

Part c: Antibacterial items prescribed per STAR PU: 1.130 (Target <1.161)
Latest 12 months August 17 EL CCG (Target being achieved: Yes)

6	FeV1 record in COPD patients	Elizabeth Fleming	Local	15%	£ 285,000	2016/17 Baseline	67.25%	£285,000
<p>Increase in the percentage of patients with COPD with a record of FEV1 in the preceding 12 months to the England 2015-16 position</p> <p>Plans to progress and achieve the measure: East Lancashire Quality Framework for General Practice 2017/18 - a key objective of the COPD service specification within the quality framework is to ensure that the CCG improve their position for the percentage of patients with COPD who have a record of FEV1 in the preceding 12 months. - Quality Framework respiratory workshop is taking place on 21 November 2017. The requirement to achieve the Quality Premium will be reinforced at the event and information will be shared with practices - this information will give the position at a practice and CCG level.</p> <p>Communication to Practices - Email sent to Practice Managers on 24 August 2017 reminding them of the Quality Premium with a request that they pay specific attention to increasing the position. COPD data packs are circulated to practices on a quarterly basis to support case finding and monitoring of COPD patients who have had their FEV1 checked in the last 12 months. The CSU Data Quality Team support practices with any queries relating to the data packs. - Information within the email sent to practices on 24 August also included in the weekly bulletin to practices on 25 August 2017. - Locality Managers asked to flag the quality premium requirements during locality meetings.</p> <p>Spirometry training provided by the Primary Care Respiratory Centre (PCRS) - Tracy Kirk of the PCRS is delivering training to approximately 90 primary care staff during September 2017. The quality premium will be flagged as part of the training.</p> <p>Progress in Quarter 3</p> <p>As part of the Quality Framework, COPD data packs are emailed to Practice Managers on a quarterly basis. When the packs were circulated in January 2018, there was a specific request for practices to focus on increasing the number of patients with COPD who have a record of FEV1 in the preceding 12 months. There has also been additional communication to Primary Care including:</p> <ul style="list-style-type: none"> • Spirometry Target Hints and Tips from Dr Stuart Berry, CCG Respiratory Lead – included in the GP bulletin on 9 February • Letter from Dr Stuart Berry providing advice and encouragement regarding the uptake of spirometry and reinforcing the CCG Quality Premium target – letter circulated via Locality Managers to Practice Managers on 9 February <p>Overseeing Committee: Respiratory Steering Group</p> <p>Known issues:</p>								

Training needs in primary care have been identified. PCRS training in September will start to address this but additional training will be required.								
7	18 wk. RTT	Cathy Gardener	Constitution (Penalty)	-25%	-£475,000	92%	Dec 17: 92.20%	£-
<p>Plans to progress and achieve the measure: 18 wk. RTT is being met at an aggregate level and is being monitored at a speciality level through the Access and Choice Meeting.</p> <p>Progress in Quarter 3</p> <p>The 18 wk RTT is monitored via the Access & Choice meeting which meets monthly ; the overall position is monitored by the quality team and ELHT each month give a detailed outline by specialty alongside the aggregate position. This is supported by an action plan/remedial plan for each specialty overseen by the Directorate Manager to address the shortfall in achievement. An issue to note is : specialist commissioning MaxFacs which has significant waits and was on switch off at end Q3. Concerns re overall impact and recovery once the waiting list re-opens .</p> <p>Overseeing Committee: Access & Choice</p> <p>Known issues:</p> <p>The specialties not meeting 18 wk. RTT at a speciality level are Trauma & Orthopaedics (89.6%), ENT (91.5%) and Gastroenterology (89.4%) at month 3 and ELHT have plans in place to improve performance which has been demonstrated by a month on month improvement in all areas. Gastroenterology performance slightly dipped in June and this was the result of staffing issues. There are additional plans to utilise GPwSI capacity within primary care to relieve some of the pressure within ENT services.</p>								
8	4Hr A & E	Alex Walker / Elizabeth Fleming	Constitution (Penalty)	-25%	-£475,000	95%	YTD: 84.59%	-£475,000
<p>Plans to progress and achieve the measure:</p> <p>Agreed target with NHS E on achievement of 90% performance by September 2017 and 95% by March 2018. Unrealistic that 95% target will be achieved in 2017/18 to achieve the quality premium. Rapid improvement and recovery plan is being developed though that will track expected % performance gain by initiative with the aim of 90% delivery by the end of September and sustained delivery above 90% from that point forward.</p> <p>Progress in Quarter 3</p> <p>This was an increasingly challenging quarter as the system headed into Winter. Progress with the improvement plan continued and preparations for Winter were implemented.</p> <p>Overseeing Committee: AEDB</p>								

Known issues: Staffing challenges across the Emergency care pathway, revised staffing plan being generated, senior in-reach to ED and discussion with local federations and providers around delivery support to the Emergency pathway. Space issues at the RBH site which means that the separation of the minors' pathways has been difficult to deliver with a consequent impact on performance when majors' pathway is under pressure. Estates moves and workforce changes underway to support a focus on delivery of minors' performance against the target whilst delivering extended space for the majors' pathway. Overall system flow to maintain timely exit from ED for patients requiring admission - delivery of Criteria led discharge, red to green days on wards and Discharge to Assess pathway will support patient flow.

9	Cancer (62 Days)	Carol Hedley	Constitution (Penalty)	-25%	£475,000	85%	Dec 17: 85.62%	£-
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Plans to progress and achieve the measure:

Progress in Quarter 3 There is a continued focus on improving performance against all the above standards and clinical priorities. Progress is monitored through the Pennine Lancashire Cancer Tactical Group which is accountable to the joint Pennine Lancashire Quality and Safety Group. A summary of the key actions is outlined below:

- Strong clinical leadership across primary and secondary care.
- Ongoing collaboration with Sustainability Transformation Programme (STP) and Cancer Alliance.
- CCG Representation at Cancer Alliance Rapid 62 Day Recovery Task and Finish Group to deliver the Rapid 62 Day Recovery Plan.
- Ongoing engagement with primary care to ensure standardised quality referrals, promotion of improved conversations with patients, applying best practice
- Supporting ELHT in the delivery of their internal 62 day recovery plan aligned to 62 Day Rapid Recovery Task & Finish Group
- Action plan to support delivery of the 96 recommendations detailed in 'Achieving World Class Cancer Outcomes 2015 – 2020', which includes any outstanding actions from our joint Cancer Business Assurance Plan.
- Joint detailed breach analysis across all providers in close collaboration with quality and contracting teams. Breaches are analysed to identify any themes or trends. The 2 CCGs and ELHT are utilising information to identify ways of reducing pathway delays and breaches.
- Escalation of issues in relation to the availability of Oncology support –this may be a contributory factor to our declining 62 day performance and is under constant scrutiny. Recommendations of Acute Oncology Review to be mobilised. Part of L & SC Cancer Alliance Treatment & Care Workstream
- Work continues on identifying additional endoscopy capacity via the Endoscopy Action Group .Issues in relation to both funding and workforce. Three month Endoscopy Service review taking place across 4 Trust Site (Dec 2017) supported by the STP Diagnostic Workstream and the Alliance.
- Lack of diagnostic capacity presents a high risk to the delivery of targets, strategy (96 recommendations) and NHS Constitution. Securing sufficient diagnostic capacity and acute oncology provision have both been placed on both CCGs risk registers. STP level Diagnostic Work stream led by Kevin McGee in place.
- ELHT, supported by the CCGs, is one of five national pilot sites for the 'Faster Diagnosis Standard Test Site Project'. The project will close March 2018. Two Reviews have taken place with IPSOS Mori, Final report due. Main focus of supporting the redesign of the lung and upper GI pathways to help facilitate achievement of the 28 day standard and also support an increase in capacity to support faster access to, and reporting of, diagnostics.
- The Cancer Local Improvement Scheme (LIS) is designed to help to support Practices to the delivery of the 'must dos' for 2016/17 within the NHS

constitution, outlined in the NHS Planning Guidance 2016/17 – 2020/21 and further reinforced in the document ‘Next Steps on the NHS Five Year Forward View’ (March 2017). Majority of Practices are fully engaged with LIS process. 2018/19 Schemes have been identified

- The CQUIN for 16/17 is aimed at supporting delivery of NICE Guidance and also focusing on patient engagement with co-design of the 2 week wait patient information and the booking offer.
- Breach analysis of the 62 day standard continues on a monthly basis and is monitored through the Pennine Lancs Cancer Tactical Group.

Overseeing Committee: PL Tactical Group and PL Cancer Partnership Group / L & SC Cancer Alliance.

Known Issues

Volume of 2WR – places secondary care under intense pressure

Lack of diagnostic capacity – recruitment drives are unsuccessful, outsourcing options are limited and very expensive.

Lack of clinical capacity – workforce constraints (national pressure), vacant posts

Patient choice – delayed appointments, DNAs, holidays, work and family commitments, patients not knowing they are on a cancer pathway, transport issues,

Staff changes: ELHT Assistant Director of Nursing for Cancer Services due to leave the Trust– Post has been appointed to.

10	Cat A Red 1 calls	Alex Walker					Not reported	
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Plans to progress and achieve the measure:

Ambulance response programme has gone live on 7th August 2017 which should amend the measure used for this standard; further update from national teams will be required on how this target will be measured.

Progress in Quarter 3

During this quarter no ambulance performance data was available due to the changes

Overseeing Committee: AEDB

Known issues:

NHS England has advised that measure is not valid for 2017/18 Quality Premiums. Due to the participation of some NHS Ambulance trusts in the Ambulance Response Programme (ARP) pilot scheme no data for the ambulance calls constitution measure has been published for these Trusts. Consequently, the Category A (Red 1) Ambulance Call measure will not be assessed as part of the 2016/17 Quality Premium.

Guidance is being sought as to whether the measure will continue in its current guise for 17/18.