NHS
East Lancashire
Clinical Commissioning Group

Appendix 2

LOCALITY SUMMARIES: November 2014

LOCALITY: BURNLEY

KEY AREAS OF DISCUSSION:

- Integrated Neighbourhood Teams
- Over 75s
- Innovation Funds 14-15
- PQIP
- Patient/Lay member representative
- Public and Practice Engagement

KEY ACTIONS:

- **Integrated Neighbourhood Teams**
  A locality based PLT was held in September, the locality split into the three neighbourhood teams to discuss the priority areas and common themes were identified across the three. A further PLT took place in October using case management as the main topic and how the integrated teams can improve communication methods, and various actions were identified to take forward.

  The priority areas remain as:-
  - case coordination and management
  - MDT meetings
  - workload for specialist nurse practitioner roles

  A Burnley INT Management Group has been formed to further develop integrated working with a GP rep from each neighbourhood team, a practice manager representative and Provider reps from community teams as appropriate, the first meeting is scheduled to take place on 18th November 2014.

- **Over 75s**
  Two elements of the locality proposals were approved for utilisation of the over 75s funding. Element One was to recruit a number of Specialist Nurse Practitioner roles across each neighbourhood team, supporting all over 75s regardless of residency and all patients in Nursing and Residential Care Homes regardless of age. Green Dreams Project will be the employing organisation for the nurses, interviews are scheduled to take place on 19th November with seven applicants being shortlisted for interview.

  Element Two of the Over 75s support service is to offer all over 75s an annual health and wellbeing assessment using a common framework and practices commenced this scheme from 1st October onwards.

- **Innovation Funds 14/15**
  The locality ENT service commenced 1st September 2014, uptake is positive from the majority of all member practices, and the impact is continually being monitored and reviewed via the locality data group, with an update scheduled at the next locality forum in January 2015.

  Two other smaller innovative projects have been supported, three INT administrator posts to support the development of integrated neighbourhood teams, and an extension of the domiciliary phlebotomy service to provide a more responsive service for the locality.

- **Involvement in CCG local initiatives**
  The GP Practices are active participants in all of the local incentive schemes, including Advice and Navigation, Cancer, Dementia etc.

- **PQIP**
  The locality have held three workshops to agree the process to support the development of Practice Quality Improvement Plans in line with the CCGs approach. Each practice has developed and submitted their individual practice plans, which has been summarised for submission in a CCG wide report to the Local Area Team. The locality continue to monitor progress using existing forums i.e. data group and PM meetings to review practice achievement and provide a peer review/support process, and an individual practice visit took place to the one practice with a review identified to provide further support in the trigger areas identified.

- **Engagement**
  Continued strong engagement with member practices and the patient participation network.

- **Primary Care Development**
  Continued engagement and discussion in the locality to improve primary care access and extended hours in line with the CCGs primary care development strategy, building on the innovative approach and encouraging practices to work together to deliver extended access across primary care.

Approved by: **Dr David White** **Clinical Lead Burnley Locality**

Kirsty Slinger **Burnley Locality Manager**

LOCALITY: HYNDBURN

KEY AREAS OF DISCUSSION:

- **Integrated Neighbourhood Teams/ Primary Care Collaboration**
  A workshop has been organised for the end of November to look at ways that primary care across Hyndburn can work better together to share services more effectively and looking to commission/specify services for appropriate patient care. Hyndburn is taking a stepped approach to neighbourhood teams, acknowledging relationships need to be further developed to ensure effective working.

- **Care Home Nurse Practitioner Role**

- **Over 75s proposal**

- **PQIP**
  Each practice submitted a Practice Quality Improvement Plan with a Hyndburn summary produced. A second Hyndburn PQIP workshop is scheduled for November to look at progress against plan and how practices can work better to improve quality of care.

KEY ACTIONS:

- **Appointment of Care Home Liaison Nurses**
  Two host practices agreed to host one nurse practitioner each on behalf of the locality, with one nurse being allocated per neighbourhood team. One nurse has started in post and has visited all the high priority care homes in Hyndburn.

- **Over 75s**
  Practices are performing holistic needs assessments following an agreed template. Groups of practices have recruited nurses for working with over 75s housebound patients and are attempting to recruit domiciliary HCAs.

- **Young People's Mental Health**

  Further discussions are on-going around young people's mental health, and initiatives that can be supported around this. Including running Youth Mental Health First Aid training and ASIST courses targeted at 15-24 year olds. Contact has been made with the forming charity Lauren's Place to ensure appropriate support is given.

- **Councillor's Briefing**

  A 60 minute briefing session was held in conjunction with Public Health to encourage borough councillors to understand their role within the current health system and how they can play their part. Further partnership working is taking place with the council.

Approved by: **Dr Richard Robinson** **Clinical Lead Hyndburn Locality**

Rachel Watkin **Hyndburn Locality Manager**

LOCALITY: PENDLE

KEY AREAS OF DISCUSSION :

Locality Specific

- Pendle Steering Group Elections
- Integrated Neighbourhood Teams
- Innovation Funds 2014/15
- Over 75s Proposal
- Engagement
- Telemedicine

KEY ACTIONS:

Locality Specific

- **Pendle Steering Group Elections**
  The Pendle Locality Commissioning Steering Group comprises of 5 elected GPs, 2 Practice Managers, 2 Practice Nurses and representatives from other stakeholders, to undertake the day to day co-ordination of business on behalf of the Pendle Member Practices.

  The locality currently have 3 vacancies on the Steering Group:
  - Two GPs
  - One Practice Nurse

  Pendle have been successful in recruiting to all three positions and they are due to commence their roles in the New Year.

  In addition to this, due to Phil Huxley stepping down as Clinical Lead for the locality, the Steering Group will be asked for expressions of interest from clinical members to undertake the role on a 12 month basis.

- **Integrated Neighbourhood Teams**
  The locality have held two successful Protected Learning Events Pendle where representatives from ELHT Community Services, Pendleside Hospice and Airedale Telemedicine came along. Pendle East and Pendle West have agreed to form project groups to take the work forward and these will ultimately feed into a Pendle INT Board.

  The locality as a whole are keen to visit Wigan CCG to gain a thorough understanding how of they have set up their Integrated Neighbourhood Team.

- **Innovation Funds 2014/15**
  All Pendle practices have signed up to the readmission avoidance scheme which incentivises practices to work proactively to more effectively support patients discharged from hospital and reduce the chance of readmission; of which there are approximately 1500 people in Pendle alone readmitted to hospital within the 30 days of being discharged. Robust monitoring arrangements have been drafted and the scheme will be monitored on a bi-monthly basis by the Pendle Locality Data Group.

- **Over 75s Proposal**
  All Pendle practices have signed up to the Over 75 workplan which was approved by the LDG in July 2014. The scheme anticipates that Pendle patients over the age of 75 are expected to see a step change in the care received, with no negative impact on other patient groups. Robust performance monitoring arrangements have been drafted that practices will comply with as part of the scheme. The locality will utilise the Practice Manager Forum and Clinician Forum to monitor progress against the scheme.

- **Engagement**
  Practices within the locality continue to actively engage in numerous forums, schemes and initiatives in line with the CCG Constitution.

- **Telemedicine**
  The locality are currently supoporting two schemes working closely with Airedale NHS Hospital Trust utilising the Telemedicine Model.

  The first scheme is to roll out Telemedicine within 50 nursing and residential care homes across East Lancashire. To date, there are 18 homes live with a further 3 homes pending due to IT technicalities. On 10 November 2014 an information session was held where all Nursing and Residential Homes across the East Lancahsire footprint were invited to come along. The event was well received with a further 10 homes expressing an interest in the service on the day and the locality team are currenlty pursuing the homes that have enquired following the event.

  The second scheme is working with Airedale colleagues to recruit an Advanced Nurse Practitioner to work with nursing and residential care homes where Pendle patients reside. In the first instance, the scheme will compliment and support the nursing and residential care homes in Pendle that are signed up to Telemedicine project. The scheme will commence in January 2014.

Approved By:	**Dr Phil Huxley**	**Clinical Lead - Pendle**
	Cath Coughlan	**Locality Commissioning Manager**

LOCALITY : RIBBLESDALE

KEY AREAS OF DISCUSSION :

- **Integrated Neighbourhood Teams**
  Ribblesdale INT Board is now in place. The group have developed INT pathway, referral criteria, common assessment process and care plan. Identification of current gaps in services has been carried out and a proposal for additional support to be put forward to the CCG as part of non-recurrent funding proposal. The INT Hub are currently pulling an operational policy together and it is anticipated that the INT service will commence in January 2015.

- **Dementia Case Finding**
  Work has been completed in Castle Medical Group and Sabden and Whalley Medical Practice to increase their dementia targets. Pendleside Medical Practice and Slaidburn Country Practice have begun their case finding. The Locality are working towards the 67% target to be complete by New Year. MAS Service to deliver sessions locally at Whalley Medical Practice and Clitheroe Health Centre.

- **Over 75's Proposal**
  Over 75's Service has commenced in the Locality. Health and Social Care Needs Assessments are being carried out in the Locality for those patients who are over 75 and are not in contact with any services. The over 75's Practitioner is due to start on the 1st December 2014 and will be working as part of the INT Hub.

- **Diabetes**
  The Diabetes pilot has commenced in the locality, feedback from patients has been excellent and continued monitoring of the service will be carried out through the Ribblesdale Finance and Activity Sub Group. The Locality Diabetes Consultant Dr Christian will be providing regular clinics at Clitheroe Community Hospital from January 2015 and continues to provide tele-consultation support to Primary Care for those more complex patients.

- **Enhanced Services**
  The locality are working towards implementing the LIS and DES Schemes for this year which include the Cancer LIS, Engagement Initiative, Advice and Navigation LIS etc

- **Scheduled Care**
  The Locality continues to monitor the impact of the Ribblesdale MSK Pilot. The steering group have met with Scheduled Care Commissioners to discuss the Integrated MSK, Opthalmology and Dermatology redesign.

- **Clitheroe Community Hospital - Outpatients**
  The Locality have met with a range of Providers and Commissioners to pull together a long term plan for the development of the Clitheroe Hospital facilities. Plan has been formalised and the Locality are hoping to work with ELHT to deliver more local services to the local population.

- **Clitheroe Community Hospital - Inpatients**
  From the 1st December, Pendleside Medical Practice will be providing all medical cover for the inpatients at Clitheroe Community Hospital.

- **Ribblesdale Federation**
  The Locality are developing their business plan to move forward with the federation of Practices to support procurement opportunities.

KEY ACTIONS (PLANS FOR THE NEXT QUARTER):

- INT Hub to be in place and activity to have commenced.

- Continued monitoring of diabetes service.

- Continued monitoring of Over 75's Service
- CCH Implementation plan to be in progress.
- Pendleside Medical Practice to have taken over responsibility of managing patients at CCH
- MAS Service to be delivering sessions in the Locality
- Discussions with Community Geriatrician regarding the PA Sessions in the Locality.
- Review of End of Life Care pathway and services in Ribblesdale

Approved By:	**Dr Ian Whyte**	**Clinical Lead - Ribblesdale**
	Kirsty Hamer	**Locality Commissioning Manager**

LOCALITY : ROSSENDALE

KEY AREAS OF DISCUSSION :

Locality specific

- Single Integrated Neighbourhood Team for Rossendale
- Geriatrician / Parkinsons Nurse / Memory Assessment Service
- Risk Stratification / Case Management / Avoidable Admissions
- Ambulance response times in Rossendale / ELCCG – Deep dive & Quality and Safety Committee
- Dementia Friendly Community Rossendale
- Over 75s proposals
- Engagement with Pennine Acute – Increase awareness of new service developments and existing services
- Olive House – Appropriuate medical cover
- Continued liaison with Rossendale Borough Council on health issues
- Locality Nurse Forum
- CCG Commissioning intentions – What are the Locality & CCG health priorities and future planning
- East Lancs CCG 5 year plan, plan on a page and cases for change – Awareness of the Rossendale aspects of the 5 year plan and the necessary contribution towards CCG initiatied priorities
- Primary Care Development – Raise awareness of the CCG Primary Care Development Strategy
- Demand Management – Awareness of the various Pennine Lancashire initiatives, such as the Advice and Navigation tool and the Acute Visiting Team
- Local ENT service
- Innovation fund proposals – Encorage innovative thinking & CVS funds
- Diabetes Service
- Collaborative working amongst practices
- Support Whitorth GPs in discussiona bout the Community Service procurements

General

- Engagement – Maintianing full engagement of all practices in CCG, working both at Locality and if possible at CCG level as well.
- Roles, Responsibilities & Capacity – Developing clear roles for those individuals (GPs / Practice Manager / Patient Rep) that are engaged with CCG working, but at same time being aware of capacity issues, whilst considering the need for Practice Nurse representation
- CCG Wide picture – Awareness of CCG wide issues ie Finance, QiPP targets, Cost Pressures, Activity over performance, Link with Public Health, NHS England and CSU

KEY ACTIONS:

Locality Specific

- Development of Integrated Neighbourhood Team – Continue development and understanding
- Support the development of the Geriatrician / Parkinsons Nurse and MAS service on a local Rossendale footprint
- Develop a locality response to the risk stratification / case management / avoidable admissions working & awareness
- Ambulance response times in Rossendale / ELCCG – Raise awareness at Quality & Safety Committee and involvement in deep dive exercises
- Support the development of a Dementia Friendly Community for Rossendale
- Mobilisation of over 75s proposals
- Engagement with Pennine Acute – Discuss with Pennine Acute appropriate opportunities for new service developments and the availablity of existing services and functions (eg test

results)

- Olive House – maintain awareness of medical cover arrangements
- Meeting Rossendale Borough Council Health Lead – Regular dialogue on both locality and CCG wide topics
- Locality Nurse Forum – Set up and first meeting scheduled for end of October
- CCG Commissioning intentions – Continue to look at existing service provission and feed into the wider CCG process of identifying commissioning intentions
- East Lancs CCG Integrated Plan, plan on a page and cases for change – Play an active part in the execution of the East Lancs CCG Integrated Plan playing in where appropriate both clinical and mangement expertise from the locality
- Primary Care Development – Locality role in execution of the CCG Primary Care Development Strategy – PQIP Template
- Demand Management – Consider the various Pennine Lancashire initiatives such as Advice and Naviagtion and Acute Visiting Service
- Local ENT Service – Work up plans / business case development & submission
- Review of approved innovations – Establishing outcomes & CVS funds
- Diabetes Service – Local requirements
- Collaborative working amongst practices – Support / encourage when appropriate
- Aid the discussions concerning the HMR Community Services procdurement

General

- Engagement – Look at ways to keep all of the Rossendale GP practices enaged with CCG work.
- Roles, respoonsibilities & capacity – Give direction and structure to locality working and how it links to the wider East Lancs CCG
- CCG Wide picture – Ensure the locality is made aware but not bogged down by issues affecting East Lancashire CCG

Approved By:	**Dr Tom Mackenzie**	**Rossendale Locality Clinical Lead**
	Andy Laverty	**Locality Commissioning Manager – Rossendale**