

Attachment 07

**North East Lincolnshire CCG**

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Helen Kenyon |
| **Date of Meeting:** | 10th July 2014 |
| **Subject:** | Triangle objectives: review of 2013/2014 and objectives for 2104/2015 |
| **Status:** | √ OPEN  CLOSED |
| **Agenda Section:** | STRATEGY  COMMISSIONING OPERATIONAL ISSUES |

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| **OBJECT OF REPORT** |  |
| This report provides an overview against the 2013/14 Triangle Objectives and notes the objectives identified for each triangle in 2014/15. | |

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| **STRATEGY** |  |
| A key part of the development of the Clinical Commissioning Group in North East Lincolnshire has been the establishment of the service triangles, a unique concept which brings together Clinical Leads, Service Leads and Community Members to drive forward service redesign & improvement on behalf of the CCG. The paper attached contains a summary, by each of the service triangles, of their objectives for 13/14 and an overview of objectives for 14/15. | |

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| **IMPLICATIONS** |  |
| The work undertaken by each triangle feeds directly into the successful delivery of the corporate and strategic plan. . | |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT**  Recommendation (R): | | |
|  | The Partnership Board are asked to note the progress made in 2013/14 and the objectives for 2014/15 | **Agreed?** |
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|  |  | **Yes/No** | **Comments** |
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|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act | Yes |  |
| ii) | CCG Equality Impact Assessment | Yes |  |
| iii) | Human Rights Act 1998 | Yes |  |
| iv) | Health and Safety at Work Act 1974 | Yes |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 | Yes |  |
| iv) | Does the report have regard of the principles and values of the NHS Constitution?  [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613) | Yes |  |

**Introduction**

Service Triangles represent an integral part of the way that ourClinical Commissioning Group (CCG) operates; Triangles are a unique concept which brings together Clinical Leads, Service Leads and Community Members to drive forward service redesign & improvement on behalf of the CCG.Together these three voices have an equal influence during planning and decision-making.  
  
We have already seen the benefits of working in this way and we have been recognised nationally for this innovative way of working.

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|  | **Service Triangles:**   * Planned Care * Unscheduled Care * Women’s & Children’s Care * Older people’s and Dementia Care * Prescribing & Medicines * Disabilities and Mental Health |

The following provides an update on the progress of each triangle in 2013/14 and their objectives in 2014/15.

***\*\* Please note there are a number of acronyms within the report which have not been expanded upon due to brevity – however a glossary of terms can be supplied if needed \*\*\****

**Planned Care Triangle**

**Clinical Lead: Dr Arun Nayyar**

**Service Lead: Pauline Bamgbala**

**Community Lead: April Baker**

**Achievements in 2013/14**

The Planned Care Triangle is in the process of finalising arrangements for dermatology and ophthalmology services to be community based. This will improve access, reduce waiting times and provide a more consistent service across NE Lincs. They have undertaken two major service reviews – neurology and diabetes and implementation of the recommendations will take place during 2014/15. Funding was obtained to establish a training programme to ensure continuity of the Community Skin Cancer service and two new GPs have been recruited and will commence training this year. An updated pathway for GP practices has been developed and all practices have signed up to this. In order to reduce acute hospital admissions for exacerbations of COPD, patients admitted to secondary care with an AECOPD will have in place a programme of home based physiotherapy within 72 hours of discharge from hospital. This initiative will not only save the CCG money on repeat admissions, it will also benefit the patient in terms of ensuring continuity of care between the hospital and community setting. Additionally the triangle are developing a number of enhanced technology solutions for the optimised delivery of medical care to NEL patients, the goal of which is to provide the building blocks and tools for delivering an enhanced primary care service. The clinical lead continues to work with practices who are outliers in order to reduce the number of out-patient referrals. Also GP clinical lead for cancer has been appointed.

**Objectives for 2014/15**

In the forthcoming year the triangle will continue to work with practices who are below the CCG average for COPD10 to improve patient care and also work with the Prescribing Triangle to reduce prescribing costs by ensuring primary care are implementation the new pathways. Following the neurology and diabetes service reviews service specifications are now being developed and dermatology and ophthalmology community services are to be implemented. Additionally the triangle will continue to support practices and NLaG to work with new technology ie e-consults, non face-to-face consultations, Medivism etc.

**Unplanned Care (Urgent, Emergency & Intermediate) Triangle**

**Clinical Lead        Dr Rakesh Pathak**

**Service Lead Andy Ombler**

**Community Lead      Anne Hames**

**Achievements in 2013/14**

Over the last year the GP in A&E service, supported by winter monies, developed with the “see and treat” element and operating 7 days a week, the service is meeting its initial performance target and is considered supportive of A&E performance. Capacity was also a key consideration with Intermediate Tier capacity developed including step-up *case managed* beds to enhance hospital avoidance impact. A Q4 Incentive scheme  was taken up by the Provider group with positive impact on service delivery, in particular DToC performance. Ambulance handover performance , which has been historically non complaint against target has been a focus area , including the  deployment of RFID timing technology and improvement has been recorded which needs to be monitored and sustained in 14/15.

**Objectives for 2014/15**

In the forthcoming year the whole system approach to the Urgent Care System will continue and there will be further work on developing NEL specific models of Urgent Care. The context of this work will also reflect national developments with the pending designation of Major Emergency and Emergency Centres, Urgent Care network development, 7 day services programme, The Better Care Fund and HLHF.

**Women’s and Children’s Triangle**

**Clinical Lead        Dr Marcia Pathak**

**Service Lead Michelle Barnard**

**Community Lead      Pam Taylor**

**Achievements in 2013/14**

Over the last year the triangle has continued to enhance and develop the paediatric assessment unit in A&E seeing a huge reduction in short stay admissions, this has resulted in significant financial savings some of which will be re-invested in better community provision. In year the triangle undertook a whole scale evaluation of our paediatric community nursing service and our Looked after children’s health service resulting in recommendations to enhance both. The Clinical Lead now chairs the immunisation forum and we have continued to see huge improvements in our immunisation rates.

At the end of 2013 the triangle won the HFMA Efficiency and Innovation Award for the work we’ve done to minimise the time children spend in hospital and Dr Pathak was also highly commended in the Clinician of the Year award 2013.

**Objectives for 2014/15**

In the forthcoming year some of the key objectives include submitting a bid for the well-nurse programme, benchmarking referral pathway approaches throughout primary care to ensure there is consistency in care, implementing the recommendations of the evaluation of the Looked After Children Service and Paediatric Community Nursing Service, a whole system evaluation across patch of the Maternity Service and Early Pregnancy Unit and undertaking a detailed patient survey of the paediatric assessment unit.

**Older People’s and Dementia Care Triangle**

**Clinical Lead; Dr Karin Severin**

**Service Lead; Jeanette Logan**

**Community Lead: Albert Bennett**

**Achievements in 2013/14**

In terms of dementia care, over the last year the triangle has continued to focus on reducing the prescribing of Antipsychotic medication; the overall philosophy around the administration of these drugs has changed significantly and people are now offering alternative solutions and interventions and this has led to an overall reduction in prescribing activity and cost savings. The CCG has a guidance tool to support management of behaviours associated with dementia. There is register of all people who are prescribed antipsychotics and a clear protocol for accounting for the use and consider the alternatives. Other achievements in dementia care include increasing the rate of diagnosis to support people to be able to receive the treatment and maintain independence and the oversight of the dementia strategy to ensure the needs of people with dementia are placed at the forefront of developments.

In terms of older people’s care, over the last year the quality framework has been successfully implemented across all care homes/nursing homes in NEL. Care homes are now working towards the standards that are expected and therefore quality of care is being improved.

**Objectives for 2014/15**

In the forthcoming year some of the key objectives include the roll out the GP / Primary care within Care homes to ensure that there is an alignment programme to provide GP practices to every care home. The development of a frailty unit attached to A&E so that all patients as identified e.g. over 75, are seen by a GP or geriatrician prior to any decision to admit. And the production of an action plan around falls prevention to improve awareness and prevention across the community.

**Prescribing & Medicines Management Triangle**

**Clinical Lead: Dr Andrew Stead**

**Service Lead: Rachel Staniforth**

**Community Lead: Maggie Townend (March 2013 – January 2014)**

**Margaret Henry (June 2014 onwards)**

**Achievements in 2013/14**

Over the last year there have been a number of achievements these have included updating and adopting the Medicines Management Strategy for the CCG, the development of antibiotic guidance for primary care, the delivery of a Patient focused Waste Campaign and the Implementation of the GRASP AF tool within practices to identify patients with a diagnosis of atrial fibrillation and their risk of stroke (low, medium or high).

Additionally the triangle has continued the implementation of ScriptSwitch and support to practices provided by the Medicines Optimisation Technician and monitored prescribing behaviour and notably the practice prescribing budget showed an underspend, despite a significant cut to the overall prescribing budget

**Objectives for 2014/15**

In the forthcoming year some of the key objectives include the recruitment of a new community lead and clinical lead, to achieve a prescribing balanced budget at end of financial year and savings target delivered as per QIPP plan, aided by the continued implementation of ScriptSwitch and support provided to practices by the Medicines Optimisation Technician, the Ongoing implementation of the GRASP AF tool, the use of the GRASP COPD tool in practices to review patients with a diagnosis of COPD, reviewing the provision of medication on discharge and the use of pharmacy managed repeats and the installation of the Northern Lincolnshire Area Prescribing Committee Formulary on to GP clinical systems.

**Disability & Mental Health Triangle**

**Clinical Lead: Dr Jonathon Plotnek**

**Service Lead: Angie Dyson**

**Community Lead: David McGuire**

**Achievements in 2013/14**

In terms of learning disability care over the last year the triangle has commissioned and opened a 16 bedded apartment model, this has enabled a number of people with disabilities to move onto supported living within their own apartment with the relevant support. Setting up a further 4 supported living houses, two of which are for people with physical disability.

In terms of mental health care the triangle worked with our mental health provider to remodel residential care in order it is now fit for purpose, this has resulted in Aeron Park closing. PBR is now starting to be embedded in mental health practice and all people are now clustered we are now in the first shadow year.

Work on market reshaping has now been recognised nationally and the triangle presented at a conference in London.

**Objectives for 2014/15**

In the forthcoming year some of the key objectives include to continue with the market shaping adults (<65) work in line with the changing lives and partnership strategy, to ensure that all block contracts are individual contracts and are reviewed to ensure the right level of support is provided, the Implementation of PBR in line with National policy and guidelines, to ensure the IAPT service is fit for purpose, and to undertake a review with Mental Health to ensure we meet “parity of Esteem principles”