

Attachment 07

**North East Lincolnshire CCG**

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Helen Kenyon  |
| **Date of Meeting:** | 15th January 2015 |
| **Subject:** | Triangle objectives: mid-year review 2104/2015 |
| **Status:** | √ OPEN [ ]  CLOSED |
| **Agenda Section:** | [ ]  STRATEGY [ ]  COMMISSIONING [ ] OPERATIONAL ISSUES |

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| **OBJECT OF REPORT** |  |
| This report provides a short mid-year summary of the service triangles progress against their objectives.  |

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| **STRATEGY** |  |
| In order to effectively harness clinical decision making and ensure that we are a clinically led organisation we established ‘Service Triangles’; this is a unique concept which brings together Clinical Leads, Service Leads and Community Members who drive forward service redesign & improvement on behalf of NEL CCG.  |

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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 by each triangle.  | **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
* Unplanned Care
* Women’s & Children’s
* Older people’s and Dementia
* Community Care
* Disabilities and Mental Health
* Prescribing & Medicines Management
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The following provides an update on the progress of each triangle in 2014/15; the report contains some acronyms which have not been expanded upon due to brevity – however a glossary of terms can be supplied if needed.

**Unplanned Care Triangle**

**Clinical Lead: Dr Rakesh Pathak**

**Service Lead: Andy Ombler**

**Community Lead: Anne Hames**

This year, the national requirements for planning and monitoring of capacity and demand in unplanned care have been implemented in NEL through the establishment of the System Resilience Group (SRG) as a development of the Unplanned Care Board. Building on the processes developed last year this includes the now standardised NHS England approach to Winter Planning and assurance on provider resilience.

The Unplanned Care Triangle has used a review approach on NEL Urgent Care public access (“Perfect 24/7”) that compares against national policy and published best practice in order to identify some aspirational standards for improvement.

Intermediate Care has been of considerable focus as plans for the services’ bed configuration located on the DPoW site have not been successfully implemented  requiring a re-definition of the use of the remaining IC bed facilities and service pathways. Work is underway on Rapid Response and Intermediate Care service specifications and imminent work is being defined to further improve the already improved Delayed Transfer of Care performance by re-designing the overall discharge planning process and which will build in some of the new requirements of The Care Act.

 In addition to the already established GP in A&E and Paediatric Assessment Units, projects have emerged for a Frail Elderly Assessment Unit and NAVIGO led “Home from Home” facilities for Dementia/Confusion. Along with proposed changes to the AMU and MDT assessment of those requiring further  diagnostics and short term monitoring, all of the A&E and decision making functions for admission need to be pulled together in a single coherent “front-end” model with enhanced home care support to optimise the care for each patient.

**Planned Care Triangle:**

**Clinical Lead:        Dr Arun Nayyar**

**Service Lead: Pauline Bamgbala**

**Community Lead:     April Baker**

The major achievements for the planned care triangle include completion of the neurology review and development of service specification to cover all four disease areas; development of a diabetes patient guide and service specification for the diabetes nurse specialist.  As well as a community dermatology service is in place at Cromwell Road.

A COPD task and finish group has been established and an action plan agreed.  The first outcome from this group has been the development of the inpatient stop smoking service.

A clinical lead for cancer was appointed in August and work is currently underway to refine the 2ww pathways and a familial breast cancer service specification has been developed.

Our clinical lead continues to work closely with our secondary care providers to improve waiting times and patient outcomes.

**Women’s and Children’s Triangle:**

**Clinical Lead:        Dr Marcia Pathak**

**Service Lead: Michelle Barnard**

**Community Lead:     Pam Taylor**

The paediatric assessment unit in A&E continues to assist in the prevention of unnecessary hospital admissions, the service is very well used and has received nomination’s / been shortlisted for a number of regional and national awards; the Community Lead is currently in the process of undertaking an in-depth patient survey of the unit, progress has been slightly impacted upon because of information governance issues, however these have been largely addressed.

The newly enhanced paediatric community nursing specification has been agreed and business case approval has been gained and the service is scheduled to go live in the last quarter of 2014/15; additional staff have been recruited to ensure that the service includes specialisms in diabetes, epilepsy, asthma, endocrine and end of life; and revised pathways are in draft form. The service also includes the provision of community paediatric phlebotomy clinics in specific primary / community locations in North East Lincolnshire.

The Clinical Lead continues to chair the immunisation forum and our immunisation rates are now excellent, based on the latest available data our rates are over 97% uptake which is comfortably above the national target.

Towards the end of 2014 the triangle commenced a review of the maternity pathway, the review is mid way through and is focusing on a number of key areas including, but not limited to - the information given at initial booking and follow up appointments, peri-natal mental health pathways, the use of technologies such as aps and video links to give key health messages, smoking, breastfeeding and healthy eating in pregnancyand key members of the Maternity Services Liaison Committee (MSLC) are leading on a patient and midwifery survey.

**Older People and Dementia Triangle:**

**Clinical Lead: Dr Karin Severin**

**Service Lead: Jeanette Logan**

**Community Lead: Albert Bennett**

Key achievements so far this year for the older people and dementia triangle include,  success in  changing the overall philosophy around reducing the prescribing of antipsychotic medication. This

 has changed significantly resulting in reduction in both  prescribing and cost and People are now being offered alternative solutions and interventions. There is a guidance tool to support the 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.

The implementation of the Quality framework has taken place across all care homes/nursing homes in NEL.  This has produced a baseline for quality in our locality to support future commissioning and market shaping. Four care homes have been identified out of the total 47 that are below the bronze award and these Care homes are now working towards the standards that are expected and therefore quality of care is being improved. Action plans for improvements are being implemented if the standards are not being achieved .Care homes are more sustainable and viable through the higher occupancy levels which have now increased to 78% and the overall reduction in bed provision within NEL.

The number of people diagnosed with dementia has increased significantly from back in 2012/13 when we were at 48.7% with our plans in 2014 to deliver a dementia diagnosis rate of 53.0%. To date an Analysis of the newly released data indicates that our CCG’s actual dementia diagnosis rate is 62.8% and that our estimated prevalence for people with dementia is 2133.

**Community Care Triangle:**

**Clinical Lead: Dr Bamgbala**

**Service Lead: Jake Rollin**

**Community Lead: Christine Forman**

This triangle was established in September 2014

The Community Care Triangle will be focusing attention on providing direction to the development of NEL’s integrated Single Point of Access for health and social care. This is a vital feature in how people will interact with health and social care services on many levels, from simply obtaining advice and information through to the management and response to care crisis situations.

The Triangle will also be taking a keen interest in how local adult safeguarding procedures and systems are working, understanding how the system is understood by local people and how successful we are in protecting people from harm.

It will also have the oversight and responsibility for the development of Extra Care Housing across North East Lincolnshire with the opening of our first scheme, Strand Court, in the summer of 2015.

In addition, the triangle will also start to represent he carers agenda within the CCG and will have an eye on how the new support arrangements for carers as set out in the care act will work locally

**Mental health & Disabilities Triangle:**

**Clinical Lead:    Dr Jonathan Plotnek**

**Service Lead: Angie Dyson**

**Community Lead:     David McGuire**

This year all residential homes have been remodelled with the remodelling of Gatehouse cottages programmed for July 2015.

The IAPT Peer review has been completed and an action plan has been signed off by all committees.

There has been a 20 Bed apartment model commissioned and Opened for people with Disabilities

Adult Social care financial savings work streams are meeting required targets and there was a successful bid for 90K to implement the Mental Health Concordat.

**Prescribing & Medicines Management Triangle:**

**Clinical Lead: Dr Andrew Stead (April – September 2014)**

**Dr Sudhakar Allamsetty (October 2014 onwards)**

**Service Lead: Rachel Staniforth**

**Community Lead: Margaret Henry (June 2014 onwards)**

This year the triangle have recruited a new community lead and clinical lead.

The prescribing budget was in balance at end of the financial year and the savings targets were delivered as per the QIPP plan; however for this year the prescribing budget is currently forecast to overspend in part this is due to the impact of Category M changes – the full impact of this is yet to be determined but has been estimated to be in the region of £200k. Work is ongoing with regard to areas where cost efficiencies can be made.

The triangle provided supported to the European Antibiotic Awareness Day and attendance at Living Well, Living Longer event at Grimsby Minster to promote awareness of appropriate antibiotic use, medicines waste and use of community pharmacy.

The development of a blood glucose testing strips formulary is due to be completed December / January 2014.

The triangle are overseeing the on-going implementation of formulary, GRASP COPD and AF tool and work with NLaG to review the provision of medication on discharge.