

North Lincolnshire Clinical Commissioning Group

Plan for the Commissioning of High Quality Services for North Lincolnshire - 2013/14

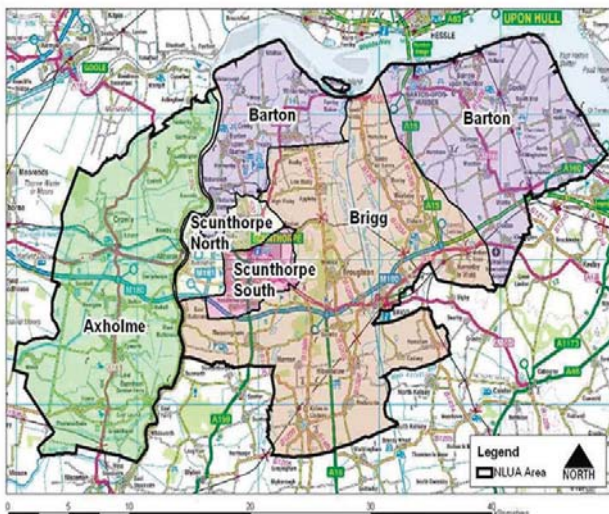


‘Right Care, Right Place’

Full commissioning plan available at: www.northlincolnshireccg.nhs.uk

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Background

North Lincolnshire Clinical Commissioning Group (CCG) comprises 21 GP practices covering a population of about 167,400 people (2012) - an increase of 10% since 2001. The area is served by one main hospital provider, including Community Services (Northern Lincolnshire and Goole Hospital NHS Foundation Trust, NLAG), one specialist hospital provider (Hull and East Yorkshire Trust, HEYHT) and one Mental Health provider (Rotherham, Doncaster and South Humber Foundation Trust, RDaSH). The CCG shares its boundaries with North Lincolnshire Council.

The CCG covers a large geographical area with more than half the population living in rural areas. This creates distinct neighbourhoods and localities with their own unique characteristics, sense of identity and

needs. For example, the Scunthorpe North locality comprises mainly younger people, high levels of rented accommodation, with higher levels of BME residents than elsewhere in the CCG area. Whereas the Axholme locality comprises higher number of more affluent, older people, living in private accommodation, with a higher incidence of long term conditions associated with the older population. These differing priorities create unique challenges for the CCG.

The health needs of the North Lincolnshire population

Life expectancy in North Lincolnshire currently ranges from 71.3 years for males and 74.7 years for females born in parts of Crosby, Town and Brumby wards, to 82.2 and 85.4 years respectively for males and females born in parts of South Axholme and Ferry wards. These differences are mostly avoidable and unfair. There is also a risk that this gap could widen further in the current economic crisis, as the health impacts of recession tend to fall heaviest on the most disadvantaged residents.

(JSNA, 2012; http://nlido.northlincs.gov.uk/IAS_Live/jsnahome)

Key Health Challenges for North Lincolnshire population

NL CCG working partnership with North Lincolnshire Council has identified a number of key health challenges.

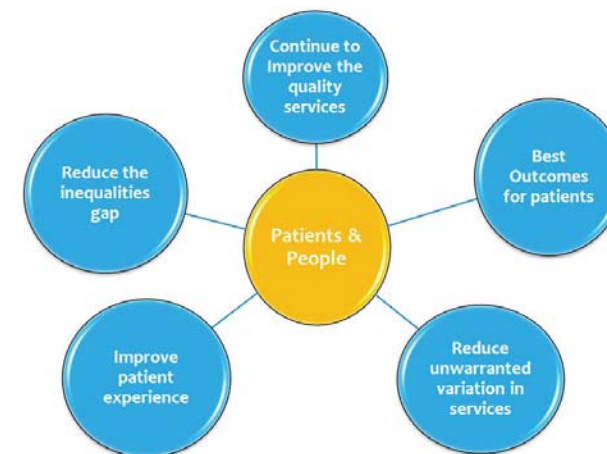
- Smoking in pregnancy and breastfeeding
- Obesity/physical inactivity
- Teen conception rates
- Lung cancer and lung disease
- Premature deaths from cancer,

- Heart disease
- Chronic Long Term Conditions
- Mental health
- End of life care
- Hospital death rates - SHMI

In addition the CCG recognises a number of challenges which also need to be considered when planning what health services in North Lincolnshire should look like in the future.

- Rising inequalities and widening health inequalities
- Rising prevalence of long term conditions
- Rising complexity and comorbidity
- Shaping the market for home based/personalised care
- Flexibility & choice – equity of access
- Strengthening voluntary and community sector

North Lincolnshire CCG's Strategic Aims putting local people at its centre



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Summary Plan for Commissioning High Quality Services for North Lincolnshire

NHS
North Lincolnshire
Clinical Commissioning Group

Mission	'To achieve the best health and well-being that is possible for the residents of North Lincolnshire, within the resources available to the CCG'		Providing the right care in the right places to meet patient needs.	Providing healthcare through all stages of life
Strategic Aims	<ul style="list-style-type: none"> • Continue to improve the quality of services * Deliver the best outcomes for every patient * Reduce the inequalities gap in North Lincolnshire • Improve the patient experience * Reduce unwarranted variation in services 			
Values	<ul style="list-style-type: none"> • Preserve & uphold the values set out in the NHS Constitution * Value the input of patients & carers into the design & delivery of services we commission • Work with all our Partners for the benefit of North Lincolnshire residents * Treat patients, carers and colleagues with dignity & respect 			
Outcomes	<ul style="list-style-type: none"> • Increase the number of people who are managed within their own home during an acute illness, by ensuring appropriate skills are available in the community • Improve people's ability to manage their own condition, reducing the risk of them requiring a hospital admission, thereby maintaining independence for as long as possible • Improvement in patient and carer experience for people at end of life, enabling them to die in their preferred place of care • Delivery of care within community based settings, with care delivered closer to people's home resulting in a reduction in need to travel to a hospital setting • Improved access and waiting times for psychological therapies (IAPT) services • Improved assessment, treatment and experience for people with dementia 			
Key Priorities for 2013/14	<p>To work with partners across Northern Lincolnshire to develop proposals to ensure safe and sustainable services. Developing a Future Model of Care that delivers 'Right Care in the Right Place'</p> <ul style="list-style-type: none"> • Improving the Quality of Primary Care • Support to carers • Improving mortality and preventing people dying prematurely • Improving outcomes for people with Long Term Conditions • Implementing the Urgent Care model including NHS 111 • Improving care at End of Life • Supporting people's mental health and wellbeing with a particular focus on Dementia and Improving Access to Psychological Therapies (IAPT) • Improving outcomes for children and improved care for women during pregnancy 			
National and local indicators and guidance	<p>There are a number of national guidance documents which have been taken in to consideration for this plan. These are:</p> <ul style="list-style-type: none"> • National Quality Premiums • NHS Constitution • North Lincolnshire Health & Wellbeing Strategy • Compassion in Practice • NHS Mandate • NHS Outcomes Indicators • NHS Commissioning Board Five offers • National CQUINs 			



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Healthy Lives, Healthy Futures in Northern Lincolnshire

North Lincolnshire CCG is working closely with North East Lincolnshire CCG, North Lincolnshire Council and health organisations, particularly Northern Lincolnshire and Goole Hospitals Foundation Trust, to undertake a review of health and social care services across Northern Lincolnshire. The aim is to ensure that we design services that;

- Raise the quality of services for our patients
- Increase overall quality of care
- Improve SHMI / mortality rates
- Create care pathways with lower overall cost
- Support sustainability as demand increases
- Develop the relevant inputs to meet time-critical business planning
- Support short-term constraints for providers

Key principles agreed by all partners for the review include;

- Improves overall quality & outcomes
- Increased prevention & enabling people to self-care
- More services provided in the community, closer to the patient
- Provide 24/7 access to the right level of care or advice
- Deliver a more “integrated” service across providers
- Reduce demand for hospital-based specialist care
- Provide specialist acute care at a minimum national scale to ensure safe services

The management for this review is done by clinicians from both North Lincolnshire and North East Lincolnshire CCGs and the hospital trust (NLG) supported by a Clinical Stakeholder Board. The review also has an independent chair.

The timeline for the review is to support engagement with the population of Northern Lincolnshire, frontline staff, GP’s, MP’s, Councillors etc. during the summer of 2013 to establish changes required and to support a full public consultation should that be needed to take place in the autumn 2013.

Finance plan

The CCG receives £195.881m to commission or buy services and £4.23m for Running Costs.

Overall the CCGs Financial plan is challenging, however NHS North Lincolnshire has a track record of tight budget and reserve management, which coupled with the engagement of GPs as Clinical Commissioners and support from Relationship Managers should give the CCG a proper chance to succeed.

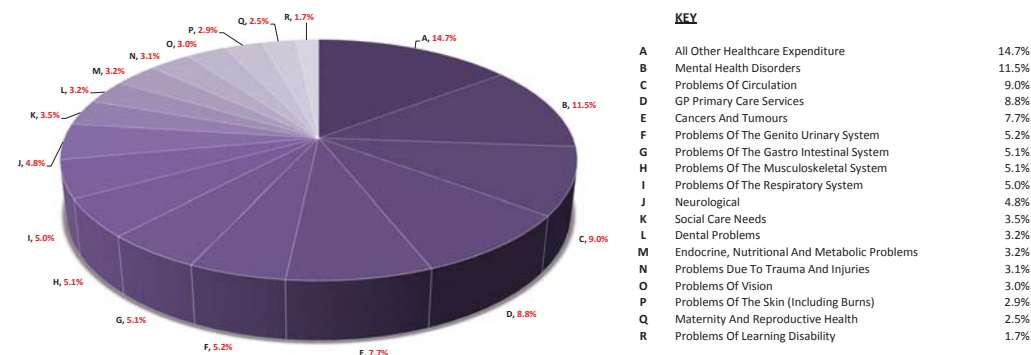
The CCG has to deliver a 2% recurrent surplus, which it can then spend on a non-recurrent basis. It will use this money to spend on changing services so that they meet future needs.

The CCG invests the majority of its budget in its local acute providers, community services and learning disability and mental health providers. It also incurs significant costs associated with prescribing within Primary Care.

A total of £0.5m has also been set aside for one off spend to support new models of care.

Other investments include £1.002m growth in adults and children’s continuing care growth as well as additional carer’s support of £350k.

NHS NORTH LINCOLNSHIRE: % OF EXPENDITURE ON IT’S OWN POPULATION BY CATEGORY OF HEALTHCARE IN 2011/12



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Development of the plan

This is the newly formed (and authorised) CCG's first Commissioning Plan and we are committed to developing a plan with as much engagement as possible from stakeholders and public. This plan has therefore been developed with input from a wide range of sources. This engagement included a number of established routes and individual meetings, CCG held a stakeholder event on the emerging plan on 22nd January.

Raising quality

The Summary Hospital Mortality Indicator (SHMI) data, published in October 2011 highlighted high mortality rates at Northern Lincolnshire and Goole Hospitals Foundation Trust. A subsequent independent review, resulted in the development of jointly owned Northern Lincolnshire SHMI action plan. The mortality rate indicator is considered one of a number of quality markers, and therefore full implementation of the action plan is a key priority for NL CCG during 2013/14.

Sir Bruce Keogh (Medical Director for NHS) and his team will undertake a further review of Northern Lincolnshire and Goole Hospitals NHS Foundation Trust, alongside review of a further 13 hospitals to support improvement in mortality rates.

To help raise the quality of care NL CCG has introduced a range of quality targets (CQUINs) in line with the NHS Outcomes Framework Quality Domains.

Examples include;

- Implementation of a respiratory care bundle, which sets out the care a patient should receive– the CQUIN is achieved when all elements of the care bundle are delivered for the patient.
- Implementation of National Early Warning score, to identify deteriorating patients with the aim of improving patient outcomes.

Future engagement

The CCG believes the only way it can succeed in delivering high quality services for the community and improving the health of our population is by involving members of the public, partner organisations and member GP practices in the development of services.

It aims to create a culture where local people are armed with the power and knowledge to take part in and meaningfully contribute to debates about how health services are developed. To help achieve this North Lincolnshire CCG has adopted Experience Led Commissioning (ELC) so that people's experiences can be recorded and drive then the development of services. ELC uses active input from patients and carers, frontline staff, user representatives, service providers and clinical commissioners to improve and redesign services.

NL CCG will encourage GP practices to gather insights through Patient Participation Groups (PPGs). The CCG is developing links with these groups through the CCG Board lay representative lead for engagement. PPGs have opportunities to influence at both individual practice level and CCG level through their practice representative on the Council of Members.

In addition, NL CCG will continue to work closely with key stakeholders, including the Health Scrutiny Panel, the Health and Wellbeing Board and the newly commissioned Healthwatch North Lincolnshire.

Five long-term objectives for communications and engagement will support this approach:

- Have a community that is well informed and interested in its own health
- Ensure our partners and other key interested parties are kept informed.
- Effectively engage and communicate with member practices
- Have supported and well-valued staff who are well informed and engaged
- Actively engage with local providers and secondary care clinicians

[We value your feedback and want to hear what you think about health services in North Lincolnshire. You can give us your thoughts and feedback the following ways:](#)

Email: NLCCG.ContactUs@nhs.net

Visit: www.tinyurl.com/north-lincs-survey

Call: 01652 251125

Write to us at:

North Lincolnshire CCG, Health Place, Wrawby Road, Brigg, DN20 8GS

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Joint working with partners

North Lincolnshire CCG has established relationships with local stakeholder groups such as the Health and Wellbeing board. This Board will sign off the CCG Commissioning plan.

CCG also works with the Area Team of NHS England to ensure primary care services are of a high quality and meet the needs of the local population.

The Health and Wellbeing Board has been established to ensure health and social care systems work together to meet the population health and social care needs, and influence commissioning decisions within both health and social care.

The strategic priorities set out in the Health and Wellbeing strategy are;

- Address domestic abuse and promote safer communities and safer neighbourhoods
- Address the causes of family poverty and reduce the impact on families
- Improve life skills for the workforce
- Address social isolation and promote positive communities
- Improve smoking prevention and other causes of preventable ill health

Support independent living for people with long terms conditions and disabled people through better use of resources.



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Key priorities and their delivery against CCG Strategic aims and national requirements

	Key priorities	Improving quality and experience	Improving the quality of primary care	Improving mortality and preventing people dying prematurely	Improving outcomes for people with long term conditions	Improving care at end of life	Supporting people's mental health and well being	Improving outcomes for children	Improved care for women during pregnancy	Supporting carers	Implementation of urgent care model including NHS 111
CCG strategic aims	Improving quality	✓	✓	✓	✓	✓		✓	✓		✓
	Reduce variation	✓	✓		✓	✓		✓	✓		✓
	Best outcomes for all	✓		✓	✓	✓	✓	✓	✓		✓
	Improving patient experience	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Reduce inequalities				✓		✓	✓			
5 Offers	7days / week	✓		✓							✓
	More transparency	✓		✓							
	Patient participation				✓	✓	✓			✓	
	Data & informed commissioning	✓									✓
	Higher standards	✓	✓	✓			✓				
CCG outcome indicators	Preventing premature deaths	✓	✓	✓	✓			✓			✓
	Quality of life for LTC patients	✓	✓		✓		✓			✓	✓
	Recovery from ill health/ injury	✓	✓	✓	✓		✓	✓			✓
	Ensuring positive experience of care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Protect from avoidable harm	✓	✓	✓	✓			✓	✓		✓

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Constitutional measures	18/52 waits	✓	✓		✓						
	Diagnostics 6/52	✓	✓		✓						
	A/E 4 hr waits	✓									✓
	2 week waits	✓	✓	✓							
	31 day cancer waits	✓	✓	✓							
	62 day cancer waits	✓	✓	✓							
	Cat A ambulance times	✓		✓							
	Mixed sex accommodation	✓									
	Cancelled ops	✓									
	Mental health f/up 7/7	✓					✓				
	52 week waits	✓									
	A/E trolley waits>12 hrs	✓									✓
	No op cancelled for 2nd time	✓									
	Ambulance handovers 15 minutes to A/E, + 15 minutes turn around	✓		✓							✓
Quality premiums	Years of life lost - amenable to healthcare	✓	✓	✓	✓		✓	✓			
	Avoidable emergency admission	✓	✓		✓	✓					✓
	Friends and family	✓		✓					✓		✓
	Health acquired inf. MRSA/C.Diff	✓		✓							
	Increasing dementia diagnosis	✓	✓				✓			✓	
	Reducing emergency readmissions	✓									✓
	Stroke thrombolysis	✓		✓		✓					✓