

Attachment 07

**North East Lincolnshire CCG**

|  |  |
| --- | --- |
|  |  |
| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Dr Derek Hopper |
| **Date of Meeting:** | July 2015 |
| **Subject:** | Triangle objectives: review of 2014/15 and objectives for 2015/16 |
| **Status:** | √ OPEN  CLOSED |
| **Agenda Section:** | STRATEGY  COMMISSIONING OPERATIONAL ISSUES |

|  |  |
| --- | --- |
| **OBJECT OF REPORT** |  |
| This report provides an overview against the 2014/15 Triangle Objectives and notes the objectives identified for each triangle in 2015/16 | |

|  |  |
| --- | --- |
| **STRATEGY** |  |
| In North East Lincolnshire Clinical decision making is driven via Service Triangles; Triangles are a unique concept that bring together Clinical Leads, Service Leads and Community Members to lead and influence service redesign & improvement on behalf of the CCG.  The paper attached contains a summary, by each of the service triangles, of their objectives for 14/15 and an overview of objectives for 15/16 | |

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

|  |  |  |
| --- | --- | --- |
| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT -** Recommendation (R): | | |
|  | The Partnership Board are asked to note the progress made in 2014/15 and the objectives for 2015/16 | **Agreed?** |
|  |  |  |

|  |  | **Yes/No** | **Comments** |
| --- | --- | --- | --- |
|  | 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**

In North East Lincolnshire Clinical decision making is driven via Service Triangles; Triangles are a unique concept that bring together Clinical Leads, Service Leads and Community Members to lead and influence service redesign & improvement on behalf of the CCG.

In recognition of their on-going success the CCG launched an additional two triangles in 14/15: Community Care and Primary care and also added to an existing triangle to incorporate Carers in the Older People’s triangle.

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

The following provides an update on the progress of each triangle in 2014/15 and their objectives in 2015/16.

***\*\* 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: vacant**

**Achievements in 2014/15:** A dermatology community outpatient service has been set up at Cromwell Road meaning the vast majority of patients no longer need to travel to the hospital for their appointments. Working closely with the hospital, following a proposal to Council of Members, agreement was made to expand the ophthalmology space at DPOW to increase clinic capacity and to implement a glaucoma monitoring service. In terms of supporting patients with long term conditions, diabetes patients now have access to a patient guide, monthly education sessions through a support group and access to injectable therapies at a local GP practice if their own practice does not provide this. GP practices have greater support through the community diabetes nurse specialist following sign off of a service specification. Neurology patients can now access two new specialist nurses funded externally and patients, carers and employers can access a self care education programme and COPD patients now have access to an in-reach smoking cessation service whilst in hospital. With regards to cancer care, a Macmillan survivorship project is now in place following a successful bid for funding, service specification for Familial Breast has been developed (awaiting sign off) and work continues around early identification, 2ww and analysis of A&E admissions to improve care.

**Objectives for 2015/16:** The main focus for 2015-16 is the development and implementation of a Long Term Conditions model initially focusing on COPD to improve management of patients. Other priorities include working with the hospital around the development of the ophthalmology service and seeking assurance on current service delivery, reducing out-patient follow ups, working with primary and secondary care including implementation of tele-dermatology service and for cancer, supporting primary and secondary care in implementing new NICE guidance around early identification and two week wait and implementing a locality action plan.

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

**Clinical Lead        Dr Rakesh Pathak**

**Service Lead Andy Ombler**

**Community Lead       Anne Hames**

**Achievements in 2014/15:** In year, the national requirements for planning and monitoring of capacity and demand in unplanned care have been implemented  through the establishment of the System Resilience Group (SRG) as a development of the Unplanned Care Board. Building on the processes developed in the previous year this includes the now standardised NHS England approach to Winter Planning and assurance on provider resilience. The Unplanned Care Triangle used a review approach on NEL Urgent Care public access (“Perfect 24/7”) that compared against national policy and published best practice in order to identify some aspirational standards for improvement. Intermediate Care has been in considerable focus as plans for the services’ bed configuration located on the DPoW site were not implemented permanently and IC bed facilities and service pathways were a key feature of resilience support. Work began on Rapid Response and Intermediate Care service specifications and ambulance handover support initiatives fully implemented**.**

**Objectives for 2015/16:** The priority for this year is the leadership role of the triangle in the overall development of the NEL Out of Hospital Urgent Care model which will require close coordination and working with other service triangles to deliver the disparate elements of an improved urgent care response. Whilst this focuses on service access there remains a requirement to continue to improve patient flow once admitted by improving the system wide approach to discharge planning and the discharge service pathways – especially intermediate tier services. System resilience developments will support  these developments and will require significant assurance through the development of NHSE determined best practice ( 8 High Impact Initiatives ). This year is also expected to see further developments of national Emergency Care Networks and Urgent Care Networks as well as the potential for new provider accountability and alliance models.

**Women’s and Children’s Triangle**

**Clinical Lead        Dr Marcia Pathak**

**Service Lead Michelle Barnard**

**Community Lead       Pam Taylor**

**Achievements in 2014/15:** Over the last year the triangle concluded the evaluation of the paediatric community nursing service which resulted in a successful business case to enhance the service and a revision of all the referral pathways, The paediatric assessment unit in A&E has continued to be a success, the patient experience survey planned in year met some delays due to patient data issues however this has been taken forward as a priority in 15/16. The Clinical Lead has continued to chair the immunisation forum and our immunisation rates are amongst the highest (best) in the country, this is a significant achievement given where we were a few years previously. The review of the Looked After Children’s (LAC) health service concluded and a new improved service is now in place and we have now achieved our targets for successful, timely completion of LAC health assessments and reviews in line with Ofsted / CQC requirements.

In 2014/15 the triangle was a finalist in the Mediplex and Y&H AHSN Innovation awards and nominated as a finalist in the national HSJ awards in London; we also delivered a training workshop for the regional Y&H HFMA conference.

**Objectives for 2015/16:** In the forthcoming year some of the key objectives include formerly launching the new paediatric community nursing service, setting up the children’s community blood clinics in three primary care centres within NEL – this will not only create a more accessible and responsive service for children and their parents / carers but will also save unnecessary outpatient appointments. Concluding the cross patch evaluation of the Maternity Service, taking into account the national review, and implementing a new service specification. Completing the patient survey of the paediatric assessment unit and implementing recommendations. Assessing women’s and children’s services against the new 2015 ‘Facing the Future for Child Health standards’ and considering how the SPA and ACC model could be adapted for children. The Triangle will also continue to drive forward in the development of sustainable services as outlined in Healthy Lives, Healthy Futures.

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

**Clinical Lead; Dr Karin Severin**

**Service Lead; Nic McVeigh**

**Community Lead: Albert Bennett**

**Achievements in 2014/15:** There has been a recent restructure of this triangle, to include carers. The Older People and Dementia Triangle over the last year has worked hard to increase the dementia diagnosis rates, achieving the outturn figure of 66.6% - significantly higher than the national average of 61.6%. A full review of universal dementia support via the Alzheimer’s Society Contract has also seen the establishment of a local office in NEL and an increased range and availability of services to support those people with Alzheimer’s and Dementia. A Dementia Portal has been developed and launched signposting clients, carers and staff to local and national information pre and post diagnosis. There was a successful delivery of the Care Home awards and a continuation of the Quality Framework, with the aim of improving the quality of residential care provision, particularly for the elderly. To enable the GP support to care homes project continuing in 15/16, laptops have been acquired to facilitate remote consultations between care homes and GPs and to enable health workers to access patient records via SystmOne when visiting care home residents.

In the last financial year Nic McVeigh was successful in achieving two awards ‘Leader of Inclusivity’ and ‘Innovator of the year’ for the Y&H regional Leadership awards. Additionally the Triangle was nominated as a finalist in the national HSJ awards in London.

**Objectives for 2015/16:** In the coming year the Triangle will focus on progressing priorities within older people, carers and dementia agendas. The refresh of the local priorities for supporting those with dementia and their carers will set the direction of travel, which will include a continued focus on increasing dementia diagnosis rates in NEL, while ensuring there is support to those following their diagnosis (through the Alzheimer’s Society remodel). Within the remit of Older People, work will continue to secure and stabilise the residential and nursing home sector, further develop the GP support to care homes project and secure the roll out of the falls prevention programme for older people; these will improve the health and wellbeing of older people and support the reduction in hospital admissions. The carers agenda will continue to build upon the foundations already made; ensuring carers are supported to have access to appropriate advice, information and universal carers’ support services, and ensure that they are able to make informed decisions about their needs via a carer’s assessment; those with eligible needs will have a carer’s personal budget, via commissioned services/ direct payments. .

**Prescribing & Medicines Management Triangle**

**Clinical Lead: Dr Sudhakar Allamsetty (from October 2014)**

**Service Lead: Rachel Staniforth**

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

**Achievements in 2014/15:** Within the last year, the triangle welcomed two new members – a new community member and a new clinical lead due to the retirement of the previous clinical lead. The prescribing and medicines management triangle have developed a blood glucose meter formulary with the involvement of other stakeholders including diabetes specialist nurses, primary care practitioners and patient representatives. This is now being implemented within practices and to date, positive feedback has been received. The triangle attended an event at St James’ Minster to support European Antibiotic Awareness Day and to promote community pharmacy and continues to input into the Area Prescribing Committee.

Additionally the triangle has continued the implementation of ScriptSwitch and support to practices provided by the Medicines Optimisation Technician and monitored prescribing behaviour. There is continued evidence that practices have focussed on their prescribing over the last 12 months however despite this, the prescribing budget overspent for the financial year. Overspend on prescribing has been recognised nationally as a result of the impact of increase in price of Category M drugs, coupled with a national increase in activity during October. There has also been an increase in spend on GP personally administered drugs this financial year.

**Objectives for 2015/16:** In the forthcoming year some of the key objectives include a review of the prescribing of nutritional products, including oral nutritional supplements and foods for special diets. As part of the Quality, Improvement, Productivity and Prevention agenda, there is a renewed focus on achieving a prescribing balanced budget at the end of the financial year and delivering the savings target as per QIPP plan. This will be aided by the continued implementation of ScriptSwitch (or alternative software programme) and support provided to practices by the Medicines Optimisation Technician. The triangle will also be focussing on antibiotic prescribing in line with national policy. Other work streams include the on-going implementation of the GRASP AF tool, a review of respiratory prescribing and the installation of the Northern Lincolnshire Area Prescribing Committee Formulary on to GP clinical systems.

**Disability & Mental Health Triangle**

**Clinical Lead: Dr Mathews**

**Service Lead: Angie Dyson**

**Community Lead: David McGuire**

**Achievements in 2014/15:** The Triangle has continued to develop the market with the second apartment model opening for people with complex needs and continues to provide alternative person centred services for people in transition with complex needs. During 14/15 the triangle was able to provide another two bungalows for people with physical disability and it has continued to work with NAVIGO to meet the NHS England Improving Access to Psychological Therapies (IAPT), and have achieved the target of 15%.

Working with our key providers to achieve the significant savings required in Adult Social Care has meant the review of many services, in order that we can demonstrate the efficiencies and outcomes we want for the population of North East Lincolnshire.

The triangle has fully implemented the requirements of the Mental Health Concordat and we are now working more proactively with the police, ambulance service, and NAVIGO in responding to people in a crisis, in a more co-ordinated way.

**Objectives for 2015/16:** The objectives for the Triangle for 15/16 are primarily focused on achieving more efficiency for Adult Social Care whilst working towards the CCG strategic objectives.

Supported Living has developed significantly. In the next year the development of a standard hourly rate and consistent service specification rate across all providers, with clear outcomes, will be a priority for this Triangle.

The Triangle will continue to work with NAVIGO in order we have the correct provision available in North East Lincolnshire for people with complex dementia, and to ensure that there are newly commissioned ‘step down’ apartments available for people with functional needs.

The development of four new bungalows for people with complex needs in Immingham will be fully developed at the end of the year which will allow the commissioner to remodel Gatehouse Cottages which will provide people with the opportunity to fully develop their independence skills.

Parity of Esteem remains high on the government agenda and this year will allow us to compare our waiting times and enable pathways to be reviewed in order that people receive services, and waiting times are constant with the acute sector.

**Community Care Triangle**

**Clinical Lead: Dr Bamgbala**

**Service Lead: Jake Rollin**

**Community Lead: Christine Forman**

**Achievements in 2014/15:** A recent addition to the CCG’s governance arrangements the Community Care Triangle was founded/created in September 2014. Part of the motivation for creating this triangle was to ensure clinical and community oversight of a number of vital work streams that weren’t hitherto covered by any existing triangle these include;

**Extra Care Housing project** - ECH is purpose built modern housing designed for older people who have a care and support need, it is a fundamental part of our strategy to better manage demand, deliver care closer to home, reduce care home admission and better manage complex care arrangements. The triangle members have supported the development of the scheme including the allocation process and panels to ensure full occupancy and a managed waiting list process in place.

**Single Point of Access –** The concept is for an integrated Single Point of Access to bring together professionals from social care, community, Rapid Response Nursing and Mental Health to work together to support people and form a gateway to all services. The triangle members have worked toward the launch of an integrated SPA service and developing the specification to support it as part of the SPA Alliance Board.

**Oversight of the Required ASC Efficiencies and Strategy Delivery** – The triangle have worked together to support the development of the strategy and associated consultations. As part of the Preventative Services Market Development Board workstream local community alternatives to traditional services are supported.

**Objectives for 2015/16:** In the forthcoming year some of the key objectives include ensuring successful completion of the 1st **ECH** (Strand Court) scheme due to open in July 2015 as well as continue to plan and work toward the commencement of schemes 2 and 3.

**SPA** - to ensure successful integration of phases 1 and 2 and to continue to develop and enhance the service and work towards linking in GP out of hours and other services.

**Oversight of the Required ASC Efficiencies and Strategy Delivery** – to continue to support the

implementation of the 2 million ASC savings plan, associated consultation and cabinet liaison. Also to engage with providers and continue to re-shape the market and look at community resources.

**Primary Care Triangle**

**Clinical Lead; Dr Thomas Maliyil**

**Service Lead; Julie Wilson**

**Community Lead: Christine Wallis**

**Achievements in2014/15**:. This is a new triangle - inception May 2015, therefore unable to review 14/15.

**Overview of Objectives for 2015/16**: In the forthcoming year the Primary Care Triangle will focus on 3 key areas: workforce development, 7 day services in Primary Care and improving relationships and engagement with Primary Care. The content of these objectives align with the national agenda to extend access to General Practice beyond Monday to Friday, and the local transformational strategy HLHF.