Lincolnshire COUNTY COUNCIL *Working for a better future*		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

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A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 17 October 2018 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL

MEMBERS OF THE COMMITTEE

County Councillors: C S Macey (Chairman), Mrs K Cook, M T Fido, R J Kendrick, C Matthews, R A Renshaw, R H Trollope-Bellew and R Wootten

District Councillors: P Gleeson (Boston Borough Council), C L Burke (City of Lincoln Council), Mrs P F Watson (East Lindsey District Council), T Boston (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and P Howitt-Cowan (West Lindsey District Council)

Healthwatch Lincolnshire: Dr B Wookey

AGENDA

Item	Title	Pages
1	**Apologies for Absence/Replacement Members**	
2	**Declarations of Members' Interest**	
3	**Minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 12 September 2018**	3 - 18
4	**Chairman's Announcements**	19 - 26
5	**Winter Planning** *(To receive a report from Ruth Cumbers, Urgent Care Programme Director, which updates the Committee on Winter Planning across the Health and Care economy in Lincolnshire)*	To Follow

Item	Title	Pages
6	**Lincolnshire Sustainability and Transformation Partnership: Mental Health** *(To receive a report from the Lincolnshire Sustainability and Transformation Partnership (STP) and Lincolnshire Partnership NHS Foundation Trust (LPFT), which updates the Committee on progress and strategic activity in relation to the NHS direction for delivery of Mental Health Services in Lincolnshire. Jane Marshall, Director of Strategy, Lincolnshire NHS Foundation Trust will be in attendance for this item)*	27 - 36
7	**Annual Report of Lincolnshire West Clinical Commissioning Group** *(To receive a report for Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group, which enables the Committee to give consideration to the Annual Report for 2017/18 for Lincolnshire West Clinical Commissioning Group)*	37 - 94
8	**Louth County Hospital Inpatient Services - Survey** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to respond to the survey being undertaken by Lincolnshire East Clinical Commissioning Group on Inpatient Services at Louth County Hospital)*	95 - 100
9	**Integrated Care Providers Contract Arrangements - Consultation** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to finalise its response to the Integrated Care Providers Contract Arrangements – Consultation)*	101 - 104
10	**Health Scrutiny Committee for Lincolnshire - Work Programme** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comment on its work programme)*	105 - 110

Keith Ireland
Chief Executive
9 October 2018

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
12 SEPTEMBER 2018

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R J Kendrick, C Matthews, R A Renshaw, R H Trollope-Bellew and R Wootten.

Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), Mrs P F Watson (East Lindsey District Council), T Boston (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and P Howitt-Cowan (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Mike Casey (General Manager, TASL), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Dr Neill Hepburn (Medical Director, United Lincolnshire Hospitals NHS Trust), Mike Naylor (Director of Finance, East Midlands Ambulance Service NHS Trust), Michelle Rhodes (Director of Nursing, United Lincolnshire Hospitals NHS Trust), Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals NHS Trust), Sue Cousland (Lincolnshire Divisional Manager, EMAS), Andy Hill (Contract Manager Lincolnshire, TASL), Jeff Worrall (Delivery and Improvement Director, NHS Improvement), Suzi Glover (Deputy Head of Nursing, University Hospitals of Leicester NHS Trust), Lisa Jeffs (Service Manager, Renal and Transplants, University Hospitals of Leicester NHS Trust) and Siobhan Sodiwala (Matron (Lincoln Renal Unit)).

County Councillors Dr M E Thompson (Executive Support Councillor for NHS Liaison and Community Engagement) and Alison Marriott (member of the public) attended the meeting as observers.

29 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor C Burke (City of Lincoln Council).

An apology for absence was also received from Councillor Sue Woolley, (Executive Councillor for NHS Liaison and Community Engagement).

30 DECLARATIONS OF MEMBERS' INTEREST

Councillor Mrs P F Watson advised the Committee that she was currently a patient of United Lincolnshire Hospitals NHS Trust.

31 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 11 JULY 2018

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 11 July 2018 be agreed and signed by the Chairman as a correct record.

32 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the Supplementary Chairman's announcements circulated at the meeting. Particular reference was made to the announcement made in relation to Grantham A & E and the letter received from Steve Barclay, MP, Minister of State for Health. Some members of the Committee welcomed the letter.

During a short discussion, some members expressed concern relating to Louth County Hospital – Inpatient Services. The Chairman advised that the matter of Louth County Hospital would be considered later in the agenda as part of the Health Scrutiny Committee for Lincolnshire – Work Programme item.

RESOLVED

That the Chairman's Announcements presented as part of the agenda on pages 17 to 29; and the supplementary announcements circulated at the meeting be noted.

33 CHILDREN AND YOUNG PERSONS SERVICES AT ULHT UPDATE PAPER

The Chairman welcomed to the meeting the following representatives from United Lincolnshire Hospitals NHS Trust:-

- Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust;
- Michelle Rhodes, Director of Nursing, United Lincolnshire Hospitals NHS Trust;
- Dr Neill Hepburn, Medical Director, United Lincolnshire Hospitals NHS Trust; and
- Jeff Worrall, Delivery and Improvement Director, NHS Improvement.

The Chairman also welcomed Alison Marriott, (member of the public) to the Committee. The Chairman invited Alison to speak for up to three minutes to the Committee.

The Committee was advised that Alison Marriott represented SoS Pilgrim Hospital, a community group of approximately 10,000 people, which had been started in 2016 to help save services at Pilgrim Hospital, Boston.

It was highlighted that the SoS for Pilgrim Hospital's particular focus was maternity, neonatal and children's services. The Committee was advised by the representative of SoS for Pilgrim Hospital that the current "interim model" for children's and neonatal services at Pilgrim Hospital was unacceptable and avoidable. The Committee was advised further that the downgrades were a precursor to permanent removal or diminishing of services under the Sustainability and Transformation Partnership (STP). It was highlighted that the STP in its current form had been rejected by Lincolnshire County Council in December 2016. It was stated that the current downgrades to Pilgrim paediatrics and neonatal services all echoed the 2016 STP.

Concerns were also expressed to the lack of consultation undertaken; the impact the changes were having on children and families; and the potential safety impacts if services were to be removed.

The Chairman invited the representatives from United Lincolnshire Hospitals NHS Trust to make their presentation to the Committee.

The Committee received an update report on the Trust's response to address the difficulties and challenging situations caused in the children's and young person's services at Pilgrim Hospital, Boston, as a result of the shortage of doctors and nurses. Clarification was given that the report was not a Sustainable Transformation Partnership item.

It was highlighted that the model of care as described in the report presented to the Health Scrutiny Committee for Lincolnshire on 11 July 2018, had been implemented on 6 August 2018. The Committee noted that the model of care comprised of:-

- An enhanced paediatric presence in the Pilgrim Hospital Emergency Department, an acute assessment unit with a 12 hour length of stay; and confirmation was given that outpatient clinics and surgery were continuing at Pilgrim Hospital;
- The commissioning of two private, paramedic crewed ambulances to transfer any patients who needed longer admission; and
- The increased gestational age for delivery from 30 to 34 weeks.

The Committee was advised that in the first five weeks 50 patients had been transferred; and that there had been no issues with transfers; and that the paramedics had also undertaken duties in the emergency department. Overall, the Trust was confident that the model was working well; and that the risks were being monitored carefully.

It was highlighted that the recruitment position remained as it had been in previous months; and that the Clinical Directorate continued to work with medical agencies, irrespective of financial costs, to find agency and locum medical staff to support the rota at Pilgrim Hospital, Boston to keep services running safely.

It was reported that a full financial assessment for the project had been completed; and the total impact of the new service model until December 2018 was £1.75m, with loss in income accounting for 21%; pay accounting for 53%; and non-pay accounting for 26% of the projected costs.

It was reported further that contingency plans continued to be developed; as was the communications plan.

Attached to the report for the Committee's consideration were the following Appendices:-

Appendix A - Report to United Lincolnshire NHS Trust Board of Directors (30 August 2018), which comprised of the following:-
Appendix 1 – Financial Impact Assessment of the Interim Paediatric Service Model at Pilgrim Hospital;
Appendix 2 – Project Risk Register;
Appendix 3 - Contingency Plans;
Appendix 4 - Responses to Questions raised by Health Scrutiny Committee in July 2018; and
Appendix 5 – Rotas.

During discussion, the Committee raised the following points:-

- Recruitment of middle grade doctors from overseas – The Committee was advised that recruitment was a national issue and confirmation was given that the Trust had worked with international agencies, but with limited success; and that the Trust was exploring other models to recruit to fill vacancies. One member also raised the need to ensure that Lincoln Hospital remained a main hospital to support the university; which would then encourage doctors to work at Lincoln and help Lincoln Hospital become a centre of excellence. The Committee was advised that all hospitals had to maintained to a standard; and that Lincolnshire had three significant hospitals, each having areas of expertise. The Committee was also advised that staff leaving the Trust did receive exit interviews; and confirmation was given that some of the training for middle grade doctors was not available in Lincolnshire, and as a result doctors moved elsewhere to complete their professional training;
- Whether children were moved following a 12 hour period of stay. The Committee was advised that 12 hours was only a guideline and the length of stay would be applied clinically and would be assessed dependent on the patient's needs;
- One member asked for confirmation that there were two ambulances. The Committee was advised that one ambulance was 24/7; the other ambulance worked 12 hours to cover busy periods. A question asked was of the 46 children who had gone to other hospitals, how long had the children had spent

in other hospitals? A further question raised was out of the 50 patients transferred had there been any waiting time? The Trust advised that this information would need to be gathered. The Committee was reminded that two ambulances had been specially commissioned;

- Some concern was expressed as to the effectiveness of the interim arrangements and to the recruitment issues. Reassurance was given that the Trust would not compromise patient care; and that work continued in relation to other working models;
- One member requested a revised list of acronyms;
- One member also highlighted that communication was improving, particularly in GP surgeries and that sometimes there was an overload as to the number of notices put out. The Trust confirmed that they had no responsibility for GP surgeries;
- The need to communicate better with the Boston community. The Trust confirmed that the event held at the Boston West Golf Club had not been a Trust event;
- Project Risk Register – Why the two ambulances for children and pregnant women might be reduced. It was reported that that the risk register at Appendix 2 was now out of date and circumstances over the last few weeks had identified that the ambulances had not been required as much as initially thought. Confirmation was given that the private ambulances were additional and EMAS ambulances were still available if needed. The Committee noted that the new ambulances were specifically equipped and were manned by paramedics; and if there was serious medical need, a consultant would travel with the patient in the ambulance.

  Whether there had been an increase in the number of young people between the ages of 14 – 16 being cared for on adult wards. The Committee was advised that this information was not available at the moment.

  Whether the 111 service were signposting paediatric patients to Lincoln and Peterborough. Confirmation was given that the 111 service had not been instructed to change their original brief.

  Whether Lincoln and Peterborough had been full during the last few weeks, as this gave rise to concerns with winter approaching. Confirmation was given that the Rain Forest Ward had been full for a couple of hours only, which had not been caused any operational issues;
- The role of NHS Improvement in the development of both the interim service model and the contingency plan; It was noted that NHS Improvement had offered support and guidance to the development of the service model and the contingency plan;
- Whether any risks were anticipated with the interim model over the coming months. The Committee was advised that there were risks associated with workforce issues; and that these would be dealt with as and when they occurred;
- What the mid to long term plan was to ensure that enough middle grade Doctors and Paediatric Nurses were recruited and whether any long term

changes would be subject to full consultation with the Committee and the public. The Committee was advised that as mentioned previously the Trust had been out to the international market; and if the applicants were committed then assessments would be made on their language skills and support would be given to help them upskill. It was noted that the UK required a very high standard for clinicians;

- Outcome of the engagement sessions in Boston; and whether any consideration had been given to holding such events in larger supermarkets in Boston. It was noted that engagement events had taken place which had targeted children's groups, of which there was a long list along the east coast. It was confirmed that events at supermarkets had not been very been positive. It was noted that the main issues of concern raised so far relating to chronic conditions over the winter period;
- Concerns were still expressed regarding the contingency plan in the following areas:- how children and expectant mothers would be transported to the next nearest hospital within a safe level of time; how such patients will be returned home after displacement; and what arrangements would be made for parents or partners to travel with patients and then get home. It was confirmed that in situation when families were required to go out of Lincolnshire, the Trust was not able to find transport for families. It was highlighted that work was on going with Carers UK to see if they were able to offer any support. Confirmation was given that outpatient appointments were kept local. A further request was made for further information regarding the length of stay of children in Boston hospital; and also the length of stay children stayed in other hospitals;
- Reference to the closure of wards - Clarification was given that the wards were not closing, they were just being vacated to allow asbestos removal to be undertaken.

The Chairman extended thanks to the ULHT representatives.

RESOLVED

1. That the update report concerning the interim plan be noted.

2. That an update report be received from United Lincolnshire Hospitals NHS Trust at the November meeting, which should include a developed contingency plan, to include solutions to the points raised by the Health Scrutiny Committee for Lincolnshire.

34 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - UPDATE ON CARE QUALITY COMMISSION INSPECTION

The Committee gave consideration to a report from the United Lincolnshire Hospitals NHS Trust, which provided the Committee with an update on the Care Quality Commission (CQC) Inspection at United Lincolnshire Hospitals NHS Trust.

The Chairman welcomed Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust and Michelle Rhodes, Director of Nursing, United Lincolnshire Hospitals NHS Trust.

Detailed at Appendix A to the report was a copy of the Quality and Safety Improvement Plan for the Committee's consideration. It was highlighted that the Trust was receiving peer support from Northumbria Healthcare NHS Foundation Trust.

The Committee was advised that the CQC had inspected the United Lincolnshire Hospitals NHS Trust between Thursday 15 February and Thursday 8 March 2018. This had then been followed by a separate 'well-led' assessment which had taken place between 10 April and 12 of April 2018.

It was noted that not all services had been inspected, but all sites had. The services inspected included:-

- Urgent and emergency care
- Medical care
- Surgery
- Outpatients at Lincoln and Pilgrim
- Children and young people's services inspected at Pilgrim
- Medical care and surgery at Grantham
- Surgery at Louth

Overall, the Trust was found to have improved its overall rating from 'inadequate' to 'requires improvement'. It was noted further that two of the four locations had been rated as 'good' overall, one as 'requires improvement' and one as 'inadequate'.

The Committee was advised that the Trust had developed and submitted an improvement plan to the CQC at the end of July 2018.

The report presented provided information on a number of areas that had been identified as requiring focus to improve. It was highlighted that these were all challenges known to the Trust and that the CQC report acknowledged that the Trust had already commenced improvement works in these areas. The three key areas identified were:

- Delivering urgent and emergency care on the Pilgrim site specifically the Emergency Department;
- Care of children and improving the responsiveness of services for children; and
- Developing and delivering robust governance from Board to ward to be effective, robust and effective.

The Committee was advised that the Quality and Safety Improvement Plan would be scrutinised on a weekly basis and would be presented to the Quality Safety Improvement Board bi-weekly and the Quality Governance Committee monthly. It

was noted that upward escalation of issues would then be to the Board via the Quality Governance Committee.

During discussion, the Committee raised the following points:-

- The Trust was commended for its aspirations, but disappointment was expressed as to the lack of evidence supplied in the report. The Committee was reassured that there was evidence, which had to be signed off by the CQC. The Committee was advised that this information would be available once it had gone through the governance process;
- Some concern was expressed regarding safeguarding issues and to 14 to 16 year olds being placed on an Adult wards. The Committee was advised that the number of people trained in safeguarding was down by a couple of percent. However, a programme of work was ongoing to improve the training percentage; and confirmation was given that no issues had been raised regarding safeguarding practice. There was recognition that all staff needed to be trained to deal to with younger patients;
- Some concern was also expressed regarding the need to reduce the amount of violence and abuse received by staff. The Trust advised that it did not tolerate any abuse to its staff. It was highlighted that patient violence was on the increase; and the Trust offered full support to its staff. One member expressed concern regarding the morale of staff. The Committee noted that a lot of positive feedback was received and that there was a 'thankyou' recognition scheme. It was noted that 800 staff had been nominated in the previous year. The Trust had also introduced the 'Daisy Scheme' which was an international scheme, which four hospitals in the UK had adopted, where patients were able to acknowledge the care provided. The Trust also had a staff award scheme. There was a recognition that the Trust needed to promote 'positive things' more;
- A question was also asked as to how far behind waiting times were. The Committee was advised that the length of waiting times had been increasing, but some of this was by Clinical Commissioning Groups; and the level of paid activity set by the contract;
- The need to update patient medical records as recording information on paper was outdated. There was recognition that this was an area that needed improvement. The Committee noted that a capital bid had been made to address the issue of patient records. Some concern was also expressed that outpatient services still needed improvement particular reference was made to quality and safety. Reassurance was given that a plan was in place to tackle the issues raised; and
- Some concern was expressed to the fact that the A & E at Pilgrim Hospital, Boston had slipped back as much as it had; and to the issue of staffing levels. The Committee noted that some of the people that visited A & E could have been dealt with elsewhere in the system. It was highlighted that plans were in place to explore other recruitment projects. Confirmation was given that the Trust was managing to get staff to maintain the rotas. It was highlighted that when the CQC had visited the A & E at Pilgrim Hospital, Boston, it had been when the 'beast from the east' had descended on Lincolnshire; and members

of the CQC team had helped on the wards and A & E. It was highlighted that the CQC had been impressed as to how staff had all pulled together a very busy time to provide a service.

The Committee acknowledged the improvements made by the Trust.

RESOLVED

1. That the Care Quality Commission's finding be noted.

2. That the progress made by United Lincolnshire Hospitals NHS Trust since the inspection in February and April 2018; and its future plans for improving quality and safety be received, with evidence to support improvement being forwarded to members of the Committee once the Trust had given its approval.

3. That going forward quarterly updates be received from United Lincolnshire Hospitals NHS Trust with regard to progress being made with the improvement plan; to include clear timescales and evidence.

35 EAST MIDLANDS AMBULANCE SERVICE NHS TRUST UPDATE

Consideration was given to a presentation from the East Midlands Ambulance Service NHS Trust, which provided an update to the Committee.

The Chairman welcomed to the Committee Mike Naylor, Director of Finance and Deputy Chief Executive, EMAS and Sue Cousland, Lincolnshire Divisional Manager.

The presentation provided the Committee with an overview of progress and the highlights for 2017/18, which had included:-

- The implementation of urgent care transport, which had reduced response times;
- Progress of the Blue Light Collaboration in Lincolnshire;
- Introduction of the Pre-Hospital Sepsis Treatment;
- Clinical Assessment Service;
- That the EMAS team of paramedics had won a prestigious European Emergency Medical Services Competition in Copenhagen; and
- That the East Midland Ambulance Service had been the first service outside London to launch the GoodSam App to help save more lives.

The presentation highlighted the rural geography of greater Lincolnshire and the challenges it posed.

The Committee noted that Improvement Trajectories for Quarter 1 - 4 had seen Lincolnshire performing better than trajectory in quarter one in all areas and being slightly ahead of trajectory for Quarter 2 in categories 1, 3 and 4. Details of the new Ambulance Response Programme were shared with the Committee.

The improvement plans for Lincolnshire included a new contract which had been based on the re-modelling of the Ambulance Response Programme; that 80 additional staff had been recruited; the provision of private Ambulance support; collaboration with partners; and the provision of 36 new ambulances for Lincolnshire.

Further information was provided relating to recruitment. It was noted that there would be 80 new staff for 2018/19 and that a further 90 staff would be recruited in 2019/20. The staff recruited would have a mixture of skill sets; and that there would be additional specialist paramedic and advanced paramedic roles. It was noted that the service had gone through a culture change; resulting in an Inclusive Management approach, which had improved morale.

One area highlighted was – Turnaround Times at Emergency Departments. The Committee was advised that during 2017/18, EMAS had lost 72,132 hours to pre-hospital handover delays, which equated to the loss of 6,011 twelve-hour vehicle shifts. It was noted that initiatives had been put in place; and the situation was now improving slightly.

The presentation also made reference to:-

- Transformational Change;
- The Rotating Paramedic Pilot;
- Strategy and Vision; and Engagement Plan to help shape the 'Vision';
- Revised Values; and
- The Conclusion which included a summary of what had been achieved, which included:-
    - Performance Improvement; Culture Change; Inclusive Management Style; Enhanced Relationships across the system; Improved Communication and Collaboration; the implementation of an Innovative approach to service change; and recognition that Lincolnshire was 'Different'.

A discussion ensued, from which the following points were raised:-

- Some members welcomed the encouraging and positive report;
- The provision of defibrillators; and the process for accessing them. A suggestion was made for the need for a national data base;
- The pre-hospital Sepsis treatment, with the administering of anti-biotics;
- Recognition of the work done by LIVES to help EMAS reach their targets;
- Whether Lincolnshire-based ambulances which had taken patients out of the county were returning to Lincolnshire for the rest of their shift. It was confirmed that the level of ambulances 'drifting' into other EMAS divisions was lower than it had been previously; and
- Whether the GoodSam App was promoted. It was noted that it was mainly used predominantly by ambulance personnel and nurses.

The Chairman extended thanks to the representatives from EMAS for their excellent presentation; and wished it to be noted that the Committee welcomed the improvements.

RESOLVED

1. That the East Midlands Ambulance Service NHS Trust update report be noted.

2. That further update reports be received from East Midlands Ambulance NHS Trust on a six-monthly basis.

The Committee adjourned at 1.20pm and re-convened at 2.00pm.

Additional apologies for absence for the afternoon part of the meeting were received from Councillor M T Fido and R H Trollope-Bellew.

36 NON EMERGENCY PATIENT TRANSPORT FOR LINCOLNSHIRE - THAMES AMBULANCE SERVICE LIMITED

The Committee gave consideration to a report from the Thames Ambulance Service Ltd (TASL) as the provider for non-emergency patient transport for NHS Lincolnshire Clinical Commissioning Groups.

The Health Scrutiny Committee for Lincolnshire had requested a performance update in September 2018 at its June 2018 meeting.

A sheet showing the August key performance indicators for 17/18 was circulated at the meeting for the Committee's consideration.

The Chairman welcomed to the meeting Mike Casey, General Manager, Thames Ambulance Service Limited (TASL) and Andy Hill, Contract Manager, Lincolnshire (TASL).

The Committee was updated on the organisational restructure; staffing issues; the full fleet review; the implementation of fixed route planning; the increase in the number of voluntary car drivers; the implementation of a full patient reminder service; and the appointment of two HealthCAB System Trainers.

The Committee noted that TASL was continuing to work with the Care Quality Commission. It was noted further that performance KPI's remained a challenge; and that work was continuing with commissioners to agree a performance recovery trajectory.

Particular reference was made to the July performance which had dropped against most Contract Performance indicators. It was reported to the Committee that the reason for the drop in performance was that TASL had entered into a partnership with Lincolnshire 24/7, a single local authority transport provider and that existing working arrangements with third party and taxi providers had been removed. It was

noted that this action had then enabled the fixed route planning pilot to commence, which had impacted of the performance for July. The Committee was advised that going forward there would be improvement.

A discussion ensued, from which the following issues were raised:-

- That the lateness of information provided was unacceptable. Some members also highlighted that the way information was presented could be improved. The General Manager TASL agreed to look at putting the information into an easier format;
- A question was asked as to when it was felt that the Committee might be able to see at least a third of the indicators at green. Recognition was given that a lot had been done, but there was still more to do;
- One member expressed concern regarding the number of managers; and to the fact that it would be useful to see a structure chart. The Committee was advised that a structure chart would be made available to members of the Committee. Confirmation was also given that managers were very much operational;
- Some members felt that there had been improvement, as lots of changes had been made; and particular reference was made to the fact that the number of voluntary car driver numbers had continued to increase. Other members felt that there were still significant improvements to be made. The Committee was advised that the voluntary car drivers were a very importance resource; and as such were a high priority for TASL; and
- One member asked whether the Committee was able to see any complaints received.

In conclusion, the Chairman confirmed that the position was an improving picture; that was moving in the right direction.

On behalf of the Committee, the Chairman extended his thanks to the representatives from TASL.

RESOLVED

1. That the Non-Emergency Patient Transport for Lincolnshire report presented be noted.

2. That TASL be requested to attend the Committee on a quarterly basis, but in the meantime monthly KPI & RAG data received from TASL be shared via the Chairman's announcements until such time as the Committee are satisfied that there has been sufficient improvement.

37 LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP - ACUTE SERVICE REVIEW CONSULTATION PLAN

Consideration was given to a report on behalf of the Lincolnshire Sustainability and Transformation Partnership (STP), which invited the Committee to consider an offer to contribute to and scrutinise the Acute Service Review Consultation Plan.

The Health Scrutiny Officer advised that if the Committee was happy to accept the offer, then a working group would be established which would report back to the next meeting of Health Scrutiny Committee for Lincolnshire on 17 October 2018.

The Chairman expressed some reservations about the Committee being involved and contributing to the consultation plans, as the Committee had not seen the outcomes of the Acute Services Review, or the altered STP. It was therefore felt that if there were any major service changes, they would possibly affect some areas of Lincolnshire more than others, and in turn there may well be the need for additional consultation in these areas. It was further highlighted this might then possibly affect any challenges the Committee might wish to take in the future around these plans.

Some members felt that the Committee was in danger of being compromised and that there would be a conflict of interest, if it was to participate in the consultation on the consultation plan.

Other members felt that the Committee should look very carefully at the plans; and if there was any substantial variations, then these would need to be considered by the Secretary of State. Clarification was given by the Health Scrutiny Officer that the eventual consultation on the Acute Services review would be deemed as a substantial variation. There were other items in the STP, which would lead to changes that would not lead to consultation, as they were being driven nationally or were not substantial.

One member felt that accepting the offer would enable the Committee to have input into how the plans would be published for consultation, or whether the Committee felt that the consultation was robust enough. It was highlighted that it might make it difficult for the Committee to take a view on the adequacy of the consultation at a later date.

The Healthwatch representative also felt that independence was very important in this situation.

The representative for East Lindsey District Council advised that on 14 September 2018, she and her substitute member on the Health Scrutiny Committee were attending a Centre for Public Scrutiny event; whose programme included scrutiny of STPs; and members of the Committee were invited to email any issues they wished to raise.

RESOLVED

The Committee agreed to not accepting the offer of contributing to the Consultation Plan for the Lincolnshire Acute Service Review.

38 RENAL DIALYSIS SERVICES IN LINCOLNSHIRE

Consideration was given to a report from the University Hospitals of Leicester NHS Trust, which advised the Committee on the process and service development to re-provide and expand renal dialysis services for the population of Lincolnshire.

The Chairman welcomed to the meeting Suzi Glover, Deputy Head of Nursing, University Hospitals of Leicester NHS Trust, Siobhan Sodiwala, Matron (Lincoln Renal Unit) and Lisa Jeffs, Service Manager, Renal and Transplants, University Hospitals of Leicester NHS Trust.

The Committee was advised that the contract with private providers for renal dialysis services in Boston, Grantham and Skegness were due for renewal and that a tendering process would be taking place. It was noted that renal dialysis services were also provided at Lincoln County Hospital, but this did not form part of the current tendering exercise.

Details for the future service were shown on pages 89/90 and 91 of the report pack.

During a short discussion, the Committee raised the following issues:-

- Confirmation was given that renal dialysis could be provided at home or in a unit;
- The number of people receiving renal dialysis. The Committee was advised of the following:_

Lincoln	72
Boston	72
Skegness	30

  It was also noted that there had been an increase in capacity of 3.5% per year; and that 40 people received dialysis at home;
- Some reference was also made to transport provision for renal patients;
- Confirmation was given that anyone living in Stamford requiring renal dialysis would go the most local unit, which in this case would be Peterborough. Likewise, patient in Louth would go to Grimsby.

RESOLVED

That support be given to support the Renal Dialysis Services in Lincolnshire development and tender process; and that the anticipated benefits for patients be noted.

39 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which enabled the Committee to consider and comment on the content of its work programme to ensure scrutiny activity was focussed where it could be of greatest benefit.

The Committee gave consideration to the work programme as detailed on pages 100 and 101 of the report presented.

During consideration of the work programme the Committee raised the following items:-

- To receive monthly progress updates from Thames Ambulance Service Limited, as part of the Chairman's announcements;
- The fragility of A & E services at hospitals. The Committee was advised that it was likely that this matter would be covered in the report relating to Winter Resilience scheduled to be considered by the Committee at the 17 October 2018 meeting;

A suggestion was also made for the need for members of the Committee to be made aware of the services provided by each of the hospitals.

The Committee also agreed to respond to the following two consultations:-

- Inpatient Services - Louth County Hospital; and
- Integrated Care Provider Contract

The Committee was invited to participate in the two working groups looking at the above consultations. The following members put their names forward:

Impatient Services – Louth County Hospital – Councillors P Howitt-Cowan, Mrs P F Watson, C S Macey and C Matthews.

Integrated Care Provider Contract – Councillors C S Macey, C J T H Brewis, R Wootten and R J Kendrick.

RESOLVED

1. That the work programme presented be agreed subject to the addition of the items as detailed above.

2. That membership of the two working groups looking at the following consultations be agreed:-

   Impatient Services – Louth County Hospital – Councillors P Howitt-Cowan, Mrs P F Watson, C S Macey and C Matthews.

   Integrated Care Provider Contract – Councillors C S Macey, C J T H Brewis, R Wootten and R J Kendrick.

The meeting closed at 3.20 pm

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Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 October 2018**
Subject:	**Chairman's Announcements**

1. Northern Lincolnshire and Goole NHS Foundation Trust – Care Quality Commission Inspection

On 12 September 2018, the Care Quality Commission (CQC) published its inspection report on Northern Lincolnshire and Goole NHS Foundation Trust (NLAG), which manages Diana Princess of Wales Hospital, Grimsby, and Scunthorpe General Hospital, as well as Goole and District Hospital. The hospitals in Grimsby and Scunthorpe are used by a significant number of patients in Lincolnshire, in particular the Lincolnshire East CCG area.

This CQC report outlines in detail the findings of the inspection team which visited the Trust in spring this year. The full report is available at: https://www.cqc.org.uk/provider/RJL

NLAG's overall rating has improved from 'inadequate' to 'requires improvement' and the Trust has been rated as 'safe' across all its services. The rating in the CQC's 'well-led' domain remains as 'inadequate'. The CQC has decided to keep the Trust in Quality Special Measures which the Trust believes is the right thing to do as it means access to extra resources whether that is people, specialist expertise or extra funds.

Scunthorpe General Hospital has improved its rating from 'inadequate' to 'requires improvement' and Diana Princess of Wales Hospital stays at 'requires improvement'.

The CQC report highlights improvements in surgery and staff morale, as well as areas where more improvement is required, such as staffing levels; and the length of waiting lists. NLAG has stated that is pleased with the improvements and it plans to become a Trust rated 'good' across the board.

2. Lincolnshire Community Health Services NHS Trust – Care Quality Commission Inspection

On 27 September 2018, the Care Quality Commission (CQC) published its inspection report on Lincolnshire Community Health Services NHS Trust (LCHS). The CQC has rated the Trust 'outstanding'. The rating follows visits from inspectors in June and July of this year, who undertook the new-style 'Well Led' inspection and further core service inspections for adult community services, children and young people's services, community inpatient services and urgent care services.

The full report is available on the CQC's website:
https://www.cqc.org.uk/provider/RY5

LCHS has stated that its teams were able to demonstrate numerous examples of outstanding practice embedded into their care delivery and these are set out in the report. The inspection report also outlines a small number of areas where LCHS can make improvements and we will be addressing these without delay.

The following table provides a summary of our ratings.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↑ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018
Community health services for children and young people	Good ↑ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018
Community health inpatient services	Good ↑ Sept 2018	Good →← Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018
Community end of life care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Urgent care	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Outstanding ↑ Sept 2018	Good →← Sept 2018	Good →← Sept 2018
GP out of hours services	Good ↑ Sept 2018	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
Overall*	Good ↑ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018

*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

3. Non-Emergency Patient Transport – Monthly Performance

The latest available performance by Thames Ambulance Service Ltd, the provider of non-emergency patient transport services against the contractual key performance indicators is set out in Appendix A to these announcements.

4. Grantham and District Hospital Developments

Planned Orthopaedic Operations

Since mid-September, United Lincolnshire Hospitals NHS Trust (ULHT) has not been running planned orthopaedic lists on Sunday at Grantham and District Hospital. ULHT has stated that these appointments were not being taken up on Sundays and as such were not needed, but the situation would be kept under constant review.

ULHT has also stated that recent changes at Grantham have seen a significant increase in the amount of theatre lists that it is delivering which is resulting in many more patients having their operation than previously and ULHT's plans for Grantham are to expand even further how many elective operations the Trust is able to undertake there. On 28 September the ULHT Board received an update on the Trauma and Orthopaedic Trial, which showed that prior to the implementation of the trial on 20 August, nine patients per week received their operations at Grantham. In the first four weeks of the trial since 20 August between 21 and 33 patients received planned orthopaedic operations at Grantham. The Board paper also identified capacity in the theatres and wards to increase the number of operations further.

Cardiology

The Trust is currently experiencing some workforce challenges in relation to Grantham cardiology and is working to address these. There are still cardiologists at Grantham and District Hospital and the care for patients with cardiac problems continues.

5. Routine GP Appointments - Evenings and Weekends

With effect from 1 October 2018, routine bookable GP appointments are available at evenings and weekends across Lincolnshire. These have been implemented as part of the initiatives in NHS England's *General Practice Forward View* document. These appointments represent an extension of the usual GP services and these routine booked appointments are for patients registered with a local GP practice. In the first instance patients should seek these extended hour appointments via their own GP practice.

For urgent matters at evenings and weekends, patients will continue to access the GP Out of Hours Services via NHS 111.

Lincolnshire East CCG Area

Appointments will be available at one of three hubs in the Lincolnshire East CCG area: Boston, Ingoldmells and Louth.

Lincolnshire West CCG Area

Patients will need to check with their own practice when the evening and weekend appointments are available as this may differ slightly between practices.

South Lincolnshire CCG Area

Appointments will be available at one of four hubs in the South Lincolnshire CCG area: Bourne, Market Deeping, Spalding and Stamford.

South West Lincolnshire CCG Area

Appointments will be available at one of two hub in the South West Lincolnshire CCG area: Grantham and Sleaford.

6. Healthwatch Lincolnshire Annual General Meeting – Report by Vice Chairman

On 6 September 2018, the Vice Chairman, Councillor Chris Brewis, attended the Healthwatch Lincolnshire Annual General Meeting in Stamford. The Vice Chairman's report is set out below: -

Introduction

The Chairman, John Bains, opened his remarks by saying that after re-tendering, the Healthwatch grant from Lincolnshire County Council had been secured for the next six years, and sincere thanks were offered, together with applause from those present. There had been much encouraging improvements in involvement of volunteers in Healthwatch activities.

Imelda Redmond, CBE, National Director of Healthwatch England, gave the address. What will strike a chord with us is her comment that Healthwatch occasionally have to tread a very fine line between 'what is best for the public' and 'public perception of what could be construed as a service loss'.

Surveys had been undertaken and the principal areas of public concern were: (i) appointments at GP surgeries, and (ii) waiting times both at, and for appointments, at accident and emergency departments.

Healthwatch Role

Healthwatch have an advantage in that they can look 'across the board' from a 'user' perspective, rather than from a particular, individual service perspective. Responses did come through, and Healthwatch remained interactive with most relevant public and voluntary organisations.

In their first five years Healthwatch Lincolnshire had engaged with over 69,000 people, and had 'signposted' over 6,000 people in an 'appropriate' direction.

Mental Health

It was also considered that poor access to mental health services in general was a nation-wide concern. Mental Health remains a huge issue – no two sets of circumstances are alike, and most do not 'fit' into convenient 'boxes'. Over the next ten years there needed to be more focus on young person's mental health issues, as the corresponding advantages of early intervention were enormous.

Local Authority Partnerships

There had been improvements across England in commissioning and partnership building. Local authorities, both commissioners and elected members, had in many areas improved, with a particular mention of the strengthening of specific charity involvement. A Government Green Paper on the *Future Funding of Adult Social Care* was due to be published. This caused concern, since it was simply neither appropriate nor proper to treat social care and health care as separate issues. There clearly needed to be more 'joined up thinking' to the obvious advantage of service users. With the issue of local authorities either entering or bearing close to bankruptcy, this meant that 'jam' was needed today, and not for ever 'tomorrow'.

Long term plans were often in danger of being 'compromised', by the Government needing responses within weeks rather than months, a position which was just simply 'not on'.

Missed NHS Appointments

Missed appointments were a problem – texting reminders might be a good nationwide initiative. The cost of missed appointments was at least £6,000,000 per annum. The appropriate use of other personnel in pharmacies and elsewhere had not yet been adequately 'got across' to people.

Demographic Challenges

Lincolnshire Observatory data of the increasing age profile of the population meant that 85+ year olds would double in coming years. There was also a problem, as we know only too well, of ageing health professionals. There was a huge problem of impending retirements coming 'down the line', which we have known about for over ten years. Does the Government have their 'fingers crossed' that some sort of 'wonder solution' will appear miraculously?

There remained a very complex picture of clinical and lifestyle priorities which needed to be addressed.

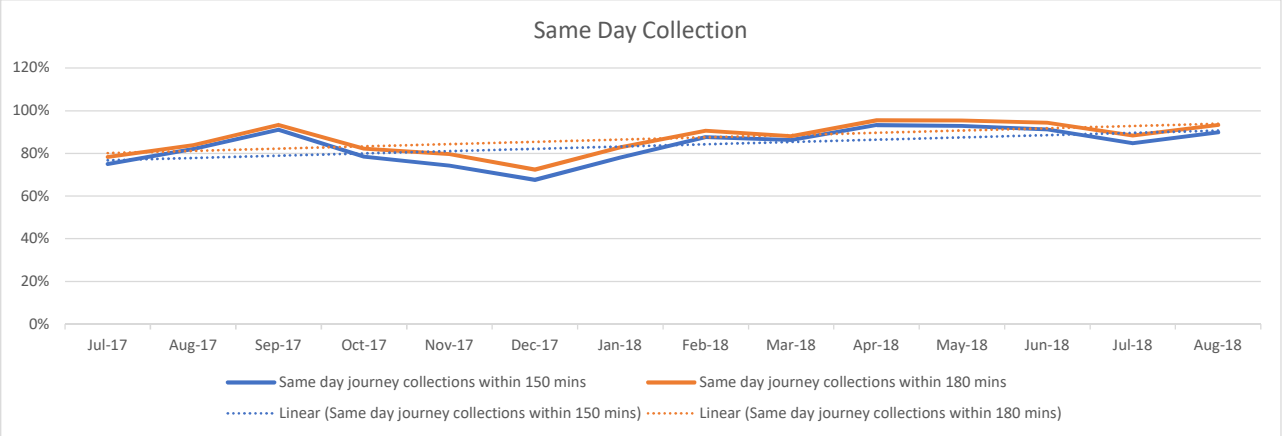
Other Points Raised

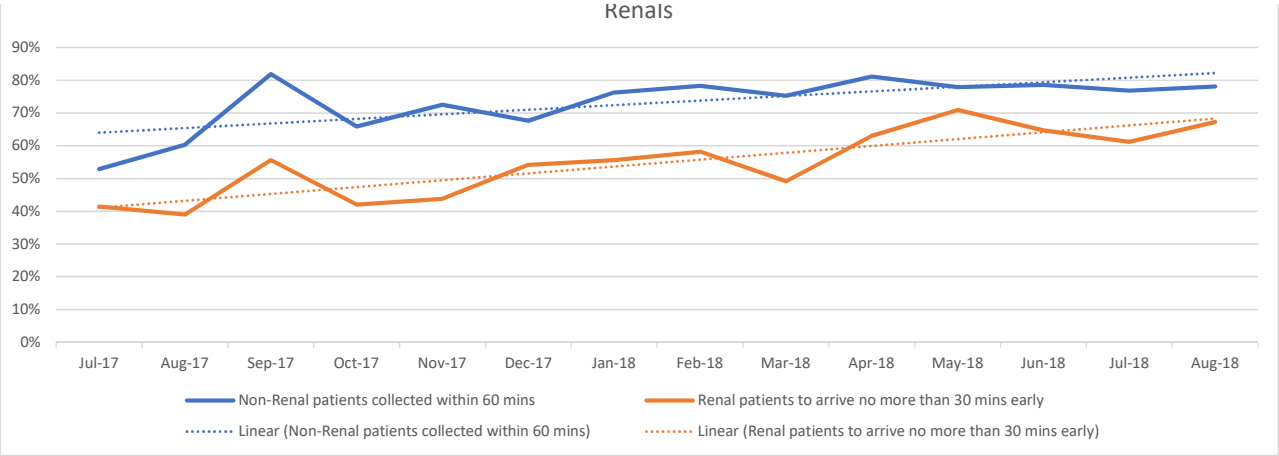
- Triage nurses were proving excellent, in 'steering' people in appropriate directions.
- Dermatology services needed some urgent attention.
- Parish Councils might be encouraged to publicise opportunities for their residents.
- A public Board meeting would be held on 19 October.
- Accounts were agreed, and some outside work had been done to increase income.

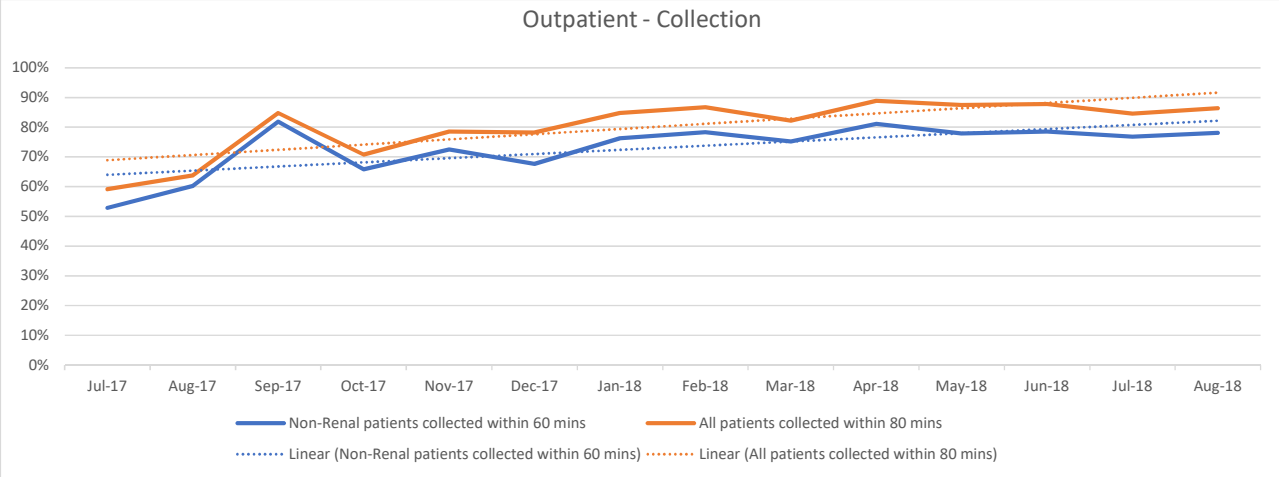
I felt the meeting was well worth attending, and anyone wanting further information, please get in touch.

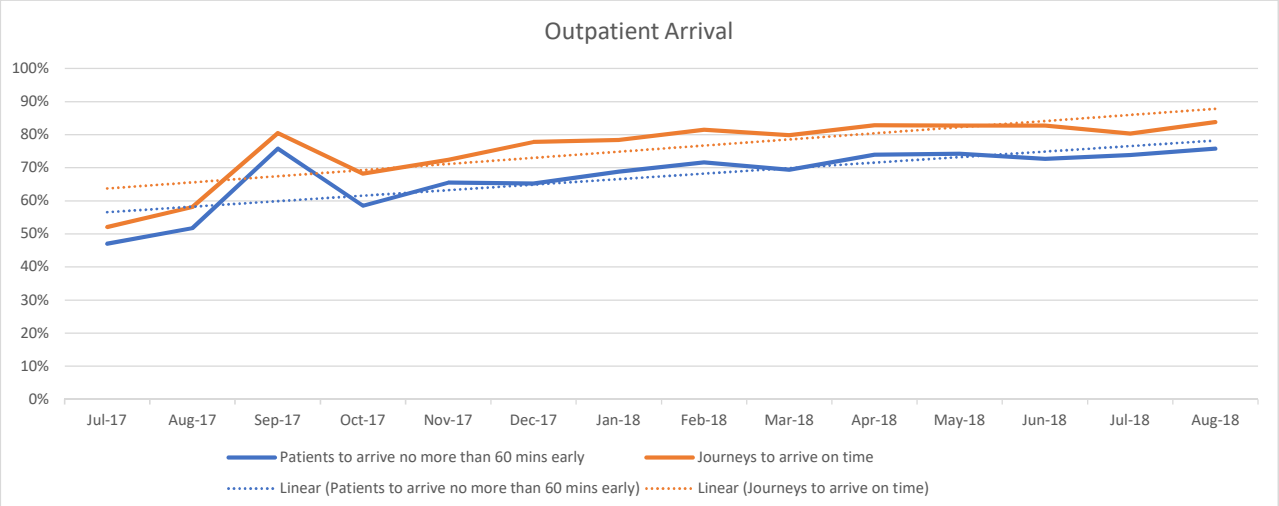
TASL Performance Report - August 2018

				Jul-18	Aug-18	Total YTD
Key Performance Indicators		Target				Total YTD
KPI1	Calls answered within 60 sec, bewteen 0700-1900	85%	%	81%	74%	
KPI3a	Same day journey collections within 150 mins	95%	Total	948	840	13502
			Within KPI	804	755	11368
			%	85%	90%	84%
KPI3b	Same day journey collections within 180 mins	100%	Total	948	840	13502
			Within KPI	838	784	11803
			%	88%	93%	87%
KPI4a	Renal patients collected within 30 mins	95%	Total	1045	1049	15209
			Within KPI	800	812	10256
			%	77%	77%	67%
KPI4b	Non-Renal patients collected within 60 mins	95%	Total	3786	3410	48444
			Within KPI	2910	2663	35408
			%	77%	78%	73%
KPI4c	All patients collected within 80 mins	100%	Total	4792	4443	63301
			Within KPI	4052	3837	50787
			%	85%	86%	80%
KPI5	Fast Track journeys collected within 60 mins	100%	Total	19	30	381
			Within KPI	17	24	302
			%	89%	80%	79%
KPI6a	Renal patients to arrive no more than 30 mins early	95%	Total	1163	1167	16404
			Within KPI	712	785	8986
			%	61%	67%	55%
KPI6b	Patients to arrive no more than 60 mins early	95%	Total	3718	3371	47220
			Within KPI	2743	2552	31770
			%	74%	76%	67%
KPI7	Journeys to arrive on time	85%	Total	4923	4573	64114
			Within KPI	3951	3832	48502
			%	80%	84%	76%
KPI8	Patients time on vehicle should be less than 60 mins	85%	Total	10950	10323	145098
			Within KPI	8237	7877	102354
			%	75%	76%	71%




Renals
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Non-Renal patients collected within 60 mins
Renal patients to arrive no more than 30 mins early
Linear (Non-Renal patients collected within 60 mins)
Linear (Renal patients to arrive no more than 30 mins early)


Outpatient - Collection
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Non-Renal patients collected within 60 mins
All patients collected within 80 mins
Linear (Non-Renal patients collected within 60 mins)
Linear (All patients collected within 80 mins)


Outpatient Arrival
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Patients to arrive no more than 60 mins early
Journeys to arrive on time
Linear (Patients to arrive no more than 60 mins early)
Linear (Journeys to arrive on time)

Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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Open Report on behalf of Lincolnshire Sustainability and Transformation Partnership (STP)
and
Lincolnshire Partnership NHS Foundation Trust (LPFT)

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 October 2018**
Subject:	**Lincolnshire Sustainability and Transformation Partnership: Mental Health**

Summary:

The Health Scrutiny Committee is focusing on several priorities being delivered as part of the Lincolnshire Sustainability and Transformation Partnership (STP). One of these priorities is mental health. This was last considered by the Committee on 21 February 2018. This item updates on progress and strategic activity in relation to the NHS direction for delivery of Mental Health Services in Lincolnshire.

Actions Required:

To consider the progress with the Mental Health priority within the Lincolnshire Sustainability and Transformation Partnership (STP).

"Mental health accounts for almost a quarter of NHS activity but only around 11% of the total expenditure. Poor mental health is known to contribute to existing inequalities and can result in negative outcomes for those in need, particularly in relation to education, employment, housing, substance and alcohol dependence and the criminal justice system. The cost to the economy is estimated at £105 billion a year. This demonstrates the financial implications of not taking mental ill-health seriously."

Lincolnshire JSNA, 2017

1. Background

Lincolnshire Partnership NHS Foundation Trust (LPFT)

Lincolnshire Partnership NHS Foundation Trust (LPFT) is the specialist provider of health services for people who have mental health problems, learning disabilities and other complex needs. LPFT provides these services across Lincolnshire. The organisation runs both ward based services and community services for people living with mental ill health and those people who have a learning disability.

The Trust employs 2100 people and receives an income of circa £100 million per year for the provision of its services. LPFT is rated 'Good' by the Care Quality Commission and are in the top segment of Trusts nationally (segment score of 1) for its financial standing and delivery of key performance indicators.

Five Year Forward View for Mental Health

National policy for mental health is described in the "The Five Year Forward View for Mental Health" published by the Department of Health and Social Care in England. This policy document gives a commitment that mental health and learning disability care and treatment is important and that services must be developed, to support the reduction in stigma for people with mental health problems and improving services for patients.

Priorities for LPFT

There are some key priorities for LPFT to deliver this year, which link to the Sustainability and Transformation Partnership plans. These are: -

- Repatriation of mental health patients back to Lincolnshire; and
- Transformation of the community mental health teams.

During the last year, a number of services have received investment from both Lincolnshire County Council and the South West Lincolnshire Clinical Commissioning Group (CCG), on behalf of the CCGs in Lincolnshire.

These new services support unnecessary admissions to hospital and reduce the need to place patients out of area for specialist mental health services. These services are: -

i. Psychiatric Intensive Care Unit (PICU) in Lincoln for males (10 beds) – July 2017
ii. Psychiatric Clinical Decision Unit (PCDU) – January 2018;
iii. Expansion of the Crisis and Home Treatment teams based in the community – January 2018;
iv. Expanded Bed Manager Team to help to place patients who may have gone out of Lincolnshire for their care in the past but who now are being seen in Lincolnshire with the ability to stay closer to their homes and families – January 2018.

2. Repatriation of Mental Health Patients back to Lincolnshire

This programme is a collaborative effort by LPFT with the lead commissioner for mental health, South West Lincolnshire Clinical Commissioning Group. This has been a very positive piece of work, which has included LPFT taking an active role in leading and managing the change (to achieve a better service for patients and financial savings).

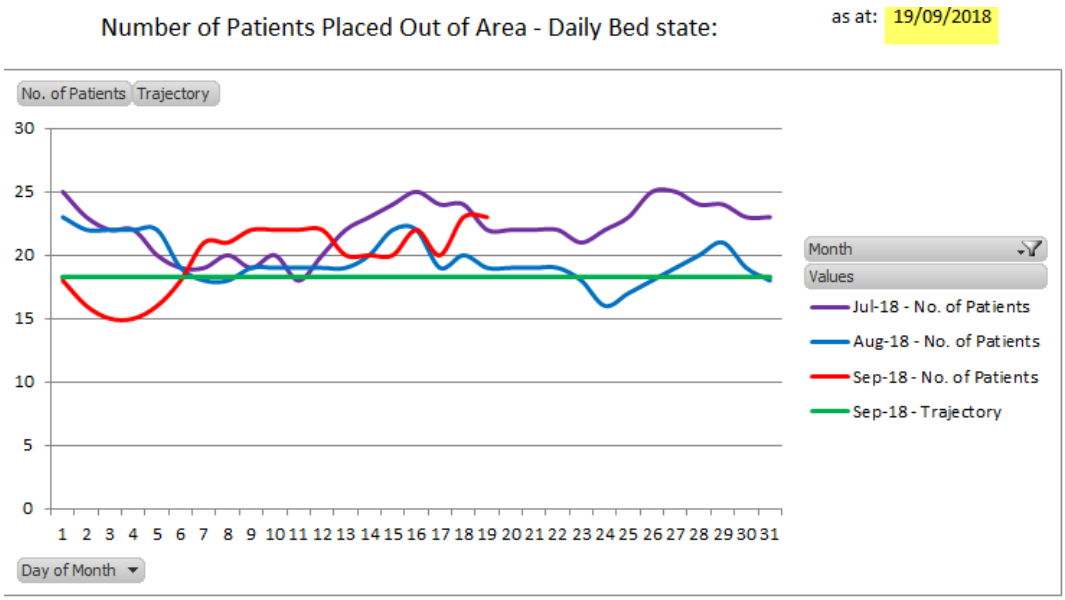
There is a daily dashboard that monitors the number of patients who are going out of area for their care. The daily dashboard is presented in the figure below. It shows the trajectory that LPFT is aiming for and at which LPFT escalates (currently 18 patients out of area) and the number of patients who were recorded as out of area during July, August and September to date).

LPFT is currently looking to bring back both males and females who go out of county for bed based psychiatric intensive care and acute mental health placements.

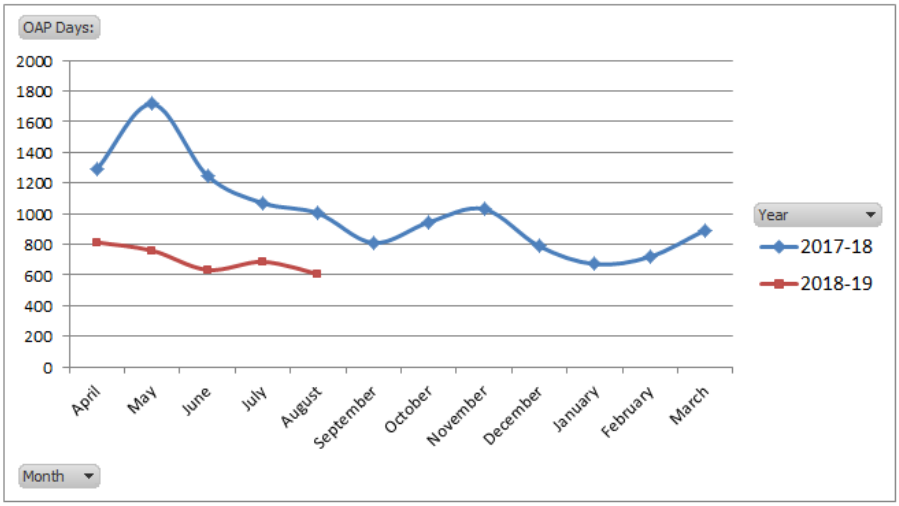
Since the start of the programme: -

- The number of male patients going out of area for psychiatric intensive care is reduced to zero;
- The number of patients in total who have had to go out of area for psychiatric intensive care of acute mental health care has reduced and regularly dips below the trajectory of 18 patients.

The plan is to achieve a further reduction in the number of patients going out of area. If a patient is successfully placed in a Lincolnshire NHS bed, such as the PICU, this means that not only the patient experience is improved but that the money that would have been paid to a provider out of Lincolnshire comes back into the Lincolnshire system.



Number of Out of Area Bed Days - Year On Year:



Year on Year:

OAP Days:	Year	
Month	2017-18	2018-19
April	1291	814
May	1716	760
June	1248	634
July	1070	687
August	1003	606
September	810	#N/A
October	945	#N/A
November	1031	#N/A
December	788	#N/A
January	672	#N/A
February	720	#N/A
March	894	#N/A
Grand Total	**12188**	**#N/A**

Part of the work that is being undertaken by the LPFT bed managers is to repatriate patients who are already out of area and the impact of this on length of stay and out of area bed days is shown in graph two above. This is showing a significant reduction in the number of bed days used by patients going out of area since the start of the programme.

3. Transformation of Community Mental Health Teams (CMHTs)

Part of the solution to preventing people having to go out of Lincolnshire for their care is having stronger community mental health services. In some cases if community provision was in place, patients would not necessarily require admission at all – either in Lincolnshire or outside of Lincolnshire.

The provision of community mental health services for working age adults (people aged 18 to 65 years) is provided under a block contract in Lincolnshire. Previously, the emphasis of the CMHTs was primarily on treating serious mental illness but the spectrum of demand is now much broader; approximately 70% of the c6500 people on the CMHT caseload are non-psychotic in nature and a significant number have a diagnosis of personality disorder (10-15%) for which there is currently no effective service offer.

<u>Development of Care Pathways and Reducing Waiting Times for Patients</u>

Over the last eighteen months, the division has listened to patients and stakeholders at a series of workshops to share the proposals and invite feedback. These have been used to shape the current service plan to ensure it is fit for purpose. The service plan is now developed and consists of three distinct care pathways:

- Longer term care
- Psychosis/trauma
- Common mental health disorders

Additional investment is likely to be needed in order to deliver a comprehensive Personality Disorder Service.

The service will be tailored to each individual so that treatment is matched to the level of need, which will maximise resources and clinical outcomes.

The long psychology waiting times, which had been a key concern for the Trust, are now reduced significantly. This work will continue so that LPFT reduces waiting times overall with a single referral route in for patients and a multi-disciplinary team working together to make sure that the patient sees the most appropriate professional for their care.

Clinics and Support Groups

A number of new clinics and support groups have been established including: -

An extension of ***Clozapine clinics***, with one in Grantham and one in Lincoln; and there are plans for a further one in Louth. These clinics enable the monitoring and dispensing of a medication to people with serious mental illness (SMI) which can have significant side effects related to physical health. LPFT also has a number of depot clinics for people with SMI, which are based in GP surgeries.

Some localities now have ***physical healthcare clinics***, providing the checks recommended in national guidance, that are vital to reducing the inequality around mortality which prevails in the SMI population.

The service also has a designated LGBT lead, who has commenced an ***LGBT+ group*** for people wishing to attend the service to seek support and discuss issues relating to access and treatment.

The service has commenced a ***Bi-Polar group***, this is a psycho-education and skills based group for people with a diagnosis of bipolar disorder or schizoaffective disorder and is part of an East Midlands wide project. The group provides evidence based psycho-education distress tolerance, and relapse prevention in a group format.

Acknowledging the amount of time taken by professionally registered staff dealing with benefits advice, the Grantham CMHT is trialling ***benefits drop in sessions*** to support patients with this dimension of living.

Accreditation and Meeting High Standards

In tandem with the care pathway group, the division embarked on a programme of quality improvement using the Accreditation for Community Mental Health Services (ACOMHS) scheme, which is overseen by the Royal College of Psychiatrists. Commencing with Grantham CMHT, work was completed to align service delivery with the ACOMHS standards with a peer review by the national team taking place in June 2018.

The decision on the Grantham team achieving ACOMHS accreditation will be announced in November 2018; however, early indications are positive with the team receiving very few actions for improvement at the peer review stage. The Lincoln South and Louth teams are now preparing for accreditation and all eight CMHTs are then expected to work towards accreditation.

In addition staff, patients and carers have undertaken a training programme called 'Enhancing the Quality of User Involved Care Planning in Mental Health Services' (EQUIP). This programme has been developed with the University of Manchester and has demonstrated that, using a process of involvement of carers and service users in care planning, can improve care outcomes. The training has now been rolled out to all team members in the CMHTs and should ensure that care plans are co-produced, with realistic aims that lead to better recovery.

Carers

Significant development work with carers has also been undertaken. In addition to working to accreditation for the national Triangle of Care, each team now has a carer champion, who will meet with carers to discuss questions or issues and can signpost to other support and resources available.

LPFT has also registered the CMHTs for the Carers Quality Award 'You Care – We Care'. By achieving the quality award LPFT will be able to demonstrate its commitment to providing high quality support to carers.

Carer-led groups have been implemented in individual teams. Carers and service users have been involved in the development of these initiatives, have participated in training of staff and continue to have an active role in development of services.

The Trust is working in partnership with Carers First to support carers including making sure that carers have carer assessments.

Workforce Developments

A workforce plan has also been developed to support the service transformation. Successful delivery is predicated on having a skilled and supported workforce, which is appropriately trained to deliver evidence based interventions at the right level. Examples of new posts already created are Advanced Nurse Practitioners who can support medical staff and who can deliver many of the services traditionally provided by medical staff (including prescribing of medication).

4. Multi Agency review of crisis care

The Lincolnshire Multi-Agency review of crisis care was commissioned by Lincolnshire County Council to obtain a clear picture of commissioned mental health crisis services across Lincolnshire.

The review covers the whole population of Lincolnshire, including all ages and geographical locations, and therefore looks at provision of services for children and young people, working age adults and older adults across the county. These

services include Crisis Resolution and Home Treatment Teams (CRHTTs), Approved Mental Health Professionals (AMHPs), mental health liaison service, triage car, crisis housing, Section 136 suite and other health-base places of safety, Child and Adolescent Mental Health Services (CAMHS) and the Single Point of Access (SPA), and acute inpatient services are also included for the purposes of mapping the crisis pathway following assessment and identifying the impact of current crisis services on acute bed usage, both within Lincolnshire and in out of area placements. Additional focus is also placed on those services not commissioned for mental health crisis response but who play an important part in the pathway, specifically Lincolnshire Police, Accident and emergency departments at United Lincolnshire Hospitals NHS Trust and General Practitioners.

The report made identified these key issues for the Lincolnshire system: -

- Increasing and sometimes inappropriate demand on crisis teams, police, A&E; and issues with people getting access to the service they need;
- The level of experience in some staff groups and understanding of mental health;
- Fragmented services, poor planning for transitions between services and a lack of joint working arrangements;
- The need for preventative work to avoid people reaching crisis point or relapsing following discharge from mental health services;
- Transport delays with patients left waiting or the police conveying people (with the impact on their resources and the associated potential for stigma for people with mental health crisis);
- Funding and resource issues; particularly staffing and lack of funding for prevention.

The findings of the review did not demonstrate anything not already known, but has provided an opportunity to reflect on how we need to work across the system of provision to respond.

5. Investment in other mental health services

LPFT has also received additional income for perinatal mental health services for women and their families; Individual Placement Support and health based places of safety. Lincolnshire County Council has continued to support the improvement of mental health services for children and young people with welcome investment in Healthy Minds – an emotional and behavioural support service for children and young people. In addition the Section 75 contract for adult care and the Managed Care Network have benefited from welcome additional funding from Lincolnshire County Council.

The Lincolnshire Mental Health Crisis Concordat was successful in securing capital funding of £640K to develop ‘places of safety’ in both Lincoln and Pilgrim Emergency Departments and to build a mental health crisis hub. The new urgent mental health care hub will provide space for patients and carers to access advice and support from LPFT mental health services, alongside other supporting organisations such as housing and homelessness support, relationship advice, debt management, drug and alcohol services.

6. Investment in buildings to protect privacy and dignity

Older Adult Services: LPFT is about to commence work to upgrade the patient environment on one of its older adult wards in Lincoln; this to create single rooms to protect patient dignity (there are currently bed bays on this ward, which is not acceptable for good patient care). As a result, the ward is now temporarily closed for refurbishment and the staff who worked on the ward will be providing Home Treatment into the community and into care homes for the people who would have been admitted to the ward, whilst it is being refurbished. The Home Treatment Service commences this month and the Health Scrutiny Committee for Lincolnshire may wish to receive a report in early 2019 to understand the impact of this pilot and the outcomes achieved.

Adult Services: working in partnership with the STP, a bid for public dividend capital was submitted to the Department of Health to develop three new wards for people requiring mental health inpatient care. This is a significant new building, which requires £30m+ investment in infrastructure. The outcome of the bid is not yet known but is expected towards the end of this calendar year.

7. Children and Young Peoples Mental Health Services (CAMHS)

Children and Young Peoples Services: the national publication "Future in Mind" (2015) emphasised the need for 'improved care for children and young people in crisis so they are treated in the right place, at the right time and as close to home as possible'. This includes 'implementing clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care'.

In Lincolnshire, we have excellent community services in place for children and young people. These are commissioned by Lincolnshire County Council and provided by LPFT. The ethos of the community service is about one way in to service; prevention of crisis; early intervention in care; community services being close to home and offering safe alternatives to in-patient care for children and young people who do not need an admission to hospital.

There is also an excellent inpatient unit Child and Adolescent Mental Health Services in Lincolnshire, based in Sleaford. The direction for inpatient Child and Adolescent Mental Health services has been subject to national review by NHS England. To make sure that the best care is always delivered in inpatient units, the standards being set by NHS England for inpatient units to meet are increasing to protect patient safety, be clinically effective and to provide a good patient experience.

Nationally there is a move to make sure that high quality treatment and care is delivered in the "least restrictive" setting, close to home, and offer safe alternatives to in-patient care for children and young people who do not need an admission to hospital. This is, again, in part about building stronger community based services whilst retaining bed based services for those who need them. This provision of joined up care, reaching across and beyond the NHS, will eliminate costly and "avoidable" out of area placements and improve the experience of young people and their families.

6. Conclusion

The Lincolnshire Sustainability and Transformation Partnership and the Lincolnshire Health and Wellbeing Board are supporting mental health and learning disability developments for the benefit of Lincolnshire patients.

There is additional investment and transformation underway in all services for people with specialist mental health needs, across all age groups. There are some difficult choices as the system faces the challenge of finding investment for purposes of nationally directed mental health development and transformation of new services.

The cost of meeting this recommendation is estimated to be up to £30m. Capital monies were spent on the introduction of the Psychiatric Intensive Care Unit, which resulted in significant system financial savings as well as a quality benefit to patients, carers and families. It allowed Lincolnshire to develop a new service.

The current national profile of Mental Health and Learning Disability services is unparalleled. The national strategic vision for better accessibility and improved quality is founded on good evidence. The Lincolnshire system has a great opportunity to implement these proposals, but at a time of considerable financial challenge. The recent NHS Planning Guidance for 2018/19 has re-emphasised the need for systems to ensure these services are in place in the timescales described. The STP is working hard at identifying how this can be achieved given the challenges identified above.

5. Consultation

The Health Scrutiny Committee is asked to consider its role in relation to the Government's commitments to Mental Health as a strategic oversight committee of the Lincolnshire System.

6. Background Papers

The following background papers were used in the preparation of this report:

NHS England Five Year Forward View for Mental Health [available here: https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf]

Lincolnshire Joint Strategic Needs Assessment 2017 [available here: http://www.research-lincs.org.uk/UI/Documents/JSNA%20Summary%20Report_Final_v1.5_070817.pdf]

This report was written by Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust, who can be contacted via Jane.Marshall@lpft.nhs.uk

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Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Keith Ireland, Chief Executive

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 October 2018**
Subject:	**Annual Report of Lincolnshire West Clinical Commissioning Group**

Summary:

Each clinical commissioning group (CCG) is required to prepare and publish an annual report and accounts. The purpose of this item is to give consideration to the Annual Report for 2017-18 of Lincolnshire West CCG. The annual reports of the other three Lincolnshire CCGs will be considered at forthcoming meetings of the Committee.

Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West CCG, will be in attendance for this item.

Actions Required:

To consider the information in the 2017-18 Annual Report of Lincolnshire West Clinical Commissioning Group

1. Background

Introduction

Each clinical commissioning group has a statutory duty to produce an annual report and accounts. The annual report and accounts are a means in which CCGs set out their main activities of the previous year. The accounts and financial statements aim to demonstrate a CCG's stewardship of its share of the NHS budget.

The form and content of all CCG annual reports and accounts are directed by NHS England and in addition they have to meet requirements set by the Department of Health. As a result of these requirements, annual reports follow a standard pattern.

An annual report and accounts typically include:

- an annual report section, including the CCG's performance, for example in reducing health inequalities;
- a governance statement;
- a statement of the accountable officer's responsibilities; and
- financial statements, including a report and opinion from an independent auditor.

It is the responsibility of each CCG's accountable officer to prepare the annual report and accounts. When annual reports and accounts are approved, the governing body must confirm that they are satisfied they present the CCG's year in an appropriate, comprehensive, balanced and coherent way.

Annual Report of Lincolnshire West CCG

Rather than focus on the Annual Report and Accounts of Lincolnshire West CCG in its entirety, it is proposed to focus on the 'annual report' section, in effect pages 1-54. This is attached as Appendix A to this report. The full Annual Report and Accounts of Lincolnshire West CCG 2017-18 are available at the following link:

https://www.lincolnshirewestccg.nhs.uk/LibraryDocs/annual-report-2017-2018/

Annual Reports of Other CCGs.

It is proposed to cover the annual reports of the other three CCGs in forthcoming meetings of the Committee. For information, they are available at the following links:

Lincolnshire East CCG:
https://lincolnshireeastccg.nhs.uk/about-us/key-documents/annual-report-1/2017-18

South Lincolnshire CCG:
http://southlincolnshireccg.nhs.uk/about-us/key-documents/annual-report-1/annual-report-2017-2018

South West Lincolnshire CCG:
http://southwestlincolnshireccg.nhs.uk/about-us/key-documents/annual-report-1/annual-report-2017-2018

2. Consultation

This is not a direct consultation item.

3. Conclusion

The Health Scrutiny Committee is being requested to consider the information in the 2017-18 annual reports of Lincolnshire West Clinical Commissioning Group.

4. **Appendices** – Listed below and attached to this report

Appendix A	Annual Report and Accounts 2017-18 of Lincolnshire West Clinical Commissioning Group – **Pages 1-54 only**

5. **Background Papers -** No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 01522 553607 or by e-mail at Simon.Evans@lincolnshire.gov.uk

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NHS
Lincolnshire West
Clinical Commissioning Group

Annual Report & Accounts
2017/18

CONTENTS

FOREWORD

By Dr Sunil Hindocha, Chief Clinical Officer

Welcome to the NHS Lincolnshire West Clinical Commissioning Group (CCG) Annual Report 2017/18, in this, our fifth year of full operational responsibility.

The challenges facing the NHS, locally and nationally are well known. The pressure on our hospitals, trying to cope with frail elderly patients has been described eloquently in word and picture.

That has focussed our attention to support the needs of patients and prioritise the ones with that greatest need. For example, frail, generally elderly people need time to be assessed, cared for and appropriate services arranged for them.

We have therefore looked to support our local hospital by putting in place support at home to keep people at or as close to home as possible.

When that is not possible, we are working with the teams to bolster services in the urgent care system. There is more work to do, and this will remain our focus going forward.

We have undertaken the biggest consultation and engagement exercise in regard to the Walk-in Centre this year. The most useful part of the exercise was sitting down with patients to understand how and when they utilise services.

I wish to thank all those who took the time to come to the drop in sessions and engage in the conversation. It became apparent that there is a confusing array of possibilities for someone seeking medical help.

We have and will continue to work on simplifying the process, particularly the use of 111, now augmented by a clinical assessment service, and communicating this to the public. Patients have access to clinical advice through the 111 phone line. It was also apparent that we need to keep staff currently working in the system, but need to utilise their skills in the settings that need them the most.

We need to have staff to work in our Integrated Neighbourhood Teams to support people in their own homes and neighbourhoods.

This involves proactively identifying those in need and putting in place the support to prevent deterioration in the person's functioning.

Our focus is much more in asking patients what is important to them as a person and trying to meet their need.

More often than not, as a GP, I hear that the important thing for many of my patients is to stay in their own home. Our ambition is to help people truly celebrate their 80th or 90th birthdays at home.

Primary care is the cornerstone of our NHS and we will continue to support the development of general practice.

Through a very successful international recruitment programme, the first in the country, and working with our university, we have increased our workforce with GPs, advanced nurse practitioners and clinical pharmacists.

We will continue with our reception staff training to help patients navigate the health and care system.

We are one of seven NHS organisations working together as the Lincolnshire NHS team. This is through our Sustainability and Transformation Partnership.

We realise the significant challenges that lie ahead, but are determined to improve our local NHS for the future.

Sadly, we lost one of our valued colleagues during the 2017/18 year. Dr Mark Howard, senior partner at Welton Family Health Centre, passed away in February.

Our thoughts remain with his family, friends and colleagues and the CCG will continue to support the practice wherever necessary.

The year ahead will be challenging, and no doubt we will face difficult decisions.
The team and I will continue our effort to meet those working with patients, staff and stakeholders.

We have also recently learned of the encouraging and very welcome news of the new Lincoln Medical School. This is a positive development not only for Lincolnshire West, but the county and region as a whole and I hope it will bring the next generation of medical staff through and into the NHS.

Dr Sunil Hindocha
Accountable Officer (Chief Clinical Officer)
23 May 2018

CCG OVERVIEW

Purpose and activities of the CCG

NHS Lincolnshire West Clinical Commissioning Group (LWCCG) consists of 32 GP practices covering 420 square miles across Lincoln, the surrounding villages and Gainsborough, serving a population of 239,805 people. Our 32 member practices work to provide and commission (or buy) high quality health services and help to reduce health inequalities for our population.

The NHS Act 2006 stipulates that each CCG must exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness.

To achieve this, NHS Lincolnshire West CCG has actively monitored patient experience, patient safety and clinical effectiveness of providers through contracting mechanisms including provider Quality Schedules and metrics, provider Quality accounts, CQUINs (Commissioning for Quality and Innovation schemes) and Quality Outcome measures. These contracting/quality surveillance mechanisms include regular assurance meetings with our providers and triangulation of quality metrics/indicators at the CCG's Quality and Patient Experience Committee.

NHS Lincolnshire West CCG also has a responsibility for maintaining and improving the quality of care provided by its constituent practices. This is a responsibility that has increased further with delegated responsibility for commissioning Primary Care from April 2015.

In 2017/18 we regularly monitored clinical performance relating to prescribing patterns, referral and admission rates and took action to address any significant clinical variation. This monitoring has resulted in a full quality dashboard, enabling the CCG to proactively facilitate peer discussion and collaborative improvement actions.

NHS Lincolnshire West CCG has continued to support educational activities including protected learning time to facilitate adherence to best practice, dissemination of latest guidelines and effective interface working with secondary care and other providers and this is also supported by a Practice Nurse Forum for primary care nursing colleagues. Our new Clinical Forum has good representation from member practices and works with GPs and other clinicians to ensure that best practice in care and prescribing is disseminated.

An intranet for NHS Lincolnshire West CCG practices (GPTeamNet) has been further developed and utilised to ensure that all practitioners have easy access to the best guidance and local protocols.

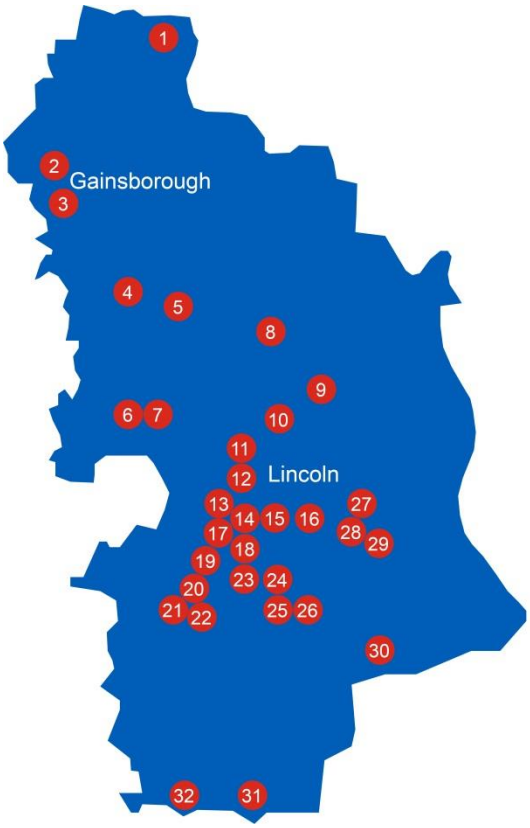
Each CCG, whilst carrying out its functions, must have a regard to the need to reduce inequalities between patients with respect to their ability to access health services, and reduce inequalities between patients with respect to the outcomes achieved for them. The CCG ensures a holistic approach to integrated care, fully cognisant of physical, mental and social needs through its

engagement function with our professional and public community. Our engagement activity influences our health service design and our future development.

NHS Lincolnshire West CCG's operational plan is based upon the Sustainability and Transformation Partnership which brings together the four Lincolnshire CCGs, Lincolnshire Health and Well Being Board, and the three main NHS providers in Lincolnshire. The blueprint is based on our understanding of the population's health needs following discussion and initial consultation with local people, local providers and other stakeholders and through working in close partnership with local authorities and Public Health through the Lincolnshire Health and Care process.

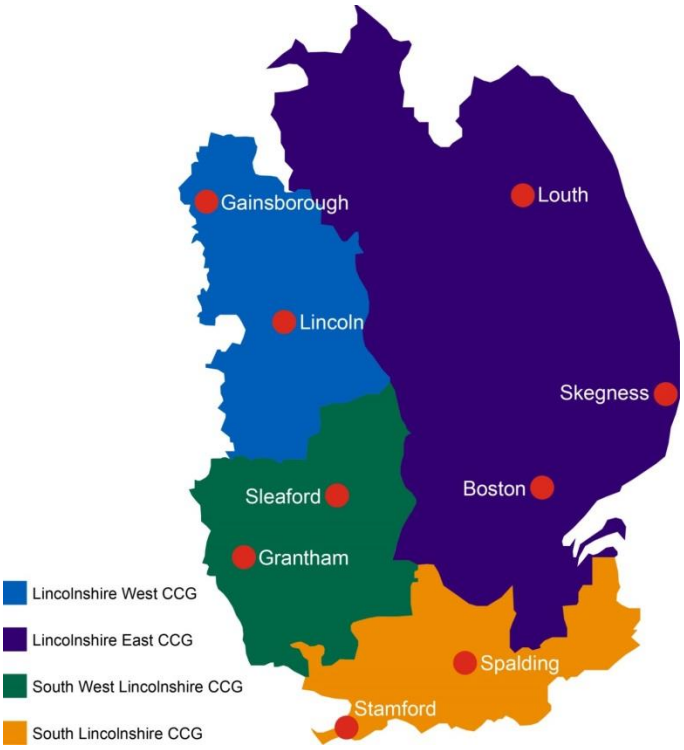
Each GP practice is a member of one of four localities where GPs and practice managers with officer support work together to plan and deliver improvement in local health care.

Member practices



1. Hibaldstow
2. Cleveland
3. Caskgate Street
4. Willingham
5. Ingham
6. Trent Valley
7. Glebe
8. Welton
9. Nettleham
10. Glebe Park
11. Minster
12. Lindum
13. Cliff House
14. Brayford
15. Witham
16. Abbey
17. University
18. Portland
19. Newark Road
20. Boultham Park
21. Birchwood
22. Woodland
23. Springcliffe Surgery
24. Brant Road
25. Richmond
26. Crossroads
27. Washingborough
28. The Heath
20. Branston
30. Church Walk
31. Cliff Villages
32. Bassingham

The CCG comprises 32 member practices. Since the last Annual Report, Hawthorn Surgery has transferred to North Lincolnshire CCG. In April 2018, Springcliffe Surgery merged with Brant Road Surgery, while Witham Medical Practice will be merging with another practice in the near future. This will take overall membership to 30 practices.
The below map shows NHS Lincolnshire West CCG's position in relation to the three other CCGs in the county.



Vision, Mission, Goals & Values

"The patients in NHS Lincolnshire West CCG receive compassionate care and excellent health services that promote healthy lifestyles and prevent illness."

Our Mission

We will achieve our vision by:

- Working with others to ensure high quality and co-ordinated healthcare
- Working with you to promote healthy lifestyles and reduce inequalities
- Working together to encourage the best way of doing things

Our Goals

Our mission will be worked out through our five goals:

1.) To continually improve the health of all those living within Lincolnshire West.
***Example**: "Stop Smoking" programmes, and work to reduce obesity.*

2.) To reduce health inequalities and improve the quality of life for all.
***Example**: NHS Health Checks for all, reduce life expectancy variations.*

3.) To help patients access high quality, responsive healthcare of their choice.
***Example**: More local services; easier to get to; increased choice.*

4.) To work together to develop healthcare designed for the needs of our patients, their families and carers.
***Example**: Work with Social Care and Community Services; Frail Older People project.*

5.) To ensure we have effective, value for money services that improve patient experience and safety.
***Example**: Monitor and act on patient views and involvement.*

Values

Our values will underpin everything we do and will be the focus of key messages that we will use when we communicate with our member practices, the public and patients, staff and other key stakeholders to describe the role of NHS Lincolnshire West CCG. We will use our values to drive our ambitions for NHS Lincolnshire West CCG.

Our Ambitions

Patient centred, population focused services
Considering individual patient needs and the needs of the population as a whole

Quality focused services
Securing high quality, safe and effective health services for all

Working together
Delivering through strong partnership, comprehensive engagement and good communications

Innovating for improvement
Creating an environment for involvement, innovation and improvement

Using resources responsibly
Maximising the use of limited resources balancing competing needs

Population

In November 2017 the GP registered population of NHS Lincolnshire West CCG (LWCCG) was 239,805. The gender breakdown was 51% females and 49% males. The total population in the CCG area is estimated at 236,941.

Key Population Statistics

- LWCCG has a slightly higher prevalence of income deprivation and unemployment compared to the England average, with the second highest rate among the Lincolnshire CCGs.
- The population has a slightly older profile than the England average, but notably younger than other Lincolnshire CCGs.
- Life expectancy at birth in the CCG is not significantly different to the national average for males (79.2 years), and for females (83.1 years).
- The prevalence of chronic kidney disease, depression and obesity are higher in the LWCCG population than the England average. This may partly reflect the older age profile of the LWCCG population.
- Premature mortality rates due to all causes are not significantly different in LWCCG compared to the rest of England.

The diseases that impact most upon life expectancy in Lincolnshire West are:

Males	Females
Coronary heart disease	Coronary heart disease
Lung cancer	Deaths under 1 years of age
Suicide	Chronic obstructive airways disease
Cirrhosis	Lung cancer
Chronic obstructive airways disease	Perinatal conditions
Other accidents	Other accidents

Many of our frailest and sickest people receive care in a fragmented way, both in planned care for long term conditions or mental illness, and unplanned care. So our operational plan supports continued development of more integrated services with care planned and managed closer to home in ways that deal holistically with physical, mental and social care needs. To do this we are working closely with our local authority partners and providers to further develop integrated

Neighbourhood Teams, and develop parity of esteem across physical and mental health care and working with our members to support practices to transform the care for patients over 75.
The level of coordination across the CCG is variable, and the implementation of Neighbourhood Teams seeks to address this.

Breakdown of population by age

Age band LWCCG		LWCCG %	England %
aged under 15	39081	16.3	17.3
aged 15-24	33206	13.8	11.9
aged 25-64	120484	50.2	53.5
aged 65+	47034	19.6	17.3
total	239,805	100	100

Breakdown of population by ethnicity and language spoken

	NHS Lincolnshire West CCG	England
Black and Minority Ethnic (BME) Population (%)	3%	14.6%
Population whose ethnicity is not 'White UK' (%)	6.6%	20.2%
Population who cannot speak English well or at all (%)	0.8%	1.7%

Source: 2011 Census data

Further detailed Public Health information can be found on the ‘Localhealth’ website.

Working in Partnership

Lincolnshire’s Health and Care organisations have come together as the Sustainability and Transformation Partnership (STP) following on from the submission of the Sustainability and Transformation Plan to NHS England in 2017.

Whilst the plan was built on the work undertaken through Lincolnshire Health and Care (LHAC) and 3 years of engagement with over 18,000 people including staff, clinicians, elected members and stakeholder and community groups, it is an evolving process that looks to address the ever changing demands on the system.

NHS Lincolnshire West CCG plays a crucial role alongside our partners and as well as being represented on the System Executive Team (SET), a number of work streams are being led by the CCG.

The key priorities set out in Lincolnshire’s plan are:

- More focus and resources targeted at keeping people well and healthy for longer; we will give them the tools, information and support within their community to make healthy lifestyle choices and take more control over their own care. This will improve quality of life for

people who live with health conditions and reduce the numbers of people dying early from diseases that can be prevented.

- A change in the relationship between individuals and the care system, with a move to greater personal responsibility for health; more people will use personal budgets for health and care.
- A radically different model of care, moving care from acute hospital settings to neighbourhood teams in the community, closer to home for patients. Services will be joined up for physical and mental health and for health and social care, with barriers removed so that people can access support from their communities and from a range of professionals to live well.
- Support to neighbourhood teams by a network of small community hospital facilities which will include an urgent care centre, diagnostic support such as x-rays and tests, outpatient facilities and a limited number of beds.
- A small number of specialised mental health inpatient facilities to give expert support to neighbourhood teams and community hospitals.
- A smaller but more resilient acute hospital sector providing emergency and planned care incorporating a specialist emergency centre; specialist services for heart, stroke, trauma, maternity and children. Hospital doctors who are specialists will support neighbourhood teams and community facilities, to provide expert advice.
- A major reduction in referrals to acute hospitals, with a simplified journey for patients with specific diseases, based on what works well; there will be clear referral thresholds and access criteria; improved community based services; fewer people travelling out of county for care; and some services which do not deliver good results for patients will be stopped.
- High quality services where NHS constitutional standards are met; all services are rated as good or outstanding; environments meet patient expectations; and permanent staff are the norm.

Gainsborough was the Lincolnshire pilot site for the implementation of Neighbourhood Teams and following the success of this, work is now going on across the county on the further development of this important element of delivering care, where appropriate, closer to home with a focus on local needs and working across organisational barriers.

Commissioning Primary Care Services

Primary care is the cornerstone of the NHS providing the first point of contact in the health care system. In the NHS, the main source of primary health care is general practice. General Practice is the only part of the system that has a registered list, which underpins a comprehensive dataset. The latter is envied worldwide, and defines not just population demographics, but the current state of population health.

Primary care across Lincolnshire West is under pressure, more than it has ever been due to challenges in recruiting and retaining workforce and increasing demand falling from the population needs. The need to develop primary care expands further than the issues faced within primary care as it is also the keystone to delivering the Lincolnshire Sustainability and Transformation Plan.

During the last twelve months, the Primary Care Commissioning Committee has overseen the implementation of the primary care strategy and a detailed programme plan that outlines how the CCG will support local practices to realise the benefits of the General Practice Forward View to facilitate the development of a resilient and sustainable primary care service for local residents. The three priorities are identified as:

1. Working with practices to develop a framework that will transform and deliver primary care at scale
2. Promoting stability and resilience within individual practices
3. Leadership to facilitate continuous improvement and reduce unwarranted variation.

This year the CCG has worked with local practices and key strategic partners to stabilise and build resilience. This has included:

- Supporting the development of 3 federations within the CCG
- Working with 2 federations to secure NHSE funding for 2 Clinical Pharmacists
- Successfully awarding an APMS contract for the provision of Primary Medical Services at Cliff House Medical Practice following the sudden death of the previous contract holder
- Commissioning Workflow Optimisation training for practices to help free up GP time by reducing the amount of admin they have to deal with
- Working in partnership with Lincolnshire County Council Public Health team to deliver Making Every Contact Training (MECC) to all of our GP practice admin staff
- Securing NHSE GP Resilience Programme funding to support Lincoln South Federation to build their resilience by working in a more collaborative way, and for them to be able to support the most vulnerable practices in their area
- Securing NHSE GP Resilience funding to support individual practices facing specific workforce/capacity issues
- Securing funds to develop outline business cases to establish primary care hubs in 2 of our localities

In addition the CCG works closely with NHS England, who is responsible for commissioning other primary care services including dental practices, community pharmacies and high street optometrists, to ensure that there is an integrated approach to enhancing primary care service provision.

Details of our Primary Care Commissioning Committee can be found in our accountability report on pages 75 and 76.

Provider Health Services

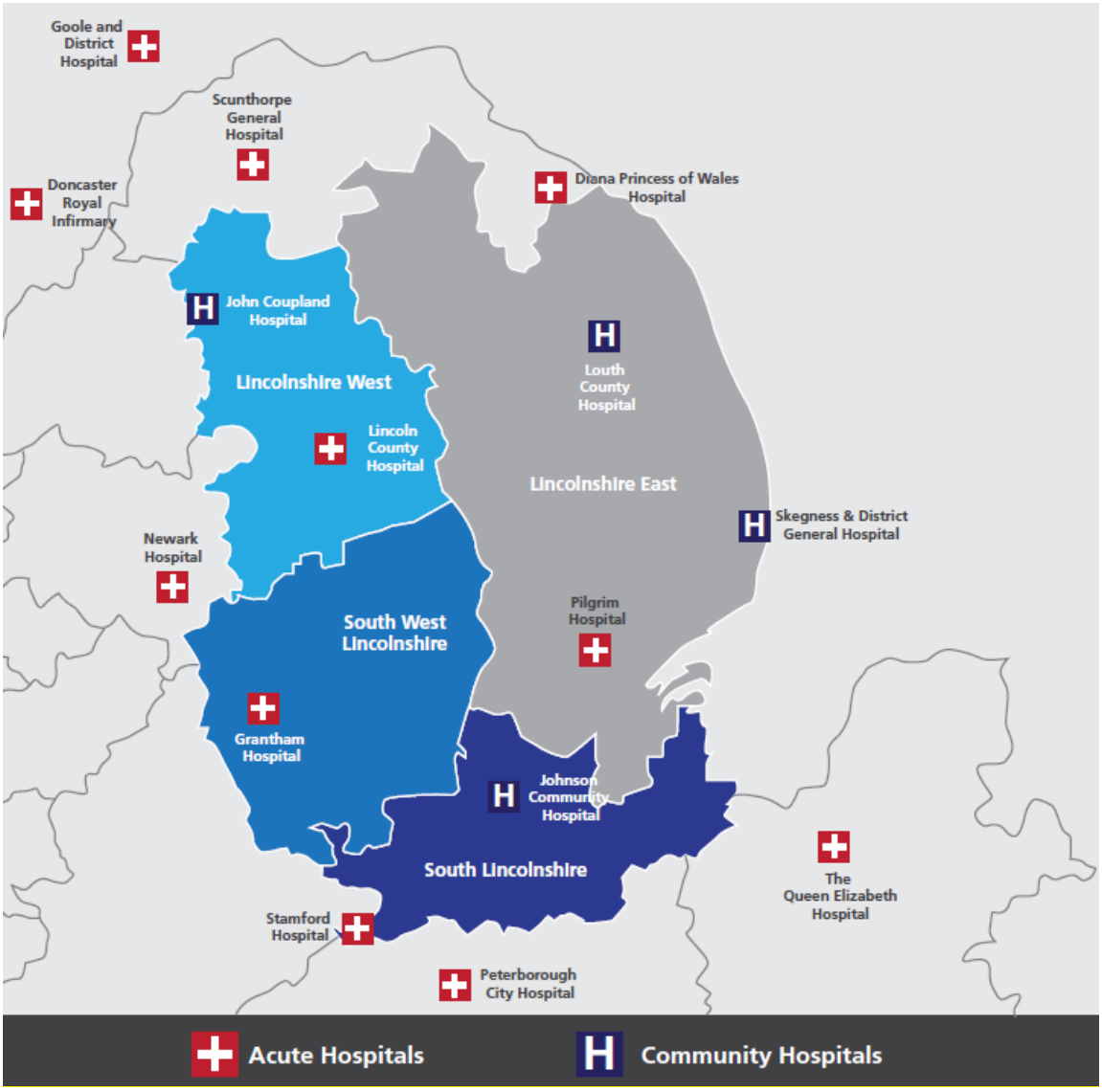
** Lincolnshire West is the lead commissioner for Lincolnshire Community Health Services commissioning services on behalf of the four CCGs in Lincolnshire.*

Service	Provider
Acute Hospitals	United Lincolnshire Hospitals NHS Trust Northern Lincolnshire & Goole NHS Foundation Trust
Mental Health	Lincolnshire Partnership NHS Foundation Trust
Learning Disabilities	Lincolnshire County Council and Lincolnshire Partnership Foundation Trust
Community Services	Lincolnshire Community Health Services NHS Trust*
Ambulance Service	East Midlands Ambulance Service
Patient Transport Services	Thames Ambulance Service Limited
Primary Care	32 GP Practices *43 Pharmacies, (plus 13 dispensing GP practices) *24 Dental surgeries *25 Opticians *Commissioned by NHS England
3rd sector	LIVES (first responder service) St Barnabas Hospice Trust (Lincolnshire) Marie Curie
0-19 Children's Services	Lincolnshire County Council

Location of hospital sites across Lincolnshire and immediately surrounding areas

Lincolnshire West is the lead commissioner for Lincolnshire Community Health Services commissioning services on behalf of the four CCGs in Lincolnshire from 1 September 2015.

The map below shows the location of hospital sites across Lincolnshire and immediately surrounding areas.



PERFORMANCE REPORT

This section of the annual report provides an overview of NHS Lincolnshire West CCG's business and describes the principle risks and uncertainties we faced as an organisation in 2017/18.

It is a balanced and comprehensive analysis of the development and performance of the CCG's business during the financial year and its position at the end of the financial year.

Dr Sunil Hindocha
Accountable Officer (Chief Clinical Officer)
23 May 2018

Performance Management Overview

The Governing Body is accountable to the CCG's membership for overseeing the performance of the organisation. The Governing Body has established a number of formal committees that provide a more granular level of oversight on specific aspects of the CCG's business.

These include the Quality and Patient Experience Committee, the Finance & Activity Committee and the Audit Committee. Through this governance structure the CCG and its executive officers are held to account for the organisation's performance.

In addition to the above and in common with all other CCGs, the CCG is held to account for its performance by the Geographical and Regional executive of NHS England.

The following paragraphs consider the performance of the CCG during 2017/18.

Performance analysis

NHS Lincolnshire West CCG is accountable to our local population and to NHS England (NHSE) for planning and delivering comprehensive and high quality care that meets the needs of our local community.

There is a requirement for the public and NHSE need to identify how well CCGs are performing in their role as the commissioners of local health services.

How we measure our performance

The NHS Operational Planning round measures priorities for the 2017/18; whilst reflecting the NHS Mandate and next steps on the Five Year Forward View Implementation.

NHS Lincolnshire West CCG's performance against these and other locally defined measures is published each month in the CCG Performance Report which discussed in detail at the Governing Body, Finance & Performance Committee and Executive Committee. The CCG Performance Report is available each month within the Governing Body papers in the Library section of the NHS Lincolnshire West CCG website.

The CCG Performance Report provides up to date in year monitoring of key national and local targets for NHS Lincolnshire West CCG, as well as historical and future plans and performance. Each target has a detailed definition and rationale for inclusion, combined with further links to national websites for more detailing on definitions, changes in definition and an overview of calculation methodology.

Assurance around delivering key targets, transforming local services and improving outcomes for all patients is also provided via assurance reviews conducted with NHS England Midlands and East. For 2017/18 the CCG Improvement and Assessment Framework (IAF) is one of the key mechanisms and was designed to provide a greater focus on assisting improvement, alongside our statutory assessment function. The framework is intended as a focal point for joint work and support between NHS England and CCGs, and was developed with input from NHS Clinical Commissioners, CCGs, patient groups and charities. It draws together the NHS Constitutional performance, finance metrics and transformational challenges to play an important part in the delivery of the Five Year Forward View.

Key performance measures & outcomes

CCG Improvement and Assessment Framework

During 2017/18 the CCG has made steady progress against key metrics within the IAF. Out of the 43 indicators results published, currently the CCG is ranked in the upper quintile nationally for 7 targets, lower quintile for 11 targets and all others in the inner quintile range. These are detailed in the following tables under 4 domains and also publically available for chosen targets on the NHS Choices/MyNHS website.

IAF: Better Health

Indicator	CCG performance	National Rank
% children aged 10-11 classified as overweight or obese	32.1%	86/207
Diabetes patients that have achieved all three of the NICE-recommended treatment targets	40.7%	83/207
People with diabetes diagnosed less than a year who attend a structured education course	24.9%	**5/207**
Injuries from falls in people aged 65 and over per 100,000 population	1,753	71/207
Personal health budgets per 100,000 population	123	**14/207**
Inequality in avoidable emergency admissions	1,573	**41/207**
AMR: Appropriate prescribing of antibiotics in primary care	1.083	115/207
AMR: Appropriate prescribing of broad spectrum antibiotics in primary care	10.6%	175/207

National Ranking Key:

X/207	CCG performance in the Upper Quintille range (Best)		Below standard
X/207	CCG performance in the Upper Quintille range (Worst)		

IAF: Better Care

Indicator	CCG performance	National Rank
High quality care - acute	58	138/207
High quality care - primary care	66	100/207
High quality care - adult social care	60	133/207
Cancers diagnosed at early stage	48.2%	178/207
Cancer 62 days of referral to treatment	72.9%	190/207
One-year survival from all cancers	70.7%	155/207
Cancer patient experience	8.3	206/207
Improving Access to Psychological Therapies: Recovery rate	47.1%	166/207
Improving Access to Psychological Therapies: Access rate	3.8%	129/207
People with 1st episode of psychosis starting treatment with a NICE-recommended package of	68.4%	156/207
Learning disability and/or autism patients receiving specialist inpatient care per million popn	60	116/207
People with a learning disability on the GP register receiving an annual health check	41.2%	153/207
Completeness of the GP learning disability register	0.58%	**39/207**
Maternal smoking at delivery	16.4%	173/207
Neonatal mortality and stillbirths per 1,000 births	5.6	151/207
Women's experience of maternity services	80.8	88/207
Choices in maternity services	61.9	168/207
Estimated diagnosis rate for people with dementia	69.2%	102/207
Dementia care planning and post-diagnostic support	72.0%	198/207
Emergency admissions for chronic ambulatory care sensitive conditions per 100,000 popn	2,131	71/207
A&E admission, transfer, discharge within 4 hours	83.0%	120/207
Delayed transfers of care per 100,000 population	12.1	125/207
Emergency bed days per 1,000 population	450.1	**43/207**
Patient experience of GP services	84.7%	115/207
Primary care access - extended to 7 days per week	0.0%	120/207
Primary care workforce - GPs and practice nurses per 1,000 population	1.08	**48/207**
Patients waiting 18 weeks or less from referral to hospital treatment	88.8%	144/207
% NHS CHC full assessments taking place in acute hospital setting	22.9%	101/207

IAF: Sustainability

Indicator	CCG performance	National Rank
In-year financial performance	Amber	
Utilisation of the NHS e-referral service	64.2%	77/207

IAF: Leadership

Indicator	CCG performance	National Rank
Probity and corporate governance	Fully Compliant	
CCG Staff engagement index	3.73	163/207
Progress against Workforce Race Equality Standard	0.11	68/207
Effectiveness of working relationships in the local system	60.48	181/207
Quality of CCG leadership	Amber	

NHS Constitutional Targets

In reviewing performance over the year it is not easy to draw conclusions due to the number of competing priorities and the complex and interdependent nature of many health related issues. For ease targets detailed have been structured into theme areas. The assessment of performance for each target is based on the following:

- Achieved - Performance at or above the standard
- Underachieved - Performance between the standard and the lower threshold (determined nationally)
- Not achieved - Performance below the lower threshold

The NHS Constitution sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. NHS Lincolnshire West CCG seeks compliance with the constitution in conjunction with our healthcare providers by setting plans to deliver and requiring providers to provide remedial action plans where standards are not delivered.

Indicator	17/18 or latest period
A&E Waiting Time (CCG)	Not achieved
Ambulance – Category A (Red 1) 8 minute response time	Targets ceased Jun-17 - new targets for 18/19
Ambulance – Category A (Red 2) 8 minute response time	
Ambulance - Category A 19 minute transportation time	
18 Weeks RTT - Incomplete Pathways	Underachieved
Diagnostic Test Waiting Times < 6 weeks	Underachieved
Cancer 2 week waits - all suspected cancers	Underachieved
Cancer 2 week waits - Breast Symptomatic	Not achieved
Cancer day 31 waits - first definitive treatment from decision date	Underachieved
Cancer day 31 waits - subsequent surgery	Underachieved
Cancer day 31 waits - subsequent chemotherapy	Achieved
Cancer day 31 waits - subsequent radiotherapy	Achieved
Cancer 62 day waits - to first definitive treatment (from GP referral)	Not achieved
Cancer 62 day waits - first treatment from screening service referral	Not achieved
Cancer 62 day waits - first treatment following consultant upgrade	Achieved

For delivery of the acute secondary care measures, NHS Lincolnshire West CCG is heavily reliant on the local provider United Lincolnshire Hospitals NHS Trust (ULHT) and so NHS Lincolnshire West CCG performance is intrinsically linked to that of United Lincolnshire Hospitals NHS Trust. 2017/18 continued to be a challenging year for ULHT.

The 18 weeks incomplete waiting time target was not quite achieved for NHS Lincolnshire West CCG with performance at 88.4%. Access issues for Echocardiography, Colonoscopy and Gastroscopy resulted in over 6 week delays for Diagnostic Tests above the 1% standard at 2.9% for CCG patient pathways.

In 2017/18 NHS Lincolnshire West CCG failed to achieve the 95% A&E 4 hour target with 86.5% of patients attending A&E, Minor Injuries Unit or Walk in Centre being admitted or discharged within 4 hours. This was a result of performance at the major A&E departments being below standard at 77.2%.

NHS Lincolnshire West CCG did not achieve six out of the nine measurable cancer waiting time targets in 2017/18, although performance in five of the standards was higher in comparison to the previous year 2016/17.

The failure to meet performance against two week standards is linked to increased referral numbers and capacity restraints at the local acute provider as well as an increasing demand as a result of greater public awareness.

Performance issues with 62 day pathways include the complexity of diagnosis, patient choice and working with tertiary centres.

As the lead CCG for Cancer Care in Lincolnshire we seek to stimulate discussions with the local provider and clinical colleagues to identify opportunities to promote continuous improvement at all stages of the end to end clinical pathway.

At the time of writing, the CCG is rated in the top quartile for performance in 4 out of the 41 categories for which quarter 3 2017/18 data is published on the My NHS website, (with 27 categories in the interquartile range and 10 in the worst quartile).

Financial Performance

Financially 2017/18 was a challenging year for the CCG. During the year, the CCG alerted NHS England that it was forecasting an end of year deficit against the control total set at the start of the year, (for an in-year break-even). The CCG developed and implemented a financial recovery plan, which was quality impact assessed so as to ensure that it did not impact adversely upon patient care. This plan identified additional potential efficiency savings of up to £6m.

In summary, the CCG received an in-year Revenue Resource Limit (allocation) of £319,986,000 in 2017/18. In addition to this, the CCG received an allocation of £2,517,000

representing the CCG's prior year surplus brought forward. In total, the CCG received a funding allocation of £322,503,000 for 2017/18.

As set out in the accounts below, the CCG incurred expenditure of £322,350,000 during 2017/18 which exceeded the CCG's Revenue Resource Limit by £2,364,000. However, this has been offset against the CCG's historic surplus brought forward, leaving a cumulative revenue surplus of £153,000 to carry forward into 2018/19, as demonstrated in note 42 to the accounts.

The CCG delivered in-year efficiency savings or, QIPP (Quality, Innovation, Productivity and Prevention) savings during 2017/18 of £13,013,000 (equivalent to 4% of the CCG's Revenue Resource Limit). All these savings have been reinvested into patient care.

During the year the CCG spent £176,002 on consultancy services, as shown in note 5 to the Accounts.

Sustainable Development

Sustainability has been recognised at a national level as an integral part of delivering high quality healthcare, efficiently.

We understand that sustainability has become increasingly important as the impact of peoples' lifestyles and business choices are changing the world in which we live. In commissioning services for the people of Lincolnshire West we are mindful of the need to use resources wisely so that they will still be available in the years to come.

We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint. To do this we seek to commission for sustainable development by:

- Planning services which are efficient and effective
- Buying services which provide best possible value and which have the least impact on the environment
- Avoiding duplication and waste
- Stopping services that don’t meet these criteria.

Sustainability is not just about using financial resources carefully. It is also about making best use of the existing social and community resources. In our drive to bring care closer to home we are working with partners to use community assets, not just estates but also services. During the last year, with colleagues from the health community, we are working in partnership with the local authority to make best use of the One Public Estate and to understand how by effectively planning together we can reduce our carbon footprint.

Additionally, as part of the NHS, public health and social care system, we will contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public

health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020.

As part of the 2013 authorisation process, CCGs self-certified compliance to the following statement:

"We declare that at the point of authorisation our CCG will demonstrate commitment to promoting environmental and social sustainability through our actions as a corporate body as well as a commissioner."

We remain committed to this declaration and as the sustainability lead the Chief Operating Officer will ensure that we continue to embed it within the CCG's core business processes and practices.

The majority of the environmental and social impacts are through the services we commission. Therefore, the following information uses a scaled model based on work performed by the Sustainable Development Unit (SDU).

Across the CCG we continue to drive sustainability by considering our own working practices and promote:

- Reducing business travel for CCG staff by increasing the use of telephone and video conferencing
- Reducing the use of paper and moving where possible to electronic documents
- Encouraging mobile and home working not only to increase productivity but also to reduce travelling time and pressure on office space

In the coming year we will continue to promote sustainable development. The sustainability lead for the CCG is the Chief Operating Officer.

We will do this by ensuring that our commissioning and contracting considers environmental impact and how this can be mitigated, continuing to work with our staff to review practice and identify further opportunity to reduce our carbon foot print and by ensuring that in developing local services we maximise the opportunity, where possible, to use community assets and when development is required that we incorporate features such as renewable energy.

Improve quality

The Clinical Commissioning Group has a statutory duty to improve quality under Section 14R of the Health and Social Care Act 2012.

The CCG Quality Team is led by our Executive Lead Nurse and Midwife who also leads the federated quality team function for our partner CCGs in Lincolnshire. Quality improvement is the cornerstone of all that the CCG does ensuring that our population has the best access to health services possible.

Lincolnshire faces a number of challenges, not least financial and workforce, across all services. High profile cases nationally have demonstrated the vital importance of continuing to have close scrutiny of quality to ensure a good standard of patient care is being delivered.

We continue to assure and improve quality through the three domains of patient safety, clinical effectiveness and patient experience.

Quality Surveillance and assurance is achieved through: robust CQUIN and Quality Schedule monitoring with all providers, including incident and serious incident management; regular quality assurance visits and quality improvement summits where indicated; and through the triangulation, review and assessment of all available quality data sources including previous and CQC visits, Patient Surveys, Complaints, Concerns raised by practitioners through the Health Practitioner Feedback route etc.

The CCG Quality Team also supports the design of care services, ensuring that care quality is underwritten into all of our activities.

We work closely with the local authority on monitoring care homes that cater for LWCCG funded residents requiring nursing care and lead on the county wide Enhanced Care Homes programme for the STP.

We have a dedicated quality lead nurse for care homes working within our team.

Specific programmes of work are under way as below within the quality domains:

- Working collaboratively with our providers and primary care to reduce avoidable mortality.
- Joint working e.g. listening events and work with Healthwatch and other stakeholders to hear the patient voice to enable concerns about service provision to be identified and addressed.
- Along with our partner CCGs and providers, we have also focused our attention on improving quality in areas such as mental health and continuing healthcare.
- Leading on the implementation of the ReSPECT process (Recommended Summary Plan for Emergency Care and Treatment).
- Manage the accreditation process for community surgical services to ensure that there is a monitoring process for practitioners carrying out minor surgical procedures in suitable environments so that patients can have procedures carried out closer to home.
- Hosting the Federated Quality Team who oversee the management of the Quality Schedules, CQUINs, Quality Review and Patient Safety Meetings as well as the Health Practitioner Feedback process, incident management and Serious Incident overview.
- Clinical audit of planned care providers with a focus on muscular skeletal procedures.

Unfortunately our main acute services provider United Lincolnshire Hospitals NHS Trust is currently in special measures with the Care Quality Commission and we work closely with the

lead commissioner in supporting the provider to address the improvement action plan currently in place.

We are also currently carrying out enhanced quality assurance work as lead commissioner for the Non-Emergency Patient Transport Service (NEPTS) Thames Ambulance Services Limited (TASL) due to the challenges that they have faced in meeting their key performance indicators since mobilising the contract on 1 July 2017.

General Practice Quality

The CCG works with practices to monitor variation in clinical practice and prescribing, and provides expert support from our experienced and highly skilled network of clinical staff and quality experts.

In 2017 we implemented a new programme of general practice quality assurance visits with the emphasis of supporting practices to drive up quality and address areas where they have been benchmarked against other practices as having specific challenges.

General Practice quality is monitored and reported through the Primary Care Commissioning Committee Structure as described on pages 75 and 76 of the accountability section of this report.

We have embedded a risk management approach, using a range of performance indicators to enable our experts to respond proactively to practices in need of assistance.

We work closely with the Care Quality Commission (CQC) and NHS England colleagues through a joint risk sharing approach, utilising sources of feedback from patients, carers, complaints, NHS Choices, patient participation groups and organisations such as Healthwatch Lincolnshire.

The Care Quality Commission (CQC) undertakes a programme of practice inspections nationwide. The CCG works closely with both the CQC and its member practices to ensure that any necessary improvements are effected in a timely and appropriate way.

Engaging people and communities

This year the CCG continued to deliver its strategic objectives to strengthen clinical, patient, public and wider stakeholder involvement in its work as set out in the Marketing, Communication and Engagement Strategy 2015-2018. The strategic objectives are as follows:

- **Inform Local People:** We will use a variety of marketing and communications methods to inform local people of the role of the CCG and services available so they can make informed choices. We will explore innovative ways to connect with people who are ‘seldom heard’;
- **Empower Local Voice:** By expanding our engagement methods and embedding consultation into decision making processes, we will empower people, including our

staff to have their say on NHS services and influence change both within and external to the CCG;

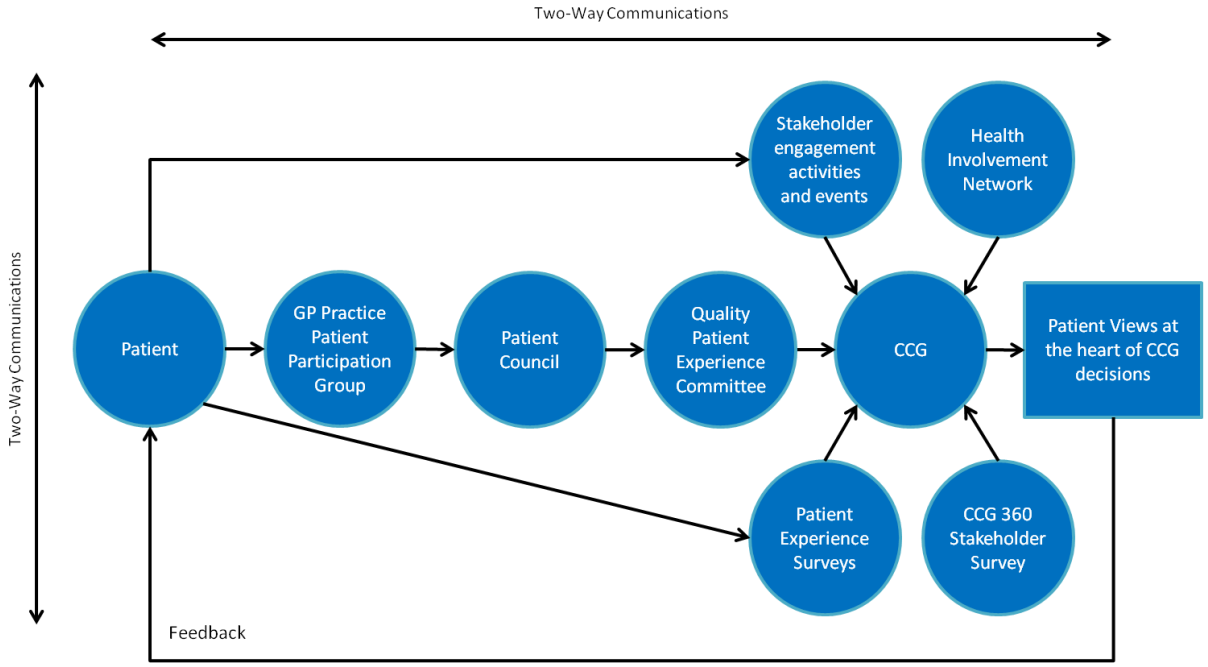
- **Develop Member Practice Involvement:** We will build on our strong track record of being clinically led and involving GP's within commissioning by empowering localities and developing strong member relations, backed by clear communications and structured involvement;
- **Develop Our Brand Identity:** Through consistent use of strong branding across the CCG, we will develop a clear identity.

The Marketing, Communication and Engagement Strategy 2015-2018 can be viewed on the CCG website.

Governance and assurance information

Overview of structures, processes and assurance methods

The CCG has clear structures, processes and assurance methods in place to support patient and public participation. This is illustrated in the diagram below:



Patients' views are at the heart of the CCG's decision making. Patients who are actively involved in shaping local health services are supported to develop their skills and knowledge, whereas patients who would like to become more involved are empowered to do so. The CCG uses a number of innovative ways to connect with people who are 'seldom heard', but who's views are of equal importance.

How participation works at different levels of the organisation

Patient Participation Groups (PPGs) are an integral part of our member GP practices and help practices to understand the needs of their patient populations, as well as act as a critical friend to identify what aspects of the practice are working well and what areas could be

improved. They also support practice to raise awareness of health campaigns and services, fundraise, and represent the patient voice as members of the CCG Patient Council.

Patient Council is an established group made up of representatives from PPGs, Healthwatch, and local health related support groups. The council acts as a forum for:

- the CCG to discuss its current priorities and future plans, and empower members to raise awareness of these amongst their own patient population;
- Sense-check proposals, surveys, consultation documents, or patient information prior to them being published;
- Members to feed back any positive or negative experiences from their respective groups.

Quality and Patient Experience Committee (QPEC) receives a wide range of soft and hard intelligence, including the quality of NHS services being delivering to patients and the experience patients have of these services. Intelligence is gathered from a range of sources including feedback from Patient Council, Healthwatch reports, local and national surveys and NHS services performance data. Updates from QPEC are discussed at CCG Governing Body meetings.

CCG Governing Body has an elected Lay Member for Patient and Public Involvement (PPI), meaning that the patient's voice is properly represented at senior level within the CCG. When members of the Governing Body are requested to make decisions, they are provided with detailed evidence of how clinical, patient, public and wider stakeholders were engaged and the outcomes of this engagement.

Other forms of participation
For each programme of work undertaken by the CCG, a robust engagement plan is developed to ensure there are clear opportunities for patients, communities, and other key stakeholders to be involved in shaping decisions made by the CCG. Examples of this can be found throughout this section.

The CCG has established a Health Involvement Network consisting of patients and representatives from local organisations who actively support the CCG when key decisions are being made about planning and improving services, but who do not have time the commit to becoming a member of a PPG or the CCG's Patient Council.

The CCG also takes on board feedback provided from patient surveys and key stakeholders as part of the annual CCG 360 Stakeholder survey. The CCG are currently awaiting the results from this year's survey.

Susan Edge, Lay Member for PPI:
"I have seen a quantum leap in the volume, quality and impact of the CCG's communications and engagement activities during the year from April 2017 to March 2018. Feedback from patients, carers and families, as well as members of the public, has come through all sorts of channels, high tech and traditional. Importantly this has had a direct and immediate influence

on how our consultations have become more inclusive of a broader range of voices. And these responses and suggestions have also proved a rich source of information about how our residents want to see health and social care delivered, and as well as being an opportunity to share their concerns and anxieties.

As the members of our Patients' Council have settled into their role, this forum has shown its worth as sounding board when future developments and service reconfigurations need the realism and perspective of those who are users of health and social care services. But the Patients' Council is just one way of getting involved.

In this period of expanding communications and engagement we have benefited from help offered by organisations such as the East Midlands Academic Health Sciences' Network and their Patient and Public Involvement Senate, and the National Association for Patient Participation. This is supporting us develop patient leaders locally and grow the network that can support involvement across NHS Lincolnshire West CCG and the county. We would welcome hearing from any resident who would like to find out more about patient leader roles."

Participation principles and values

The organisation's participation principles and values are set out in the CCG Constitution which is available on the CCG website.

The constitution states that the CCG will fulfil its duty of securing public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:

- Ensuring effective involvement of key partners in the development of strategy relating to the wider health economy and the clinical networks across the region;
- Having regard to the need to reduce inequalities in access to healthcare and outcomes, promote patient and carer involvement in decisions about them and enable patients to make choices with respect to aspects of their healthcare.
- The CCG will follow a Statement of Principles in implementing these arrangements. These Principles include:-
    - Working in partnership with patients and the local community to secure the best care for the population;
    - Listening to our patients and communities to ensure that they are involved informed and empowered;
    - Adapting engagement activities to meet the specific needs of the different patients groups and communities;
    - Publishing information about health services on the website and by making the information available in other formats;
    - Encouraging and acting on feedback;
    - Engaging with the relevant local authority(ies) Health Overview and Scrutiny Committees and where necessary formally consulting with stakeholders and the public on proposals when there is need to change services;

- Identifying how the CCG will monitor and report its compliance against the Statement of Principles.

One of the values that lie at the heart of the CCG's work is:

Working together - delivering through strong partnership, comprehensive engagement and good communications with patients, the public, other professionals and agencies.

Enabling and supporting those who want to get involved

In addition to the Statement of Principles, the CCG also takes additional measure to proactively enable and support those who want to get involved.

The CCG will regularly offer support to PPGs who want to expand their membership, organise health awareness events, or become more active on social media.

In February 2018, the CCG held its first Growing PPG Networks & Effectiveness Event in partnership with Lincolnshire County Council (LCC) and the National Association for Patient Participation (NAPP). The purpose of the event was to give PPGs the chance to network with each other and benefit from a series of interactive workshops aimed at improving the effectiveness of the PPG.

This included contributing towards your GP Practice, fundraising ideas, and engaging with your patient community. The event was attended by 47 people who all expressed an interest in future events being held.

In July 2017, the CCG worked in partnership with all other Lincolnshire NHS organisations, NAPP, and the East Midlands Academic Health Science Network (EMAHSN) to host a countywide Patient, Carer and Public Networking Event. The event aimed to inform and inspire patient and public activation to get involved across Lincolnshire health services, and was attended by over 200 people.

The impact of participation

Over the past 12 months there have been a number of significant programmes of work where the impact of participation has been crucial in the CCGs decision making. This includes:

Lincoln NHS Walk in Centre consultation & alternative provisions

In June 2017 the CCG launched a public consultation on the future of the Lincoln NHS Walk in Centre. The consultation was part of work to ensure healthcare services in Lincolnshire are of the highest quality and offer the best possible value for money.

During the consultation the CCG spoke to nearly 500 people across a range of engagement events and focus groups, and received more than 2,500 survey responses on proposals to

close the Walk-in-Centre and offer alternative services by extending access to GP surgeries, further developing the NHS 111 telephone service, and supporting people to self-manage their health conditions.
Whilst the majority of survey responses didn't agree with the proposals, largely because of people's lack of confidence and/or awareness of the alternative services, the conversations had during the face to face engagement events and focus groups provided a more balanced view, with the majority of people having a greater confidence and/or awareness of the alternatives.

In September 2017, the CCG's Governing Body made the decision to continue to implement plans to enhance primary care services and raise the awareness of the public as to the alternative provision available and subject to evidence based reviews in November and January in the key areas of university students, children under 5, additional primary care appointments and access for patients requiring treatment at weekends, to close the Walk-in Centre at the end of the winter period.

The consultation was the CCG's most comprehensive to date, and the decision made, albeit a difficult one, was a decision that took into consideration to needs of the population of Lincolnshire as a whole.

The CCG is currently working to identify any lessons learned that can be used to influence any future consultations.

Cliff House Medical Practice procurement

In September 2017 the CCG wrote to patients of the practice to inform them a procurement process had begun to identify a provider to take on the management of the practice longer term, following the sad death of Dr Shahid Ansari, GP partner at the practice in October 2016.

As part of the procurement process the CCG undertook a four week public consultation to review the current provision of services at the practice and give patients the opportunity to shape what services are offered as part of the new contract. This review also included a proposal to relocate services currently provided at the branch site to the main site with the intention of closing the branch site as part of the new contract.

Three patient engagement events were held so patients could speak with members of the senior team. In total 95 people attended the events included patients, local councillors, and practice staff. A questionnaire was also distributed to find out patients views on booking appointments; choosing who their appointment is with, using technology to access healthcare, which practice they regularly attended, and what they would do if the Gresham Street site was closed as part the new contract. In total there were 635 responses to the questionnaire.

Amongst the key themes that came from engagement events and questionnaire were:

- To continue to deliver or improve the current level of quality provided by the practice, and maintain current practice staff if possible; and

- Closing the branch site would disadvantage some patients living close by as it would be difficult for them to access the main site or mean they would need to register with another practice. The CCG should consider enhancing services at the site not reducing them.

Following the consultation the CCG announced that the new contract had been awarded to Mrs Errum Ansari and Partners, whom already had strong links to the practice, and that services would continue to be provided from both of the practice's two sites, a decision that reflected the views of patients given during the consultation.

Closure of The Heath Surgery's branch site

In March 2017, the CCG approved proposals to close South Park Surgery, a branch site of The Heath Surgery. This decision was made following a public consultation in October 2016 where the majority of patients who took part in the consultation were on the whole supportive of the closure.

During the consultation patients were informed of the benefits of the proposals, such as accessing a full range of services on one site would enable the practice to offer an improved quality of care to patients, but also some of the challenges, such as the branch surgery needing significant investment to bring the premises up to standard.

Patients were also made aware of the changing landscape for the delivery of general practice.

Member GP Practice mergers

This year the CCG has supported a number of member GP practices with public consultations on proposals to merge with neighbouring practices. This included explaining to patients the reasons behind the mergers, such as offering an increased range of services available and a greater choice of appointments, but more importantly, ensuring the long term sustainability of general practice.

Reaching out to diverse, potentially excluded and disadvantaged groups

Over the last 12 months the CCG has continued to build strong working relationships with organisations and agencies that represent or advocate diverse, potentially excluded and disadvantaged groups. As a result, we have gained greater access to different groups and diverse communities so that their views have been captured and used to shape a number of programmes of work. Examples of this include:

The People's Partnership

The People's Partnership (TPP) is focused on providing access and amplifying the voice of hidden and hard to reach people of Lincolnshire. The CCG has been supported by TPP on a number of engagement activities where they have accompanied the CCG to focus group sessions, including sessions with migrant communities and deaf/hard of hearing communities.

Their involvement was invaluable as they provided facilitators for the sessions who had a strong bond with these communities and who were also able to interpret (both speaking and sign language) to ensure the feedback was captured accurately.

Agencies that support homeless people and vulnerable adults

Throughout the consultation on the future of the Lincoln NHS Walk in Centre, we developed good relationships with local agencies that support homeless people and vulnerable adults. This enabled to CCG to really better understand the needs of this cohort of people in terms of what their health needs are and some of the challenges they face when accessing health services. The CCG are now using this intelligence to look at a number of options for how as a health service we can improve health outcomes for homeless people and vulnerable adults.

Local Neighbourhood Boards

The boards were established by local district councils with the aim of working local organisations in partnership to improve the quality of life of the people living in a particular community, often linked to the ward areas for each district. The CCG regularly attends the board meetings to share updates on the NHS and encourage the local community groups, councillors, and residents that attend to promote or participate in the CCG's various work programmes.

Community Cohesion Practitioner Group

The group is made up of community engagement representatives from NHS, local authority, police, fire, housing, voluntary/third sector groups, and charities. Similar to local neighbourhood boards, the aim of the group is to work in partnership on specific projects that improve the quality of life of the people living in a particular community, remove any barriers, and encourage cohesion. The group is newly established and will be agreeing on some key priority projects over the coming months.

Active Faith Network

The network enables local Churches from across the county to achieve more by working in partnership. The network recently established a "Health and Wellbeing" sub group which the CCG has representation on, and uses the group as an opportunity to involve people of faith in the various work programmes.

EDS2

The Equality Delivery System (EDS2) helps the CCG to understand and fulfil its equality and diversity duties. The CCG is currently refreshing it's EDS2 for this year and is confident it has made good progress in fulfilling its duties compared with the previous year.

Accessibility

The CCG always ensures that information regarding involvement opportunities is available in a range of languages and formats on request, including presentations, surveys, consultation documents, and promotional materials. The CCG also acknowledges that from experience, the best approach to ensuring involvement opportunities are inclusive is by speaking to people in their own environments rather than expecting people to approach the CCG.

Working with partner organisations

Over the last 12 months the CCG has also continued to build strong working relationships with local partners to deliver a number of key programmes of work.
This includes:

Lincolnshire's Sustainability & Transformation Plan (STP)

During the year, we have continued to talk to and engage with members of the public, staff, volunteers and other key stakeholders across the county to hear their views and inform the development of our five year health plan, the Sustainability and Transformation Plan (STP).

The STP is a national requirement and since April 2016 we have been working alongside other health organisations in the county, with input from Lincolnshire County Council and other key local partners, to develop a plan to improve the quality of care that we provide, improve health and wellbeing and ensure that we bring the health system back into financial balance by 2021.

We built our STP on the basis of the work already undertaken through Lincolnshire Health and Care which started work in 2014 to develop a new model of care for Lincolnshire where we reached over 18,000 residents.

We have developed our vision and proposals for change by working closely with the public, patients, staff, volunteers, local health professionals and other key stakeholders such as our local politicians and local high interest groups. We believe that our new plan to transform health and care services will only be successful if we worked with the people of Lincolnshire to understand how they wish to access care and what we can do to support them to stay well and healthy.

Since the publication of the STP in December 2016, we have embarked on a countywide round of engagement in order to raise awareness of the five year plan and seek people's views.
We have:

- Participated in over 200 events, briefings and engagement sessions to hear from groups and communities, to feed into the development of the STP;
- Held an options appraisal event in January 2017 attended by 150 local healthcare professionals;
- Engaged specifically with over 4,000 patients and stakeholders in response to the five year plan being published, including Patient Councils, attending patient groups and

support networks, Lincolnshire Healthwatch meetings, and drop in sessions in GP surgeries and children's centres;
- Carried out a survey with United Lincolnshire Hospitals NHS Trust, which received more than 800 responses from the public, staff, volunteers, trust members and members of the public
- Public launch of three maternity hubs across the county, including Lincoln, Skegness and Grantham and associated engagement by the Better Births group;
- Held a Lincolnshire Patient Carer and Public networking event in partnership with East Midlands Health Academic Science network.

We continue to engage with patients, carers, members of the public, staff and volunteers to raise awareness about the future plans for health and care in Lincolnshire and to gather feedback.

Living With and Beyond Cancer (LWaBC)

The LWaBC programme aims to develop person-centred, local support for people living with and beyond cancer, their carers and significant others in Lincolnshire.

Since 2017, the CCG has worked in collaboration with Macmillan Cancer Support, Lincolnshire CCGs and NHS providers, St Barnabas Hospice Trust (Lincolnshire), Cancer Research UK, Lincolnshire County Council, University of Lincoln, Healthwatch Lincolnshire, and voluntary/third sector organisations to develop a LWaBC Strategy for Lincolnshire.

Over 400 healthcare professional, patients, carers and significant others from all around the county helped shape the strategy by identifying what support already exists and what kinds of support are missing. A huge amount of information was collated which fell eight broad themes.

The themes are: Your information, Pathways, Joining things up, Workforce, Communication and conversations, Information, advice and support, Support services, and Equity across Lincolnshire.

The next phase of the programme is to deliver two projects which will support the rollout of The Recovery Package in both an acute and a community setting, and people living with and beyond cancer, their carers and significant others will continue to be involved throughout.

Project Gainsborough

Following the agreement that Gainsborough would be the pilot site for the development of the Neighbourhood team it was agreed that the CCG would lead on a programme known as 'Project Gainsborough'.

The overall purpose of this programme of work is to shape future service provision to meet the needs of the population within the Gainsborough Locality.

Part of the first phase of the programme was to carry out a Population Needs Analysis (PNA) - a cross agency piece of work in collaboration with West Lindsey District Council, Lincolnshire County Council, Healthwatch Lincolnshire, and Voluntary Centre Services - to develop a richer understanding of the needs of the Gainsborough Locality.

During the PNA, focus group sessions took place with a wide range of stakeholders, including patients at GP practices, Patient Participation Groups, Active Lincolnshire, Carer support groups, children's centres, job centre, Citizen's Advice, and voluntary/third sector groups.

Feedback collated fell into a number of broad themes, including GP access, transport/travel, carers, urgent care, mental health and learning disabilities, and the use of John Coupland Hospital in Gainsborough. The feedback is currently being used to support the next phase of development of the Neighbourhood team & integrated population health care in the Gainsborough locality.

Healthwatch survey following practice closures

Following the closure of four of the CCG's practices in January 2017, the CCG worked with Healthwatch Lincolnshire to understand the impacts the closures had on patients and neighbouring practices, particularly how the communication and process of closing down the practices was received.

The results of the survey were encouraging as 88% of patients surveyed said their transfer to their new practice was without issue or concern, and there were lots of positive comments that patients were happy with the service received.

However the survey did identify some areas of concern, particularly only 25% of people surveyed said they hadn't heard about the drop in sessions which the CCG had organised to support patients with registering at a new practice, and that people were unable to see the same GP for continuity of care, along with the appointment times being too short and rushed.

The CCG are planning to continue to work with Healthwatch on future surveys to continue to understand the needs of patients, particularly as the landscape of general practice changes over the coming years as part of the GP 5 Year Forward View.

Other partnership working, involvement, and networking opportunities

The CCG regularly attends meetings with partners to share updates on the NHS, network, and encourage attendees to promote or participate in the CCG's various work programmes. These include: **Healthwatch Provider Networks**, **Voluntary Sector Forum**, **Health Improvement Partnership**, and **Engagement Community of Practice**.

<u>Involving patients and the public</u>

The CCG has well established communication and feedback mechanisms to keep patients and the public informed. All of these mechanisms are used to promote local and national health

campaigns, raise awareness of local services, share live updates from governing body meetings, and to promote involvement opportunities to patients and the public.

Every programme of work that the CCG undertakes has an associated robust communications and engagement plan which outlines key information about the programme, which key stakeholders need to be involved, and a clear plan of what opportunities patients and the public will have to share their views.

Member GP Practices

The CCG utilises its member GP practices to display information, including posters, leaflets and TV screens in the practice, and online via the practice website and social media profiles.

Practices are also ideal locations to hold drop in clinics, which are often supported by the practice PPG.

CCG website

In 2017, the CCG re-launched its new website, and used the opportunity to re-develop its Get Involved section. The section outlines the CCG's commitment to involving patients, the public, and other key stakeholders in our work and the various ways people can get involved. It also includes information on current surveys and consultations, as well as finding from previous ones, which demonstrates how people's feedback informed any decisions made.

Growing social media following

The CCG has continued to develop its social media presence over the last 12 months, to good effect. Our Facebook and Twitter profiles are followed by 1293 and 2369 people respectively (as of March 2018).

The profiles are often used to reach out to people who often don't engage with the CCG through more traditional channels, i.e. young people, and to date the CCG's most successful post was advice on the treatment and prevention of viral cough (bronchiolitis) which was seen by over 300,000 people on Facebook.

Local press and media

Over the last 12 months, the CCG has continued to develop its strong relationships with the local press and media, and regularly use these platforms to keep patients and the public informed. This includes regular coverage in The Lincolnite, Lincolnshire Echo, and on Siren FM and BBC Look North.

Partner networks

As mentioned previously, the CCG has continued to build strong working relationships with local partners to deliver a number of key programmes of work, and encourage partners to

promote or participate in the CCG's various work programmes, as well as share information across their own networks.

Learning and best practice

A good example of this is the Lincoln Walk in Centre consultation where the CCG used a range of communication, including: information in GP practices, updates on CCG website and social media, regular coverage in local press, and on radio and TV, and information shared across our well established network of partner organisations.

Feedback mechanism included both print and online surveys, public meetings, and a series of focus group sessions and outreach events held at various locations, including the Walk in Centre, GP practices, children's centres, universities and colleges, homeless shelters, community venues, and other public areas. As a result, over 3000 people responded to the consultation, which informed the final decision made by the CCG.

Other examples include: the Living With and Beyond Cancer programme which saw over 400 cancer patients, their carers, families, and healthcare professionals shape the LWaBC strategy for Lincolnshire; and the Cliff House Medical Practice re-procurement which led to the new contract being awarded to a partnership that included members of the existing practice team, and the branch site remaining open as part of the new service specification.

The CCG has however identified areas where it can learn or improve for future involvement opportunities. This includes: bringing patients on board earlier to co-design programmes of work, telling a better story about why changes to the NHS are happening, and working collaboratively with our NHS colleagues and local partners.

Future plans

The CCG are leading communication and engagement for a number of programmes of work relating to the Lincolnshire Sustainability and Transformation Plan (STP) on behalf of NHS colleagues across the county. This includes: Cancer, Diabetes, Information Management and Technology (IM&T), Maternity, Pharmacy and Prescribing, and Primary Care.
The CCG will also be reviewing its Marketing, Communication, and Engagement Strategy to utilise the knowledge and expertise gained over the last three years will ensure the CCG continuously improves participation and incorporates learning and best practice methods identified.

Communications

It has been an extremely busy 12 months for the communications team at NHS Lincolnshire West Clinical Commissioning Group.

The team has worked pro-actively to enhance the profile of the organisation in a number of key areas – helping the public better understand what its local NHS organisational structure looks like and what its local clinical commissioning group does in particular.

Across these channels we have focussed our key messages around: Choose well; self-care of minor ailments; Did Not Attends; NHS 111 and Lincolnshire's Clinical Assessment Service; GPs and extended hours access; same day appointments; raising public awareness of pharmacies and their roles; signposting to the local out of hours' GP service; international GP recruitment; when and when not to use accident and emergency services; flu vaccination; ordering repeat prescriptions in advance; staying warm; looking after vulnerable neighbours; how to stock up your medicine cabinet and first aid kit.

Media Relations

NHS Lincolnshire West Clinical Commissioning Group has adopted a pro-active approach with local media. The CCG communications team believes the size, power and influence of the media means it is an important tool in relaying information to the public.

During the year, we have secured more than 100 positive pieces of media coverage across radio, TV, newspapers and news websites.
We have developed regular monthly media slots on three local news platforms – a column in a local newspaper, a slot on a local radio station and an article on a local parenting news website.

We have worked with our colleagues in the media to give them a better understanding of the pressures the NHS is facing, both locally and nationally. We believe, while sometimes our priorities are different, a strong working relationship is imperative.

Understandably, not all media reports have been positive. We pro-actively launched a 10-week public consultation around the future of Lincoln's Walk-in Centre and alternative service provisions.

Initially this was a challenge as the communications team worked hard alongside the engagement team to promote dozens of public events as we aimed to speak to and gather the wider thoughts of as many people as possible.
It became apparent there was little public awareness of many service provisions such as NHS 111, GP extended hours, same day triage, the out of hours GP service and thus the communications team went about to improve this in line with an extensive plan. This was done through the media, utilising social media, visual messages in GP surgeries, the CCG magazine and a number of marketing tools such as household leaflets and information Z-cards.

As a result, the shift in public awareness has been noticeable with more patients either self-caring minor ailments or using NHS 111 and their local walk-in pharmacies.

Social Media presence

NHS Lincolnshire West Clinical Commissioning Group's social media presence has excelled in 2017/18.

The communications team understands the power and influence of social media. The majority of people in Lincolnshire possess a Facebook, Twitter or Instagram account. Therefore the opportunity to relay important messages through these channels is huge.

The CCG's communications team possesses vast knowledge about social media, its various channels, peak times to reach optimum audiences and what tone to take with each post. The team posts between four to five posts each day on Facebook and Twitter.

The CCG's Facebook page now has 1,300 followers – putting Lincolnshire West in the top 10 CCGs across the country.

The CCG's average monthly audience on Facebook is 30,000. Its record reach for a single post is 309,000. The team also takes the opportunity to reply and therefore communicate with members of the public who have messaged us through messenger.

The CCG's Twitter page has strengthened over the last 12 months. It has now amassed almost 2,400 followers. This has increased from 900 two years ago.
The CCG's average monthly audience is 25,000 impressions (an impression is every time the post appears on a Twitter member's timeline).

It has been decided the CCG will now launch its own Instagram account – with the aim of communicating with younger patients. This will begin in May, 2018.

Website

The CCG's website has gone from strength to strength in 2017/18 and now averages 7,500 page views a month.

The team doesn't just use the site to upload mandatory Governing Body papers but works hard to make it as engaging, colourful and informative as it can.
The homepage boasts an interactive slideshow and this is updated on a weekly basis. Moreover, every press release is issued on the site's news channel and this section is particularly well read.

Our website can be viewed at www.lincolnshirewestccg.nhs.uk.

CCG Your Health Magazine

This popular news magazine is produced both in hard copy and electronic. A PDF version is uploaded to the CCG's website.

The hard copy, of which 1,000 are printed during each calendar season, is particularly popular with patients and the CCG's GP members.

The 1,000 copies are delivered to GP surgery waiting rooms, hospital waiting rooms, libraries, leisure centres and beyond.

The magazine is designed to be entertaining, colourful and informative. For patients to want to pick up and read it, the magazine needs to be appealing. Thus the team works hard on not just striking the key messages, but ensuring patients and GP members will be attracted to the product.

All the CCG's press releases go into the magazines and it focuses on self-care messages, service access, features on pharmacies, GP practice news and more.

The magazine is a vital part of the CCG's wider communications strategy.

Communications and Marketing Packages

The team designs and delivers a host of leaflets, posters, GP surgery and TV slides in line with current communication campaigns.

Lincolnshire Health Awards

The Lincolnshire Health Awards have been created to recognise the great work carried out by our staff working across the county's NHS. The communications team at NHS Lincolnshire West CCG played a key role in getting the awards off the ground, working alongside Lincolnshire Media.

The NHS is the best health service in the world. There is so much we do that is incredibly positive. People work tirelessly to save lives, care for vulnerable people and continuously improve the system for the benefit of our patients.

The event led to multiple positive pieces of press coverage in several formats and saw dozens of valued colleagues from several different health organisations recognised and rewarded for their tireless and continuous dedication and service to the NHS.
It was so successful, it is hoped the event will run once again in 2018.

Reducing health inequality

Our aim is to work with Public Health to ensure the most cost effective high impact interventions on health inequalities are implemented; these are jointly identified by the CCG and Public Health.

Along with Public Health we are targeting key indicators which require improvement such as pre-school boosters, early presentation of cancer and smoking at the time of delivery by identifying the issue and working in partnership to address it.

The STP is key to reducing health inequalities over a five year period, with the effect of which going beyond this timescale. Public Health has developed a Prevention Plan which sits alongside the STP and fits into all clinical redesign areas, ensuring that prevention and self-care are at the start and contained within each pathway.

The CCG has consistently carried out impact assessments, and developed inequality mitigation priorities to address impacts that have arisen, on key strategic developments. Some of the mitigations introduced as a result of this work have included: developing additional access to primary care for people with young children who may be impacted by changes to the Walk In Centre, affecting some of the most deprived wards in the CCG and developing specific approaches to mitigate the impact of changes to over the counter medicine prescription changes to the poorest households through the development of 'failsafe' protocols.

The CCG played a key role in developing plans to address the very serious health inequalities experienced by residents living in the wards to the Southwest of Gainsborough. A multi-agency, politically led steering group developed local comparative profiles and generated new ways or working in support of the inequalities and inequities experienced by people in these wards.

Schemes generated by this work included: specific housing enforcement measures and the development of a social prescribing hub associated with the development of the neighbourhood team.

Joint Health and wellbeing strategy

The CCG participated in a strategic health priorities meeting with key senior stakeholders in the City of Lincoln, to debate the most pressing health and health inequality issues for the city's population.

This initiative was developed in response to the priorities emerging from the work it was engaged with, with the local Health and Wellbeing Board to prepare a new joint health and wellbeing strategy for 2018 onwards.

A way forward was agreed, to translate the priority issues of health inequality facing the City population, into an action plan using the emerging JHWS priorities as the focus.

This work is ongoing with the local public health service and the City of Lincoln and milestones include the agreement of a jointly funded extra care development for the City.

Additionally, the CCG is an active member of the Lincolnshire Health and Wellbeing Board. The CCG's Accountable Officer is the Vice Chair of the Board and has been heavily involved in the development of the Lincolnshire Health and Wellbeing Strategy. The CCG has worked in partnership with Lincolnshire County Council to review its contribution to the delivery of the joint strategy.

Improving Outcomes in Cancer

The focus for Lincolnshire over the next five years could radically improve the outcomes for people affected by cancer. The importance of earlier diagnosis and living with and beyond cancer in delivering outcomes that matter to patients is the current focus for Lincolnshire.

Lincolnshire recognises that no two patients are the same, either in their cancer or their health and care needs. Lincolnshire has set out a vision for what cancer patients should expect from a service; effective prevention (so that people do not get cancer at all if possible); prompt, accurate and early diagnosis, the earlier Cancers are detected the better chance of survival; informed choice and convenient care; access to the best effective treatments with minimal side effects; always knowing what is going on and why; holistic support; and the best possible quality of life, including at the end of life.
The focus for Lincolnshire is on outcomes that matter most to patients and society. This is not only about improving survival, but reducing the incidence of cancer and improving patient experience and quality of life.

All key stakeholders across Lincolnshire and partners are part of a collaboration towards delivering a comprehensive programme of work that aims to raise awareness, facilitate early referral, early diagnosis and treatment and improve outcomes and provide holistic care for those living with or beyond cancer.

We are working closely with our provider organisations; the focus has been on end to end pathway improvements. The new ways of working with our provider organisations have supported improvements in local performance. This provides a strong foundation for the continued development of the services and redesign of pathways will facilitate improved outcomes.

2018-19 Plan Data

Period	2016/17	2014/15	2015	2015	2016
CCG	**Number of people on the cancer register (QOF)**	**Incidence (new cancer diagnosis per 100,000 each year)**	**Mortality (number of cancer deaths per 100,000 each year). Under 75 yrs.**	**1 year survival rates**	**Overall patient experience (national average 8.7)**
NHS Lincolnshire West CCG	2.9% (6,840)	540	121.7	70.70%	8.3

Overall Patient experience definition has changed - it's no longer a percentage it's an average score on a scale of 1 to 10 based on the question "Overall how would you rate your care". The survey is carried out in April, May and June of the survey year and published in July the following year. So the 2017 survey results won't be available until July 2018.

Indicator (Bowel Cancer screening)	Period	Lincolnshire West		Sub-region	England
		Count	Value	Value	Value
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)	2017/18	15,750	60.4%	59.8%*	57.4%
Persons, 60-74, screened for bowel cancer within 6 months of invitation (Uptake, %)	2017/18	12,124	61.2%	60.7%*	58.8%
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)	2017/18	23,651	61.2%	60.9%*	59.2%

Introduction of Faecal Immunochemical Test in 2018-19 is the main focus for Bowel screening programme and is expected implemented later this year.
Work is ongoing to finalise the supplier and agree the threshold for the FIT test and whilst there is no confirmed date for implementation as yet, the planned date of 1 April 2018 will not be achieved.

The bowel scope programme is being monitored and once further improvements have been made to the service to increase capacity, plans will commence for work to promote the programme and encourage uptake.

Indicator (Breast Cancer Screening)	Period	Lincolnshire West		Sub-region	England
		Count	Value	Value	Value
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	2017/18	23,969	77.2%	75.4%*	72.4%
Females, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	2017/18	10,644	73.8%	73.8%*	72.1%

Women are invited every three years between the ages of 50-71 and importantly women are encouraged to self-refer after the age of 70 by the breast screening unit.

There is also a national breast screening age extension trial for women aged 47-49 and 71-73 which has been rolled out across Lincolnshire. The outcome of this trial will be available in 2020.

The national standard for coverage is minimum standard 70%, target is 80% (for age range 53-70 years).

Higher Risk screening for Lincolnshire women was implemented in September 2015 and women are screened and assessed at Nottingham Breast Screening Unit.

Utilising the Lincolnshire screening health improvement action group, there are plans to support promotion in order to increase uptake. This will be done by identifying and then targeted at, areas in Lincolnshire and age groups who fail to engage the most. The group will support practices to ensure patients receive correct information about accessing the pathway.

In addition the group are looking at focused work to increase uptake with the providers. An issue has been identified around not being able to access information on breast services in multiple languages. This is being addressed by adapting invitation letters and targeting work to practises with high numbers of Eastern European patients registered. Across the whole of Lincolnshire now practices have all screening information available in the top seven languages.

Indicator (Cervical Screening)	Period	Lincolnshire West		Sub-region	England
		Count	Value	Value	Value
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	2017/18	43,374	76.4%	75.7%*	72.2%

Lincolnshire, similarly to other NHS organisations England came below the national standard of 80%. The main barriers to screening are presented by non-engagement with this opportunity by eligible patients.

Work through the Lincolnshire Cancer screening health improvement group is planned;
-practises with low uptake are being targeted for support from Cancer Research UK
-new screening leads to be identified in all practises without current leads

Access to Cancer Treatment

A majority of Cancer services are commissioned and provided on a countywide basis. Whilst the primary provider for Lincolnshire residents is United Lincolnshire Hospitals NHS Trust (ULHT), patients also access services provided by Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT), Nottingham University Hospitals NHS Trust (NUH), Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) and Queen Elizabeth Hospital, King's Lynn (QEH).

Patients with complex needs requiring specialist treatments will be referred to specialist tertiary centres although they may access some of their treatments in local communities.

The cancer performance for quarter 3 (all cancers) are listed in the table below by provider:

Cancer 2017/18 Q3 Performance	All Cancer – 2 Week Wait	All Cancer – 31 Day	All Cancer – 62 Day
ULHT	91.20%	96.80%	70.90%
NUH	96.90%	96.90%	83.90%
NLAG	97.10%	99.80%	75.70%
NWAFT	95.80%	97.90%	84.70%
QEH	96.00%	99.40%	85.20%

The Achieving World Class Cancer Outcomes Strategy was introduced 2015 and the plan is to deliver by 2020. The strategy sets out 96 recommendations that will support improvement of the end to end cancer pathway.

Investment in modern, high quality services

Lincolnshire West is the county wide commissioning lead for the Lincolnshire Cancer Programme.

During the last 12 months we have worked with colleagues from ULHT, Macmillan, Cancer Research UK, NHS E and NHS I to develop a programme of work that will support improved outcomes for patients living in Lincolnshire, with cancer.
Key areas of work have included improving 62 day performance, roll out of the Find out Faster programme, supported improvement in clinical pathways so that these align with the ECAG optimal pathway, developed the Living With and Beyond Cancer strategy, commissioned a health needs assessment and strengthened links with public health to ensure that the screening and prevention programmes align with the needs of local people.

We have made good progress, although there is clearly more to do, these are summarised below.

62 Day Cancer Performance

- Completed a deep dive within ULHT to understand the issues that are negatively impacting on performance.
- Developed and implemented an agreed action plan to drive improvement
- Secured funding from the Lincolnshire system and national team to deliver the programme of improvement.

Performance from April 2017

Apr 17 Valid'd Actual	May 17 Valid'd Actual	Jun 17 Valid'd Actual	Jul 17 Valid'd Actual	Aug 17 Valid'd Actual	Sept 17 Valid'd Actual	Oct 17 Valid'd Actual	Nov 17 Valid'd Actual	Dec 17 Valid'd	Jan 18 Valid'd
77.8%	*65.8%*	*67.4%*	*69.2%*	*71.2%*	*66.3%*	*70.0%*	*65.4%*	*77.2%*	*76.6%*

Optimal clinical pathways

- Work with Urologists across ULHT to develop an agree a standardised pathway for prostate
- Introduced nurse triage to facilitate quicker access to diagnostic tests for patients referred on the Lower GI pathway

Living With and Beyond Cancer

- Developed and agreed the strategy for Lincolnshire.
- Refreshed our bid to the Cancer Alliance
- Secured funding for two facilitators that will support the development of support services in the community

Health Needs Assessment

- Presented at the Cancer summit on 27th March

Strengthened links with public health

- Tested 'teachable moments'
- Full visibility of the screening programme
- Working as part of the cancer programme to determine how to target populations that are at greatest risk of being diagnosed at a late stage

Objective : By March 2018 ULHT achieve 80% of patients being treated within 62 days

Objective : By June 2018 ULHT achieve 85% of patients being treated within 62 days

Objective – Early diagnosis

- Implement Faecal Immunochemical Testing (FIT) in Primary Care
- Implementation of the 'RAPID' Pathway pilot *(Rapid Access Prostate Imaging & Diagnosis)*

Objective – Optimal Clinical pathways

- Along with colleagues from specialised commissioning support ULHT to develop partnerships that will mitigate local constraints
- As a member of the Cancer Alliance, identify priority areas for improvement and attend ECAGs

Objective – Living with and beyond cancer

- Introduce risk stratified follow up for patients with breast cancer
- Introduce risk stratified follow up for patients with prostate cancer

The foundation we have built during the last year is strong and will support us as we implement the cancer programme.

In Spring 2018, the Cancer team, supported by the Cancer alliance and Public Health held a cancer summit. The aim of the summit was to raise awareness of the issues that influence the outcomes for people living in Lincolnshire with cancer and to present the current work programme and identify issues that might impact on delivery as well as identifying opportunities to further improve current performance.

Following the summit, the Lincolnshire Cancer board will meet to agree the final work programme for 2018/19 and determine the key areas of intervention that will ensure that by 2021 we have:

- Maintained achievement of all constitutional standards
- Increased the number of cancers diagnosed at an early stage
- Reduced the number of cancer diagnosed through the emergency care
- Improved patient experience
- Be in the top quartile for 1 and 5 year survival rates

Living With and Beyond Cancer Programme

Support for people affected by cancer

Funding was secured from Macmillan Cancer Support in 2016 for a three-year 'Living with and Beyond Cancer' programme led by a programme manager who started in post on June 1st 2016.

The 'Living with and Beyond Cancer Strategy for Lincolnshire 2017 – 2019 ' has been developed and finalised in collaboration with stakeholders, patients, carers and loved ones and gives direction to the programme; the aim being 'To develop person-centred, local support for people living with and beyond cancer, their carers and significant others in Lincolnshire'.

Taking a person-centred, place-based approach, 8 strategic themes have been identified: 4 involving system redesign, and 4 front end delivery.

The programme is taking a transformational approach, and to ensure sustainability in the long term, aims to integrate the LWABC programme and projects into emerging Neighbourhood Teams and align with emerging work around active self-management, self-care and social prescribing.

The programme comprises three work-streams based on 'times of need' with focus for the next two years being on the recovery phase. Three projects have been identified and are currently being implemented:

- Roll out of Recovery Package in Acute
- Roll out of the Recovery Package in Communities
- Information Advice and Support

Substantial further funding has been secured from Macmillan to employ three Project Facilitators for two years to deliver these projects. Following the delivery of the projects, it is expected that support for people LWABC will move into 'business as usual'. The programme aims to influence commissioning decisions to realise this ambition, and the establishment of the Cancer Board for Lincolnshire will support this.

To support delivery of the programme, enabler work-streams have been developed around strategy, governance, communications, engagement and evaluation.

A bid for Transformation Funding from NHSE via the East Midlands Cancer Alliance was submitted in January 2018 to further enhance the delivery of the programme and support for people LWABC. Confirmation of a level of funding has been received, however the exact amount has not yet been established.

The programme has been chosen by NHSE to feature in on the 'Leading Change, Adding Value' website as part of an 'Atlas of Shared Learning' which showcases examples of work which describe how unwarranted variation in services has been identified and addressed.
In addition, the programme has been nominated for a Macmillan Excellence award.

Mental Health & Learning Disabilities

In keeping with the CCG's duty to improve the quality of services, the role of Lead Nurse for Quality & Mental Health has been established to support the Executive Lead Nurse & Deputy Chief Nurse in taking the lead in the development and implementation of quality improvement and assurance programmes pertaining to Mental Health and Learning Disability services commissioned by the CCG.

Within the scope of the Quality Team, core activity is predicated on effective communications with a range of stakeholders including provider services' management, clinicians, contracting, commissioning support services, NHS England and service users; this pertaining to complex clinical, operational and strategic matters having impact on patients' experience and outcomes, quality and performance and financial accountability.

Overview of services

The NHS Lincolnshire West CCG (LWCCG) demographic includes a density of urban, transient and student populations, as well as rural communities, for whom mental health and learning disability services are provided by Lincolnshire Partnership NHS Foundation Trust (LPFT) and Lincolnshire County Council.

In conjunction with the federated lead CCG for mental health, LWCCG commissions and monitors adult mental health services within the following four broad categories:

- Inpatients - acute (including psychiatric intensive care) and rehabilitation
- Outpatients - consultant psychiatrist led clinics
- Community - community mental health and crisis team
- Psychological therapies - Improving Access to Psychological Therapies

Within the categories above are a number of specialist services including occupational therapies, early intervention in psychosis, clinical psychology, mental health liaison (based in the acute hospital and A&E), the psychiatric clinical decisions unit, forensic mental health, veterans' mental health, dementia and older adult, peri-natal, learning disability annual health checks and care & treatment reviews (CTRs) (as per NHSE Transforming Care).

It's also of note that the majority of people with a mental health condition are seen in primary care, especially prior to referral to specialist/secondary mental health services but also while receiving specialist services. Shared care prescribing arrangements are central to this joint working, plus 'routine' appointments, application of the Mental Health Act and annual health checks.

Concerning the latter, The Health and Social Care Act 2012 provided the lawful basis for the principle of parity of esteem, whereby mental health must be given equal priority to physical health. In this regard, in partnership with the Executive Lead Nurse and quality team, LWCCG's GP Executive & Clinical Mental Health Lead is able to provide wide-ranging oversight and reporting concerning the full spectrum of mental health services from primary

care through to specialist services, plus help steer local and national mental health services strategies having impact on service provision across the aforementioned four broad categories.

Summary of activity

Quality improvement:

- Joint CCG programme of quality checks are carried out throughout mental health provider services.
- Contribution and response to the Quality Review Monitoring provided by the Federated Quality Team.
- Response to provider, health professional, patient and public feedback.
- Complaints management.

Risk prevention:

- Response to incidents raised via the Serious Incident Review Group hosted by the Federated Quality Team.
- Management of concerns and anomalies identified by the quality team, providers, health professionals and patients.
- Contribution to service improvement forums.
- Contribution to Transforming Care CTRs.

Governance:

- Performance monitoring and reporting.
- Contribution to the mental health service's joint strategy.
- Monitor/review high cost service provision and minimising use of out of area inpatient services.

Regarding the latter point, the 2016 publication Old Problems New Solutions highlighted that urgent action is required to improve acute psychiatric care in England. Many of the related underlying factors described in that publication are evident in Lincolnshire, the key issues relating to difficulties with finding acute psychiatric beds. This situation has led to an over-reliance on purchasing private sector equivalent services throughout the country. The impact of this on service users and their families is described in the 2016 document, published by the Royal College of Psychiatry *Old Problems New Solutions.*

In response to the aim to eradicate inappropriate use of out of area beds by 2020, and ensure high quality and effective mental health & learning disability service provision is being provided cost-effectively, the CCG have instigated a range of monitoring, review and challenge activities adjunct to the mental health QIPP.

Urgent (Reactive) Care

Our vision for urgent and emergency care aligns with the principles outlined in Transforming Urgent and Emergency Care Services in England. We have a vision of a responsive urgent care system where patients are helped to select from a range of care options that are tailored to the degree of need.

Patients sometimes struggle to navigate the urgent care system and too often default to accident and emergency as the service offer they understand and know how to access. Simple navigation to a range of options is a crucial component of urgent care services.

NHS 111 is the key navigator to the urgent care response, and we have increased the directory of services for urgent care and move toward directly bookable access via the NHS 111 service working closely with our new provider, Derbyshire Health United. Hospitals will be the reserve for the most urgent of cases, with a range of accessible alternatives available and embedded in communities.

Where people have serious and life threatening needs they will be met through a network of local, intermediate and tertiary centres.

We are increasing the role of non-hospital services and clinicians, and continue our drive to get patients to the most appropriate clinician as early as possible in the pathway. This will increase the role of general practitioners and emergency care practitioners in the urgent care system. More patients will see a primary care clinician and only those of greatest or specialist need will progress to hospital services or access them directly.

Proactive care to reduce the pressure in our hospitals

An important part of the urgent care reform is to reduce the number of people reaching crisis and accessing urgent care systems. During the last year the CCG has taken a lead in the continued development of the Clinical Assessment Service (CAS) with our Executive Nurse being the clinical lead for implementation.

This service, in partnership with 111, EMAS & Out of Hours saw 60 to 70% of CAS contacts from 111 closed without onward referral to another service. CAS also ensures patients that do require ongoing health care are directed to the right care first time. A&E attendance figures are also down since onset of the service, indicating CAS is contributing positively to this reduction.

We are currently overseeing the implementation of CAS support for care homes so the current default of calling a 999 ambulance and conveyance to hospital can be avoided in all cases except where there is clear clinical need.

The implementation of the Urgent Care Streaming Service at the front door of Accident and Emergency Departments in 2017 means that patients presenting in the department can be streamed into primary care services and away from A&E, following an initial clinical assessment by a streaming nurse.

Whilst this service is still relatively new and is developing constantly, at Lincoln County Hospital, 791 patients in January 2018 and 765 patients in February 2018 were seen by the service which prior to implementation would have ended up in the A&E department.

Emergency response services

It is very challenging to provide emergency first response services in a large rural county such as Lincolnshire, with our very dispersed population and poor road infrastructure. We have also faced additional challenges that due to the pressures on acute hospitals, ambulances are often delayed in A&E departments waiting to handover patients which create additional issues with capacity.

As lead Lincolnshire associate commissioner for East Midlands Ambulance Service, we work closely with the provider to better meet the demands on the service and improve response times.

We have continued our investment and development of community first and co-responders, working closely with our ambulance provider on new service models. With the support of NHS commissioning by LWCCG, LIVES (Lincolnshire Integrated Voluntary Emergency Service) is rightly recognised as a leader in the 3rd sector for its innovative use of volunteers and clinical experts to provide medical support to the patient as quickly as possible.

LIVES have recently been inspected by the Care Quality Commission and received a glowing report outlining their findings.

Planned Care

During 2017/18, the focus of our planned care programme was to consider data provided through the commissioning for value packs which identify where the CCG activity varies when compared with similar CCG areas.

Through working with clinicians, we have identified where the variation is unwarranted and revised our clinical pathways to reflect this. Alongside this we have reviewed with clinical colleagues the service provision available for different specialties in order to identify where there are gaps.

One of the key issues highlighted has been the limited opportunity for GPs to access a specialist opinion prior to making a referral. To address this, the CCG has worked with colleagues to develop advice and guidance pathways. In the final part of the year the CCG along with colleagues from across Lincolnshire was accepted on the national 100 day transformation programme.

This programme supports the proactive engagement of clinicians in identifying opportunities to improve clinical pathways, participate in the co-design and implement the changes.

This has been a very successful initiative and as a result Lincolnshire has agreed to adopt this approach for the future development of planned care services.

We continue to work with clinicians to refresh clinical pathways to improve patient access, extend the options of choice and deliver care closer to home.
As a CCG, we continue to encourage the development of primary care surgical schemes so that minor surgery can be carried out locally by appropriately trained and accredited clinicians in appropriate environments and thus avoid admission to hospital.

Women & Children

Maternity and early years care is essential to promoting physical and mental health for women and their families. Pregnancy and the first few weeks of life can affect the health and achievements of individuals through their entire life.

Work has continued in 2017/18 to reduce smoking in pregnancy, improve breastfeeding rates, and supporting women to lose weight before becoming pregnant.

It is essential that women and children have safe, high quality care. This includes the right care in the right place, care as close to home as possible and a choice of place of care where possible; and care delivered by appropriate levels of staff with the skills and expertise required.

The Local Maternity Systems Group continues to work across the system to implement the recommendations from Better Births, the national review of maternity services and a five year forward view for maternity care. On this group there is commissioning representation alongside public health, provider services, local authority and higher education.

The transformation team are hosted within Lincolnshire East CCG and a number of key work streams have started to deliver improvements across the system such as the development of maternity community hubs that were successfully launched throughout 2017/18, and the early development of plans for a new comprehensive perinatal mental health service.

In order to address workforce issues, the University of Lincoln are currently developing a pre-registration midwifery programme that is planned to commence in September 2018.

The 0-19 service has moved across from Lincolnshire Community Health Services into Public Health at Lincolnshire County Council following a complete review of the service. Additional resource has been put into early years support through the extension of core Health Visiting Services from 0-5 years up to 6 years old.

The emotional well-being service has also been introduced in recognition of the increased need of school age children for additional support that traditionally made up a large part of School Nurses' case loads.

This means that more targeted support can be put offered as a core service and where appropriate avoid the need to refer into Child and Adolescent Mental Health Services (CAMHS) which has seen a significant increase in referrals over the last decade.

In 2017/18 we have continued to contribute to the implementation of the CAMHS Transformation Plan, which has improved access to crisis intervention, psychological therapies and eating disorder services for children. Lincolnshire West CCG are represented on the Future In Mind steering group looking at the continue development of emotional and mental health support for young people in recognition of the increased and unmet need and we contributed to the refresh of the Future In Mind action plan in the autumn of 2017.

NHS Lincolnshire West CCG were delighted to support the recruitment of a Special Educational Needs and Disabilities (SEND) Designated Clinical Officer that sits across all four Lincolnshire CCGs to lead on the development of new health pathways for children and young people with special needs in partnership with the local authority. Collaborative working across health, children's services and education is crucial in order to address the identified gaps in services that this vulnerable group currently face.

We continue to work with primary care and acute care to support management of minor illnesses in the community and avoid admission to acute care when it is not required. We recognise there is variability between referral rates with different practices and we will be prioritising our efforts to understand why admission rates are higher in some practices and understanding what needs to be put in place to reduce these to keep children at home.

Long Term Conditions and Frail Older People

This has been identified as one of the key areas of development through the STP and 2017 saw the launch of the Lincolnshire Frailty Pathway. Whilst it sits within the proactive care work stream it links closely to the urgent care programme, GP forward view and mental health and learning disability programmes. The development of Neighbourhood Teams is central to the programme.

During 2017/18 work has continued to develop the four Neighbourhood Teams across the CCG ensuring they are well equipped so that people are pro-actively identified and that effective Assessment and Care Planning are in place and utilised to support people to remain well and safe at home. The responsibility of the named doctor for the over 75s is a key element of the neighbourhood team and clinical leadership within the team. Continuing professional development to support the role forms part of our regular protected learning time sessions.

A number of initiatives have been introduced to attempt to prevent unnecessary admission to hospital of frail elderly patients and this year has seen significant work to support care homes such as the Enhanced Care Home programme and implementation of CAS for Care Homes.

The Lincoln Care Home service funded by the Bromhead Medical Charity has also reached out to 22 care homes in Lincoln with the aim of keeping residents out of hospital. This is being

done by ensuring residents have a comprehensive assessment in terms of cognition, mobility, review of medications, mental capacity and future care needs.

Local links have also been formed to urgent care work streams in relation to frailty assessments and long term conditions while close collaboration is taking place with Neighbourhood Teams with regards to advance care and support planning.

Lots of proactive work has been undertaken with regards to the use of the Edmonton frailty Scale and SPICT4-all tool as a county-wide approach.

Meanwhile, the *HomeHealth project* – in effect an enhanced GP service working with local practices where ANPs will review care home residents when a call comes into the hub – has been introduced in seven care homes in Lincoln with 10 further homes signed up for phase two.

Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Keith Ireland, Chief Executive

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 October 2018**
Subject:	**Louth County Hospital Inpatient Services - Survey**

Summary:

On 6 September 2018, Lincolnshire East Clinical Commissioning Group (CCG) announced that it was conducting a survey on the provision of inpatient services on Manby and Carlton Wards at Louth County Hospital. These two nurse-led wards currently support patients with nursing care, rehabilitation, assessment and palliative, and end of life care, all of which is provided by Lincolnshire Community Health Services NHS Trust (LCHS). Initially the survey closing date was 10 October, but the closing date has been extended to 19 October.

In June 2017 – health and safety review by LCHS of Manby and Carlton Wards identified a number of fire safety risk. This resulted in the number of beds being reduced to ensure patients could be safely evacuated. Since then there have been many positive developments at County Hospital, Louth particularly taking a more proactive approach to rehabilitation on the ward and adopting a 'home first approach'.

A review of clinical service provision has identified significant opportunities to integrate care pathways with those provided within community and to maintain efficiency and improve quality at County Hospital, Louth.

The CCG has developed two options to be considered around future provision of services at Louth County Hospital:

- Option 1: 16 beds plus six chairs on Carlton Ward
- Option 2: 20 beds on Carlton Ward, plus six chairs on Manby Ward

A draft response to the survey is being prepared by the Health Scrutiny Committee's working group and will be circulated shortly before or at the Committee meeting.

Actions Required:

To finalise the response of the Health Scrutiny Committee for Lincolnshire to the survey being undertaken by Lincolnshire East Clinical Commissioning Group on Inpatient Services at Louth County Hospital.

DRAFT RESPONSE TO BE CIRCULATED SHORTLY BEFORE OR AT THE MEETING

1. Background

On 6 September 2018, Lincolnshire East Clinical Commissioning Group (CCG) announced that it was conducting a survey on the provision of inpatient services on Manby and Carlton Wards at Louth County Hospital. The CCG is seeking the views of patients, carers and their families on options being considered about how inpatient services on these wards may be provided in the future.

Manby and Carlton are two nurse-led wards, which currently support patients with nursing care, rehabilitation, assessment and palliative, and end of life care, all of which is provided by Lincolnshire Community Health Services NHS Trust (LCHS), and Lincolnshire East CCG has been working with LCHS to review the way these services are delivered and explore alternative options for providing care at County Hospital, Louth.

Fire Risk and Patient Safety

Following an identified fire safety risk in June 2017, the number of available beds at County Hospital Louth was reduced from a total of 50 on both wards to 16 plus six chairs. This was in line with recommendations from the fire service in order to be able to safely evacuate patients whilst significant building work, including a number of wider improvements, was undertaken. This fire safety work, along with additional improvements, has represented a significant investment by NHS Property Services.

Developments at Louth County Hospital

The CCG has stated that there have been many positive developments at Louth County Hospital in recent years, including taking a more proactive stance on rehabilitation and a 'home first' approach to care, to ensure that people have the right support to stay safely at home and are not unnecessarily admitted or re-admitted. There has been an increase in the number of patients receiving clinical assessment during the day, without the need to admit them into a bed, and ward and community staff are establishing closer working partnerships with the Urgent Care Centre, which sees approximately 20,000 attendances each year, and consistently meets the national four-hour wait target.

Looking ahead, as commissioner of services, the CCG has also stated that it remains committed to the future of Louth County Hospital and has a positive vision, which focuses on providing lasting security for Louth as a centre for innovative healthcare for local people.

As part of the review of services, the CCG states it has introduced a service which brings together the expertise of a wide range of clinical professions and reduces the average length of stay for patients, while allowing them to be treated close to home. Working with LCHS, the CCG have also introduced measures to ensure compliance with same sex accommodation requirements.

Development of Options for In-Patient Services

Based on a needs analysis of patients and the ability to manage the needs of patients out of hospital, the CCG has developed two options to be considered around future provision of services at County Hospital, Louth, and is asking for people's views on these, by completing a short survey and/or attending one of a series of engagement events.

The current state of the hospital buildings means that the options outlined below for the wards are a cost-effective means of delivering services whilst the CCG develop plans with local people for the long-term future of a Louth community hospital.

A review of clinical service provision has identified significant opportunities to integrate care pathways, and to improve both efficiency and quality at Louth Hospital. Most of the current buildings on site date back approximately 100 years and have received little investment. Consequently, the majority of the buildings have severe condition and suitability issues in the context of delivering healthcare to modern standards. Despite this Louth Hospital is well used and liked by both local people and clinicians.

In 2015 the CCG produced a strategic outline case which described the clinical vision and strategy for the hospital, and considered possible future options and the associated costs.

Considering the overall focus on estates as part of the Sustainability and Transformation Partnership (STP), the CCG states that it needs to:

- Support the Acute Services Review
- Support the ongoing development of integrated health and care with enhanced access to primary care
- Provide suitable space for other agencies to support the delivery of an holistic approach to patient management including community nursing teams, third sector agencies such as Age UK, MacMillan, British Heart Foundation as well as Social Services in the support of patients at home, not in hospital

The CCG is now engaging with the public and other stakeholders to support us to make an informed decision about the services provided locally for patients. Using this approach, the average length of stay for patients has reduced by about four-and-a-half days when comparing 2016/2017 to 2017/18. This reduction brings several benefits to patients, including promoting remaining well at home, independence, socialisation with friends and family, opportunities for self-care and a reduced risk of infection. National evidence shows that for patients over the age of 80, a week in bed can lead to ten years of muscle ageing and 1.5kg of muscle loss.

This different model of care was also used by LCHS on Digby Ward at Lincoln County Hospital during winter 2017, to provide intensive, short term support to patients transitioning between acute hospital services and returning home. This saw 123 discharges within 72 hours over a six week period.

These successes in discharge have identified a number of opportunities to develop and refine the care model on offer at Louth. Based on the needs analysis of patients and the ability to manage the needs of patients out of hospital the following two options are being considered by the CCG for future provision of services at Louth County Hospital.

Option 1: 16 Beds Plus Six Chairs on Carlton Ward

This option is in line with the current service model which has been delivered at Louth since June 2017. The 16 beds on Carlton Ward would continue to deliver the existing service specification, delivering "step-up" (admission from home for care), "step-down" (admission from a hospital ward for extra care to facilitate a safer return home), palliative and end of life care.

This option also includes a bay with six chairs for day case therapy, which would include intra-venous (IV) therapies, such as fluids and antibiotics.

This option would mean Manby Ward would not re-open to beds but there may be opportunities for the space to be used differently. Opportunities might include the ability to co-locate other services, such as those delivered by community staff, which would support Neighbourhood Working; a key programme within Lincolnshire's Sustainability and Transformation Partnership (STP) which sees professionals from different organisations working together to deliver patient-centred care. Hours of operation would remain the same, including Monday to Friday 9am – 5pm for the chairs.

Option 2: 20 beds on Carlton Ward, plus six chairs on Manby Ward

Carlton Ward would continue offer 16 beds in-line with the current service model, as described above in Option 1, with a further four "flexible" beds. This model of care builds on that which was delivered by LCHS on Digby Ward at Lincoln County Hospital.

These four beds could be used for those in need of assessment overnight or a more complex care package, aiming for a fast turnaround of up to 72 hours. This means patients will have access to a wider range of health professionals within the community, such as pharmacists, therapists, specialist nurses, advanced nurse practitioners or doctors, to quickly evaluate their needs.

On Manby Ward, there would be six chairs for day case assessment, treatment and care planning, underpinned by a new Frailty Assessment, Stabilisation and Treatment (FAST) pathway - these chairs will be in operation seven days a week. A fully-equipped gym would support the assessment of patient mobility and development of personalised therapy plans. It is anticipated that Manby Ward could also host staff contributing to Neighbourhood Working, a key programme

within Lincolnshire's Sustainability and Transformation Partnership (STP) which sees professionals from different organisations working together to deliver patient-centred care.

Patients should be better supported through this change in approach, which also promotes personalised care planning and the involvement of the wider integrated team of professionals. It would also enable those patients in need of supportive palliative care to be identified earlier and additional services, including IV therapy, to be offered for people requiring day intervention to return home following treatment.

Engagement Events

Two engagement events took place in Louth on 2 October. There is one further engagement event in Mablethorpe on Tuesday 16 October 2018 at the Dunes, Central Promenade, Mablethorpe, LN12 1RG, registration at 6pm, main event 6.30pm – 8.30pm. Bookings for the event may be made at the following link:

https://www.eventbrite.com/e/inpatient-services-at-county-hospital-louth-tickets-50414124002

Working Group

On 12 September, the Health Scrutiny Committee for Lincolnshire established a working group comprising Councillors Carl Macey, Paul Howitt-Cowan, Colin Matthews and Mrs Pauline Watson. The draft response of the working group to the proposals will be circulated shortly before or at the meeting.

2. Review and Engagement

This item relates to a review of inpatient services at Manby and Carlton wards at Louth County Hospital by Lincolnshire East Clinical Commissioning Group on Inpatient Services at Louth County Hospital.

3. Conclusion

The Health Scrutiny Committee is being requested to approve a response to the review and engagement by Lincolnshire East Clinical Commissioning Group on Inpatient Services at Louth County Hospital.

4. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 01522 553607 or by e-mail at Simon.Evans@lincolnshire.gov.uk

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Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
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Open Report on behalf of Keith Ireland, Chief Executive

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 October 2018**
Subject:	**Integrated Care Providers Contract Arrangements - Consultation**

Summary:

At its last meeting, the Committee was advised that on 3 August 2018, NHS England had launched a twelve week consultation on the proposed contracting arrangements for Integrated Care Providers (ICPs). The Committee indicated that it wished to respond to the consultation and established a working group to prepare a draft response. The working group is due to meet on 9 October and its draft response will be circulated as soon as possible after this date.

The consultation documentation details how the proposed ICP Contract would underpin integration between services, how it differs from existing NHS contracts, how ICPs fit into the broader commissioning system, and which organisations could hold an ICP contract. The deadline for submitting responses to the consultation in 26 October 2018.

The Health and Wellbeing Board has also agreed to submit a response to this consultation.

Actions Required:

To finalise the response of the Health Scrutiny Committee for Lincolnshire, following consideration of a draft response, prepared by the working group.

DRAFT RESPONSE TO BE CIRCULATED SHORTLY BEFORE OR AT THE MEETING

1. Background

Consultation Documentation

NHS England is currently consulting on proposals for an Integrated Care Provider (ICP) Contract. The twelve week consultation period began on 3 August and concludes on 26 October 2018. The consultation provides details on how the ICP Contract would underpin integration between services; how it differs from existing NHS contracts; how ICPs fit into the broader commissioning system; and which organisations could hold an ICP contract. The consultation includes twelve questions on which NHS England is seeking a response. The consultation questions are focused on the content of ICP contract and related arrangements, and not on the principle of ICPs.

In addition to the main consultation document *(Draft Integrated Care Provider (ICP) Contract – A Consultation, 41 pages)*, there are 13 further supporting documents to the consultation, which include:

- Draft Integrated Care Provider (ICP) Contract – Easy Read Consultation – *22 pages*
- Draft Integrated Care Provider (ICP) Contract - Consultation Package – Questions and Answers – *13 pages*
- NHS Standard Contract (Integrated Care Provider) Particulars – *88 pages*
- NHS Standard Contract (Integrated Care Provider) Service Conditions – *41 pages*
- NHS Standard Contract (Integrated Care Provider) General Conditions – *98 pages*

All the documentation is available at the following link: -

https://www.engage.england.nhs.uk/consultation/proposed-contracting-arrangements-for-icps/

Terminology

Previously, this draft ICP Contract was referred to as the draft accountable care organisation (ACO) contract. NHS England has stated it has changed this term in recognition that, as reported by the House of Commons Health and Social Care Committee, use of the term “accountable care” has generated concerns that what is being proposed is akin to models and organisations established in the United States under that name.

NHS England believes the term “integrated care provider” better describes its proposals to promote integrated service provision through a contract to be held by a single lead provider organisation.

Further Details

The proposals describe a new model of contract that NHS England is developing to support the commissioning of Integrated Care Providers for the NHS and (potentially) social care and public health services.

Key points include:

- In some parts of the country NHS, local authorities and voluntary sector organisations are coming together to form Integrated Care Systems (ICSs). There are already eight pilot areas and the Government is looking to learn from these quickly and share learning.
- The ICP contract will be based on population based care with an outcomes driven approach. The ICP will use a population based payment approach rather than individual contracting for individual services or procedures. An ICP contract may be awarded for a term of up to ten years
- Providers would receive a *Whole Population Annual Payme*nt in monthly instalments. The *Whole Population Annual Payme*nt will provide flexibility for the ICP to manage care more effectively across different settings and invest in services designed to improve the longer term health outcomes of the population.
- As a result of *Whole Population Annual Payme*nts and outcome focussed commissioning, the ICP will have to manage any increases in the demand for services it delivers over the duration of the contract.
- ICPs are not new types of legal entities or organisations; they are providers (new or existing) that have been awarded ICP contracts.
- GPs will be part of the ICP contract and model, though their participation will be voluntary; they may be employed by the provider organisation (a community trust, acute trust or even local authority or voluntary sector organisation). They will be a key part of wider multi-speciality teams.
- The ICP contract requires providers to address health inequalities, to target services; the contract is aimed at improving the health and wellbeing of the population – not simply treating new and existing disease.

Are There Any Implications for Health Overview and Scrutiny Committees?

The current legislative framework enables health scrutiny committees to "review and scrutinise any matter relating to the planning, provision and operation of health services in its area". A "responsible person" must provide health scrutiny committees "with such information about the planning, provision and operation of health in the area" as may be reasonably required to enable committees to discharge their functions. The definition of responsible person includes: -

- NHS England
- Clinical Commissioning Groups
- NHS Trusts and NHS Foundation Trusts
- Other relevant health service provider, effectively defined as an organisation which provides services commissioned by NHS England or Clinical Commissioning Groups.

As stated above, there is currently no intention that the ICP contracts will lead to the establishment of new types of NHS organisations, so the impact on the remit of health overview and scrutiny committees may be limited. However, this Committee's response may need to reflect the view that any organisation operating as an ICP should be included in the definition of responsible person, so that they would be required to provide information to and engage with health scrutiny committees.

2. Consultation

This item relates to a consultation by NHS England on its proposed arrangements for the ICP contract.

3. Conclusion

The Health Scrutiny Committee is being requested to approve a response to a consultation by NHS England on its proposals for the ICP contract.

4. **Background Papers -** No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 01522 553607 or by e-mail at Simon.Evans@lincolnshire.gov.uk

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Open Report on behalf of Keith Ireland, the Chief Executive

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 October 2018**
Subject:	**Health Scrutiny Committee for Lincolnshire - Work Programme**

Summary:

This item enables the Committee to consider and comment on the content of its work programme, which is reviewed at each meeting of the Committee so that its content is relevant and will add value to the work of the Council and its partners in the NHS. Members are encouraged to highlight items that could be included for consideration in the work programme.

Actions Required:

To review, consider and comment on the work programme set out in the report and to highlight for discussion any additional scrutiny activity, which could be included for consideration in the work programme.

1. Work Programme

The items listed for today's meeting are set out below: -

17 October 2018 – 10 am	
Item	*Contributor*
Winter Resilience Planning 2018-19	Ruth Cumbers, Urgent Care Programme Director.
Lincolnshire Sustainability and Transformation Partnership – Mental Health Update	Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust
Lincolnshire West Clinical Commissioning Group Annual Report	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group
Louth County Hospital Inpatient Survey – Approving Response	Simon Evans, Health Scrutiny Officer
Integrated Care Provider Contract Arrangements – Consultation – Approving Response	Simon Evans, Health Scrutiny Officer

Planned items for the Health Scrutiny Committee for Lincolnshire are set out below:

14 November 2018 – 10 am	
Item	*Contributor*
Dental Services in Lincolnshire	Jane Green, NHS England, Assistant Contract Manager, Dental and Optometry NHS England – Midlands and East (Central Midlands)
Cancer Care	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group
United Lincolnshire Hospitals NHS Trust: Children and Young People Services	Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust
Lincolnshire East Clinical Commissioning Group Annual Report	To be confirmed
STP - GP Forward View Update (including alternatives to the Lincoln Walk-in Centre)	To be confirmed.
Lincolnshire STP – Emergency and Urgent Care	To be confirmed

12 December 2018 – 10 am	
Item	*Contributor*
South Lincolnshire Clinical Commissioning Group and South West Lincolnshire Clinical Commissioning Group Annual Reports	To be confirmed
Non-Emergency Patient Transport	Mike Casey, Director of Operations, Thames Ambulance Service

23 January 2019 – 10 am	
Item	*Contributor*
United Lincolnshire Hospitals NHS Trust – Care Quality Commission	To be confirmed.

20 February 2019 – 10 am	
Item	*Contributor*

20 March 2019 – 10 am	
Item	*Contributor*
Quality Accounts - Arrangements for 2019	Simon Evans, Health Scrutiny Officer

17 April 2019 – 10 am	
Item	*Contributor*
East Midlands Ambulance Service Update	Sue Cousland, East Midlands Ambulance Service Divisional Manager, Lincolnshire

<u>Items to be Programmed</u>

- Adult Immunisations
- Developer and Planning Contributions for NHS Provision
- North West Anglia NHS Foundation Trust Update
- Joint Health and Wellbeing Strategy Update
- CCG Role in Prevention

Items to be Programmed – No earlier than March 2019

- Lincolnshire Sustainability and Transformation Plan Consultation Elements:
  - Women's and Children's Services
  - Emergency and Urgent Care

Appendix A to the report contains the work programme in a table format.

2. Annual meetings of Lincolnshire NHS Organisations

Set out in Appendix B is a table of meetings of Lincolnshire health organisations. Members of the Committee may wish to indicate which, if any, of these meetings they are planning to attend.

3. Conclusion

The Committee's work programme for the coming year is set out above. The Committee is invited to review, consider and comment on the work programme and highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

4. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 01522 553607 or by e-mail at Simon.Evans@lincolnshire.gov.uk

APPENDIX A

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
AT-A-GLANCE WORK PROGRAMME

KEY
✓ = Substantive Item Considered
ca = Chairman's Announcement
= Planned Substantive Item

	2017						2018										
	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec
Meeting Length - Minutes	170	225	185	170	205	230	276	280	270	230	244	233	188	280			
Cancer Care																	
General Provision																	
Head and Neck Cancers														ca			
Clinical Commissioning Groups																	
Annual Assessment														ca			
Annual Reports																	
Community Maternity Hubs								ca									
Community Pain Management												ca					
Dental Services							✓		ca								
GPs and Primary Care:																	
Extended GP Opening Hours								ca			ca						
GP Recruitment			ca		ca												
Lincoln GP Surgeries		ca		ca													
Lincoln Walk-in Centre		✓	ca	✓		✓		✓			✓						
Louth GP Surgeries		ca	ca														
Out of Hours Service														ca			
Sleaford Medical Group									ca								
Spalding GP Provision														ca			
Grantham Minor Injuries Service												ca	✓				
Health and Wellbeing Board:																	
Annual Report												ca					
Joint Health and Wellbeing Strategy		✓						✓									
Pharmaceutical Needs Assessment					✓		✓										
Health Scrutiny Committee Role	✓																
Healthwatch Lincolnshire Reports											ca		ca				
Lincolnshire Community Health Services NHS Trust																	
Care Quality Commission													ca				
Learning Disability Specialist Care				✓									✓				
Lincolnshire Sustainability and Transformation Partnership																	
General / Acute Services Review				✓			✓				ca	✓	ca	✓			
GP Forward View										✓							
Integrated Neighbourhood Working										✓							
Mental Health								✓									
Operational Efficiency									✓								
Urgent and Emergency Care									✓								
Lincolnshire Partnership NHS Foundation Trust:																	
General Update / CQC		✓															
Psychiatric Clinical Decisions Unit							ca										
Louth County Hospital														ca			
Northern Lincolnshire and Goole NHS Foundation Trust			ca														
North West Anglia NHS Foundation Trust							✓										
Organisational Developments:																	
CCG Joint Working Arrangements													✓	ca			
Integrated Care Provider Contract														ca			
National Centre for Rural Care													ca				
NHSE and NHSI Joint Working												ca					
Undergraduate Medical Education			ca														

KEY

✓ = Substantive Item Considered

ca = Chairman's Announcement

= Planned Substantive Item

	2017						2018										
	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec
Patient Transport:																	
Ambulance Commissioning			✓														
East Midlands Ambulance Service			✓		ca					✓	ca	ca	ca	✓			
Non-Emergency Patient Transport						✓	ca	✓	✓	✓		✓	ca	✓			
Sleaford Joint Ambulance & Fire Station											ca		ca				
Public Health:																	
Child Obesity													ca				
Director of Public Health Report												✓					
Immunisation					✓												
Pharmacy			ca														
Renal Dialysis Services														✓			
Quality Accounts	✓								✓								
United Lincolnshire Hospitals NHS Trust:																	
A&E Funding		ca															
Introduction	✓																
Care Quality Commission		✓										ca	ca	✓			
Children/Young People Services											✓	✓	✓	✓			
Financial Special Measures			ca		✓					✓							
Grantham A&E			✓				✓	ca						ca			
Orthopaedics and Trauma												ca		ca			
Winter Resilience					ca	✓	ca	ca			✓						