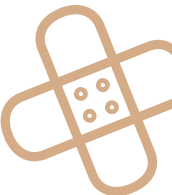




North Lincolnshire
Clinical Commissioning Group

Summer Operational Plan and North Lincolnshire Priorities 2021/22



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Humber plan Operational Plan 2021-22



Voluntary &
Community
Sector



Integrated plan developed by ICS partners as a single plan

National planning priorities

Workforce

- Support and training for Trauma, resilience hub, system-wide Coaching Network
- Growth and retention of staff
- Equality, inclusion and Diversity of workforce
- Staff health and well-being workshops

Mental Health, Learning Disabilities and Autism Services

- Delivery on Mental Health Investment Standard, delivery of LTP ambitions (CYP Eating Disorders and Perinatal Mental Health)
- Deliver Serious Mental Illness (SMI) health-check target by Q4 (60% of people with SMI)
- Deliver Learning Disability (LD) health-check targets; 33% by Q2 and 67% by Q4
- Crisis alternatives
- Community Mental Health Transformation
- Reduce LD inpatients to 14 across Humber

Health Inequalities

- Reduce inequalities exacerbated by pandemic
- Increasing the detection and management of Hypertension, Atrial Fibrillation, Familial Cholesterololaemia
- Improving outcomes for patients with Heart Failure

Primary Care

- Appointments at 105% of March 2019-20 baseline to support restoration of services (e.g. screening, LTC clinics, Cancer)
- Increasing Humber primary care workforce by 258.7 FTE to support rest and recuperation and restoration of services
- Targeted Covid and Flu programme uptake alongside universal offer



National planning priorities



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Acute and Cancer Recovery

- 62.1% reduction in Incomplete pathways for priority 2 (those patients that need to be seen in 28 days) from 1,417 to 537
- 42.8% reduction in Incomplete Referral To Treatment (RTT) pathways over 52 weeks; from 13,178 to 7,540
- Increase in use of independent sector to support recovery
- Recovery of first seen cancer referrals: Hull University Teaching Hospitals (HUTH)
- Recovery of cancer treatment volumes
- Reduction in 63 day + cancer waits: HUTH reduced from 280 to 130 patients by Sep 2021, NLAG reduced from 128 to 115 patients by Sep 2021.

Community services

Integrated model for discharge to assess (D2A) ; frailty

- Anticipatory management – risk stratification, early intervention and prevention
- Responsive – urgent care and crisis response to prevent admissions
- Enhanced Health in Care Homes

Information of community services to provide 2-hr crisis response

- aim to achieve 15% increase in 2 hr response from initial baseline on agreed pathways. Agreement on priority pathways (frailty, respiratory, falls and stroke)
- Pilot key pathways by Q3 with implementation by Q4

Covid & Pulmonary Rehab

- Long covid assessment clinics already in place, with a detailed pathway developed.
- Delivery of priority out of hospital respiratory pathways : Long COVID Clinics and Oximetry@home
- Development of a virtual ward @home operating model

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System work supporting Acute Recovery

NHS 111 clinical assessment service (CAS) expansion

Embedding Discharge to Assess management coordination, block booked beds continue where needed

HCV programmes

- outpatients transformation; patient initiated follow up (PIFU), Connected Health Network model, Rapid Expert input
- Waiting well

Community 2 hour response for implementation

Additional independent Sector commissioned activity



Risks and Issues

Progress to note

Clear agreed priorities for H1 and beyond across Humber strategic partnership

Humber strategic partnership established and governance agreed

Balanced finance plan submitted. Mental Health Investment Standard (MHIS) achieved in plan.

Progress in addressing Acute backlogs in all domains.

- Overall Waiting list static 88,000
- 52 weeks reducing 42.8% (1300 to 7500)
- P2 over 4 weeks reduction 62.1% (1417 to 537)

Plans deliver Elective Recovery fund (ERF) – ICS wide

Targeting resource against health inequalities

Risks and potential mitigations

- Recruitment across all sectors and rest and recuperation of staff
- Assumptions of high activity in the Acute Sector across summer (Sept high baseline)- working through ERF
- Independent Sector – working as collaborative partner with Trusts, future financial risk and widening inequalities
- Proactive case finding to reduce inequalities - targeting areas of deprivation
- System reorganisation – disengagement / reduced focus
- Return to 'normal' financial regime carries significant risk for system. Considerable financial challenge for H2 and beyond- value for money and efficiency
- Scarce capacity in transformational expertise and PMO
- Community -2 hours community response, risk of implementation – workforce and finance. D2A financial risk

Local priorities

Prevention

- Embed social prescribing and expand referrals from GP practice to other stakeholders
- Implementation of cardio-vascular interventions to tackle health inequalities

Primary Care

- Support the development and implementation of Additional roles (funded by Additional Roles Reimbursement Scheme (ARRS))
- Refresh of Primary Care strategy
- Workforce strategy review
- Support full restoration of services
- Further PCN development

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Local priorities



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Mental Health, Learning Disabilities and Autism

- Development of a Crisis House as an alternative to hospital admission
- Full implementation of Core 24 model and Primary Care Mental Health Network model
- Implementation of year 1 of the Community Mental Health Transformation plan
- Increase SMI health-checks through the mobilisation of the Primary Care Mental Health Network model
- Implementation of all-age neurodiversity pathways and reducing waiting lists
- Delivery of the Learning disability health-check target (from 63.9% to min of 67%)
- Reducing avoidable out of area placements through the development of local alternatives
- Review of adults eating disorder pathway

Children's and Maternity services

- Implementation of the Mental Health Support Team model
- Delivery of Children and Young People Emotional Health and Well-being plan
- Implementation of the LD CAMHS pathway
- Recommissioning of the Children and Young People Trauma service (in conjunction with North Lincolnshire Council)

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Local priorities

Out of hospital services

- Development and implementation of the 2 hour urgent response
- Implementation of the Integrated Frailty standard operating procedure
- Delivery of the Ageing well programme
- Redesign and implementation of the community respiratory model, including covid recovery and pulmonary rehabilitation

In hospital services

- Delivery of the outpatients transformation programme, including Advice and guidance, patient initiated follow-up, Connected Health Network model and pathway redesign
- Urgent Care review
- Development of Diagnostic hubs

