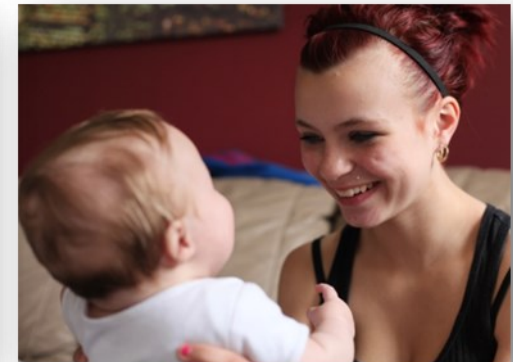


# Building on Healthy Foundations

*Welcome to the summary of NHS  
North East Lincolnshire Clinical  
Commissioning Group's  
Operational Plan for 2017/18*

Our Operational Plan is where we set out what we intend to do in the coming year to improve health outcomes and the quality of health and care services for people living in North East Lincolnshire.



# Introduction

**We are working with different health, care and voluntary organisations from across a wider area than North East Lincolnshire to develop a set of proposals to tackle the big issues that cause problems for people living here.**

We call this region **Humber, Coast and Vale** because of the geographical area it covers.

Working together across this larger area will also help us see where we can be more efficient and spend limited financial resources to the best advantage because if we do nothing, our health and care system will be £420m **in the red** by 2020.

The proposals are set out in the Humber Coast and Vale Sustainability and Transformation Plan (STP) and these are reflected in our local plans outlined in this summary.

Before we talk about our plans for the coming year, we can look back at our activities and achievements in 2016/17 with some pride. NHS North East Lincolnshire CCG has made significant improvements in many areas and continues to lead the way in others.

For example, other CCGs and councils across the country are now working towards adopting the way we already support people

with Disabilities in our local community

Our work as part of the National Diabetes Prevention Programme is also leading the way in this area providing lifestyle courses for patients who have been found to be at risk of developing this serious disease.

Sometimes a stay in hospital is needed. However, many patients have better outcomes with the right treatment where they live. In North East Lincolnshire we are beginning to see fewer people needing to go into hospital as emergencies by putting the right community support in place.

We also want to stop patients being sent to hospital for unnecessary appointments and tests when their condition could be investigated and resolved at their own GP practice. The CCG has encouraged local practices to share what works best and patients across North East Lincolnshire are now experiencing less differences in the treatment and care they can expect from practice to practice.

Our Community Cardiology service is beginning to help people get the support they need nearer to home and will continue to see even more

patients outside of a hospital setting next year.

This is part of our plan to improve the situation we have seen this year where people have been waiting too long for hospital appointments in some specialist areas.

The A&E department at Grimsby Hospital has also been extremely busy, especially during the winter months, and we have put plans in place with the hospital trust to improve waiting times during 2017/18.

**There are big opportunities to improve care by making common sense changes to how the NHS works - like offering more care at home.**

Find out what's happening in your area:  
[www.england.nhs.uk/stps](http://www.england.nhs.uk/stps)



# The “Must Do” List

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Every local health system is expected to stick to **nine** ‘[must dos](#)’ for 2017-18 which have been set out nationally for the NHS. Working as part of our STP is our first *Must Do* and the CCG is fully involved in turning STP priorities from plans into real projects that will help us both address some of the big issues facing our communities here in North East Lincolnshire, and close the financial gap.

You can download the full STP from the [Humber Coast and Vale website](#).

The Humber Coast and Vale area covers six NHS CCGs and six local authority boundaries representing our communities in here North East and North Lincolnshire alongside Hull, East Riding, York and Scarborough and Ryedale. This will let us share resources in areas where we are currently stretched, providing a better service to patients. Support services such as finance can be shared to make things more efficient and save money.

**Most of the things we do, however, will aim to deliver the best care we can locally, here in North East Lincolnshire, shaped around what the people in our area really need.**

## In brief: our “Must Dos”

- **Address the Six STP Priorities**
- **Balance the books**
- **Develop primary care services for the future**
- **Better urgent and emergency care**
- **Shorter waiting times**
- **Improved cancer outcomes**
- **Accessible Mental Health support**
- **Appropriate services for people with Learning Disabilities**
- **Quality**

# 1. How we plan to address the Six STP Priorities in North East Lincolnshire

## ***Helping People Stay Well***

This is about supporting everyone to manage their own health. For example, community falls prevention work has led to 50 fewer common hip injuries than we might normally expect.

Plans include:

continuing to work with public health experts to support more people to give up smoking

enabling local GP practice staff to become experts at directing patients to the right support for social, lifestyle or emotional needs that can have a negative effect on their health. This can be through an informal chat with a skilled-up receptionist or a referral by a GP through our introduction of Social Prescribing to North East Lincolnshire.

## ***Place based care***

People should only have to go to hospital when it will benefit them. We hope that helping people access the most appropriate urgent care in the community and supporting patients with long term conditions (and care homes where they might live) to manage their health will reduce emergency hospital admissions by 6%.

## ***Creating the best Hospital Care***

We are working closely with Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) to explore service change across the Northern Lincolnshire hospitals at Grimsby, Scunthorpe and Goole.

## ***Supporting People with Mental Health problems***

Effective services in the community can reach out to help people keep a good level of mental wellbeing and prevent difficulties they are having from getting worse.

## ***Strategic Commissioning***

Some services can be planned and bought on a bigger scale, particularly for areas of health care that struggle to recruit enough clinical staff to operate safely. This includes Dermatology and Ophthalmology where we need to deal with recent waiting list problems.

## ***Helping People through Cancer***

Work is already taking place to make sure we catch cancers earlier, focussing on lung cancer, and to improve diagnosis and treatment pathways.



## 2. How we plan to balance the books

**We are pleased to be able to say we are forecasting the CCG will achieve financial balance over the next two years.**

Alongside this, we are working with partners in the Humber Coast and Vale STP to help the wider healthcare system get back to financial balance. This builds on the work we have been doing in Northern Lincolnshire over the past couple of years as part of the Healthy Lives Healthy Futures programme and the Northern Lincolnshire Community Finance Plan.

## 3. How we plan to develop primary care services for the future

**Primary Care services (such as going to see a GP) are usually our first port of call when we need advice about our own or our family's health.**

However, services are getting busier, and patients tell us they sometimes find it difficult getting an appointment. This is partly because more of us are living with long term health problems and need appointments more often and also, like most areas of the country, we don't have as many GPs and nurses working here as we would like to have.

The CCG is looking at ways to make it easier and more flexible for people of all ages to get advice or treatment from their practice, even with the pressures described above. We will invest in developing Primary Care services for the future and have submitted a detailed plan to NHS England.



This includes supporting and growing the primary care workforce and looking at ways to make primary care more accessible. Some services that GP practices provide over and above their 'core' services, such as more specialised long term condition management, will be delivered by practices working together and sharing clinical teams across larger population sizes. This will also help practices to be able to offer longer opening hours and weekend access.

As the workforce is developed, it might mean that people will see a healthcare professional other than a GP. For example, it's more appropriate to see a practice pharmacist if the appointment is about medicines or a physiotherapist if the problem is your back or knees. We are also exploring using technology such as telephone or Skype advice or appointments, or using the Internet or email.

## 4. How we plan to improve urgent and emergency care

Hospital emergency departments are often very busy.

We are making positive inroads on A&E waits in North East Lincolnshire with a number of long term initiatives which include:

- improved mental health/crisis liaison in A&E
- a unit to assess and treat people without them having to be admitted
- schemes to help patients finish their recovery at home as soon as it is right for them
- an enhanced GP service in A&E for urgent cases that are not emergencies

We are developing alternatives to patients being taken unnecessarily to hospital by ambulance that include:

- senior clinical decision makers in our Single Point of Access (SPA)
- the CCG's Support to Care Homes initiative which aims to reduce 999 calls
- developing the rapid Community Urgent Care Response

Other short term measures have been introduced to help relieve the pressure on A&E and emergency ambulance services, especially winter. These include extra GP Out of Hours capacity on three Bank Holidays,

extra homecare provision, a winter Patient Transport Service vehicle and additional nursing home beds to enable patients to leave hospital who need extra care.

We will continue to work with other local CCGs and providers to address operational issues and embed best practice across the urgent and emergency care system which we predict will meet national standards for A&E waiting times by April 2018.



## 5. How we aim to improve waiting times for people referred to hospital and planned care

Quality care includes timely access to consultant appointments people have been referred to by their GP, dentist or optician. Our local hospital trust identified 1) some clinical areas where they are have significant pressures and 2) some administration issues which mean some people are waiting longer for appointments than they should be.

The CCG continues to bring in extra capacity by using alternative providers. The acute trust has introduced a central referral gateway to ensure referrals are received and managed consistently.

We have already described our work to ensure patients are only referred to hospital when they need to be seen there. Overall, the numbers of patients we send to hospital are amongst the lowest nationally and our referral numbers are not increasing at the same rate as the rest of our region and England. The hospital trust will work with us in 2017 to look at specialist areas which could be managed in primary care to reduce unnecessary trips to hospital for the patient and ease pressures on the system.

This is good news and coupled with the extra capacity described above and work to streamline the referral process, we anticipate

waiting times will be back on track by September 2018.

### Maternity

The national vision is for maternity services to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support for their individual needs and circumstances. This is known as Better Births. Across Northern Lincolnshire we have developed an action plan to progress towards these ambitions. This will feed into the emerging local maternity system across our STP footprint so that patients have a consistent level of care where ever they access maternity services.



## 6. How we plan to improve cancer outcomes

Tackling cancer needs health and care organisations to work together, as has been the case for some time in North East Lincolnshire and neighbouring North Lincolnshire.

The Northern Lincolnshire multi agency Cancer Locality Group will update its existing plans to ensure it delivers the cancer priorities identified by the STP at a local level which includes more streamlined arrangements between providers and commissioners. Work across the Humber Coast and Vale area has begun around diagnostics, including forecasting what technology such as CT and MRI equipment will be needed over the next 5 to 10 years. Part of this work will involve looking at how GPs can access diagnostics directly.

Health organisations in Yorkshire and the Humber plan to obtain technology that will allow them to share images, and potentially share diagnostic facilities.

Timely diagnosis is essential to meet the national standard where a patient should receive treatment within 62 days of an urgent referral for suspected cancer. This was not met consistently during 2016 either nationally or locally and our local trust, working with the other Commissioners & Providers of cancer services across our STP footprint has developed an Inter Provider Transfer Policy which will enable cancer breaches to be tracked more efficiently and identify at which Trust the breach has occurred.

The CCG has appointed a GP cancer clinical lead who works closely with the Cancer Alliance on improving cancer pathways and bridging the gap between primary and secondary care.

Other work to support earlier diagnosis includes additional GP training and advice in cancer related issues, an online portal where

GPs can access cancer information, and roll out of the new 2 Week Wait cancer referral forms. We also continue to support our award winning local Cancer Collaborative to train community champions who can increase public awareness of early signs and symptoms and the need to go to their GP if they are worried. We work closely with our Cancer Research UK facilitator to facilitate practice visits to offer advice and guidance.

We actively support and monitor the work of the Cancer Recovery Package.





## 7. How we plan to give people more access to Mental Health support

In North East Lincolnshire we have an accredited talking therapies service. We aim to improve access to psychological therapies by using additional money that has been identified nationally and we will use this to make talking therapies more available together with primary care.

We are raising public awareness of services for children and young people with emotional or mental health difficulties. We are also training staff who already work with local families to be able to offer a level of social, emotional and behavioural support and to understand when and how to refer to specialist services.

We are working to give people with severe mental illness better access to employment and training. Local provider Tukes offers garden centre, catering, cleaning and home improvement experience. People accessing rehabilitation services at Hope Court can access voluntary and employment opportunities in charity and retail. Other opportunities are being explored to give 25% more people access to these opportunities by April 2019.

Incidence of eating disorders in North East Lincolnshire remains very low but our local Child and Adolescent Mental Health Services (CAMHS) can access the community eating disorder service run by Navigo

We are currently working with our local Public Health team to re-visit the local Suicide Prevention Plan.

Significant additional resource and a service redesign would be

needed to provide standard 24/7 access to community crisis resolution teams, home treatment teams and mental health liaison services in our acute hospital. Whilst additional funding is expected through investment in mental health, as indicated in the 5 Year Forward View, in coming years, North East Lincolnshire has already invested in making better services available for people in crisis with mental health issues.

We are better at diagnosing dementia than most parts of the country. A new pathway has been implemented and early diagnosis remains a key priority which opens doors to support and, in some cases, medication to stabilise the condition and enable the patient to stay at home for longer.

We will continue to work with partners to make sure even fewer people need to go to inpatient units out of area. People with acute mental illness only need to leave North East Lincolnshire for **specialist** placements (such as for Psychiatric Intensive Care).

Some local initiatives are:

- Appointing an out of area worker to ensure there are clear plans for the person to return to the area when they have recovered
- An action plan to halve the number of out of area placements for non-acute specialist care over the next 6 to 12 months by developing a locked rehab unit and a new supported living service.
- An additional acute bed is being commissioned locally to reduce out of area placements for older people needing acute care.

## 8. How we plan to improve services for people with Learning Disabilities

The CCG commissions Health and Adult Social Care together which means North East Lincolnshire benefits from a high level of support in the community. We have developed a Supported Living model for people with Learning Disabilities (LD), supported by Personal Budgets and Person-Centred Planning. We have never had acute LD facilities, people with an acute high level of need have to be placed out of area, but due to our multi agency community support the numbers are very small. There can be challenges when people are able to return and this is supported by the Out of Area Care Coordinator.

Our CCG is part of the Humber Transforming Care Plan (TCP) and our main focus is developing acute specialist provision that responds to need. The TCP has identified people we will support in community placements and we are monitoring their cases with individual plans to support them to ‘get to the point of discharge’ when this is right for them. You can find out more about the Humber TCP by visiting: <http://www.hullccg.nhs.uk/pages/transforming-care-partnership-learning-disability-vision-and-plan-2016-19>

We want to support everyone in our local community to live as healthy a life as possible. We are reviewing how health checks for people with LD are provided so we can make sure more people take up these important checks by 2020.

Everyone needs to make decisions about their health and care. Information should be provided to vulnerable people in a way they can use, and we are working with our providers to ensure this is the case.



## 9. How we are improving quality

The CCG strives to ensure local people receive quality health and adult social care. Our Quality Strategy provides us with a framework to improve quality in the services we commission and within our own organisation.

The strategy sets out what the CCG will do when a provider is having difficulties with aspects of its services. Our systems monitor quality and provide early warning signs so we can support providers at the earliest stage to make positive improvements. We also work with other CCGs across the STP to share approaches and resources. We are continually developing and improving how we monitor local providers of care. This includes safe and sustainable staffing and mortality and clinical outcomes in specialist areas including Learning Disability.

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