

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

10 November 2015

Title of the report:	Managing Director's Communication
Section:	Standing Agenda Items
Report by:	Toby Sanders, Managing Director
Presented by:	Toby Sanders, Managing Director

Report supports the following West Leicestershire CCG's goal(s) 2012 – 2015:			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely			

Equality Act 2010 – positive general duties:
1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics.
2. The CCG will work with providers, service users and communities of interest to ensure if any issues relating to equality of service within this report are identified and addressed.

Additional Paper details:	
Please state relevant Constitution provision	N/A
Please state relevant Scheme of Reservation and Delegation provision (SORD)	N/A
Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the WLCCG Board	To update the Board on current matters of interest.
Discussed by	Corporate Management Team on Monday 9 November 2015
Alignment with other strategies	Joint Health and Wellbeing Strategy 5 Year Strategic Plan 2 Year Better Care Fund Plan CCG Operational Plan 2014-2016
Environmental Implications	None Identified
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	No

EXECUTIVE SUMMARY:

This report summarises the latest CCG news, developments, upcoming events and national guidance and policy updates and includes information on:

Local

- NHS Assurance Letter
- New streaming service
- Health You, Happy you

LLR wide

- Consultation on the proposed new adult social care strategy

National

- Better Care Fund 2016-17 Letter from the Department of Health.
- Ambitions for palliative and end of life care

RECOMMENDATION:

The West Leicestershire Clinical Commissioning Group is requested to:

RECEIVE the update from the Managing Director.

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

10 November 2015

Managing Director's Communication

INTRODUCTION

1. This report summarises the latest West Leicestershire Clinical Commissioning Group (CCG) news, developments, upcoming events and national guidance and policy updates and includes information on:

LOCAL

NHS Assurance Letter

2. As part of NHS England's oversight role, the locality team carry out an annual assessment of the CCG against the CCG Assurance Framework. We have now received this letter which is attached and will be posted on the CCG's website.

New streaming service

3. University Hospital of Leicester (UHL) launched a new service on 3 November 2015 at the front of the Emergency Department, which we believe will improve the experience for patients and reduce the pressure on our Emergency Department.
4. From 3 November 2015 until 31 October 2016, in conjunction with Lakeside Healthcare Group, UHL have launched a new streaming service which will see four GPs and four senior nurses, specially trained in urgent care assessing all patients who walk into the Emergency Department. We know that making sure patients are seen first by a senior clinician with the right training and skills means that they will be seen and treated more quickly.
5. This change is part of the work that UHL are doing through the Urgent Care Board working with all partners locally and as part of the urgent and emergency care vanguard announced in July which will improve the coordination of local urgent and emergency care services and reduce the pressure on Emergency Departments.
6. Every day over 650 patients access emergency services at the Leicester Royal Infirmary, making it the busiest single site delivering emergency care in the NHS. Around 200 of these patients each day still go to A&E wanting urgent treatment which could be provided elsewhere. The specialist GPs and nurses will make the decision about where the patient is best treated, and that could be in the Urgent Care Centre or our Emergency Department, but could also mean using alternative services, for example their GP, a pharmacist or even home to self-care.
7. We are conscious that when a patient is referred back to their GP or another service away from the UHL site this may be a new experience to them. The clinicians will only be redirecting patients who do not need emergency or urgent treatment onto other services.

Healthy You, Happy you

8. As you know Healthy You, Happy You was a themed campaign which ran from 7 October to 17 October 2015. The campaign was run in partnership with a number of organisations including Public Health, Leicestershire County Council, Alzheimer's Society, Let's Talk – Wellbeing, Healthwatch Leicestershire, Voluntary Action South Leicestershire and Patient Participation Groups (PPGs). It centred on health issues and priorities specific to local communities.
9. The programme comprised six events in areas of high footfall with a launch event in Thurmaston followed by one in Loughborough, two in Coalville, one in Hinckley and the final event in Ashby. The events were based on a marquee with stands for each partner and themed to reflect the demographic and health needs of each area.
10. Some of the biggest risks to health are due to lifestyle so information on staying well, advice for carers, smoking, alcohol, cholesterol, weight management, diet and physical activity were themed throughout the programme. A poor lifestyle and physical health can also have a significant impact upon mental health and wellbeing and this was also a continual theme across the campaign. Additional themes specific to the demographic of some areas included information and advice for the older population and their carers with support for dementia and other conditions.
11. The media coverage was very positive in advance of the events and included an interview with Dr Chris Trzcinski, GP and vice chairman of West Leicestershire CCG and Margaret Taylor representing the PPGs broadcast from Loughborough market place on the BBC Radio Leicester 11.00am show
12. We had article in the Leicester Mercury, Ashby, Coalville and Swadlincote Times. We also had activities on social media.
13. We distributed leaflets and poster in GP practices, Community Centres, Borough Council, District and Community Hospitals. In locations where the events were held we distributed posters and leaflets to venues and retail shops and other areas of high footfall.
14. We are measuring the outcomes of the campaign in terms of immediate impact (numbers of conversations and referrals on the day) and long term (the outputs of those referrals). There were over 2,300 conversations across the six events shared across the campaign partners.
15. From this there were 671 people referred directly to another service or programme. Examples include people referred for immediate flu vaccinations, exercise and weight loss programmes, stop smoking, sign-ups for information and memberships or other programmes.
16. A critical factor in the level of follow up activity was the level of cross referral between stands which is indicative of the close cooperation and partnership working that took place at each event. Weight management and mental health and wellbeing attracted a notable level of interest across all six events. Also, feedback from our partners indicates that the events enabled them to network with other partners and they would be keen to explore potential of joint working at similar events throughout the year.
17. In the longer term we are maintaining dialogue with partners who supported the campaign to establish and evaluate the ongoing benefits for people who were referred to specific services. This will be important in determining the sustained impact of the

campaign in terms of the difference it has made to people's lives.

LLR

Consultation on the proposed new adult social care strategy

18. Leicestershire County Council is working closely with partners to identify the changes needed to make the health and social care system work more effectively and efficiently. This requires some changes to the way they provide social care in Leicestershire.
19. They have described their ideas for how they can deliver a model [on their website](#) and they want to know the public views on these and how they can turn them into more detailed plans. The consultation is also available on the [Healthwatch Leicestershire website](#).

The feedback provided by the public will be used to inform the services they provide in the future.

The consultation started in September and runs until midnight on Friday 20 November 2015.

NATIONAL

Better Care Fund 2016-17

20. A letter has been received from the Department of Health with regard to some actions for consideration with BCF partners over the coming months. The letter is attached at the end of the report.

Ambitions for palliative and end of life care

21. The National Palliative and End of Life Care Partnership, made up of statutory bodies including NHS England, the Association of Adult Social Services, charities and groups representing patients and professionals, has developed a framework for action in making palliative and end of life care a priority at local level. [Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020](#), is aimed at local health and social care and community leaders and sets out six ambitions for how care for those nearing death should be delivered.
22. Professor Mayur Lakhani, GP and Chair of West Leicestershire CCG, chairs the National Council and steered and helped to shape this ambitions document. The ambitions are already reflected in the approach taken locally and will be taken forward and influence the 'refresh' of the Leicester, Leicestershire and Rutland End of Life Care Strategy.

RECOMMENDATION:

The West Leicestershire Clinical Commissioning Group is requested to:

RECEIVE the update from the Managing Director.

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21 October 2015

Dear Toby

Re: CCG Annual Assurance

Many thanks for meeting with us to discuss the annual assessment of West Leicestershire CCG, and establish the actions and development priorities for 2015/16. This letter is a summary of the Assurance meetings that we have held over 2014/15 and provides a synopsis of the improvements and ambitions for future development laid out against the assurance domains. This is the final review using the six domains. Subsequent assurance meetings will be held on the basis of the new assurance framework with its five components: well led organisation, delegated functions, performance & outcomes, financial management and planning.

I am grateful to you and your team for the work you had done to prepare for the meeting and the open and transparent nature of our discussions which have led to productive discussions. This letter sets out the key points we covered in the discussion outlined above.

Key Areas of Strength / Areas of Good Practice

We would like to acknowledge the overall progress the CCG has made and the level of traction and control the CCG has achieved with the local agenda and challenges. There is a large agenda which is complex and challenging in terms of major strategic and service transformation and change, but there is evidence of strong CCG leadership and evolving positive relationships with key strategic partners who are all signed up to the ambitious vision within the Better Care Together programme.

You explained the joint commissioning work that you have undertaken with the two other CCGs within the health system to agree contracts that provide for a greater degree of risk sharing with UHL.

Your CCG has taken lead responsibility for Urgent Care, as part of your collaborative commissioning arrangements and performance of the system is beginning to show improvement.

We would congratulate you on the significant work you have done to improve and remodel the delivery of mental health adult crisis care and the agreement and action plan for the crisis care concordat.

NHS Constitution standards

Key indicators within the Delivery Dashboard showed significant improvements throughout the year. However, further progress is still required to achieve and maintain the A&E 4 hour transit time standard. We acknowledge the significant progress made with respect to achievement of the RTT standards and it was positive to hear that you are adopting the same rigorous approach to address cancer waiting time performance.

We discussed our concerns with regards to the continuing poor 62 day cancer standard performance and the need to proactively track patients to avoid potential breaches. Further work is required with regard to the achievement of the IAPT Access target and we note the actions taken in this regard. Similarly improvement is required to achieve the Dementia Diagnosis target rate of 67%. We would encourage a continued clear focus on this issue with member practices.

Five Year Forward View

The CCG has started work to adapt its local strategy to incorporate the Five Year Forward View into its work and we note the progress made in the development of federations involving all member practices. The CCG was successful in its application for fully delegated authority to commission primary medical services and we acknowledge the considerable work involved in ensuring robust governance arrangements to discharge this function.

NHS Statutory Duties

Throughout 2014/15 it was encouraging to see the joint working between the CCG and the County Council in terms of public health support to the CCG. This has supported a number of initiatives targeting health inequalities, including the primary care services for the homeless and travellers and the range of practice level actions to increase identification and management of long term conditions.

Discussions throughout the year demonstrated the focus within the CCG on addressing parity of esteem has resulted in significant improvements for the local population. We note the innovative approach to improve the provision of mental health services and acknowledge actions to improve the physical health care of people with severe mental illness. Similarly your model of patient and public involvement as a CCG has been shown to have significant impact on the development and delivery of plans throughout the year, particularly your implementation of experience led commissioning. We recognise the significant level of engagement with regard to Ashby Community Hospital.

Key Areas of Challenge

We have recognised the improving position of urgent care performance, but A&E performance remains a challenge and requires continued focus. Similarly, IAPT Access and Dementia Diagnosis targets require further improvement to achieve the national constitutional standards.

We discussed the potential financial barriers to fully and speedily implementing the Better Care Together programme. This will require strong leadership and governance arrangements to maintain pace and deliver long term system sustainability.

There is a significant Quality and Safety Improvement agenda highlighted by the CQC assessment of CNCS out of hours service and the continuing issue of nursing workforce at LPT. The CCG will need to maintain a continued focus and proactive approach to monitor risk to patients and ensure improvements in quality.

Key Interdependencies and Associated Issues

We note the constructive partnership working arrangements to deliver the Better Care Together programme and the joint leadership that you provide. We acknowledge the progress made in developing the narrative and the CCG's commitment to the dedicated PMO, which has been instrumental in moving the programme forward. We support continued collaborative working across all stakeholder organisations in recognition of the interdependencies of the different work streams to deliver whole system change.

Assurance Domains

The table below summarises the assurance ratings for each domain throughout 2014/15. Headline assurance rating remained unchanged throughout the year. However, the rating within Domain 3 improved in quarter 3, largely due to early signs of improvement within the urgent care system and indications that the CCG had a better grip of issues and challenges. Conversely the rating in Domain 4 was downgraded between quarter 1 and quarter 2 and remained at the lower level throughout the year. This reflected concerns around internal governance within the CCG which were only fully resolved after the year end.

Headline Assurance	Assurance Focus / Domain(s) requiring support																											
	1. Are patients receiving clinically commissioned, high quality services?				2. Are patients and the public actively engaged and involved?				3. Are CCG plans delivering better outcomes for patients?				4. Does the CCG have robust governance arrangements?				5. Are CCGs working in partnership with others?				6. Does the CCG have strong and robust leadership?							
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green

Development Needs and Agreed Actions

The six domains of the outgoing assurance framework still provide a platform for continuing organisational development of the CCG and they also will inform the well led organisation component of the new assurance framework.

It is important not to lose focus on RTT performance in order to maintain achievement of the standard.

Whilst urgent care performance has improved, further action is required to achieve sustainable improvement and consistently meet the A&E 4 hour standard.

We agreed you would work with your providers to proactively track cancer patients at 40+ days and actively manage these patients to avoid any 62 day breaches. This management should involve the patient's registered GP.

We discussed the need to maintain a clear focus on Dementia Diagnosis and continue to engage with member practices to keep this issue high on their agenda and provide any necessary support.

With regard to Personal Health Budgets it will be necessary to expand your current plan beyond the CHC client group to increase the number of people offered PHBs.

You need to continue to work closely with service providers to improve quality and address concerns highlighted by CQC assessments.

Overall we would like to congratulate you on the progress you have made over the last year particularly in relation to RTT, improvements in urgent care and the ongoing development of the Better Care Together programme.

Thank you again to you and your team for meeting with us and for the open and constructive dialogue. I hope this letter provides an accurate summary of the discussions and clearly indicates the next steps. We look forward to working with you on progressing work against the assurance components of the new framework.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Trish Thompson', with a long horizontal flourish extending to the left.

Trish Thompson
Locality Director Central (Central Midlands)
NHS England



Department
of Health

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Department for
Communities and
Local Government

16th October 2015

Dear Health and Wellbeing Board Chairs,

Better Care Fund 2016-17

The Better Care Fund has achieved the most ambitious ever pooling of budgets across health and social care in every area of England. Local leaders and clinical experts have worked alongside each other to plan and commission joined-up services across all aspects of the local health and care economy. This coordinated way of working is helping areas deliver services that better fit the needs of local populations, as well as ensuring that the most is made of the resources available.

We are starting to see real differences to how services are provided on the ground, and the Government considers the Better Care Fund to be a key tool in driving the integration of health and social care services. We would like to express our thanks to all those who have been involved in delivering this progress.

We are therefore pleased to confirm our decision to continue the Better Care Fund into the 2016-17 financial year, as set out in a recent Written Ministerial Statement. A letter from national NHS bodies confirming the same is expected to be issued shortly. The local flexibility to pool more than the mandatory amount will remain; however, detail about the minimum size of the Fund will not be confirmed until after the Spending Review reports on 25 November, when we will also have greater clarity on the policy framework that will underpin the Better Care Fund next year. Nevertheless, confirmation that the Fund will continue next year should allow you to start planning for 2016-17.

Although the timing of the Spending Review means that the formal planning process for 2016-17 will need to wait until the end of the year, there are some actions you

will want to start considering with your Better Care Fund partners over the coming months. Chief among these is an honest evaluation of your Better Care Fund implementation to date – including what has worked, what has not worked as anticipated, and what could be adjusted, refined or changed moving forward. The Better Care Support Team will be disseminating tools to help you in this evaluation.

As soon as further information becomes available it will be communicated to you. In the meantime, please do get in touch with the Better Care Support Team via england.bettercaresupport@nhs.net if you would like to discuss this further.

Yours,

A handwritten signature in black ink that reads "Alistair Burt". The signature is written in a cursive style and is underlined with a single horizontal stroke.

ALISTAIR BURT

A handwritten signature in blue ink that reads "Marcus Jones". The signature is written in a cursive style.

MARCUS JONES