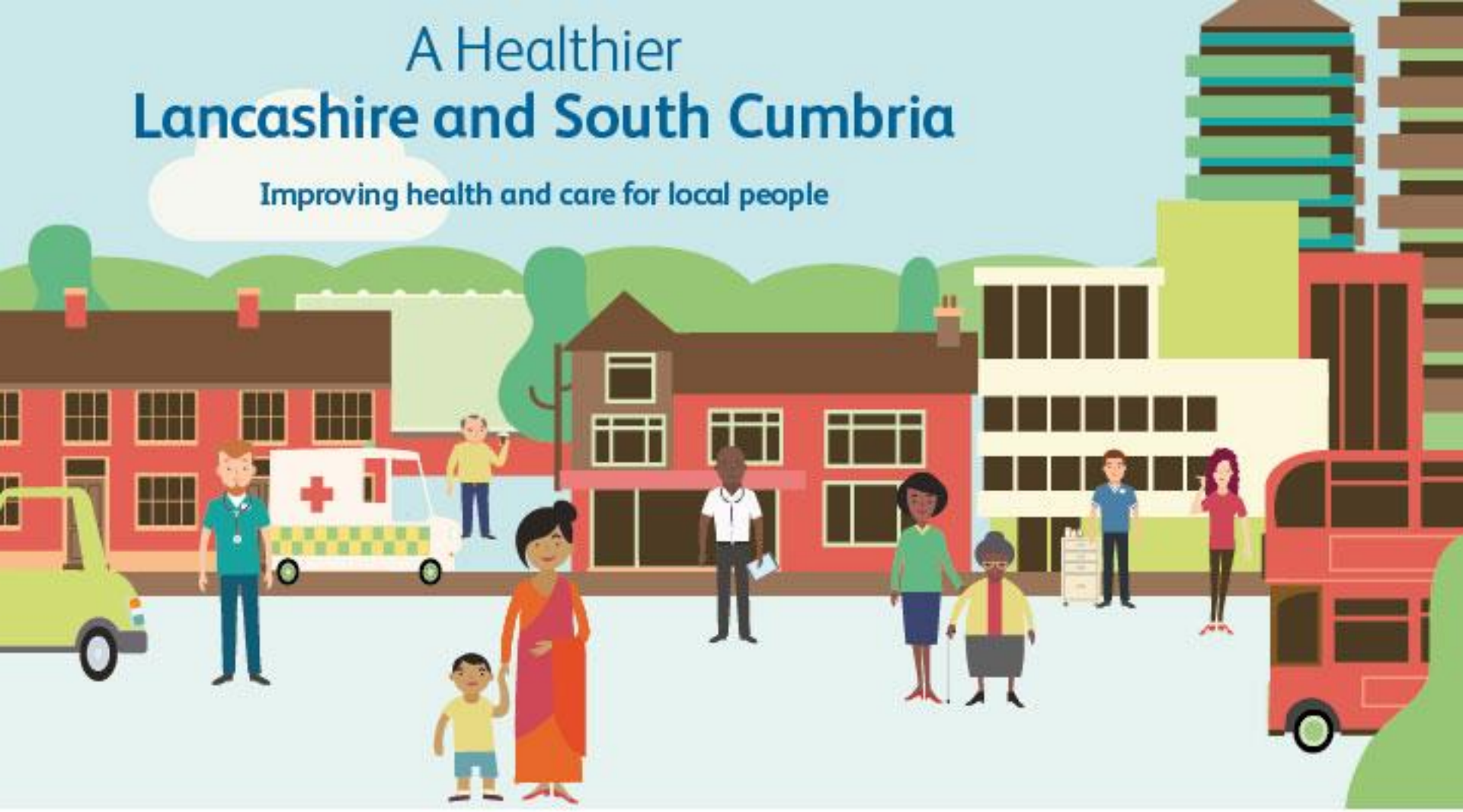


Joint Committee of Clinical Commissioning Groups

7th September 2017

Update – Andrew Bennett

Case Study 1 – Urgent and Emergency Care – David Bonson

Case Study 2 – Mental Health – Debbie Nixon

Healthier Lancashire & South Cumbria

Impact of the 5 Year Forward View

- Changes the status quo for our commissioning arrangements
- Opportunity for developing new approaches:
  - Collective: STP-wide e.g. through the JCCCG
  - Place-based: in local health and care “accountable care” systems
  - Integrated: aligning resources and priorities with NHS England, Local Government, commissioning support services

Healthier Lancashire & South Cumbria

Next Steps

- Paper now going to 8 CCG Governing Bodies requesting delegated decision-making into the JCCCG
- Proposed development of a Commissioning Development Strategy for the next 2-3 years
- 2 case studies today:
  - Urgent and Emergency Care
  - Mental Health

Healthier Lancashire & South Cumbria

Lancashire & South Cumbria

Urgent & Emergency Care (UEC) Workstream

David Bonson

Chair, Urgent and Emergency Care Network

Healthier Lancashire & South Cumbria

Urgent and Emergency Care Networks

Established September 2015

“to improve the consistency and quality of urgent and emergency care by bringing together SRGs and other stakeholders to address challenges in the urgent and emergency care system that are difficult for single SRGs to address in isolation. This will include coordinating, integrating and overseeing care and setting shared objectives for the Network where there is clear advantage in achieving commonality for delivery of efficient patient care”

Healthier Lancashire & South Cumbria

Healthier Lancashire & South Cumbria

Seven UEC priorities which will deliver transformation of Urgent and Emergency Care

Healthier Lancashire & South Cumbria

Urgent and Emergency Care

NHS 111 Online

Throughout 2017, we will be testing innovative new models of service that enable patients to enter their symptoms online and receive advice online or a call back.

NHS 111 Calls

We will continue to develop the response patients receive when they call 111. By the end of 2017/18 the percentage of calls receiving clinical advice will exceed 50%.

GP Access

By March 2019 patients and the public will have access to evening and weekend appointments with general practice.

Urgent Treatment Centres

Standardise access to 'Urgent Treatment Centres' through booked appointments via NHS 111. These facilities will have an increasingly standardised offer – open 12 hours a day and staffed by clinicians, with access to simple diagnostics.

Healthier Lancashire & South Cumbria

Urgent and Emergency Care

Ambulances

The ambulance service will offer a more equitable and clinically focused response that meets patient needs in an appropriate time frame with the fastest response for the sickest patients.

Hospitals

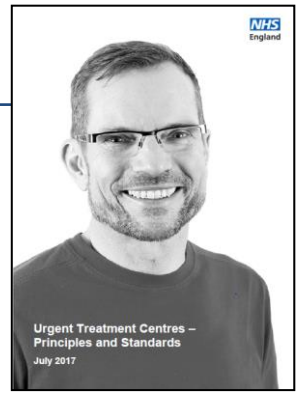
In Emergency Departments we will develop new approaches prioritising the needs of the sickest patients. Our frail and elderly patients will get specialist assessments at the start of their care and those patients who could be better treated elsewhere, will be streamed away from Emergency Departments.

Hospital to Home

We will speed up the assessment process and ensure that patients are sent home as soon as possible and if home is not the best place for their immediate care, they will be transferred promptly to the most appropriate care setting for their needs.

Healthier Lancashire & South Cumbria

Urgent Treatment Centres (UTC)



- National Specification published - July 2017
- Key components
  - GP led service as part of multidisciplinary workforce
  - Open at least 12hrs a day, 7/365
  - Direct booking from NHS111, ambulance services, GPs and “Walk in”
  - Access to simple diagnostics and X-ray facilities

150 UTCs by Dec 2017; full coverage by Dec 2019

Healthier Lancashire & South Cumbria

Urgent and Emergency Care

?

Healthier Lancashire & South Cumbria

Network UEC Facilities

UEC Network: total Urgent Care services	Co-Located UCC	Standalone UCC	ED	WIC	MIU	Total
	5	2	6	4	3	20

Provider	Type
Royal Lancaster Infirmary	ED
Furness General Hospital	
Royal Preston Hospital	
Chorley District Hospital	
Blackpool Victoria Hospital	
Royal Blackburn Hospital	
Accrington Victoria	MIU
Rossendale	
Same Day Health Centre (Fleetwood)	
Burnley General Hospital	Standalone UCC
Primary Care Assessment Service (PCAS) Westmorland General Hospital	
Blackpool Victoria Hospital	Co-Located UCC
Royal Blackburn Hospital	
Royal Preston Hospital	
Chorley District Hospital	
Ormskirk Health Centre	
Same Day Health Centre (Morecambe)	WIC
Skelmersdale	
Whitegate Drive (Blackpool)	
Accrington Victoria Health Access Centre	

A&E Performance Target - National Context

Healthier Lancashire & South Cumbria

Urgent and Emergency Care

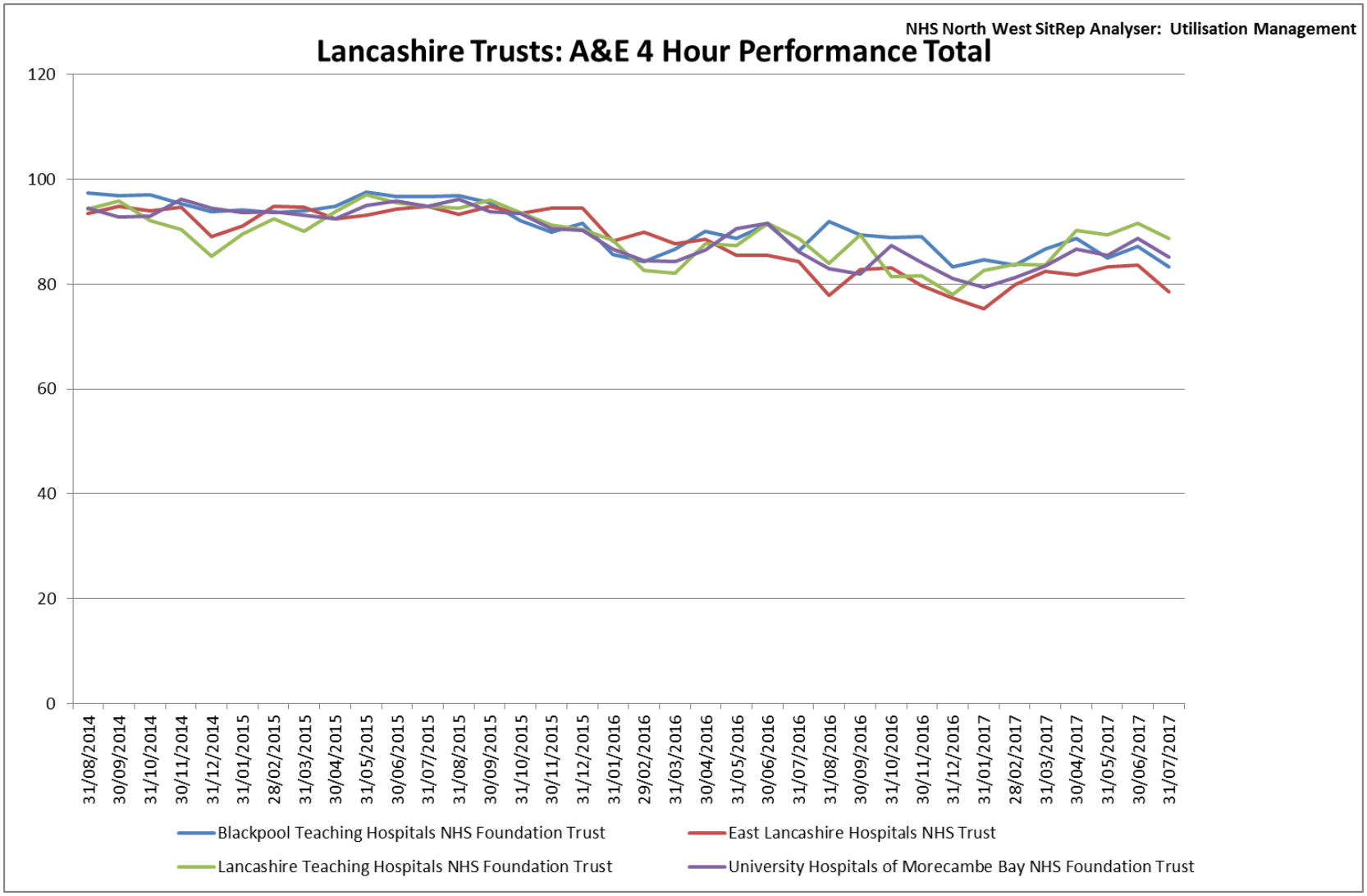
National Expectation

Achieve:-

- 90% performance September 2017
- 95% performance March 2018

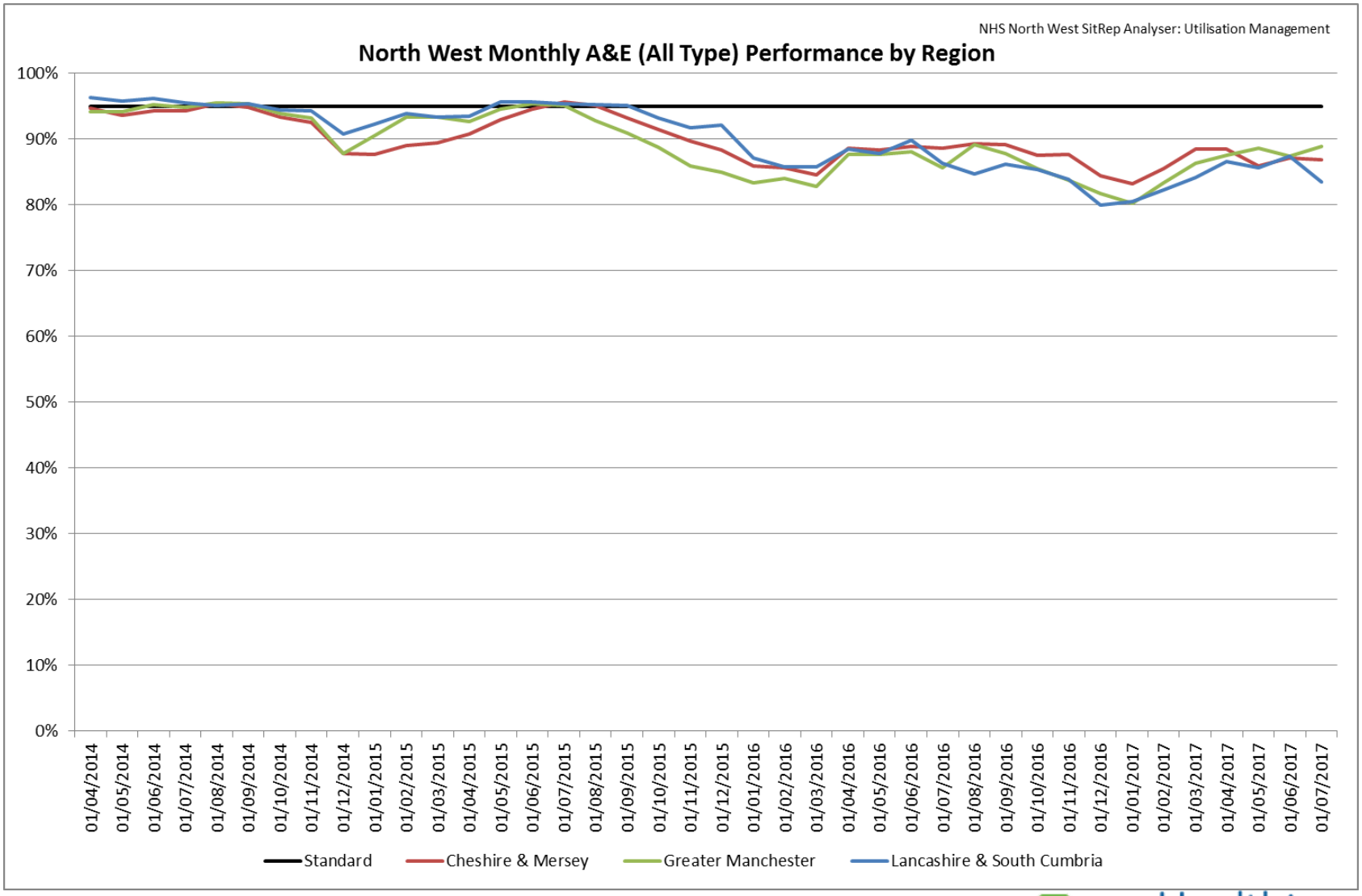
Healthier Lancashire & South Cumbria

Urgent and Emergency Care



Healthier Lancashire & South Cumbria

Urgent and Emergency Care



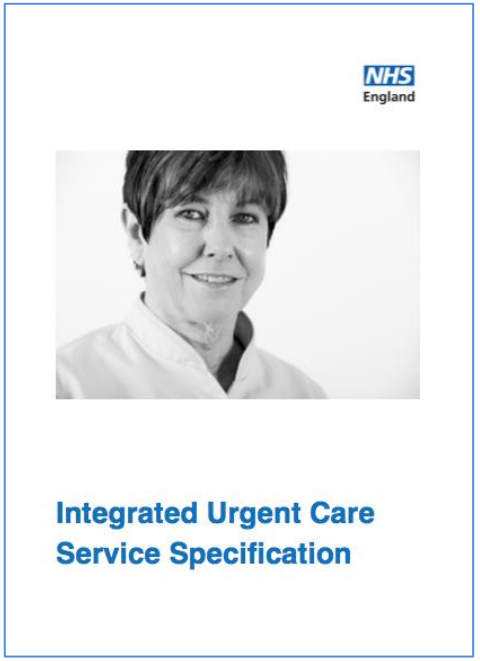
Healthier Lancashire & South Cumbria

Integrated Urgent Care Service Specification

Published 25th August 2017 (149 pages)

Key elements:

- Deliver “Consult & Complete” by increasing clinical consultation to calls in 2017/18
- Develop Lead Commissioner arrangements
- Develop a Collaborative Provider arrangement
- Model financial and workforce impacts
- Undertake an immediate gap analysis
- Initiate immediate contract variations or re-procurements to deliver new specification
- Roll-out of NHS 111 Business Intelligence Tool – Disposition and Outcome monitoring



Healthier Lancashire & South Cumbria

Urgent and Emergency Care

In summary:-

- Challenged performance
- Complex systems and actions required at many levels, eg:-

  National – NHS 111 Online

  Regional (North West) – 999/111

  STP wide – Urgent Treatment Centres/Discharge to Assess/£

  Local Systems – GP Access/Operational Delivery

- National strategy and increasing direction/focus
- Next steps

Healthier Lancashire & South Cumbria

Mental Health – The National Must Do's
A Case for Greater Collaboration

Debbie Nixon and Andrew Bibby

Healthier Lancashire & South Cumbria

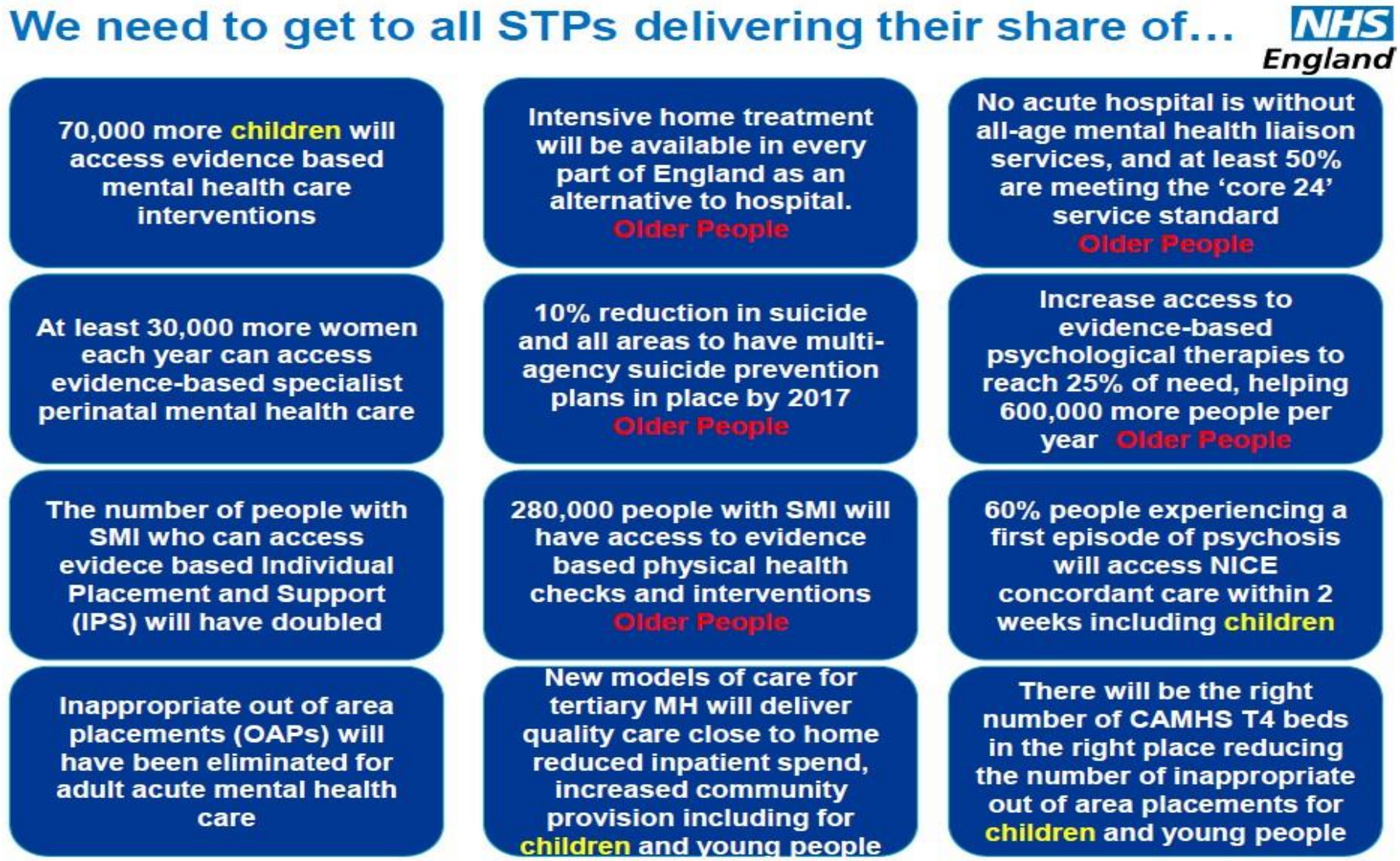
Prerequisites for Delegation

- A case for change / business case setting out the need for delegation
- Place based commissioning strategy for Mental Health
- Decision making arrangements / governance to enable this to happen
- A clear investment strategy / plan

National Context

- Mental Health is one of four clinical priority areas set out in the Five Year Forward View (FYFV), and the Mental Health Delivery Plan (MHDP), investing £1 billion to deliver evidence based care to one million more people by 2020.
- FYFV Mental Health Priorities:
  - Children and young people's mental health
  - Perinatal mental health
  - Adult mental health: common mental health problems
  - Adult mental health: community, acute and crisis care
  - Adult mental health: secure care pathway
  - Health and justice
  - Suicide prevention

The MH5YFV set out the commitment to transform mental health services in England and increase access by 1 million people with £1 billion extra funding:



National Context continued …

- National Mental Health Delivery Plan
  - Performance Management and Assurance through a single lens
  - Clinical fidelity aligned to a national clinical blueprint
  - New Models Of Care
  - “Stepping Forward” Workforce Strategy
  - National Investment Plan
- STP Assurance Framework

Healthier Lancashire & South Cumbria

Financial Implications of 5YFV MH Priorities

	17/18 £M	18/19 £M	19/20 £M	20/21 £M	Total £M
Perinatal	0	0	0.330	0.276	0.606
IAPT	0	4.323	2.094	2.065	8.482
Crisis	1.184	1.294	1.377	0.166	4.021
Early Intervention	0.303	0.248	0.275	1.101	1.927
Screening	1.129	1.157	0	0	2.286
Secure	0	0	0	1.597	1.597
Total	2.616	7.022	4.076	5.205	18.919

*Lancashire has been successful in a Perinatal inpatient unit which will be funded by Specialised commissioning, however a new specialised community team will also need to be commissioned by CCGs, funding requirements is currently being worked up.

What is the place?

- Tier 1 services – Neighbourhood
- Tier 2 services – LDP
- Tier 3 service – STP
- Tier 4 services – STP or inter-STP

- Consistency around the ‘what’ but local flexibility about the ‘how’ (taking account of incidence; population density; demography; geography)

Healthier Lancashire & South Cumbria

Examples of Tiers

Tier 1	Tier 2	Tier 3	Tier 4
GPs	IAPT Services Health and Justice		Inpatient CAMHS Health and Justice
Prevention & Wellbeing services		Acute Inpatient Units/PICU Core 24	Secure Forensic Mental Health Services
		CAMHS community Early Intervention in Psychosis	Perinatal Inpatient Services
		Community Mental Health Teams including: • Adult/Older adult • Dementia • Perinatal • Crisis	Eating Disorders Adult and Children

Case for Greater Collaboration

- Scale and Pace
  - Achieving National Targets within tight deadlines
  - Fidelity across a large geography
  - Economically advantageous
- Single System for Performance / Monitoring Assurance
  - Mental Health Delivery Plan / STP Dashboard
- Productivity and Efficiency
  - Demand and Supply Management
  - Reducing variation
  - Mitigates financial risk

Healthier Lancashire & South Cumbria

Case for Greater Collaboration

- Workforce
  - Manage limited clinical resources effectively and efficiently
  - Ensure sustainable and resilient services
- Clinical Pathways
  - Patients in the wrong part of the system (restrictive settings, e.g. Locked Rehabilitation)
  - New Models of Care
  - Transitions between services / All age model
  - Improved Outcomes and Safety
  - 7 day working

Case For Greater Collaboration across the System

- We have been successful in being allocated transformational funding at the STP Level in the following:
  - Perinatal Inpatient Unit
  - Crisis and Urgent Care Mental Health (Core 24)
  - IAPT and Long Term Conditions

- The current commissioning system is comprised of the following commissioning organisations:
  - NHS England
  - 8 CCGs
  - Specialised Commissioning
  - 4 Local Authorities

Healthier Lancashire & South Cumbria

The JCCCG is asked to agree the following :-

- To agree a revised Operating Model for implementation of nationally prescribed Mental Health & Well being strategy (MH Five year Forward View).

- This will require:

- The delegation of Tiers 3 and 4 commissioning responsibilities into a strategic commissioning function.
- A clear description of what is in and out of scope
- The required governance and reporting arrangements
- The risks and benefits
- The operating model
- The Investment Plan

Healthier Lancashire & South Cumbria

Accident and Emergency and Critical Care

Gary Raphael

Healthier Lancashire & South Cumbria

Context

- National process to spend £325m capital funds in STPs
- Two waves - May 2017 and September 2017 – interest was in schemes ready to go with well developed business cases
- STP priorities = Five year forward view priorities
- Wave 1 success:
  - Mental Health inpatient scheme affecting Burnley and Chorley hospitals (£5m to £10m scheme)
  - A&E development at Blackburn Hospital (£5m to £10m scheme)
- Wave 2 (September 2017) – L&SC pathology scheme covering all four acute trusts with an estimated cost of £31m
- Next stage? This is what this briefing is about……

Healthier Lancashire & South Cumbria

- Opportunity to ‘flag-up’ urgent and/or strategic plans that could not have been articulated as part of wave 1 and wave 2 submissions
- A risk at LTH re: critical care facilities
- Critical Care network improvements
- Achieving consistency in the approach to primary streaming at A&E services and other aspects of the A&E model

Healthier Lancashire & South Cumbria

Overall shape 1

A&E model – separate elements as follows:

- Primary care streaming and minors
- Ambulatory Care
- Frailty
- Majors and resuscitation
- Paediatrics
- Clinical Decision Units (CDUs) for mental health

Development matrix being produced to show how we could achieve the right mix on each site over time (pick and mix approach)

Healthier Lancashire & South Cumbria

Overall shape 2

Critical care:

- More capacity needed at some sites
- Cancer, trauma, cardiac and general services support
- Improvements in flow
- Address risks at LTH
- Critical Care changes and A&E developments are linked in some hospital development plans
- Enables the network to function better overall

Healthier Lancashire & South Cumbria

Benefits and costs

- Improvements to A&E and RTT performance enabled
- Improvements to cancer treatment times
- Patient experience improved in A&E for the different patient cohorts
- Costs circa £40m over next 2 years

Healthier Lancashire & South Cumbria

Recommendations

- **Note** the national process and constraints, the pragmatic approach taken to waves 1 and 2 submissions and prioritisation of capital elements that focus on A&E and RTT performance in a potential next bid
- **Note** that a more strategic capital programme still needs to be developed to match the emerging service strategy
- **Note** that a capital funding plan, which is not totally reliant on NHS funding, will be developed

Healthier Lancashire & South Cumbria