NHS
East Lancashire
Clinical Commissioning Group

Narrative to support Year 2 of the Operational Plan

2015-2016

EAST LANCASHIRE CCG

Contents

Introduction 3
Our Priorities for Our Population 4
Our Ambitions 6
Delivery of our Ambition 9
1. Unscheduled Care 10
2. Scheduled care 11
3. Integrated Care 12
4. Mental Health, Learning Disabilities & Dementia 13
5. Pennine Lancashire and Pan-Lancashire programmes 15
6. Primary Care Co-Commissioning 17
Enablers 19
Communication and Engagement 20
Finance 22
Governance 25
Appendix 1 Plan on a Page 26

This Document is supported by Annex A: Fundamental Elements

Introduction

We are a large CCG with big aspirations for our population. We know that to achieve our ambitions we will need to work collaboratively – with providers, across Pennine Lancashire and across the wider Lancashire region. The changes required need to be wrapped around a fundamental cultural shift in our health economy.

In early 2014 the CCG developed a five year strategic plan, which sets out the vision, aims and objectives of the organisation, "to use clinical expertise, available evidence and patient experience to ensure that the right services are commissioned for patients to be seen at the right time, in the right place, by the right professional". It also recognised the challenges to improve quality and safety set out in the Francis Report, Winterbourne View and Berwick Report. We know that to achieve this we need a whole service, patient centred focus.

In October 2014 NHS England published *The Five Year Forward View* which represents a shared view of the NHS and sets out how health services need to change, a vision of a better NHS, the challenges ahead and the scale of change needed to implement and address the widening gaps in the health of the population, funding of services and quality of care. The document also outlines the steps for CCGs to take and highlights emergent models of care.

This two year operational plan has been reviewed and refreshed to reflect our commitment towards fulfilling the vision set out in the NHS *Five Year Forward View* whilst at the same time delivering high quality, timely care that the people of East Lancashire expect. It sets out the CCG Forward Plan as we enter the second year of delivery of priorities for our population's healthcare.

Context

We are a large CCG with a strong locality structure. We have 5 local areas that form a greater whole, with a combination of very rural and very urban areas, some with significant health inequalities. We have invested resource in locality management and have a Clinical Lead in each area - enabling us to identify and learn from each other's clinical practice.

This structure connects us to our communities and enables us to identify variances in services, outcomes, quality and expectations between different localities. We know that the experience of someone living in the most rural edge of our boundary is different to someone in the heart of one of our mill towns.

We have a track record of productivity within our own organisation. In staff terms we are a quarter of the size of our predecessor. We have a single management team with oversight of the 5 locality areas.

We have a strong reputation for integrated commissioning - something which has been embedded within our organisation since its establishment in April 2013. We are able to use this approach to drive our transformational agenda across the local system.

We also have a strategic alliance with Blackburn with Darwen CCG with whom we form the Pennine Lancashire health economy. Out of our four main areas of transformational change , two are being driven by this partnership. There is a Pennine Lancashire approach to Urgent Care and all of the Integrated Care in our Case for Change is Pennine Lancashire.

During 2014 to 2015 we have made significant progress across our transformational schemes driving forward the cases for change as planned but also investing in the necessary infrastructure and mechanisms required to make it happen, including a new Programme Director with a specific remit across Pennine Lancashire, to reinvigorate system work via the System Resilience Group of Chief Executives and the Professional Transformation Board.

We have also progressed with plans for co-commissioning and submitted our intentions around Primary Care Commissioning, which will act as a significant enabler for our ambitions in 2015 and beyond (see Appendix for more detail on Co-commissioning plans).

Our Priorities for Our Population

In our Five Year Strategic Plan, we set out the current state analysis and priorities coming from our knowledge of our population. We have regularly refreshed our analytics to ensure we are tracking changes and identifying any emerging areas of challenge or opportunity.

Highlights of our Current State Analysis:

We carry out analysis 'as standard' as part of our approach to transformational commissioning – in relation to activity, spend and outcomes, variations and benchmarking, assimilation of national guidance and tools.

We understand our patients within the context of our community life – we know there is hidden deprivation, housing issues, rural isolation and employment challenges. We understand the wider determinants and politics of health and care and we are astute to the realities of system change versus local acceptability. We have introduced realistic stepped change proposals working hand in hand with our stakeholders. We apply this awareness to commissioning decisions and processes and it informs our cases for change.

- East Lancashire has an ageing population with over 65s estimated to increase by approximately 18% up to 2018 – the number of people and associated costs for care of those with long term conditions is set to rise.
- The number of children and young people in the population is also higher than the England average.
- The majority of people in East Lancashire are white British, with a significant BME minority (11%), principally of South Asian origin, which experiences a relatively high risk of certain common morbidities (eg. CVD and diabetes).
- The BME South Asian population makes up a disproportionate number of those living in the bottom 10% of deprivation, almost three quarters living in the most deprived areas of East Lancashire.
- A significant proportion of the people in East Lancashire experience poorer health than the average for the rest of the North West and England.
- Although residents live in a mixture of urban and rural settings many of the health, economic, social and educational problems are similar to those found in inner city areas.
- Life expectancy in East Lancashire has improved but there are wide health inequalities within the CCG and between East Lancashire and the national figure.
- Lancashire has some significantly higher rates of PYLL from the four leading causes of death (see appended Fundamentals). East Lancashire has relatively high early death rates from CVD, cancers and respiratory disease.
- Wide variation between GP practices in emergency admission and secondary care activity rates. High emergency admissions linked to deprivation.

Data sources used include the NHSE Commissioning for Value Packs and recently released Pathway Packs; CSU QIPP and Demographic/Activity Packs; Atlas of Variation and Ambition; Spend and Outcome Tools, JSNA and East Lancashire Profile, Lancashire Better Care Plan (January 2015 Submission). We have used guidance and resources including PYLL Toolkit (Public Health England) and NHSE Resource "Our Ambition to reduce Premature Mortality".

The key priority for our population is that in five years' time we will be:

"Managing people's needs in the community unless there is an absolute medical/care need for them to be in hospital/residential care"

- Joined up community services that are closer to home with one-stop easy access where possible and increased numbers of treatments in the community
- Proactive care management particularly for those older people at risk of hospital admission and in care settings
- Development of integrated community care teams over 7 days reflecting the needs of different localities – care provided by the most appropriate professional matched to the needs of the person
- Developing integrated neighbourhood teams based on GP registered populations
- A named care co-ordinator for all with multi-morbidity and/or over 75
- Increased capacity and capability in community and primary care
- Proactive primary care interventions to promote self-care
- Development of self-management for those with long term conditions
- Better outcomes for and support to carers
- Reduction in the variance in outcomes across localities for those with long term conditions when compared with other comparable CCGs.
- Commissioning and signposting to Voluntary, Charity, Faith Sector services to maximise community assets, social prescribing and holistic support to support an enhanced focus on prevention
- Prevention of unnecessary diagnostics and better utilisation of capacity
- Use of evidence based learning, peer review and shared decision making to improve demand management in primary care
- Development of primary medical care - a key enabler for transformational change across the health care system.

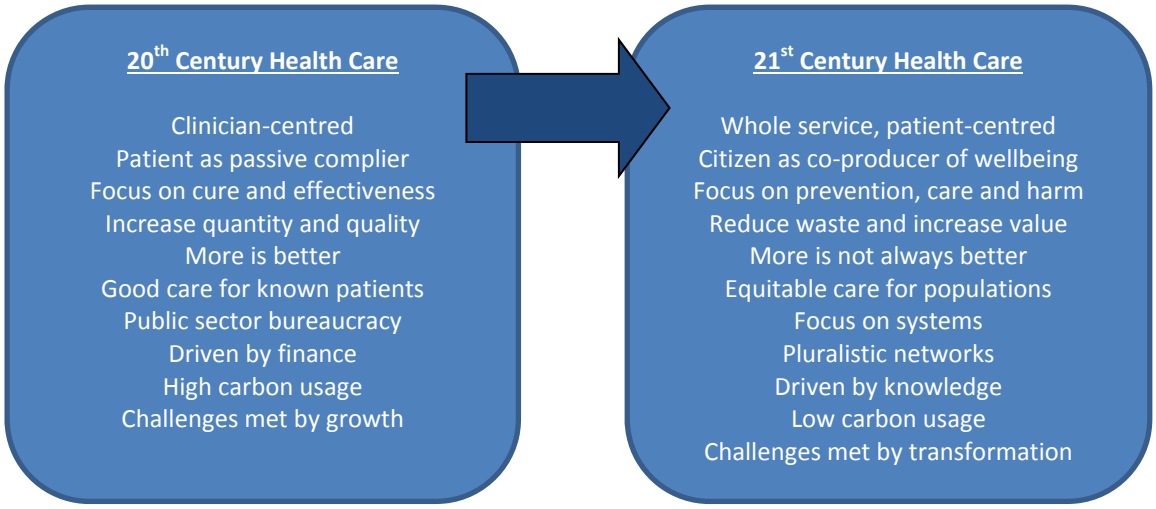
The priorities are being taken forward in a number of ways:

- Piloting co-location of Pennine Lancashire Primary Care/ Urgent Care
- Minor Ailments Primary Care Model Follow Up Pilot
- Development and approval of key business cases – including an Integrated Skin Service; Consultant Led Community Eye Care Service; and Integrated Community MSK, Rheumatology and Pain Management Service, Paediatric Community Respiratory service
- Development of A&E Liaison and Diversion – an integrated Hospital Early Action Team
- Using technology to support Urgent care triage without conveyance
- Re-design of Stroke services
- Improvements in waiting times and recovery within Psychological services
- Integrated mental health services on a neighbourhood footprint focussing on transforming lives for individuals and families
- Development of Intensive Home support to deliver a realistic 24/7 crisis option
- Re-design of the Intermediate care system
- Implementation of an integrated discharge model
- Improving post-diagnostic support to people with dementia following improvements in the diagnostic rate
- Procuring locality-based specialist dementia long-term support and assessment services
- Transforming care for people with a Learning Disability
- A whole systems service redesign in diabetes services across primary and secondary care will take place in 2015-16

We also recognise that we need to strengthen how we work across the system, with improved pathways across health and social care as well as primary and secondary care. We will work

with system partners to understand the best fit of the emerging models of care set out within the 'Five Year Forward View' for our local health and social care economy.

Our Ambitions



Patients are central to everything we do and our ambitions around urgent care, scheduled care, integrated care and mental health & dementia are supported by detailed business cases to ensure sustainable, integrated, high quality, safe and effective care for our patients.

We are designing and implementing our cases for change with an eye on what is required immediately, but also with an eye to opening up further opportunities for transformation later down the line once change has 'taken' and the concept is proven. We will continue to review and test our ambitions and our models against the emergent models in *The Five Year Forward View*.

We will continue our work to reduce health inequalities, in partnership with Public Health and Local Authorities. We will work towards parity of esteem between Mental Health and Physical Health care and continue to build partnerships such as the 'Working together with Families' to support troubled families.

This will not be without its challenges as it requires movements in care closer to home, to deliver interventions in a more personalised and integrated way. We will have to shift resource to develop the necessary community, mental health and primary care based responses, with a consequential reduction in reliance on secondary and emergency care.

To meet the challenge, we will continue to involve stakeholders and seek the views of our members, local partners and patients, through our locality structure and with targeted engagement on key programmes. This will identify the issues our stakeholders believe are the most important to address in the current system, to achieve our vision over the next 5 years. Our business cases process provides a working method to apply the '5 steps of Prevention' cycle of analysis/ prioritisation/ programme/ testing and measurement.

As a CCG we are uniquely placed to test and refine our plans using clinical expertise, evidence and patient experience. We have embedded this into 'business as usual' decision making processes and our **strategic principles** remain at the heart of our planning:

- Patients are central to everything we do
- The services we commission must be sustainable
- We will work in partnership

- We will strive to ensure patients experience integrated services
- We will commission high quality, safe and effective care

In responding to the undeniable national case for change in the ‘Five Year Forward View’, we will role model collaboration as an organisation, building on the strong foundations of partnership working we already have, to help providers and partners to work more closely together and develop shared responsibility, shared knowledge, mutual respect and trust.

Ambitions for our population	Outcome Ambitions	System Ambitions
Excellent patient experience will be the norm	Securing additional years of life for the people of England with treatable mental and physical health conditions	Whole system transformation - commissioning for a community through co-production and using Health and Wellbeing Partnerhips as a vehicle for delivery
Patients, the public (and clinicians) will have access to information they need to know what services are available, where and when and how to use them	Improving the health related quality of life of the with one or more long-term conditions, including mental health conditions	Whole system integration - people will see one service, seamless care and support, accessible and operational 7 days a week, 365 days a year
Patients and communities will be more engaged in local health systems, better able to play a role as co-producers of their health and well-being	Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital	Whole system capacity and demand management - flexible utilisation of resources on a day to day basis and strategic planning based on predicted future demands
There will be less variation across East Lancashire	Increasing the proportion of older people living independently at home following discharge from hospital	Effective emergency care as part of wider whole system approach - simple seamless service that will support principles of right support, right place and at right time, effective emergency care navigation and supporting enviornment to achieve fully integrated urgent care service within wider context of neighbourhood teams
There will be more primary and community care based services, supported by a phased shift in resources from secondary to primary and community care	Increasing the number of people with mental and physical health conditions having a positive experience of hospital care	Step up / down - Flexible range of integrated services and supports to meet capacity and demand day to day and future predictions, which reduce delayed transfers of care, admissions, length of stay and admissions to residential care homes.
There will be more integrated and better co-ordinated working between all services – primary, secondary, housing, community, social and voluntary care	Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community	GP led Neighbourhood Teams - services and supports wrapped round local clusters of GPs including third sector and wider community assets
We will be a committed participant in a multi-agency approach to the fundamental determinants of health and health seeking behaviours	Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care	Integrated care management and case finding - focus on supporting people in their ordinary residence
		Ambulatory care - a sustainable, systematic, integrated and personalised approach, shifting activity away from acute setting to the community
		Personalised care and support - people first, individual capacity, resilience gifts and talents respected and included in the ongoing care and support.

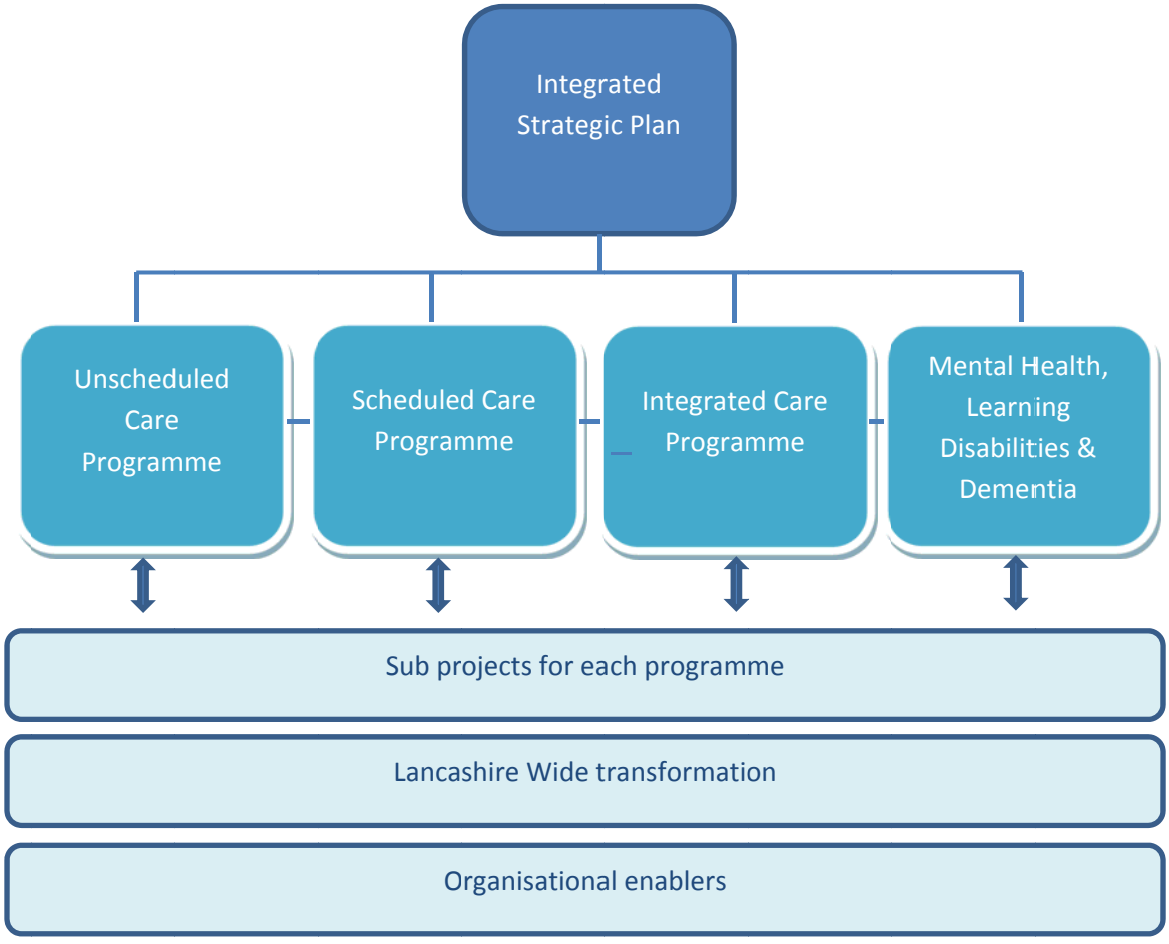
Delivery of our Ambition

Key enablers for our four 'cases for change' are the Better Care Fund, integrated commissioning and primary care development programmes, which are the strategic drivers underpinning our focus areas and plans for the next five years. They are closely aligned with our ambitions for each 'model of care' and together will help us to achieve our vision.

We acknowledge that our vision needs to be translated into action resulting in change. We want to make real and positive differences in East Lancashire – differences that local people, patients, clinicians and professionals working in East Lancashire will see, feel and benefit from. The 2 Year Plan for 2014/15 is set in the context of a planning hierarchy that has been refreshed and updated by the CCG January 2015 to reflect the ambitions set out in the NHS 'Five Year Forward View'.

Our strategic plan is driven by three key drivers for our transformational agenda over the next five years: the Better Care Fund, Integrated Commissioning and Primary Care Development.

These are the three planks which drive our four 'cases for change' (improvement programmes) focussing on improving scheduled care, unscheduled care, integrated care and mental health, dementia and learning disabilities, which in turn form the models of care we aspire to in the future, which are the characteristics of a quality health system.



1. Unscheduled Care

Everyone Counts Models of Care (Guidance for 5 Year Strategic Plan)	NHS 5 Year View Emergent Models (Available for current 2 Year Plan)
✓ *Access to the highest quality urgent and emergency care* ✓ *A step-change in the productivity of elective care*	✓ *Integrated Primary and Acute Care Systems*

Our vision for Urgent and Emergency Care is to ensure a coordinated response for adults and children who present with an acute or urgent health issue.

To consider the appropriate delivery and transformation of health and social care services 24/7, to reduce the reliance on Accident and Emergency (A&E) as a point of delivery for urgent care services and improve outcomes and patient experience.

We are achieving this through the development and delivery of an overarching Pennine Lancashire Unscheduled Care Strategy. As part of the Pennine Lancashire System Resilience Group there is a focus on the 8 unscheduled care high impact interventions, identified by NHS England as the short term priorities to ensure that early and effective resilience planning is underway for the coming year. There are many schemes of work that incorporate these areas to which the SRG will monitor progress and performance.

Together with Blackburn with Darwen CCG, we are developing an integrated approach to urgent and emergency care, particularly emergency medical admissions to hospital, involving hospitals, community, primary, social care and ambulance services through joint service planning is key to simplifying patient pathways and ensuring that patients access the right service to meet their needs at the first contact.

- Key Priority 1 – Improve the Quality of Primary Care & Patient Experience through the implementation of Quality and Productivity Indicator Learning
- Key Priority 2 - Improve access to primary care and develop an integrated primary care response within the localities.
- Key Priority 3- improve pathway for integrated co-located primary care service within the two urgent care centres
- Key Priority 4 - Procure a new NHS 111 model; aligned to this we would further develop utilisation of the DOS for our Health Care professionals
- Key Priority 5 - Implement a comprehensive Ambulatory Care pathway to support the reduction in hospital admissions and ensure patients receive the right care in the right place
- Key Priority 6 - Commission an integrated enhanced A+E mental health liaison scheme to support the ‘chaotic’ patient group as part of admission avoidance imitative
- Key Priority 7- Paediatrics - Implementation of the Pennine Lancashire Paediatric Pathways Plan
- Key Priority 8 – Development of a Pennine Lancashire Communication and Engagement Plan for Unscheduled Care
- Key Priority 9 – to develop an Urgent Care ‘dashboard’

2. Scheduled care

Everyone Counts Models of Care (Guidance for 5 Year Strategic Plan)	**NHS 5 Year View Emergent Models** (Available for current 2 Year Plan)
✓ *A step-change in the productivity of elective care* ✓ *Specialised services concentrated in centres of excellence*	✓ *Integrated Primary and Acute Care Systems* ✓ *Will also be informed by outcomes of national work on Multispecialty community provision and approaches to viable hospital provision*

Scheduled Care is focused on locality points of delivery, enabling us to improve access and treat patients as close to home as possible whilst not compromising quality of care or patient outcomes.

This work is therefore mainly being progressed via the CCG Programme and business case development processes. This is in recognition of local differences in population and primary, community and social care infrastructure. Our locality commissioning supports this and is already integrated – with public health and increasingly with local authorities.

A programme of scheduled care transformational schemes has been implemented aimed at improving choice, reducing demand on secondary care and commissioning services closer to home in localities where it is clinically appropriate and cost effective do so. We will continue to implement this during 2015/16 by building on our three initial schemes i.e. MSK, Ophthalmology and Dermatology.

The Four Tests as outlined by NHS England in their guidance 'planning and delivering service changes for patients' will be a fundamental platform for all changes.

In addition, at a Pennine Lancashire level, the Cancer Care Programme is our transformational programme of work for the next 3 years, which aims to improve cancer outcomes for our population. The programme covers the end-to-end cancer pathway from prevention, early diagnosis and awareness, management through to recovery and survivorship, using a prioritisation method to ensure that evidence-based initiatives / services are implemented.

The work aims to achieve:

- A reduction in premature cancer mortality.
- Improved cancer survival, in particular one year survival.
- Reduced cancer inequalities within our population.
- Improve patient experience across the cancer pathway

To deliver our aims, we recognise that there will be a need to develop and improve further all existing elements of the cancer pathway with key stakeholders, including primary care, secondary care, community engagement, social care and the third sector, re-orienting our services towards early diagnosis, awareness, supporting cancer survivors.

3. Integrated Care

Everyone Counts Models of Care (Guidance for 5 Year Strategic Plan)	**NHS 5 Year View Emergent Models** (Available for current 2 Year Plan)
✓ *A modern model of integrated care* ✓ *Wider Primary Care provided at scale*	✓ *Integrated Primary and Acute Care Systems* ✓ *Multispecialty community provision* ✓ *Will also be informed by emergent approaches to viable hospital provision and enhanced health in care homes*

There is universal agreement that improving the co-ordination, integration and consistency of care delivered across the whole economy is a necessary pre-condition for achieving sustainable improvements in quality and safety.

We are remaining committed to the ambitions we set out in our Integrated Strategic Plan – whilst using the Better Care Fund opportunity to put this in a system perspective.

The CCG's vision in relation to integrated care is to transform services to support the people of East Lancashire to live safely and live well.

The CCG has identified that the development of primary medical care is a key enabler for transformational change across the health care system and has therefore developed a Primary Care Development Strategy which demonstrates the commitment of East Lancashire CCG to support practices to improve the quality of primary care services and increase equity of access for patients. Over the next five years we aim to build a strong foundation for the success of health care commissioning in East Lancashire.

We are committed to ensuring that there will be joined up services and will work with clinicians, patients and the public to redesign community services that are closer to home with one-stop easy access where possible , empowering patients through self care.

The improvement programme for community services will focus on proactive care management particularly for those older people at risk of hospital admission. It is expected that through this approach by 2017 there will be a reduction in the variance in outcomes across localities for those with long term conditions when compared with other comparable CCGs. Improved community services will establish a blueprint for the local development and co-creation of new models of care as set out in 'Forward View'

During 2015/16 these will continue to develop through:

- Primary care services transforming to provide proactive interventions to promote self-care
- Development of integrated community care teams reflecting the needs of different localities working 7 days and support people to remain in their own homes
- Increasing capacity and capability in community and primary care (as outlined in the Primary care Development Strategy) and improving the transfer of care between primary and secondary care.
- Development of self-management programmes for those with long term conditions
- Increases in commissioning of Voluntary, Charity, Faith Sector services to maximise community assets and social prescribing
- Implementation of NHS standard contracts for all primary care enhanced services
- A redesigned intermediate care system supported by integrated discharge principles

4. Mental Health, Learning Disabilities & Dementia

Everyone Counts Models of Care (Guidance for 5 Year Strategic Plan)	NHS 5 Year View Emergent Models (Available for current 2 Year Plan)
✓ *A modern model of integrated care* ✓ *Wider Primary Care provided at scale*	✓ *Parity of Esteem a key driver* ✓ *Transforming Lives (National specifications on LD Provision expected)* ✓ *Also informed by emergent models for Multispecialty community provision, Integrated Primary and Acute Care and enhanced health in care homes*

Mental Health and Dementia

The transformation of Mental Health and Dementia care is being driven on both a pan-Lancashire and local basis and the CCG is actively engaged with both tiers of change. We are the lead responsible CCG for several collaborative programmes including Learning Disabilities working with the CSU.

On a county-wide basis:

- We are part of the network of Lancashire CCGs midway through a significant mental health acute reconfiguration; in partnership with Lancashire Care Foundation Trust (LCFT). The CCGs are in the third year of a 5 year programme of transition and so far have achieved £9million of savings of a total £15million due by 2017.
- We are working on the transformation of the rehabilitation pathway for Mental Health with Local Authority and CCG partners.
- We are party to the Mental Health Concordat developments working across a range of statutory partners to achieve systematic and continuous improvements for crisis care for people with mental health issues.
- We are committed to parity of esteem for people with mental health needs and a closure of the gap in life expectancy and well-being outcomes
- Our vision for Mental Health services across the Lancashire health economy is to ensure appropriate access and treatment for people with mental health problems and that they have timely and effective help at the right place and right time.

We are committed on a locality basis to improve early action and access into mental health and well-being services to develop a new model that aims to treat people with mental health problems in community settings, reducing the requirement for mental health inpatient capacity.

Durning 2015/16, the key priorities within our local programme are:

<u>Key Priority 1</u>

To redesign the Single Point of Access (SPoA) for people with acute Mental Health problems

a. The aim is to pilot a new model of care across the Pennine Lancashire health economy and to redesign the current SPoA. This will include the following:
    i. Consultant led rapid access
    ii. An integrated crisis function across community teams and A&E
    iii. A single telephone number

<u>Key Priority 2</u>

To reduce waiting times for IAPT services to no more than 4 weeks, to deliver a 15% prevalence target and to improve recovery rates.

b. The CCG intends to redesign the current IAPT service in partnership across the Pennine Lancashire footprint. The aim of this work is to develop a revised specification that integrates more closely with the localities and practice teams. There is also the opportunity to integrate with the broader health and wellbeing offer and develop the VCF sector as a key partner in the delivery of psychological well-being services.

Key priority 3

Transforming lives: Strengthening Communities - To develop an integrated early action approach across the public sector.

c. To develop lead agency responsibility within integrated early action services for people with needs and behaviours that can impact across a range of public sector services including Mental Health, Substance misuse, Police, A&E and Ambulance services to deliver co-ordinated responses that address the width of needs they may have, thus breaking the cycle of service dependency.

Key Priority 4

Delivering neighbourhood Memory assessment services and comprehensive post-diagnostic support to people with Dementia.

d. Supporting the integration of Memory services with the VCFS sector to deliver Primary care based service delivery and facilitating the development of Dementia Friendly Communities.

Transforming Care for People with Learning Disabilities

Post Winterbourne and the subsequent Bubb report, the CCG recognises that there is particular focus and challenge around vulnerable people and learning disabilities. In response to Winterbourne View and the Concordat, CCGs across pan-Lancashire have reviewed people with LD to ensure the care they are receiving is in the most appropriate place with the presumption being that the most appropriate place is local and community based.

Following these reviews, processes are now in place to oversee and expedite as necessary the discharges of people in hospital based LD Provision in an appropriate and timely way.

This builds on the work already carried out to review the Enhanced Support Service provision at Calderstones which has now completed, with improved admission and discharge processes in place and demonstrating the necessary improvements. This includes significant improvements in joint assessment and funding protocols which have expedited the pace and appropriacy of placements and addressed delays to patient care pathways. There is an agreement across all commissioning bodies which has been led by East Lancashire CCG, to adapt the contracting mechanism post August 2015 to further embed the process changes.

In addition, as part of the National SAF (Self Assessment Framework), we have conducted a pan-Lancashire diagnostic to identify improvement areas across Primary, Community, Hospital, Social and wider community / third sector based care. This year a validation exercise will be carried out in partnership with the North West Training Agency.

The Collaborative Commissioning Board have also triggered a wider consideration of collaborative commissioning of Learning Disabilities across health and social care which is currently in scoping stage but will build on the work already done on the Lancashire Case for Change, led by NHS England Area Team and the LD Commissioners Network. This is focused on the high impact transformations required across the system to ensure an appropriate model of care supported by the enabling joint commissioning arrangements.

5. Pennine Lancashire and Pan-Lancashire programmes

Pennine Lancashire

Much of our joint working is undertaken across the Pennine Lancashire footprint. This comprises:

- East Lancashire Hospitals NHS Trust
- Lancashire Care NHS FT
- Blackburn with Darwen Council
- Lancashire County Council
- Blackburn with Darwen CCG
- East Lancashire CCG

This is led by the System Resilience Group of Chief Executives (chaired by the Chief Executive of BwD Council), supported by the Professional Transformation Board (Clinically focused) and the Executive Officers Group. The latter group is the key delivery group. The focus in 2014/15 has been the development of 3 key workstreams:

- Implementation of a cross system navigation hub
- Implementation of Intensive Home Support
- Implementation of Discharge to Assess within the Intermediate Care system.

The above are in the early stages of implementation and are planned to be a key element of system resilience in 2015/16.

All organisations have contributed funding to appoint a Pennine Lancashire Transformation Programme Director, who took up post in February 2015. An early output from this post will be an assessment of further opportunities that we can develop for more effective working across Pennine Lancashire.

Lancashire

The CCG has participated in a number of events to establish a framework for Healthier Lancashire. We have always demonstrated a strong commitment to this project, and our Chief Clinical Officer is now Chair of the Leadership Forum. We will continue to work on this project as it establishes a form which is acceptable to all partners.

Better Care Fund

The Lancashire Better Care Fund is an integral enabler for the CCG to deliver the Cases for Change. The Chief Finance Officer of East Lancs CCG has chaired the BCF Steering Group during the implementation phase of the BCF. A sound Governance structure is being established along with joint sessions with the Health and Well Being Board to develop an effective approach to the delivery of BCF requirements.

Provider organisations have been consulted about the implications of BCF on non-elective activity figures for 2015/16. These figures will be reflected in contract activity assumptions for 2015/16.

The Healthier Lancashire programme looks to set out a clear direction of travel for Lancashire as the Five Year Forward View has across England.

Vanguard Programme

As part of a successful 2015/16 Vanguard bid led by Airedale Foundation Trust, the CCG will work in partnership with a range of organisations within and outside of Lancashire to develop a new enhanced health care in homes model. This builds upon the CCG's decision to invest in Telemedicine Services for Nursing homes in Pendle and across East Lancashire.

6. Primary Care Co-Commissioning

In May 2014, NHS England invited CCGs to forward expressions of interest to take on an increasing role in the commissioning of primary care services. Co-commissioning is one of a series of changes set out in the NHS Five Year Forward View and the scope for 2015/16 is Primary Medical Services only.

East Lancashire CCG submitted an expression of interested in early January 2015 for delegated commissioning arrangements, and was advised by NHS England in February that it had been approved to take on delegated commission responsibility for specified general medical care commissioning functions from 1 April 2015.

This ambitious aim requires real transformational change in the way that care is delivered outside of hospital. The delegated commissioning of primary care will facilitate the development of seamless, integrated out of hospital care based around the diverse needs of the East Lancashire population by enabling the CCG to:

- To make redesign decisions across a portfolio of providers and so across pathways of care tailored to meet local needs
- Break down the barriers that currently exist in how care is both commissioned and provided; supporting a more collaborative approach to designing local solutions for workforce, premises and information management and technology across primary, community and secondary care
- Design local incentive schemes that not only support continuous improvement in the quality of primary care services, but in addition provide consistency between the outcome measures used in primary care and wider out of hospital services
- Shift resources from Acute into primary and community care services
- Drive the development of new models of care as described in the Five Year Forward View
- Improve access to primary and wider out-of-hospital services, with more services available closer to the patient's home.
- Utilise the opportunity for more patient centred commissioning
- Meaningfully engage with the local population about the totality of expectations for general practice, the out of hospital offer and wider system integration
- Provide better patient experience through more joined up services

We believe that Primary Care co-commissioning will enable the delivery of the large scale transformational change that is required to deliver seamless, integrated out of hospital care closer to home. It will enable commissioners, providers and patients to work together to facilitate new ways of working locally and co-ordinate care to improve equity of access, health outcomes and reduce inequalities.

As part undertaking delegated commissioning of primary care services the CCG has revised its governance arrangements including its constitution and scheme of delegation, established a Primary Care Committee and revised the CCG's conflicts of interest policy.

The CCG plans to deliver these additional responsibilities with existing staff resources and by working collaboratively with other Lancashire CCGs to ensure effective use of NHS England staff.

Specialised Services

The NHSE Specialised Services Derogation Process will also impact on local and collaborative pathways and patient flows and will be incorporated into the overall Health and Care Strategy for Lancashire and collaborative programmes including Healthier Lancashire as this evolves.

The plans for Specialised Services Co-Commissioning between NHSE and CCGs are under development nationally and the CCG will participate as this process evolves. This includes collective consideration as appropriate at the forums noted above including the CCG Network, CCB and any Leadership Fora or bespoke sessions set up for this purpose. Lancashire CCGs worked together to submit a collective response to the recent consultation.

Enablers

There are a number of enablers that are necessary to improve the system and achieve change. This is not a challenge unique to the CCG – it cuts across partners and depends on the maturity, agility and responsiveness of partnerships as well as the physical infrastructure and estates and the strategies to modernise IT and workforce.

East Lancashire CCG takes a collaborative and inclusive approach to identify issues and improvements, working with members, staff, partners, patient representatives and the public.

As noted in previous sections, the CCG is a partner to the Pennine Lancashire and Healthier Lancashire Programmes. It is hoped that centrally this will bring together efforts on key infrastructural challenges including IT and Workforce. It also includes a cross cutting theme of 'cultural transformation' in the Purpose Document shared in November 2014:

These address the system workforce and infrastructure issues across the area, twinned with a proposed social movement campaign.

Similarly, the Better Care Plans in Lancashire each address specific enablers to create the environment, processes and ways of working that will facilitate the integration of health and care service, including for example the agreement of a single Section 75 Partnership Agreement and associated aligned and pooled budgets.

As part of the collaboration we recognise the need to build our own organisational resilience and culture. The focus of our Organisational Development is in enabling this cultural change from within our organisation through the following objectives, that the CCG:

- Has a clear vision and direction, focussed on transforming the health of our population through our ambitions
- Commission the right services, using resources effectively, innovatively and efficiently for the population
- Is a place where people want to work, members lead the CCG, partners work in collaborative style
- Is modern and innovative
- Is able to adapt quickly to changes in the environment
- Runs simple systems and processes which use ICT
- Has a good reputation/ meeting their KPI and domains
- Behaves ethically

The CCG recognises the need to be agile and adaptive and fully understand and demonstrate effective collaborative working. We are part of the fabric of a whole network of other organisations and none of us can deliver our own goals alone. We are a part of our communities, not apart from them.

Communication and Engagement

We are committed to putting patients at the heart of everything we do as a CCG. Patient and carer engagement is embedded into how we do business as a CCG. There has been some significant engagement activity during the year, led by our former Chair Dr Di van Ruitenbeek and being taken forward into 2015/ 16 by our new Deputy Chair and Lay Adviser Michelle Pilling.

Highlights

- Primary care access: Focus groups held with patients, carers and the public, surveys and coproduction workshops undertaken with providers, patients and commissioners.
- Scheduled care: Extensive engagement with patients using dermatology, ophthalmology and musculo-skeletal, rheumatology and chronic pain management services.
- We set up a coproduction group of patients who are actively involved in reviewing whether existing services are meeting patients' needs. They are helping to shape future services, including more services based in the community rather than in hospital settings.
- Unscheduled Care: Patients told us they need more information on where, when and how to access urgent care services. We have developed an extensive campaign under the banner 'Think! right treatment, right place' to increase information on these services.
- Cancer Services, including the Macmillan project: Engagement on a £1 million investment to radically transform cancer care in the area.
- Dementia: We have supported Dementia Friends, particularly in Rossendale, and taken part in a Dementia Awareness event in May alongside health and social organisations
- We asked patients what they wanted with regard to primary care services and the results are being used to influence a set of principles for our Governing Body to endorse.
- We have further developed our Connect soft intelligence system to analyse and identify trends in patient and other feedback on the quality of services.

Plans for 2015/16

We will develop an Engagement and Equality Strategy, which sits alongside the Communications Strategy and increases our emphasis on people from protected groups, whose views are more difficult for us to obtain. This will include a comprehensive map of planned service changes or developments which will be shared with the public.

Engagement is embedded into each Case for Change area: Consultation on primary care access continues from February to April 2015; Scheduled care service development continuing to be informed by engagement/coproduction; further work on supporting people to improve how they care for themselves, with both minor illnesses and long-term conditions. We will work with our partners including the County Council to publicise the Better Care Plan and Integration.

We will continue to track and analyse the information from patients, carers, the public and others about health care services and issues and use this to monitor the quality of services and any potential improvements.

We will be holding further public open ‘listening events’ in each of our five localities, relaunching our public membership scheme and developing our website and other communication channels including newsletters and social media – to communicate, listen and feedback on changes.

Finance

We understand that delivering a sustainable NHS for future generations is a core purpose of our role as a CCG. We have thoroughly assessed the risks and financial impact of our transformational ambitions, and are on track to deliver a sustainable service over the coming 5 years, delivering high quality care in financial austerity.

Overall Position

The notified allocation for East Lancashire CCG for 2015/2016 is £518.609m (inclusive of the Better Care Fund and Running Cost allocations). This places the CCG as the fourth largest commissioning organisation in the North of England. However, when compared against the calculated target allocation based on the revised funding formula for the programme element of the allocation, the CCG is over target by 5.2%. This equates to about £24.8m. NHS England have again applied differential uplifts to those CCGs who are over or under target and the CCG has received the minimum uplift of 1.94% (£9.564m).

Key planning assumptions from the NHS Planning Document "The Forward View into Action: Planning for 2015/2016" have been reflected in the financial planning templates which are submitted alongside the operational plan. In addition, the CCG will continue to support some of the initiatives which were included in 2014/2015 planning round.

Financial Sustainability

	£'m
Return of the 2014/2015 Surplus	(10.5)
2015/2016 Planned surplus (1%)	7.687
0.5% Contingency	2.513
1.0% Non-recurrent Forward view Implementation	5.025

Investments

	£'m
1.0% Non-recurrent Forward view Implementation	5.025
Vulnerable and Older People	1.900
Resilience	2.680
Mental Health	0.722

This appears to fit with NHS England's prioritisation of giving CCG's access to the drawdown of accumulated surpluses during 2015/2016.

Contract Position

Contract discussions are progressing with East Lancashire Hospitals NHS Trust for which this CCG is the host commissioner. The starting position is the 2014/2015 forecast out-turn plus an estimated 0.39% to reflect population growth. A number of QIPP schemes, particularly around the scheduled care pathways for musculoskeletal and pain, ophthalmology and dermatology, which commenced during 2014/2015 will be reflected through the opening contract as will the technical arrangements required to reflect the implementation of the Better Care Fund. The CCG will continue to offer some level of transitional support to the Provider to ensure financial and operational stability across the Health Economy. However this will be

conditional upon delivery of specific service change, and a continuation of joint working that we started in 2014/15.

Additionally, the CCG is working with the Provider to redefine the terms of the element of the contract for community services. This requires an intensive piece of work the outcome being a community contract that is fit for purpose and supports the CCG's commissioning intentions to implement Integrated Neighbourhood Teams which needs to be in place during 2015/16.

Running Cost Allowance

The CCGs running cost allowance remains as announced in the two year allocation settlement at £7.926m which equates to £21.13 per head of population. In actual terms this equates to a reduction of £920k. It is anticipated that the running cost allowance will continue to reduce at about £30k per annum to 2018/2019.

The CCG has set a running cost budget for 2015/16 which remains within the allowance without major reconfiguration in either those support services it provides directly or those it commissions through the Midlands and Lancashire CSU.

The CCG is preparing to re-procure support services in line with the national directive and anticipates utilising the lead provider framework to enable it to run a mini-tendering process to have new contracts in place from April 2016.

Better Care Fund

The Better Care Fund allocation transfer notified for the CCG is £26.095m.

Lancashire CCGs and Lancashire County Council have been working collaboratively with local health, social care, statutory and voluntary providers and partners on the development of an integrated care strategy within the BCF. We do recognise that integrated working across providers and likewise commissioning bodies has been on-going locally for a number of years, but this has been built on significantly within the formal framework required by the BCF.

A number of key schemes have been identified for East Lancashire within the BCF. These have been selected based upon evidence of success and impact both locally and nationally:

- Transforming Lives
- Dementia
- Carers
- Integrated Neighbourhood Teams
- Intensive home support
- Intermediate Care
- Community equipment services
- Social Care, including delivery of the Care Act

QIPP

QIPP savings of £9m are required for 2015/2016. The schemes identified to this are highlighted below:

	£'m
Prescribing	1.5
Better Care Fund Joint Working	2.2
Unidentified	5.3
TOTAL	**9.0**

Currently an unidentified balance of £5.3m is outstanding. Options to cover this are still being worked up. At the moment this is being managed within the overall submitted financial plan. However it is recognised as a significant risk to the organisation and will impact upon our ability to deliver change.

Capital

The CCG does not propose to expend any capital resource in 2015/2016 and has therefore not included anything within this section of the financial plan.

Risks

There are a number of risks faced by the CCG over the next year. These include:

Risk 1 – QIPP balance remains unidentified.
Mitigation – The CCG will not be able to invest recurrently until the balance is identified

Risk 2 – Activity increases continue at levels beyond 0.39% that has been identified in plans.
Mitigation – A 0.5% contingency is in place to help manage variations.
Robust project management of schemes in place to ensure their delivery.
Pilots schemes have end dates and exit clauses which can be called upon if necessary.

Risk 3 – Continued Growth in Continuing Healthcare
Mitigation – Need to ensure robust processes in place to undertake timely reviews of packages and costs.

Risk 4 – Continued uncertainty on Property Costs
Mitigation – Need to develop estates strategy and where possible focus service through local Provider and CHP.

Risk 5 – Prescribing growth in costs continues to be outside of CCG control, eg price changes resulting from re-negotiation of Pharmacy Contracts.
Mitigation – Local Prescribing Incentive schemes will be agreed to deliver cost savings. Initial assumption of 5% growth assumed, with QIPP to deliver nationally assumed 2% increase.

Risk 6 – Co-commissioning of Primary may bring additional cost pressures to the CCG as allocations and costs are not yet know.
Mitigation – Due diligence on costs/funding when known. Assess whether this is a risk, and whether opportunities can arise which will compensate this risk.

Risk 7 – Lack of clarity on 2015/16 PbR tariff will impact on CCG ability to agree an affordable contract within deadlines.
Mitigation – Continue negotiations with local Provider to agree activity baselines. Work on basis of Enhanced Tariff Offer, recognising that the cost needs to fit an overall control total. All recurrent investments will need to be retained until position clarified.

Governance

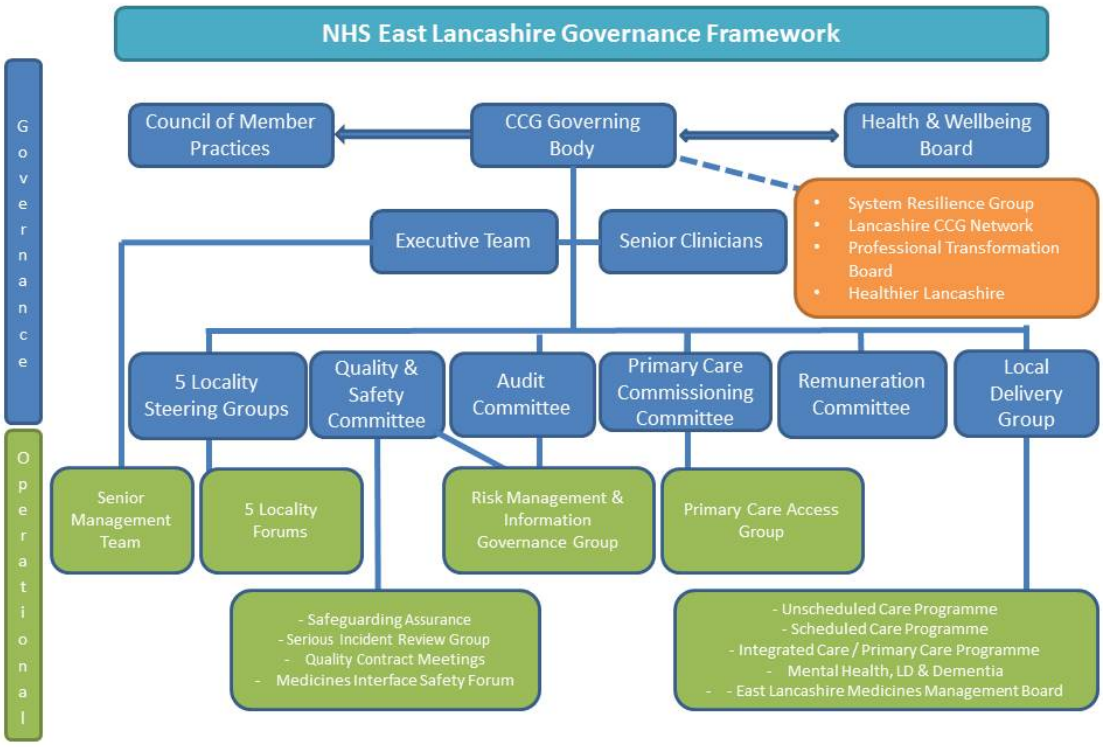
Our organisation is governed by its constitution, and we have robust processes in place for managing the business of the organisation; risks to delivery of our strategic objectives, and conflicts of interest; which ensure that we adhere to our vision and values. Each of our five localities has strong governance arrangements in place, aligned to the corporate framework described.

The CCG's commissioned activity is reviewed on an annual basis to ensure sufficient access to deliver NHS Constitution rights and pledges on access to treatment.

Our constitution has been amended to support the delegated commissioning of primary medical care services and a Primary Care Commissioning Committee has been established. We have revised our Conflicts of Interest Policy to reflect national guidance on managing such conflicts, and this has been adopted and embedded across the organisation. The CCG is a member of the Lancashire network of CCGs, and governance arrangements have been agreed by our Governing Body in relation to an annual programme of work across the eight CCGs in Lancashire. The Chief Finance Officer of East Lancs has chaired the Better Care Fund Steering Group and a sound governance structure is being established.

We have an annual plan of Mandatory and developmental training to support our Organisational Strategy and the CCG is compliant with the IG Toolkit and all staff undertake IG training and are aware of Caldicott rules.

The CCG has considered and responded to various national consultations to ensure our views are heard. We have recently submitted responses to the Duty of Candour consultation, and following the publication of the Freedom to Speak Up Review the CCG is reviewing its Raising a Concern at Work Policy and the Quality and Safety Committee will consider how the recommendations and specific actions within the report will be taken forward.



Appendix 1 Plan on a Page