AGENDA ITEM 11

HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board members
FROM:	NHS Blackburn with Darwen Clinical Commissioning Group
DATE:	11th March 2015

SUBJECT: NHS Blackburn with Darwen CCG Draft Annual Operating Plan 2015/16

1. PURPOSE

The purpose of this report is to:

- Provide an overview of the CCG's Annual Operating Plan 2015/16
- Provide an update on how the CCG will deliver the second year of its Five Year Strategic Plan in conjunction with a range of partners across the local health economy

2. RECOMMENDATIONS

The Health and Wellbeing board members are asked to:

- Note the contents of the report and alignment of CCG plans to Blackburn with Darwen's Better Care Fund plan
- Note the requirement that the first draft narrative plan has been submitted to NHS England on 27 February 2015, in line with national reporting timescales

3. BACKGROUND

The vision of NHS Blackburn with Darwen (BwD) Clinical Commissioning Group (CCG) is to secure better outcomes for patients as defined by the 5 domains of the NHS Outcomes Framework and uphold the rights and pledges in the NHS Constitution. The CCG aims "to deliver effective, efficient, high quality, safe integrated care. This will improve the health and wellbeing of the population of BwD and help people live better for longer, reducing health inequalities and improving outcomes in the borough".

On 23rd October 2014, the NHS Five Year Forward View (5YFV) was published setting out why change in the NHS is needed, what that change might look like and how we can achieve it. The CGG's Annual Operating Plan for 2015/16 sets out the foundations supporting the delivery of the 5YFV which includes:

- Better prevention
- Empowering patients
- Engaging diverse communities
- Developing new models of care

4. RATIONALE

This report outlines how BwD CCG will progress the requirements as defined in:

- **The Mandate** - for the NHS in England - the strategic framework for the discharge of NHS responsibilities, requiring the NHS to deliver improvements against the NHS Outcomes Framework; ensure patients' rights and pledges under the NHS Constitution are maintained within allocated resources and meet the Quality Innovation Productivity and Prevention (QIPP) requirements.
- **The NHS Outcomes Framework** - the standards for the NHS to achieve to secure better outcome
- **The NHS Constitution** - the rights of and pledges to patients to be upheld.

Through the delivery of the mandate, the NHS Constitution and the NHS Outcomes Framework the CCG will endeavour that no community is left behind or disadvantaged; will focus on reducing health inequalities and advancing equality to improve outcomes for patients. In accordance with the CCG's equality duties, equality analysis has been undertaken on the initiatives outlined within the plan to ensure we continue to promote fairness and equity of access for the population.

5. KEY ISSUES

The full draft plan can be accessed via the March 2015 Governing Body meeting papers on the CCG's website here.

5.1 Alignment to Better Care Fund (BCF)

As outlined in the BCF update, there is a need to ensure there is a clear read across between the BCF and the CCG's operational plan, with BCF schemes fully integrated into the operational plan. The priority in our BCF is to reduce emergency admissions and delayed transfers of care for frail older adults to ensure that our system remains resilient and patients receive the best outcomes by being treated at the right time in the right place.

5.2 Integrated Service Delivery

Our Integrated Locality Teams (ILTs) which are at the cornerstone of our BCF submission will continue to roll out our plans for primary care at scale. This will include, include 7 day working, intensive support in both the community and care homes and an innovative bid through the Prime Minister's Challenge Fund to provide 24 hour access to primary care in our Urgent Care Centre and two locality spokes, one in Blackburn and one in Darwen. We have recently commenced the Co-commissioning of primary care and this is an important vehicle for driving forward this important agenda.

5.3 New Models of Care

The transformation of our health and social care system continues to be a priority and as such we are actively exploring options around the new models of care. We anticipate that these will deliver the required step-change to ensure a resilient and sustainable health and social care economy which delivers high quality care and the best outcomes for patients.

5.4 Mental Health

As lead commissioner for mental health services for all 8 Lancashire CCG's, BwD CCG will continue to ensure successful delivery of the mental health reconfiguration in Lancashire and driving forward the emerging mental health priorities set out in the Mandate and 5YFV. BwD CCG is the lead for developing the Crisis Care Concordat action plan across Lancashire and this has recently been ranked as "green" by the Department of Health. This is required to help close the current life expectancy gap between people with mental health and physical health problems. Plans to redesign services aim to Improve Access to Psychological Therapies (IAPT) and are fully integrated with the third sector, into a broader health and wellbeing offer. This will support the delivery of the new targets set out in the NHS Mandate and 5YFV and

further contribute to the important agenda around parity of esteem across the borough.

6. POLICY IMPLICATIONS

6.1 Prevention and Reducing Health Inequalities

There is an expectation in the 5YFV that commissioners and the local authority will work together in 2015/16 to set quantifiable levels of ambition to reduce local health and healthcare inequalities and improve outcomes for health and wellbeing, supported by agreed actions with respect to smoking, alcohol and obesity.

7. FINANCIAL IMPLICATIONS

7.1 The CCG has a number of financial duties to deliver in 2015/16 and as such, has submitted plans to NHS England consistent with these requirements. The CCG is managing increased demand for health care and this is reflected in the financial plan that will be presented to the CCG Governing Body in April 2015 for approval.

8. LEGAL IMPLICATIONS

None identified

9. RESOURCE IMPLICATIONS

9.1 Resource implications to the delivery of the CCG's plan will be reported and considered by the CCG Governing Body prior to final submission in April 2015.

10. EQUALITY AND HEALTH IMPLICATIONS

10.1 The CCG's Five Year Strategy had undergone a full equality impact analysis.

11. CONSULTATIONS

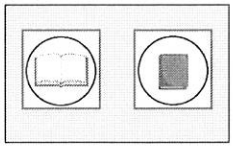
11.1 The CCG has engaged with practice population groups and the voluntary, community and faith sector in the development of its CCG plan.

11.2 In 2015/16 the CCG will continue to focus on how we meet our statutory duties around public and patient involvement. We will be working with our local Healthwatch body and voluntary sector community to maximise our engagement of the wider community, and the 9 protected characteristic groups and harder to reach communities

VERSION:	

CONTACT OFFICER:	Debbie Nixon

DATE:	11 March 2016
BACKGROUND PAPER:	CCG Draft Annual Plan 2015/16



NHS Blackburn with Darwen CCG

Draft Annual Operating Plan 2015/16
25 Feb 2015 v0.10

1.0 Introduction

1.1 The vision of NHS Blackburn with Darwen (BwD) Clinical Commissioning Group (CCG) is to secure better outcomes for patients as defined by the 5 domains of the NHS Outcomes Framework and uphold the rights and pledges in the NHS Constitution. The CCG aims "to deliver effective, efficient, high quality, safe integrated care. This will improve the health and wellbeing of the population of Blackburn with Darwen and help people live better for longer, reducing health inequalities and improving outcomes in the borough"

1.2 Background

1.3 On 23rd October 2014, the NHS Five Year Forward View (5YFV) was published setting out why change in the NHS is needed, what that change might look like, and how we can achieve it. The CGG's Annual Operating Plan for 2015/16 sets out the foundations supporting the delivery of the 5YFV which includes:

- Better prevention
- Empowering patients
- Engaging diverse communities
- Developing new models of care.

1.4 This report outlines how BwD CCG will progress the objectives of the CCG's 5 year strategic plan during 2015/16 whilst taking into consideration adaptations required following the publication of the 5YFV.

1.5 As outlined in our 5 year strategic plan, we will also continue to work towards delivery of the requirements of:

- **The Mandate** - for the NHS in England - the strategic framework for the discharge of NHS responsibilities, requiring the NHS to deliver improvements against the NHS Outcomes Framework; ensure patients' rights and pledges under the NHS Constitution are maintained within allocated resources and meet the Quality Innovation Productivity and Prevention (QIPP) requirements. All existing objectives of the 2014/15 mandate have been carried over with 2 important updates:
  - To join up health and social services through the Better Care Fund (BCF)
  - To introduce access and waiting time standards in mental health by March 2016
- **The NHS Outcomes Framework** - the 2015/16 mandate remains structured around the 5 domains of the NHS Outcomes Framework
- **The NHS Constitution** - the rights of and pledges to patients to be upheld

1.6 Through the delivery of the mandate, the NHS Constitution and the NHS Outcomes Framework the CCG will endeavour that no community is left behind or disadvantaged; will focus on reducing health inequalities and advancing equality to improve outcomes for patients. In accordance with the CCG's equality duties, equality analysis has been undertaken on the initiatives outlined within the plan to ensure we continue to promote fairness and equity of access for the population.

2.0 Year 2 - Focus for Delivery of the CCG's plans and priorities for 2015/16

2.1 The CCG has a strong relationship with the Health and Wellbeing Board and robust arrangements for joint commissioning and service integration across the Borough. We are also a key partner within the wider Pennine Lancashire health economy and have set out an ambitious programme of transformation. We have recently appointed a programme director to lead this work on behalf of all the constituent organisations.

2.2 In year 2 of our 5 year plan, we will continue to strive to deliver our core constitutional standards and operational resilience including 4 hour A&E and 18 weeks RTT. We have a System Resilience Group (SRG) which all of Chief Executives within Pennine Lancashire attend, and this is seen as a key priority.

2.3 Our Better Care Fund (BCF) plan, which is aligned to our integrated care plans and Health and Wellbeing Board Strategy, will continue to promote self-care, risk stratification and more intensive support for those people who are at risk of a hospital admission or potentially requiring long term care. The priority in our BCF is to reduce emergency admissions and delayed transfers of care for frail older adults to ensure that our system remains resilient and patients receive the best outcomes by being treated at the right time in the right place. Reducing emergency admissions for children and young people with respiratory conditions is also a local priority in BwD.

2.4 Our Integrated Locality Teams (ILTs) which are at the cornerstone of our BCF submission will continue to roll out our plans for primary care at scale. This will include, include 7 day working, intensive support in both the community and care homes and an innovative bid through the Prime Minister's Challenge Fund to provide 24 hour access to primary care in our Urgent Care Centre and two locality spokes, one in Blackburn and one in Darwen. We have recently commenced the Co-commissioning of primary care and this is an important vehicle for driving forward this important agenda.

2.5 The transformation of our health and social care system continues to be a priority and as such we are actively exploring options around the new models of care. We anticipate that these will deliver the required step-change to ensure a resilient and sustainable health and social care economy which delivers high quality care and the best outcomes for patients.

2.6 As lead commissioner for mental health services for all 8 Lancashire CCG's, we will continue to ensure successful delivery of the mental health reconfiguration in Lancashire and driving forward the emerging mental health priorities set out in the Mandate and 5YFV. We are the lead for developing the Crisis Care Concordat action plan across Lancashire and this has recently been ranked as "green" by the Department of Health. This is required to help close the current life expectancy gap between people with mental health and physical health problems. Our redesigned

services which aim to Improve Access to Psychological Therapies (IAPT) are fully integrated with the third sector into a broader health and wellbeing offer. We expect to deliver the new targets set out in the NHS Mandate and further contribute to the important agenda around parity of esteem across the borough.

3.0 Improving Health and Convenient Access

3.1 Better Care Fund

3.2 The Better Care Fund (BCF) was announced nationally in June 2013 and will enable the CCG and Local Authority from April 2015 onwards, to pool budgets to help transform local services and help local people receive better integrated care and support. This will lead to improved experiences for patients and carers, and provide better value for money through reducing the amount of time people spend avoidably in hospital, reducing delays in transfer of care from hospital, and reducing inappropriate admissions of older people into residential care.

3.3 The case for integrated care as an approach, particularly to meet the needs of the ageing population, is well evidenced. Rising demand for services, coupled with the need to reduce public expenditure, provides compelling arguments for greater collaboration. Additionally, the integration of health and social care services, allied to co-production with the community, potentially offers further means of supporting people with complex health and social care needs to live independently.

3.4 In Blackburn with Darwen we have focused on early intervention and prevention in line with the direction provided nationally through the Care Act 2014 (the Act). The implementation of the Act puts the wellbeing and outcomes that matter to people at the centre of decision making. The changes brought about by the Act are fundamental in facilitating the shift in leadership and control of decision making to individuals.

3.5 We currently rely predominately on an acute hospital and residential care bed system for the care of frail older adults. This is reflected in the high number of hospital admissions, residential placements and frailty related lengths of stay.

3.6 Our BCF plan vision is to deliver effective, efficient, high quality, safe integrated care to enable the residents of Blackburn with Darwen to Live Longer and Live Better which aligns to the CCG's vision. This vision will be achieved through building a whole health and care system that:

- Promotes self-care and resilience by building and utilising community assets and the co-production of care
- Manages people's needs in the community unless there is an absolute medical/care need for them to be in hospital/residential care
- Creates integrated care in localities and preventive service teams based on GP registered populations
- Integrates support around the needs of the individual through a personalised approach to care
- Provides high quality evidence based holistic care, continuity of care and a named care co-ordinator for anyone with multi-morbidity and/or aged over 75.

3.7 Brief outlines of schemes supported by our Better Care Fund Plan and milestones are outlined below are attached at Appendix XX.

4.0 Children and Young People (C&YP)

4.1 The CCG is actively engaged within the Children and Young Peoples Partnership Board that reports to the Health and Wellbeing Board with a focus on the priority action for the borough of 'start well 0-25'. Key areas of development and focus have been informed by the '*ISNA - Children and Young Peoples Emotional Health and Wellbeing'* The C&YP partnership board have identified three key work streams of delivery as, early help, parenting and emotional health and wellbeing. Each priority area has a strategy and work plan.

4.2 As NHS Blackburn wit Darwen ranked 1st for unplanned hospitalisation for asthma, epilepsy and diabetes in under 19's per 100,000 (October 2012-September 2013), BwD CCG has led on developing further the key priority areas for 2015/16 in collaboration with commissioning and provider partners to improve outcomes for children and young people. The themes identified are:

- Theme 1 - Emotional Health and Healthy Weigh
- Theme 2 - Reduce avoidable hospital admissions for asthma and respiratory conditions
- Theme 3 - Integrated paediatric community care- focus enhanced paediatric/children's nursing offer.

4.3 This work has influenced the refresh of the Early Help Strategy to incorporate the identified themes highlighting Avoidable Hospital Admissions as an additional priority work stream for 2015/6.
The actions and outcomes will be monitored through the Children's Partnership Board and the Joint Commissioning and Recommendations Group.

4.4 Child and Adolescent Mental Health Services

In line with the 5YFV the Collaborative Commissioning Board have commissioned a C&YP's Emotional Wellbeing and Mental Health Review Programme Board with an objective to oversee a review of C&YP's emotional and mental health and to deliver clear recommendations for commissioning and delivery model arrangement for 2015/6.

4.5 Children with Complex and Additional Needs

4.6 During 2015/16, the CCG will continue to work in collaboration with partners to implement the Special Educational Needs and Disability (SEND) reforms.

4.7 The 0-25 strategic partnership are working together on leading the implementation of the Education and Health Care Plans, defining the local offer and working towards integrated education, social care and health teams with a long term goal of joint commissioning with pooled budgets, with the strategic principles of:

- Children and families first
- Joint planning and delivery
- Seamless pathways and transition
- Open and transparent communication and engagement

5.0 Co-commissioning Primary Care Services

5.1 The CCG has submitted a proposal to take up full delegated commissioning arrangements for General Practice with a proposed start date of April 1st 2015. This is recognised as a major opportunity to deliver the full content of the Primary care strategy. The CCG is committed to improving the quality of primary care and co-commissioning provides us with an exciting opportunity for primary care to become part of our core business.
Given the current pressures across the health and social care system and difficulty in recruitment, we need to transform the current system and create a more sustainable model for the future. Co-commissioning is critical in that it will enable us to realise the full benefits of the Better Care Fund and our local Out of Hospital Strategy through the development of general practice at the centre of integrated community health & social care, with a greater focus on early intervention, prevention and the provision of more care closer to home.

5.2 Co-commissioning will enable us to align commissioning strategies and incentives to support practices as providers to operate at a greater scale, whilst retaining the benefits of local delivery. The development of new models of care and local incentive schemes will allow us to develop innovative solutions tailored to deliver local improvement, to drive up the quality of care, reduce health inequalities, and improve patient experience.

5.3 This is in line with our primary care strategy which has been widely consulted upon and recently updated in line with anticipated co-commissioning responsibilities, and our ambitions for developing the integrated, high quality and accessible care that our patients should receive.

5.4 Primary Care Strategy

5.5 The CCG's Primary Care (General Practice) Strategy (2014) sets out the plans for improving patient experience and outcomes through primary care services; the aim of the strategy is to support the development of primary care providers to enable them to deliver at scale.

5.6 Workforce planning is critical to ensure continuity of future service delivery, and the CCG is aware that the current GP workforce will diminish over the next 5 years. Discussion has begun with the Deanery and others, to ensure sufficient GP's and other professionals will be available in the future, and that workforce plans are aligned and therefore ensure the sustainability of the CCG's wider plans. The development of 4 resilient primary care localities is at the heart the strategy.

5.7 Locality Teams and 7 day working

The CCG is working closely with its community services provider LCFT, Primary Care and Local Authority to redesign its community services on a locality footprint and to review those services that need to be delivered 7 days and with extended hours that will facilitate hospital discharges and prevent hospital admissions. These localities will deliver a resilient and comprehensive service which will meet the needs of people requiring a core primary care service. In addition we are developing an innovative and more radical intensive community offer which will ensure that people are cared for at home and avoid unnecessary hospital admissions wherever possible. This will

include community nurses, social workers, specialist nurses, community matrons, care coordinators, and care navigators. To deliver this we will work with our practices and the hospital to consider more radical approaches for the frail and those with complex care needs. This may involve a "hospital without walls" approach and intensive wrap around support service provided on an individual basis. The development of Integrated Locality Teams is fundamental to the delivery of our local Better Care Fund plans.

5.8 The BwD GP Federation has developed and submitted a bid through the Prime *Minister's Challenge Fund to provide access to primary care 7 days per week,* operating 24 hours and 365 days; this has been developed in partnership with the CCG's Out of Hours provider and in collaboration with East Lancashire Hospital Trust.

The benefits associated with the bid include increased capacity in general practice through the utilisation of a telephone triage system which will improve access for patients. Additionally, greater use of community pharmacists to manage a range of minor illnesses will also support improved access and patient experience. If the bid is successful, implementation will require the use of new digital technologies to provide a range of ways for patients to book GP appointments, or otherwise communicate with their GP or a member of their practice e.g. email and instant messaging.

5.9 Locality Teams and Enhanced Service Provision

5.10 The CCG will continue to work in partnership during 2015/16 with a range of providers across Primary Care and Community based settings and patients to actively promote the range of services and patient pathways. A programme of service redesign has already begun with primary care and other key providers, including General Practitioners with Special Interest (GPwSI) to ensure that patients have good access to all our GPwSI and community based services, and they are able to access the right services at the right time.

5.11 GPwSI services are provided by individual GPs who have expert knowledge in their chosen specialisms. The GPs who provide these services accept referrals from all other practices across Blackburn with Darwen. Patients are referred into the GPwSI services by their own GP, and will be assessed and treated by the GPwSI, therefore preventing the patient having to attend hospital. At present we have GPwSIs in the following specialisms:

- Anti-coagulation
- Cardiology
- Dermatology
- Diabetes
- Ophthalmology

5.12 In addition, the CCG is committed to developing a skilled workforce in primary care, and work is progressing through our Service Redesign Community Workforce Development (including GPwSI's) Programme. As part of the whole-system approach, we are currently expanding and exploring innovation that could be introduced into the current GPwSI contracts, to provide a broader range of specialities and treatments within a tiered model of Primary/Community Care. A Communication and Engagement Plan for the next 12 months has been developed, which seeks to promote and highlight access to a new range of GPwSI/Community services which will be available on a phased basis from April 2015.

5.13 The CCG is currently reviewing all enhanced services (LIS /LES) in collaboration with Public Health, as part of developing its co-commissioning primary care arrangements and it is anticipated these redesigned over the next 12 months.

6.0 Operational Resilience - Future Development of Urgent and Emergency Care

6.1 The Urgent and Emergency Care Network guidance from NHS England is expected to provide guidance and direction for the development of new urgent care networks aligned to the Five Year Forward View vision for Urgent & Emergency care. BwD CCG will be part of the network formed across the Lancashire population. At the time of writing, the guidance is still to be published therefore we are not yet in at the development stage to form these new networks.

6.2 Strategic and operational priorities following the urgent care and emergency care review are identified within the CCG's Unscheduled Care Case for Change. A review of existing pilot services is currently underway and once evaluated will support the re-design of services as necessary. The re-procurement of NHS 111 is almost complete and annual resilience plans have been updated to support the future commissioning of unscheduled care services, aligned to the CCGs 5 year strategic plan and Better Care Fund Plans.

6.3 Currently there is a Pennine & Lancashire Urgent Care group which has multiple key stakeholders from across the area, whose responsibility it is to operationally oversee the Urgent Care system and provide assurances to the System Resilience Group.

We have a Pennine Lancashire System Resilience Group (SRG) which is chaired by the Chief Executive of BwD LA. It is attended by all of the Chief Executives across the health and social care economy. The SRG has oversight of our plans for resilience, monitors performance of the system and will evaluate the impact of additional resources upon delivery of the A&E 4 hour target and 18 weeks RTT . It is also responsible for the strategic transformation that is required to make sure that our system is sustainable and resilient moving forward.

7.0 Prevention and Reducing Health Inequalities

7.1 Alcohol, obesity and smoking – metrics

7.2 A health inequalities recovery plan was previously developed between health commissioners and the local authority which identified a range of short, medium, and long term evidence-based interventions to improve life expectancy within Blackburn with Darwen. Changes in lifestyle (smoking, physical activity, diet and alcohol) were mapped to the number of estimated deaths each year that could be prevented. The CCG's 5 year strategy (2013/19) and associated plans were developed using a range of health outcomes data linked to the Integrated Strategic Needs Assessment and Health and Wellbeing Strategy for Blackburn with Darwen.

7.3 To reflect the greater focus on prevention as outlined in the 5YFV, we will establish a BwD Borough Council/CCG Integrated Prevention Commissioning Group, led by Public Health, and reporting through established joint Council/CCG commissioning arrangements, to the H&WBB and contributing to the delivery of the H&WB Strategy.

This Group will provide a forum for the CCG to work with the Council during 2015/16 to set

quantifiable levels of ambition to reduce local health and healthcare inequalities and improve outcomes for health and wellbeing, supported by agreed actions with respect to smoking, alcohol and obesity, and appropriate metrics for monitoring progress.

The work programme will support:

- CCG and Council joint delivery of the Blackburn with Darwen Alcohol Strategy and the Pan-Lancashire Tobacco control strategy, which have both been adopted by the Blackburn with Darwen Health and Wellbeing Board
- Integrated commissioning of local weight management services
- Integrated commissioning of type 2 diabetes and CVD prevention, including NHS Health Checks

7.4 Medicine optimisation initiatives are a key opportunity to tackle health inequalities in the borough, which align to the National Audit Office report which identified a number of cost effective high impact interventions. As one of the British Heart Foundation's 50 Heart Towns, the CCG recognises the importance of both optimum blood pressure control and low cholesterol in improving life expectancy and will continue to work with prescribers and public health to increase prescribing of medicines for these conditions. The CCG will continue to work with prescribers and patients to ensure that targets for Blood Pressure control (BP) and cholesterol targets are achieved. The CCG will actively search for those people with untreated/uncontrolled hypertension or hypercholesterolemia and support the prescribing of, and adherence to, the optimum treatment.

7.5 Delivering Improved Outcomes for Cancer

7.6 At a Pennine Lancashire level, the Cancer Care Programme is our transformational programme of work for the next 3 years, which aims to improve cancer outcomes for our population. The programme covers the end-to-end cancer pathway from prevention, early diagnosis, and awareness, management through to recovery and survivorship, using a prioritisation method to ensure that evidence-based initiatives / services are implemented.

The work aims to achieve:

- A reduction in premature cancer mortality.
- Improved cancer survival, in particular one year survival.
- Reduced cancer inequalities within our population.
- Improve patient experience across the cancer pathway

7.7 To deliver our aims, we recognise that there will be a need to develop and improve further all existing elements of the cancer pathway with key stakeholders, including primary care, secondary care, community engagement, social care and the third sector, re-orienting our services towards early diagnosis, awareness, supporting cancer survivors.

7.8 In addition, The Macmillan Cancer Improvement Partnership Project (MCIP) provides a significant change management programme, supporting and enabling best practice and new ways of working to become embedded in the commissioning and delivery of local cancer services. An integrated and coordinated delivery of cancer services is fundamental to the redesign of services that the MCIP will deliver, and this is inevitably leading to improved collaboration across service boundaries and

integration with other Macmillan and non-Macmillan professionals.

7.9 The project has 3 key Work Streams which address various aspects of care, including prevention and early diagnosis, for people affected by cancer in Community Care, Primary Care and Acute Care settings. Some parts of the programme are focussed in particular areas in order to target particular need or particular hard to reach groups.

7.10 This Pennine Lancs Primary Care Cancer Local Improvement Scheme (LIS), forms the Primary Care works stream of the MCIP, and is designed to enhance the care delivered within primary care for cancer patients in primary care throughout the cancer pathway. The expectation is that this LIS will improve the quality of care along with improved medico/socio outcomes for cancer patients.

8.0 Delivery of Equality Delivery System 2 (EDS)

8.1 The CCG has implemented EDS2 during 2014/15 and carries out public grading of evidence, with a trained local group of Stakeholders involving patient and carer representatives across each of the nine protected groups. EDS2 is the first NHS wide equality performance framework launched in 2011 and revised in 2013 and the CCG has not only adopted the framework but has ensured that all NHS providers it is the lead commissioner for also have adopted EDS2.

8.2 Local interest group representatives (EDS Stakeholder Group) are given training by the Equality and Inclusion Team from Midlands and Lancashire Commissioning Support Unit to ensure they are happy and confident to grade the evidence provided by the CCG. A grading summary dashboard and a report detailing stakeholder feedback to the evidence are transparently displayed on the CCG website.

8.3 Performance against the NHS Workforce Race Equality Standards

8.4 The NHS Equality and Diversity Council agreed to mandate EDS2 and the first Workforce Race Equality Standard (WRES) and this will come in to effect in April 2015. The CCG has embedded the EDS performance framework and are in the process of embedding the WRES through a workforce review in 2015, into its working practices and into provider contract monitoring in early 2015. This process will give assurances on equality performance 'standards' to the lead commissioner from their provider partners. The CCG is making it clear through provider monitoring which takes place through the Lancashire Equality Delivery Partnership and contract reviews, that they expect equality data on who is taking up services and differential patient experiences along with provider workforce data to be gathered, summarised and used for improvement purposes and good outcomes for local vulnerable groups.

8.5 Workforce

8.6 The CCG is committed to its workforce and commissions support services from its occupational health provider via Midlands and Lancashire CSU (MLCSU) to provide counselling services etc. for both work and personal related issues. The CCG management style is caring and supportive to its staff and undertakes a system of 1-1's with staff and management line, personal development plan appraisals and builds on the these approaches to develop the CCG's organisational development plan for the year ahead. The CCG is supportive of the staffs own initiatives including healthy weekly

weigh in programme for weight loss and provides healthy breakfast for the staff monthly coffee morning engagement sessions.

8.7 Through our Sustainable Development Management Plan, we encourage staff to walk to meetings at the local hospitals trust as part of the carbon reduction programme. The CCG is encouraging staff to participate in local community based activities through the third sector and community groups along with the community we server. The CCG is also working across the health economy in encouraging self-care through our "Think" campaign and supporting Public Health with their alcohol reduction strategy.

8.8 The CCG is also investing in the future wider primary care workforce to improve patient care and experience, through developing future clinical leaders both from a commissioning and provider perspective. The intention is to provide fit for purpose, sustainable Primary Care/General Practice management and sustainable CCG leadership to support Blackburn with Darwen as a good place to clinically and managerially work.

9. Empowering Patients and Choice

9.1 From April 1st 2014, a new legal right came into force for patients to choose any clinically appropriate provider of mental health services for their first outpatient appointment. NHS England recognises embedding these rights will take collective efforts and time to achieve and Lancashire CCG are working locally and as a network to ensure this is developed and implemented. The CCGs currently have one main mental health provider and consideration will need to be given on how we offer a wider range of safe and accessible services. There will be a role for commissioners and providers to ensure that patients are informed of their rights and have access to up to date information and are supported to make informed choices relating to their care. Commissioners will need to ensure that there are a range of mental health services for patients to access and work towards agreed referral protocols with GPs to support choice.

9.2 Integrated Personal Health Budgets

9.3 The introduction of integrated personal health budgets was a national programme in 2014 driven by the commitment to individual choice and control; it is part of a solution to the challenge of delivering sustainable health and social care to meet increasing demand. The personalised approach meets the principles and values of the NHS as a comprehensive service, free at the point of delivery, as set out in the NHS Constitution.

9.4 Initially, those eligible were restricted to people eligible for continuing healthcare, and at the time of publication of this plan, BwD CCG had 5 live personal health budgets. From 1 April 2015 the policy will cover a broader cohort of patients with current guidance indicating initial roll out to Learning Disability patient/clients.

9.5 Personal health budgets are not entirely new as some people already have the benefits of direct payments for social care and roll out to Learning Disabilities is a natural step for great personal control. The CCG is working closely with MLCSU and the Local Authority to ensure a systematic process is in place to maximise the potential of increased take up of personal health budgets during 2015/16.

9.6 Engaging Communities

9.7 In 2015/16 the CCG will continue to focus on how we meet our statutory duties around public and patient involvement. We will be working with our local Healthwatch body and voluntary sector community to maximise our engagement of the wider community, and the 9 protected characteristic groups and harder to reach communities.

9.8 We plan to move to outcome based commissioning in two areas during 2015/16 Respiratory and Diabetics, initially to work with the communities about the outcomes they aspire to see achieved. Work is already taking place with the local authority around an integrated carer's strategy including young carers.

9.9 Through our Primary Care Strategy and Better Care Fund plan we are developing 4 locality groupings, including the development of a structured system of engagement with practice participation groups and third sector engagement. We have agreed financial allocations to the localities to commission services from the third sector to meet lower level needs in their communities via the third sector. We are working to improve our EDS2 scores across our community as described in section 4.2 of this plan.

10.0 Mental Health and Parity of Esteem

10.1 Working with the other Lancashire CCGs a significant programme of mental health acute services reconfiguration is underway; in partnership with Lancashire Care Foundation Trust (LCFT). The new service model aims to offer treatment to people with mental health problems with staff from specialist community mental health teams and reduce the requirement for mental health inpatient placements. The CCGs are in the third year of a 5 year programme of transition and so far have achieved £9 million of savings out of a total £15 million due by 2017.

10.2 In early 2013 the programme moved on to look at services for people suffering from dementia, and conducted another public consultation process focussed on moving the majority of support and care closer to their own home or in the community. The vision for dementia care across Lancashire includes good quality early diagnosis, improved quality of care and on-going support in dementia-friendly communities.

10.3 Dementia in-patient services will now be consolidated onto one site (The Harbour, Blackpool) which is a brand new in-patient facility, due to open in March 2015.

11.0 Crisis Care Concordat

11.1 The review of the crisis and unscheduled care pathways are explicitly linked to the overall reconfiguration of specialist mental health service, which are underway in Lancashire. The Crisis pathway is a key element in managing demand for the acute inpatient beds and ensuring the appropriate pathways of care for individual service users.

11.2 Lancashire Care NHS Foundation Trust (LCFT) working in partnership with Blackburn with Darwen Clinical Commissioning Group (BwD CCG) as the lead commissioner for Mental Health in Lancashire has ambitious plans for a full scale redesign of its crisis mental health pathway to support the delivery of the mental health crisis concordat outcomes. BwD CCG, on behalf of the

eight Lancashire CCGs, is working closely with LCFT and the MLCSU to undertake a Lancashire wide review of the Unscheduled Care (Crisis) pathways within LCFT as part of its planned commissioning intentions. The services included are;

- Mental Health A & E Liaison.
- Pennine Lancashire Mental health Liaison.
- Hospital Liaison (Older Adults).
- Crisis Resolution and Home Treatment team.
- Intermediate Support Team.
- Care Home Liaison Teams.
- Mental Health Helpline.
- Other services in mental health and other sectors as identified within this programme of work.

11.3 The overall aim of this work is to review all of the service specifications and commission an updated single unscheduled crisis pathway that ensures that patients, irrespective of age, receive the same consistent level of care across Lancashire regardless of the time that they present. It is widely acknowledged that there is a lack of effective and robust initial response to persons in mental health crisis situations which is particularly manifested out of hours and at weekends. Work is underway across Lancashire to ensure that collaborative planning takes place for the Mental Health Unscheduled Care redesign work and the MH Care Crisis Concordat in order to ensure that there is no unnecessary duplication of work. Specific objectives have been, and continue to be, identified for different parts of the system.

11.4 In order to achieve this overall aim of redesign and Crisis Care Concordat requirements, it is important that the system functions as a whole. Crisis services cannot, and should not, be separated from acute inpatient and other community services, but instead form a vital component of a spectrum of flexible support. This is required to close the current gap between people with mental health and physical health problems within the population as a whole and further help reduce the 20-year gap in life expectancy for people with severe mental health illness whilst continuing to address the known issues linked to 'parity of esteem' agenda. It is also recognised that the redesign will need to take into account and action where appropriate the local priorities of the 8 Lancashire CCG and 3 LA. This will be underpinned by strong partnership arrangements with other CCG for example Blackpool who lead the contract North West Ambulance who are fully engaged within this programme.

12.0 Development of New Service Specification

12.1 A new 'shadow' specification is currently under development with full engagement from LCFT and this will be incorporated within the LCFT contract on 1st April 2015, once agreement has been obtained from all stakeholders which has identified a number of key outcomes for patients, their careers, and other professionals.

12.2 Successful implementation of this programme of work will require the collaboration and involvement of all stakeholders in the system to ensure that services are aligned with, and complement, each other facilitating ease of access to those services an individual needs to make use of.

12.3 It is anticipated that the system will be monitored, reviewed, and "tweaked" on an ongoing basis throughout the year, will a full planned review scheduled at the six month point in September 2015. At this stage, pilots being delivered will be evaluated and a decision made as to whether they should be delivered across Lancashire, this work also runs in alignment with the Lancashire Crisis Care Concordat action plan.

12.4 To further support this the new 'shadow' specification will also include liaison psychiatry to all of our acute hospital sites and the helpline will be extended to offer support to other professionals and we have ongoing plans to look at how best to deliver this, e.g. registered mental health nurses in police and ambulance control rooms.

13.0 CQUIN scheme under development

13.1 A Lancashire wide CQUIN scheme is currently being designed to support the implementation of the new specification and develop enhanced performance and quality metrics, and associated reporting structures, in order to provide assurance to commissioning organisations that services meet the needs of patients on an ongoing basis. One of the key metrics that will be measured will be the proportion of people requiring treatment for their first episode of psychosis entering treatment within two weeks of referral in light of the new national target for 2015/16 for at least 50% of service users to meet this standard.

14.0 Specialist Community Mental Health Service Redesign

14.1 Adult and Older Adult Community Mental Health Teams

14.2 One of the key commissioning intentions (also linked to the mental health reconfiguration) is the alignment of the Community Mental Health Teams (2015/16 commissioning intention) to redesign the teams to ensure that they will be contiguous with CCG boundaries.

14.3 The new specification will align with the emerging remodelled Community Mental Health teams that support the equally emerging Integrated Neighbourhood Teams (INT) that each CCG is developing across GP locality footprints. Integrated care is a means by which care can be coordinated around the needs of individuals in the community. The aim being to reduce inappropriate demand, improve quality and productivity and increase utilisation of community assets. The teams include district nursing, therapy, social care, third sector, adult mental health service and memory assessment service teams. The INTs are wrapped around GP practices using a case management/multi-disciplinary team (MDT) approach. The key outcomes expected of an INT would be to - strengthen the contribution of neighbourhood care teams to improve care coordination for people with multiple long term conditions provide better local and faster access to services for patients with multiple long term conditions at an early point in the care journey to activate proactive care.

14.4 Links are also embedded with the specification details how service users are expected to transition seamlessly between those services detailed in the specification and others such as Early Intervention Services, CAMHS, Eating Disorders and services for people with learning difficulties. Commissioners' expectation is that patients will view the different services as a single integrated NHS system. NHS England and specialised commissioning have a key role in the specific commissioning elements of these pathways which should not be visible to patients.

15.0 Older Adult Specialist Community Teams

15.1 As part of the overall reconfiguration programme, a key component has been the redesign and implementation of specialist older adult teams; they have included Memory Assessment Services (MAS), Intermediate Support Teams (IST) and the Nursing Home Liaison Teams (NHLT). The 2015/16 commissioning intentions discusses the need to ensure that these teams where appropriate working towards local integration, however it is recognised that these teams are specialist in nature and that this will be determined by local arrangements for broader urgent care pathways with mental health and physical care and acute hospitals. This year the IST and NHLT team are under review with the intention of forming one team function to ensure a consistent and clear pathway to meet the needs of individual patients.

16.0 Five Year Forward View and Mandate

16.1 Improving Access to Psychological Therapies (IAPT)

16.2 This work programme will build on and extend the work undertaken in 2014/15 focused on improving the provision of memory assessment services and adult psychological therapies. This work has ensured that Lancashire is well placed to meet the impending targets for at least 75% of adults requiring psychological therapies having their first treatment within six weeks and a minimum of 95% being treated within eighteen weeks with these levels broadly being achieved in the current year. Similar processes used to successfully implement the changes required in these services will be employed to drive the changes outlined above, with a similar level of success expected.

16.3 Early Intervention Service (EIS)

16.4 The EIS is a good example of the rationale behind this review, and the expected benefits in terms of outcomes for patients. The National institute for Health and Care Excellence (2014) report that if everyone who needed Early Intervention in psychosis received a service, each year the NHS would save £44 million.

16.5 Whilst the Department of Health have pledged that by 2015 more than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral. The evidence for intervening early in psychosis is that: 35% of people under EIS are in employment, compared with 12% in traditional care; the likelihood of an individual under the care of EIS receiving compulsory treatment is reduced from 44% to 23% during the first two months of psychosis; and EIS have been demonstrated to reduce a young person's suicide risk from 15% to 1%.

16.6 The improvements in terms of waiting times ease of referral and continuity of care expected as a result of this work programme will ensure that patients can access this service at the right time to facilitate these outcomes for them as individuals.

16.7 Liaison Psychiatry

16.8 Lancashire already has Liaison Psychiatry established in some areas (Chorley and South Ribble, Greater Preston, Blackburn with Darwen and East Lancashire) and the Crisis Care review and Crisis Care Concordat will further develop these services to be included as part of the overall crisis

care provided by LCFT. The NHS Mandate has stated that there will be a national non-recurrent resource of £30m to further assist this work and BwD CCG will coordinate this though the crisis redesign programme with particular focus on the acute hospitals and the quality of mental health care.

17.0 Patient Choice

17.1 From April 1st 2014, a new legal right came into force for patients to choose any clinically appropriate provider of mental health services for their first outpatient appointment. NHS England recognises embedding these rights will take collective efforts and time to achieve and Lancashire CCG are working locally and as a network to ensure this is developed and implemented. The CCGs currently have one main mental health provider and consideration will need to be given on how we offer a wider range of safe and accessible services. There will be a role for commissioners and providers to ensure that patients are informed of their rights and have access to up to date information and are supported to make informed choices relating to their care. Commissioners will need to ensure that there are a range of mental health services for patients to access and work towards agreed referral protocols with GPs to support choice.

18.0 Transforming Care

18.1 The CCG and Council have developed a draft locally agreed joint plan to address to actions required from the Winterbourne View Concordat (this is included as Appendix XX).

18.2 Working in partnership, health and social care commissioners will ensure that people affected by complex behaviour and their families will be able to get the support they need to remain living in their communities for as long as possible. We will develop robust community services that work together in partnership with families and individuals to find person centred solutions to complex behaviour.

18.3 Our local response to *Transforming Care* makes clear our intent to invest in integrated community services, including specialist behaviour support. In addition, specific work to improve take up of Annual Health checks and Health Action Plans will be prioritised in response to the Joint Health and Social Care Learning Disability Self-Assessment Framework (LD SAF).

18.4 Local projects to re-launch Health Passports and develop a new LD Health Card are planned after learning from feedback at events such as the "Big Health Day" – supported by BwD CCG; these improvements will be led by the LD Partnership Board's Health Sub-Group.

18.5 In partnership with East Lancs CCG and Dr Chris Hatton (LD Public Health Observatory), plans are in place to conduct a study to examine health inequalities across Pennine Lancashire – at the same time, community services provided by the Councils' Public Health department will be tailored to better meet the needs of people with learning disabilities and promote greater independence in staying healthy.

19.0 New Models of Care

19.1 The NHSE 5 Year Forward View (5YFV) discusses 2 potential models of integrating primary and secondary care. The Multi-speciality Community Provider (MCP) model is an expansion of primary care with General Practices or Groups of General Practices (e.g. a Federation) looking to employ or work with secondary care clinicians to provide a wider range of services outside of hospital. In BwD we have a developing federation so this model could readily be developed to encompass secondary care consultants and other clinicians working in the community. In terms of Primary and Acute Care Systems (PACS), the CCG knows of no plans for our local hospital (East Lancashire Hospitals Trust) to provide general practitioner services, although it does provide community nursing services for East Lancashire CCG. However there are on-going discussions as to how an accountable care model of integration might work across the Pennine Lancashire Health and Care system which could be a hybrid of MCP and PACS models. A large multidisciplinary event was held on 12th February 2015 to start initial discussions between commissioners and providers and these discussions are on-going. Our plans for Intensive Home support are being rolled out across the Borough and these incorporate an integrated 'in reach' offer to care homes to support people remain there, or be discharged form hospitals sooner.

20.0 Delivery across the Five NHS Outcome Domains (and seven outcome measures)

20.1 The 7 outcome ambition measures are:

- Securing additional years of life for the people of England with treatable mental and physical conditions
- Improving the health related quality of life for people with one or more long-term condition including mental health
- Increasing the proportion of people living independently at home following discharge from hospital
- Increasing the number of people having a positive experience of hospital care
- Increasing the number of people with mental and physical health conditions having a positive experience of care outside the hospital, in general practice and in the community
- Making significant progress towards eliminating avoidable deaths in our hospital caused by problems with healthcare

20.2 Attached at Appendix XX is a summary of all of the CCG's initiatives, linked to the 9 High Impact Changes described in our 5 year strategic plan. Each of these initiatives has been aligned to the outcome measures described above. In turn, these support the achievement of the NHS Outcome Framework measures.

21.0 Delivering the NHS Constitution Standards

21.1 18 weeks RTT & Diagnostic Test Waiting Times

21.2 Referral to Treatment waiting times for non-urgent consultant led treatment (18 week standard) and diagnostic test waiting times (99% waiting less than 6 weeks) are currently agreed and monitored on a monthly basis via robust monthly contract monitoring arrangements which include robust data

reporting, monthly meetings and system resilience meetings. Quarterly Pathology meetings have recently taken place with ELHT to discuss activity, waiting times, and any qualitative and quantitative issues that may need to be addressed from both a provider and commissioner perspective. The contract activity is reviewed on an annual basis to ensure sufficient access to services/treatments are delivered and are based upon the previous years' activity plus projected growth with any QIPP aspirations deducted. This also includes times of busy periods.

21.3 In order to ensure that as commissioners we can identify specialities that will present as capacity & demand mismatches, we will ensure that agreements are made with our main providers specifying accurate capacity models as a minimum requirement. We also require our main providers to be registered with the NHS Benchmarking service to assess efficiency and quality.

21.4 A&E Waits

21.5 During 2014/15 a range of work has been undertaken to deal with the many issues facing East Lancashire Hospitals Trust (ELHT), including plans to support a sustained improvement in the operational standard that patients that attend A&E must be treated, and admitted or discharged within 4 hours of arrival at the department. Performance against this standard has been has been adversely affected by a range of factors including increasing demand, frequent attenders, inappropriate attendances and the availability of GP appointments, particularly outside usual surgery hours.

21.6 A number of initiatives have been put in place using winter investment money including a GP triage pilot at the Royal Blackburn Hospital (RBH) Urgent Care Centre (UCC) and Burnley UCC, which has now been extended for a further 12 months, as well as 7 day working to support discharges, an Ambulatory Care pilot and continued integrated working. The impact of these initiatives will continue to be monitored during 2015/16 through the Pennine Lancashire Access and Flow Delivery Group, as well as (when necessary), weekly teleconference calls between the trust, NHS England's sub-regional team, East Lancashire CCG who is the lead commissioner, and Blackburn with Darwen CCG.

21.7 Cancer Waits

21.8 Due to concerns around the achievement of the NHS Constitution rights for cancer wait times in 2014/15, performance has been closely monitored throughout the year and this has included monthly commissioner/provider/clinical reviews of breaches to identify recurrent themes. Themes identified include capacity issues across the pathway, in particular in relation to diagnostics, tracking, communication, and patient choice.

21.9 The quarter 3 positions for BwD patients is indicating that ELHT will fail to achieve the target, and as such, based on current performance, the Year To Date position is also indicating a significant risk that this target will not be met.
The trust, in collaboration with East Lancs CCG as the lead commissioner, and Blackburn with Darwen CCG has agreed to the implementation of a recovery action plan to ensure that performance against this standard is improved and met during 2015/16.This recovery plan will be closely monitored by the CCG's Quality Lead and QPEC.

21.10 Improved Access to Psychological Therapies (IAPT)

21.11 The CCG is currently on trajectory to meet end of year 15% prevalence target for 2014/15. We are also placed to meet the impending targets for at least 75% of adults requiring psychological therapies having their first treatment within six weeks and a minimum of 95% being treated within eighteen weeks with these levels broadly being achieved in the current year. Similar processes used to successfully implement the changes required in these services will be employed to drive the changes outlined above, with a similar level of success expected.

21.12 Dementia Diagnosis

21.13 The CCG is confident that the diagnosis target of 67% will be achieved by year end. During 2014/15 we commissioned increased capacity in Memory Assessment Services (MAS) to support active case finding and delivery of diagnosis within primary care, as well as a Local Improvement Scheme (LIS) to incentivise practices to support wider case finding and increase practice knowledge and skills. In 2015/16 our BCF supports ongoing improvements in the dementia diagnosis rate including the roll out of the specialist community teams and the intention to develop the borough as a 'Dementia Friendly Community'

21.14 Category an Ambulance Calls

21.15 During 2014/15 increased PES activity and workforce capacity within North West Ambulance Service (NWAS), has adversely affected performance against this operational standard for the whole of Lancashire. As a result of this, a recovery plan to support performance improvement has been developed. At a local level, commissioners are focusing attention on improving Turn around Time (TAT) performance in collaboration with both NWAS and ELHT.

21.16 Weekly monitoring meetings are held and TAT and 60 minute breaches are reported back through the monthly Pennine & Lancashire Urgent Care group. Annual Resilience plans have focused on community responses and capacity and will be evaluated for future potential commissioning opportunities during 2015/16.

22.0 Delivering Quality and Safeguarding

22.1 Response to Francis, Berwick, and Winterbourne View

22.2 The implementation and monitoring of all national reviews (including Francis, Berwick, and Winterbourne) is identified in the CCG's Quality Strategy which was formally approved by the Governing Body in November 2014. All NHS providers are required to report progress against implementation of those standards applicable to their service provision. The CCG will continue to monitor progress with this through contractual Quality and Performance meetings. These meetings take place throughout the year as a minimum on a quarterly basis, and for large providers, monthly. All providers are expected to demonstrate lessons learned, as well as changes to practice.
For LCFT, for which the CCG is the lead commissioner, the provider's progress against the key findings to these national reviews is a standing agenda item at the provider's monthly Quality and Performance meeting.

22.3 During 2014 Transforming care was largely focused on discharging people from long term hospital placements into community placements, this has continued into 2015 with a target of 50% discharge being applied nationally

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23.0 Patient Safety

23.1 The CCG has ensured that within the quality schedule (schedule 4) of its contracts, there are requirements for providers to report and share details of incidents that occur in their provision, including HCAI occurrences. The CCG has implemented a serious incident (SI) review panel, which meets monthly with relevant providers, to review post incident reports (PIR) to ensure that lessons learned are clearly identified and required actions have been put in place to minimise the risk of reoccurrence. An anonymised summary report is also discussed at provider Quality and Performance meetings. This gives an opportunity to share learning with associate commissioners.

23.2 Provider "Safety Thermometer" submissions are reviewed to identify noteworthy disparities. These are reviewed and investigated as appropriate, although it is important to note that these are a point prevalence measure. LCFT also have a CQUIN scheme around harm reduction episodes, measured by the Safety Thermometer and "patient safety" is a standing agenda item at all provider Quality and Performance meetings. Additionally, a CQUIN scheme for tackling sepsis and acute kidney injury is in development for 2015/16.

23.3 Incidences of HCAI will continue to be reviewed across the health and social care economy. The process includes a mechanism for post incident reviews (PIR) to identify lessons learned and implementation of changes in practice. The overall objective for the CCG is to support the reduction of the likelihood of any patient safety incident reoccurring (this is described in the CCG's Quality Strategy, Objective 5).

23.4 The CCG's YTD position for *Clostridium-difficile* remains above the trajectory of 19 at 33 cases. The CCG is undertaking a system wide review of internal CCG HCAI arrangements. A recovery plan is currently been implemented, focussing on the development of pre-emptive systems to reduce the likelihood of infections occurring.

24.0 Patient Experience

24.1 The CCG undertakes a contractually agreed number of quality visits annually for services where BwD CCG is the lead commissioner; in addition participates in similar visits arranged by other CCG organisations where BwD CCG is an associate to the contract. Patient stories are regularly presented to Governing Body with a view that during 2015/16, these will also be presented to QPEC and Quality and Performance meetings, when deemed appropriate. Feedback from patient monitoring activity from other stakeholders, such as Healthwatch and the Health and Wellbeing Board, are also shared at QPEC, Quality and Performance meetings and the Governing Body.

25.0 Friends and Family Test (FFT)

25.1 In 2014/15 implementation of the FFT was a CQUIN measure which will now be included in the 2015/16 contracts; to ensure routine reporting of the FFT results it has been transferred to the quality schedule. Providers are required to provide reporting on FFT feedback from staff and patients, this will continue to be monitored and challenged at Quality and Performance meetings.

Providers are also required to provide summary reports on all patient feedback including patient experience surveys, complaints, compliments, PALS interactions, and Ombudsmen cases by service provision. Action plans to tackle issues identified are also required, and progress towards completion of these will continue to be monitored at Quality and Performance meetings.

26.0 Compassion in Practice

26.1 The CCG has requested that monitoring against the 6Cs Compassion in Practice requirements is included within the quality schedule of the 2015/16 contract for all providers who deliver the relevant services. This also forms a standing agenda item at the CCG's QPEC meeting and a presentation has been provided to all CCG staff on the implementation and values of the 6Cs.

27.0 Staff Satisfaction

27.1 As part of quality contract monitoring, the CCG receives information on "Safe Staffing" staff survey results, staff FFT, sickness and absence rates, percentage of agency/bank staff and these are measured against regional and national indicators to benchmark performance. In addition, the CCG will continue during 2015/16 to undertake a programme of provider quality visits where discussions with staff, individuals, and/or groups will be held to get direct frontline feedback. The findings of these visits will be shared with providers via a report, which is also discussed at provider Quality and Performance meetings.

27.2 The CCG and its partner organisations, including MLCSU, already have mechanisms in place to monitor staff satisfaction such as staff surveys and staff temperature checks, and these will continue during 2015/16. A comprehensive programme of staff development opportunities is also in place including staff engagement forums, away days, attendance at training events and conferences, as well as regular 1:1s and appraisals. The key focus of all of these events is to ensure continuing improved outcomes for patients.

28.0 Safeguarding

28.1 As with all other NHS bodies, the CCG has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people and to protect vulnerable adults from abuse or the risk of abuse. In recognition of this, the CCG has established constitutional and governance arrangements to ensure it has the capacity and capability to deliver its statutory duties.

28.2 The CCG has implemented a Safeguarding and Vulnerable Adults Policy, which reflects the CCG's requirement to ensure that all health, third sector and social care providers from whom it commissions services (both public and independent sector), have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and to protect vulnerable adults from abuse or the risk of abuse.

28.3 The CCG also has direct links into the Local Safeguarding Children and Safeguarding Adult Boards and has a designated nurse lead for safeguarding embedded within its own internal structure.

29.0 Accountability and Assurance framework

29.1 The CCG is compliant with the current accountability and assurance framework 'working to Safeguarding People in the Reformed NHS – Accountability and Assurance framework issued by the NHS Commissioning Board in March 2013', however there were some areas for improvement identified in the independent safeguarding review commissioned by the CCG in 2014 and an action plan has been developed to achieve this.

29.2 The CCG Safeguarding Adult/MCA function is commissioned from LCFT. Following the internal safeguarding review, a revised service specification to deliver this function is currently being developed and will be fully operational from April 2015 onwards.

29.3 A revised version of the Accountability and Assurance framework issued by NHS England is currently under consultation. The consultation document advises that CCG's should have a 'Designated Adult Safeguarding Manager' (DASM) and the responsibilities outlined in the document for this role for safeguarding adults mirror the responsibilities of the Designated Nurse for Child Protection. The consultation document, once agreed, will replace the 2013 framework. It is anticipated that this will be in place by March 2015.

30.0 Support for Quality Improvement in application of the Mental Capacity Act

30.1 The CCG is a member of the Pan Lancashire Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS) meeting, and has contributed to an overarching high level Pan- Lancs MCA/DOLS action plan to ensure effective implementation of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS).

30.2 Following the Cheshire West Supreme Court ruling in March 2014, the definition of what amounts to a Deprivation of Liberties under the MCA (2005) has changed with the new threshold considerably lower. In response to this, the CCG has developed and implemented an action plan to ensure compliance with the new standards.

31.0 Standards in the PREVENT Agenda

31.1 PREVENT is an integral part of the Government's Counter Terrorism strategy, it aims to stop people becoming terrorists, or supporting terrorism. National consultation regarding the PREVENT standards has been conducted in early 2015. The CCG has responsibility for overseeing our commissioned services in respect of effective delivery of the PREVENT standards which include; training; leadership; and policy and procedure development.

31.2 Since April 2013 commissioners have used the NHS Standard contract for all commissioned services and the safeguarding section has required providers to embed PREVENT into their delivery of services, policies, and training. In addition these standards are included in the revised CCG safeguarding policy and standards for service delivery. Compliance will be sought via the contract monitoring process.

31.3 Blackburn with Darwen is a key target area and as such has support from the regional PREVENT lead. Relevant training has been arranged for all CCG employees, and CSU embedded team. This training will also be delivered to the practice nurse forum in January 2015, and negotiations are

currently underway to secure a GP protected learning event in June 2015 to provide the training. Two local GP practices have requested the PREVENT training which has been scheduled in for delivery. The delivery of PREVENT training to the BwD independent contracted services has also been built into the Safeguarding Adult / MCA service specification and is included in the CCG training matrix.

32.0 Research and Innovation

32.1 The CCG is currently in the process of becoming a partner in the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care North West Coast (NIHR CLAHRC NWC). Membership will enable the CCG to benefit from the research and innovation associated with the programme's work streams which focus on delivering personalised health and care, improving mental health, improving public health and reducing health inequalities and managing complex needs.

33.0 Governance and Delivery

33.1 A summary of the CCG's schemes supporting the delivery of this plan attached at Appendix XX. Oversight against delivery of the plan is managed through the CCG Executive Team and the Operational Delivery Group. To support this, an assurance framework is in development which will enable the CCG to monitor progress during 2015/16 and provide an early indication of potential risks or issues.

34.0 Recommendations

34.1 The Governing Body is requested to:

- Note the contents of this report
- Note the requirement that the first draft narrative plan has been submitted to NHE England on 27 February 2015, in line with national reporting timescales