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, 12 December 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 14 November 2018**	3 - 16
4	**Chairman's Announcement**	17 - 28
5	**The NHS Long Term Plan - Impact on the Lincolnshire Sustainability and Transformation Partnership** *(To receive a report from the Lincolnshire Sustainability and Transformation Partnership, which provides the Committee with a quarterly update on the overall progress of the Lincolnshire Sustainability and Transformation Partnership. John Turner, Senior Officer responsible for the Lincolnshire Sustainability and Transformation Partnership, will be in attendance for this item)*	29 - 54

Item	Title	Pages
6	**Annual Reports of South Lincolnshire Clinical Commissioning Group and South West Lincolnshire Clinical Commissioning Group** *(To receive a report from Simon Evans, Health Scrutiny Officer, which gives the Committee the opportunity to consider the Annual Reports for both South Lincolnshire Clinical Commissioning Group and South West Lincolnshire Clinical Commissioning Group. John Turner, Chief Officer for both South Lincolnshire CCG and South West Lincolnshire CCG, will be in attendance for this item)*	55 - 136
7	**Non-Emergency Patient Transport - Thames Ambulance Service Ltd** *(To receive a report from the Thames Ambulance Service Limited (TASL), the provider of non-emergency patient transport in Lincolnshire. The report provides the Committee with an update on the latest position on service delivery performance. Mike Casey, General Manager, Thames Ambulance Service Limited (TASL), will be in attendance for this item)*	To Follow
8	**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)*	137 - 142

Keith Ireland
Chief Executive
4 December 2018

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
14 NOVEMBER 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 and R Wootten.

Lincolnshire District Councils

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)) and P Howitt-Cowan (West Lindsey District Council).

Healthwatch Lincolnshire

John Bains.

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Katrina Cope (Senior Democratic Services Officer), Ruth Cumbers (Urgent Care Programme Director, Lincolnshire East CCG), Simon Evans (Health Scrutiny Officer), Dr Neill Hepburn (Medical Director, United Lincolnshire Hospitals NHS Trust), Dr Sunil Hindocha (Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group (LWCCG)), Samantha Milbank (Accountable Officer, Lincolnshire East CCG), Sarah-Jane Mills (Chief Operating Officer, Lincolnshire West CCG), Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals NHS Trust), Chris Weston (Consultant in Public Health (Wider Determinants)), Kirsteen Redmile (Lead Change Manager, Integrated Care, STP System Delivery Unit) and Louise Jeanes (Cancer Programme Manager).

County Councillors Dr M E Thompson (Executive Support Councillor for NHS Liaison & Community Engagement) and Mrs Penny West (Member of the Public) attended the meeting as observers.

50 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors R H Trollope-Bellew, Mrs R Kaberry-Brown (South Kesteven District Council) and Dr B Wookey (Healthwatch).

The Committee was advised that John Bains (Heathwatch) was the replacement member for Dr B Wookey (Healthwatch) for this meeting only.

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

51 DECLARATIONS OF MEMBERS' INTEREST

Councillor Mrs K Cook advised the Committee that she was a patient; and on the governing body of Lincolnshire Partnership NHS Foundation Trust.

Councillor C J T H Brewis advised that he was a patient of Addenbrooke's Hospital, Cambridge.

52 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 17 OCTOBER 2018

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 17 October 2018 be agreed and signed by the Chairman as a correct record, subject to Councillor T Boston (North Kesteven District Council) name being added to the list of apologies for absence received.

53 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.

The Supplementary Chairman's announcements made reference to:

- Grantham and District Hospital: Overnight Closure of the Accident and Emergency Department – Correspondence from the Department of Health and Social Care;
- An update on the Ambulance Service in Lincolnshire Summit Meeting held on 7 November 2018;
- That information relating to the Bi-Polar Support Group; workforce plan; and the locations of the physical health care clinics would be circulated to members of the Committee once received; and
- Non-Emergency Patient Transport – Thames Ambulance Service Ltd (TASL) Performance Figures – A copy of the performance report for September/October was provided for the Committee to consider.

One member referred to a statement made by BBC Look North that two options had been developed for Grantham and District Hospital A & E Department; and that concerns had been expressed that the public had not been involved in the development of these options. Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust advised that options were being developed by the Lincolnshire Sustainability and Transformation Partnership; and that any consultation would be led

by the Lincolnshire Clinical Commissioning Groups, as commissioners of accident and emergency services during 2019.

RESOLVED

That the Chairman's Announcements presented as part of the agenda on pages 17 and 18; and the supplementary announcements circulated at the meeting be noted.

54 CHILDREN AND YOUNG PERSONS SERVICES AT UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - UPDATE

The Chairman welcomed to the meeting Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust and Dr Neill Hepburn, Medical Director, United Lincolnshire Hospitals NHS Trust.

As agreed at the 12 September 2018 meeting, the Committee received an update on Children and Young Persons Services at United Lincolnshire Hospitals NHS Trust.

The Committee were reminded of the temporary model of care that had been implemented on 6 August 2018; which included an enhanced paediatric presence in the Pilgrim Hospital Emergency Department; and an acute paediatric assessment unit with a twelve-hour length of stay. Attached to the report were the following Appendices:-

- Appendix A - Children & Young Persons Services at United Lincolnshire Hospitals NHS Trust (ULHT) – Risk to the sustainability of the Service (26 October 2018);
- Appendix B – Contingency Plan – Proposed Relocation Plan;
- Appendix C – Health Scrutiny Committee – Questions on Contingency Plan – September 2018; and
- Appendix D – Communications and Engagement Plan Update – United Lincolnshire Hospitals NHS Trust (29 October 2018).

The Committee was advised that the interim service model remained in place and that services were still fragile. The Committee was advised further that the workforce was still heavily dependent on locums and agency doctors; and that there was now one substantive middle grade doctor and six agency locum middle grade doctors within the current rota. It was highlighted that the Women's and Children's Clinical Directorate were continuing with national and international recruitment. Other areas reported on included:-

- The Committee was advised that following the analysis of the first six weeks' data, the dedicated transport provision that began with two ambulances being available 24 hours a day had now been reduced; and the contract had been extended until 31 December 2018;
- It was also reported that in the first six weeks of operation up to 31 October 2018, 674 patients had been seen in the Paediatric Assessment Unit; with 99 children being transferred. It was highlighted that no issues had been

experienced or reported, however, there was an acknowledgment that the transfers of patients had caused some disruption to the patients and their families. It was noted that each transfer direct from Pilgrim Hospital, Boston to Lincoln County Hospital had taken on average 90 minutes;

- The Committee was also advised that there had been six in-utero transfers of pregnant ladies during the period up to the end of October 2018;
- The Committee was advised that the risks would continue to be managed through the project risk register. It was highlighted that no incidents of patient harm had been reported;
- The Committee was advised that if needed the contingency plan would be to centralise paediatric services from the Pilgrim site onto the Lincoln County Hospital site, if services could not be maintained at the Pilgrim site. Details of the proposed Relocation were shown in Appendix B to the report. The report highlighted the Trust's three incremental plans for the next six months. These were detailed on page 22 of the report; and
- Feedback from Engagement Events and the Communications Plan – Further to the Committee's request at the September meeting, a summary of responses received on each of the three themes were shown on page 23 of the report. It was highlighted that full feedback notes had been shared with the Trust's Women's and Children's Managers, and that this feedback would be used in the development of the service going forward to ensure that current and future service models were able to meet the needs of the patients.

During discussion, the Committee raised the following points:-

- One member highlighted a recent British Medical Association report, which made reference to bullying with regard to medical training and how this impacted on ULHT staff. The Trust reassured the Committee that bullying was not acceptable and would not be tolerated. It was accepted that bullying could occur as a result of poor training; and that this was an issue the Trust was working on to ensure that staff were adequately trained and supported. It was also highlighted that on occasions change could be perceived as bullying; and that this was a further area that the Trust was aware needed improvement;
- Page 23 – Higher Level Neonatal Unit at Pilgrim Hospital, Boston – The Committee was advised that the Trust did not determine what was provided, that was the responsibility of the commissioners. It was highlighted that provision of such a unit would be balanced between actually staffing the unit; and to whether staff would be kept busy enough to maintain their skill levels. It was highlighted further that babies with a higher need than that provided at Lincoln had always been transported to Nottingham;
- Page 24 - Births - The report highlighted that three babies from the Pilgrim Hospital, Boston area (Under the 34 week's gestation) had been born in Lincoln County Hospital. A question was asked as to whether any of these women had been transported mid-labour. Confirmation was given that no woman would be transferred in labour. Confirmation was given that all transfer journeys took around 90 minutes from ward to ward;
- Page 44(8) - A question was asked as to whether women were getting a full range of choices at Pilgrim Hospital Boston. An explanation was given that

choice was a discussion that was had between the doctor and the patient, to best meet the needs of the patient. It was highlighted that there were benefits to having a mid-wifery unit and that this was an alternative it was hoped would be developed at a later date;

- Ambulance provision – Confirmation was given that the ambulances used for patient transfers was by a private provider, and that EMAS had been approached but unfortunately did not have the capacity to provide the service;
- Shortage of staff at the Lincoln and Boston site – The Committee was advised that that there had been long term recruitment issues which were starting to be addressed. The Committee was advised that young people looking for careers seemed to gravitate to large cities; whereas some more mature staff seemed to prefer Lincolnshire for a better quality of life;
- Bullying – One member highlighted to the Committee that he had been saddened whilst waiting in the A & E at Pilgrim Hospital Boston recently to hear bullying language being used by a doctor to a nurse. The Committee was advised that the Trust had been working very hard with the medical team to improve behaviour. The Trust staff were also saddened to hear of the incident;
- Page 23 – Children's Ward/Paediatric Assessment Unit – A question was asked whether children would be able to stay longer than the twelve hours. The Committee was reassured that the time frame was for guidance only;
- Page 29 - Progress of the STP - Confirmation was given that the plan was moving forward; and that the plan would be out for consultation in the new year;
- The need to look for initiatives to get people into the NHS; and the need for the creation of a centre of excellence. The Committee was advised that relationships between doctors and senior nurses were changing so that there was a more blended workforce;
- A question was as asked as to whether NHS Improvement (NHSI) was still providing assistance to ULHT. The Committee was advised that they were still receiving support from NHSI; and that quarterly meetings were still taking place;
- Whether the interim model was adding an additional cost on an already constrained budget, and whether there was confidence that finances would remain in place. It was noted that the interim model was costing extra and that there was a worsening of the deficit position.

RESOLVED

1. That the update by United Lincolnshire Hospitals NHS Trust on Children and Young Persons Services be noted.

2. That a further update on Children and Young Persons Services be received at 23 January 2019 meeting.

3. That consideration be given by the Committee to a report by the Royal College of Paediatrics on the Trust's women and children's services.

55 LINCOLNSHIRE URGENT AND EMERGENCY CARE - PROGRESS WITH THE DEVELOPMENT OF URGENT TREATMENT CENTRES

The Chairman welcomed to the meeting Ruth Cumbers, Urgent Care Programme Director, Lincolnshire East Clinical Commissioning Group.

The Urgent Care Programme Director provided the Committee with an update on the delivery of transformation of Urgent and Emergency Care in Lincolnshire.

The Committee was advised that in response to the Keogh Review, the Lincolnshire Urgent and Emergency Care system had introduced an Urgent and Emergency Care Strategy (which had been presented to the Committee on 21 March 2018), which set out a vision for Urgent and Emergency Care in line with nationally mandated actions and local STP priorities. It was highlighted that the strategy would help with the standardisation of services across the County; and would ensure that patients got the right care in the right place when they needed it.

It was highlighted that the ambition was to transform urgent and emergency care to ensure that it served those patients with serious or life threatening emergencies, as well as those with urgent care needs better. The report highlighted that it was estimated that nationally up to 3 million people who used A & E each year could have had their needs addressed elsewhere in the urgent care system. It was highlighted further that patients were confused as to what alternatives were available to them.

The Committee was advised that the principal aim of creating urgent treatment centres was to increase public confidence in where to go if they had urgent, non-emergency care needs by removing different titles such as urgent care centres, minor illness/injury units and walk in centres. It was noted that there was also an aim to extend the remit of urgent treatment centres clinical assessment capability, to manage an increased range of lower acuity cases currently managed in A & E departments. Details of the December 2019 national targets for patients and public to access were shown on page 51 of the report presented.

It was highlighted that in Lincolnshire there were two urgent care centres at Louth County Hospital and Skegness Hospital; and Minor Injury/Illness Units at the Gainsborough John Coupland Hospital, Spalding Johnson Hospital; and Sleaford Medical Group. It was noted further that the North West Anglia NHS Foundation Trust also ran a Minor Injuries Unit at Stamford Hospital.

Page 52 of the report provided the Committee with information relating to recommended sites for Urgent Treatment Centres. The report highlighted that a full and open public consultation would take place to inform any final decisions on the configuration of services through the Acute Services Review and that this would happen during the spring of 2019. Details relating to the programme implementation, service Type Classification; and Timescale for implementation were shown on pages 53 and 54 of the report.

It was highlighted that other transformation projects particular digital technology were key enablers to helping to deliver the national and local Urgent and Emergency Care

Strategy. Particular reference was made to the ASAPLincs website and app, the NHS 111 online; and the Integrated Dashboard.

In conclusion, the Committee was advised that this was an exciting opportunity to ensure that the public had access to quality services, at the right place and at the right time and for there to be improved accessibility across the County.

Attached at Appendix A to the report was a copy of the Urgent Treatment Centres – Principles and Standards 2017, issued by NHS England, for the Committee's consideration.

During discussion, the Committee raised the following points:-

- Some concern was expressed that Grantham A & E remained out of scope for the Lincolnshire Urgent Emergency Care Strategy. The Committee was advised that the future of Grantham and District Hospital was a separate issue; and that nothing had yet been decided with regard to this matter. It was highlighted that as the Committee was looking at services across the County; there was a lack of understanding as to why Grantham had been omitted. Some members felt that Grantham and District Hospital should be offered an Urgent Treatment Centre;
- Clarification was sought as to the classification of the Louth County Hospital site. The Committee was advised that services at Louth would be no less than at present; and would most likely be enhanced, as Louth was likely to become an Urgent Treatment Centre;
- One member expressed disappointment to the proposals and to the lack of provision in the south of the County. The Urgent Care Programme Director based at Lincolnshire East Clinical Commissioning Group, agreed to feedback the views expressed to the South and South West CCG's;
- GP Extended Access Hubs – The Committee was advised that 90% of urgent cases could be dealt with by a GP; and that the Federation Teams and Hubs would allow GP's to respond. It was confirmed that the Hubs would be open for up to 12 hours Monday to Friday, and also provide weekend cover. GP's at surgeries could then concentrate on long term conditions, which would then increase the number of on the day non-urgent appointments;
- Some concern was expressed to the proposed opening times for Louth County Hospital and Skegness Hospital; as currently provision at the Louth and Skegness urgent care centres was 24 hour; and it was felt that this provision needed to be maintained. Confirmation was given that GP Access Hubs would be open for 12 hours and that Urgent Treatment Centres would be open 24 hours;
- Effect of the summer period – It was confirmed that there would be a greater offer at the Louth and Skegness sites;
- The impact of the closure of the Lincoln Walk-in Centre. The Committee was advised that there had been little impact on the Lincoln A & E following the closure of the Lincoln Walk-in Centre;
- The effect on the public as a result of reclassification. It was reported that proposed provision across the County had been based on information from

CCGs. It was highlighted that GP Access Hubs could provide more enhanced services. It was highlighted that the plans were still at an early stage and that comments would be fed back to the CCGs;

- Some members advised that they had little faith in the NHS 111 service in ensuring that patients received the appropriate treatment. The Committee noted that 111 was the first point of access and that this had been driven by a national directive. The Committee noted further that Lincolnshire had a clinical assessment service, which ensured that patients were signposted to the appropriate service;
- Functions of the App – It was noted that the ASAP Lincs website and App had been designed to allow residents to identify their symptoms or condition(s) from some of the most commonly seen in emergency departments, before displaying the most appropriate treatment service suitable for them;
- Concern was expressed as to whether there would be issues with regard to recruitment and retention of staff at the centres. The Committee was advised that there was confidence that there would be few problems in staffing the new centres; as most staff were community based;
- One member felt that if Minor Injuries Units were to be discontinued, there would be decrease in the service provided. It was felt that an enhanced service would also be dependent on the geographical area; and
- Consultation for Urgent Care – Confirmation was given that there would be a consultation in the spring of 2019; separate to any consultation on the acute services review; and that decisions taken would be based on the outcomes of the consultation. The Committee was reminded that at the moment changes to provision were only proposals; and that the Committee would receive a further detailed report when available.

The Chairman on behalf of the Committee expressed disappointment that Grantham and District Hospital was out of the Lincolnshire Urgent and Emergency Care Review; and a request was made for an in-depth report for the Committee to consider at the 23 January 2019 meeting.

The Chairman on behalf of the Committee extended thanks to the Urgent Care Programme Director, Lincolnshire East Clinical Commissioning Group for her presentation.

RESOLVED

1. That the update on the progress with the development of Urgent Treatment Centres be noted.

2. That the Committee receive an update on the outcome of the capital bid submitted to NHS England with regard to establishing urgent treatment centres at Pilgrim Hospital Boston and Lincoln County Hospital.

3. That a further report be received by the Committee at its 23 January 2019 meeting prior to the commencement of the consultation on urgent

treatment centres, and if appropriate as early as the 23 January 2019 meeting.

56 ANNUAL REPORT OF LINCOLNSHIRE EAST CLINICAL COMMISSIONING GROUP

The Chairman welcomed to the meeting Samantha Milbank, Accountable Officer, Lincolnshire East Clinical Commissioning Group (LECCG).

In guiding the Committee through the report the Accountable Officer LECCG advised of the statutory duty of each clinical commissioning group to produce an annual report and accounts. Appendix A to the report provided the Committee with a copy of the Annual Report and Accounts 2017/18 of Lincolnshire East CCG (Pages 1 – 37 only) for their consideration.

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

- Why a consultation event had been held outside of Boston. The Committee was advised that nine events had been held across Lincolnshire; The Committee was reassured that comments raised would be taken on board when arranging future events;
- The impact of 'hidden' residents on future services and finances. It was highlighted that this problem was not just restricted to health services;
- Clarification was given regarding the CQC inspection outcomes as detailed on pages 88/89;
- Page 97 – Reference was made to the fact that to transform health services, consideration needed to be taken of the public's views;
- The availability of information on CCG websites – Some members highlighted that information need to be more readily available on CCG websites for members of the public to view;
- Waiting times – The Committee was advised that waiting times were set nationally. It was highlighted that work was ongoing with GPs to improve waiting times;
- Mixed sex accommodation breaches at Northern Lincolnshire and Goole NHS Foundation Trust. The Committee was advised that this was being addressed;
- Page 81 – Clarification was sought as to what 'Other' referred to. The Committee was advised this information would have to be provided after the meeting, as the figure was not known;
- CQC classification, 'requires improvement' would mean that not every item had been completed but there was still some work to be done. It was highlighted processes and measures that led to the the CQC ratings were very detailed;
- One member requested that documents where appropriate should be made available to the Committee in colour. Officers agreed to look into this matter; and
- Some reassurance was sought regarding the provision of services provided at Louth County Hospital and Skegness Hospital. A further question asked was when the outcomes of the recent engagement exercise concerning in-patient

services at Louth would be published. The LECCG acknowledged the provision of services at each of the two sites; and that these would be looked at to ensure the right services at the right time were made available to patients. The Committee was advised that with regard to in-patient services at Louth, steps would be taken to ensure that there was sufficient capacity going forward.

RESOLVED

That the Annual Report of the Lincolnshire East Clinical Commissioning Group be received and that a performance summary update be received by the Committee before the March 2019 meeting.

The Committee adjourned at 12.55pm and re-convened at 2.00pm.

Additional apologies for absence for the afternoon part of the meeting were received from Councillors M T Fido, P Gleeson (Boston Borough Council) and R J Kendrick.

A further apology was also received from Councillor Dr M E Thompson (Executive Support Councillor for NHS Liaison and Community Engagement).

57 DELIVERY OF THE NHS ENGLAND NATIONAL CANCER STRATEGY IN LINCOLNSHIRE

The Chairman welcomed to the meeting Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West CCG, Dr Sunil Hindocha, Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group and Louise Jeanes, Cancer Programme Manager.

The Chairman also advised that a member of the public, Mrs Penny West had made a request to address the Committee with regard to the report. The Chairman invited Mrs West to speak for a period of 3 minutes to address the issues set out in the report.

In her short statement to the meeting, Mrs West expressed concern relating to the de-skilling of the workforce; and as a result of the de-skilling how many wrong decisions had been made; the need to diagnose faster; whether complaint processes were fit for purpose; and that each patient needed to have their own individual pathway; and what methods of quality control were in place to monitor performance.

The Chairman invited the representatives to respond to the matter raised by Mrs West.

Reassurance was given that pathways were put in place by a clinician when a patient was thought to have cancer and that Lincolnshire was working to reach the constitutional standards and thus improve referral times. The report presented made reference to workforce challenges. It also highlighted that performance was monitored through the various CCG governing bodies.

The report presented advised the Committee of the progress made in delivery the NHS England National Cancer Strategy across Lincolnshire, as part of the Lincolnshire Sustainability and Transformation Partnership. The Chief Operating Officer, Lincolnshire West CCG thanked Mrs West for her questions; and advised that she would meet her after the meeting to discuss some of the issues further.

Councillor Mrs P F Watson (East Lindsey District Council) advised that she was currently a patient of United Lincolnshire Hospitals NHS Trust.

The Committee was advised that in January 2017, Lincolnshire had held its first ever Cancer Summit, which had brought colleagues from across the Lincolnshire health and care system together with colleagues from the East Midlands Cancer Care Alliance, patients and members of the public together to consider a Case for Change. It was noted that work was ongoing with public health colleagues to encourage people to change their lifestyle to minimise risks to certain cancers. It was noted further that making the public aware of how they can help themselves, for example by taking up screening programmes. It was highlighted that screening programmes were well attended across Lincolnshire. As part of the screening, it was highlighted that steps were being taken to look at the way the tests were being carried out, to quicken up the process of receiving results.

The Committee was advised of the priorities that had been developed and agreed at the Lincolnshire Cancer Summit. These were:-

- Improve delivery of the 62 day constitutional standard (details of the changes made were shown on pages 111/112 of the report presented). There was an understanding that there was more to do to reduce delays. It was reported that an independent audit of the Trust's review had been arranged to ensure that processes in place were robust enough. Details of the key findings of the independent audit were show in bullet points 1 to 3 on page 113 of the report;
- Improve the patient experience. The Committee was advised that support had been given from patients, support groups and Healthwatch to understand how the patient and family experience could be improved. Details of specific changes were shown on page 113 of the report; and
- Improve the service in the community for people living with and beyond cancer. It was highlighted that until recently the focus for cancer services had been on providing a prompt diagnosis and treatment for cancer. This emphasis would remain, but it was highlighted that the programme aimed to transform the way people with cancer were supported, by providing support to people throughout each phase of their illness.

During discussion, the following points were raised:-

- Members personal experience of local services, which highlighted the need for professionals to explain processes and procedures better; and to ensure that patients were aware of who to contact if they had any issues or needed any further support or guidance;
- Some members expressed their support to the proposals for treating people as being on individual pathways;

- That there needed to be an understanding of the distress the diagnosis of cancer had on the patient and their family;
- The need for a consistent approach for tests, particular reference was made to the availability of PSA tests;
- The need to do more prevention work across all areas, one member enquired as to whether smoking cessation was still being promoted. The Committee was advised that smoking cessation was still being promoted. Some concern was also expressed to the risks of vaping;
- One member enquired whether the gap was closing. The Committee was advised that this was dependent of the type of cancer; as some were doing better than others. It was highlighted that lifestyle changes were a key driver; as was how services were designed around patient;
- The need to make sure that every contact with a patient counted; which was part of the public health message;
- One member enquired as to what learning had been taken from the five breaches flagged in the independent audit; and whether there was any move to increase the level of cancer trials in Lincolnshire. The Committee was advised that processes were being reviewed to reduce the time that patients had to wait throughout their journey; and
- Page 116 – A question was asked if the results of the recovery package test had been received; and what the outcome had been? The Committee was advised that the results were due to be out by January 2019.

RESOLVED

That the progress made on implementing the National Cancer Strategy in Lincolnshire be noted; and that a further update be received by the Committee in six months' time.

58 INTEGRATED COMMUNITY CARE PORTFOLIO

The Chairman welcomed to the meeting Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group and Kirsteen Redmile, Lead Change Manager, Integrated Care, STP System Delivery Unit.

The report circulated provided the Committee with an update on the implementation of the Integrated Community Care portfolio; and the progress that had been made in four of the key programme areas: Neighbourhood Working, GP Forward View, the Integrated Accelerator programme; and the KPMG and Optum commissioned work.

The Committee was advised that the ambition for the Lincolnshire system was for care to be provided in the community unless there was a clinical need or value for money reason that care and treatment should be provided in an acute hospital setting. It was noted that Neighbourhood working was an essential element of the Lincolnshire Sustainability and Transformation Partnership, as it allowed equity of services to meet the demographic needs of the residents of Lincolnshire. It was noted further that the Neighbourhood working approach was now being implemented across the whole of the County with 10 Neighbourhood leads having been appointed.

The Committee was advised that over the last six months the Neighbourhood leads and GP practices had been working closely with their communities and staff working in the area to agree key areas of focus which would have the greatest impact. Page 125 of the report provided the Committee with details of the key focus area of the individual Neighbourhood Teams.

The Committee was also advised that during the last year other key pieces of work had been progressing which would provide the foundation for integrated community care, these included: Library of information and Services; Local Area Coordination; and Personalised Care and Support Planning.

During discussion, the Committee raised the following points:-

Councillor C L Burke advised the meeting that he was a Board Member of the YMCA; and had also been a former housing manager for young people.

- That more needed to be done to integrate mental health services with other health services;
- Extended GP Services - Confirmation was given that extended access to GPs had been rolled out across Lincolnshire from 1 October 2018. It was further highlighted that there had been good usage of the service and that patients had been happy to travel to other GP practices for their appointment as part of the extended access;
- A question was asked as to whether the system had good working relationships with other organisations such as the YMCA and homelessness charities. The Committee was advised that the Lincoln City South, Lincoln South and Lincoln North Neighbourhood Teams all had good working relationships with key partners; and
- One member enquired whether there was adequate capacity to cope with the holistic approach. Confirmation was given that there were adequate resources, these just needed to be used in a different ways.

The Chairman extended his thanks to the presenters for their attendance.

RESOLVED

1. That the update on the Integrated Community Care Portfolio be noted and that further updates be received in due course.

2. That details of the planned workshops be circulated to members of the Committee.

59 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 137 to 139 of the report presented.

The Committee was advised that the Dental Services item would be consider at the 20 March 2019 meeting.

During a short discussion the following suggestion were put forward for consideration at future meetings:

- North West Anglia NHS Foundation Trust Update;
- The NHS Long Term Plan;
- Community Pain Management; and
- And the items put forward for further consideration from the meeting at minute numbers 54 (2) & (3), 55(2) & (3) 56, 57, & 58(1).

RESOLVED

That the work programme presented be agreed subject to the changes as detailed above.

The meeting closed at 3.40 pm

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:	**14 November 2018**
Subject:	**Chairman's Announcements**

1. East Midlands Ambulance Service – Stakeholder Briefing - Winter Resilience and Special Operations

On 23 November 2018, the East Midlands Ambulance Service (EMAS) NHS Trust published its winter resilience plan, which is available in full at the following link:

Winter resilience - Strategic briefing for stakeholders and partners, which highlights our strategic approach to winter 2018 - 2019

EMAS is forecasting that the number of incidents in December and January 2018-2019 (forecast to be around 151,700 incidents) is expected to be 3.2% higher than the same period in 2017-2018 (147,062 incidents). EMAS has stated that expected higher-than-normal occupancy rates of acute and community hospital beds and nursing home places will put pressure on hospital systems. In turn, this will impact on ambulance handover times with current analysis showing handover times in January 2019 will be five minutes higher than in November 2018, highlighting the need to continue joint working.

From 1 December, EMAS has stated that it would be operating as if a 'rising tide business continuity incident' has been declared. Key features of this include: -

- The regional operations management team will be the single point of contact (internal and external) for any winter challenges.
- Communication and engagement with private providers, patient transport services, volunteers and first responders will help co-ordinate and support action.
- Private transport services will be used to help support extra discharges from acute hospitals.

2. Influenza Vaccination Programme 2018-2019

On 19 November 2018, NHS England re-launched its campaign to encourage the uptake of the 2018-19 influenza vaccine. There are three types of vaccine available this year from the NHS (free of charge for the eligible groups below):

(1) adjuvanted trivalent flu vaccine (which protects against three strains of flu) for people aged 65 and over – adjuvants are substances which help to strengthen and lengthen the immune response to the vaccine.

(2) quadrivalent flu vaccine (which protects against four strains of flu) for:
- pregnant women,
- adults aged 18-64 with long term conditions, and
- health care staff.

(3) a live quadrivalent vaccine (which protects against four strains of flu), administered as a nasal spray to:
- children aged 2-3,
- children in reception and years 1-5 of primary school, and
- all children aged 2-17 with a long term condition.

Nationally, the NHS is offering a record 8.5 million doses of the vaccine for people aged 65 and over. However, the one UK-licensed manufacturer of this vaccine, predicted difficulties in producing sufficient quantity of the vaccine for the start of the flu season. The result is that GPs and community pharmacies across the country were advised in March 2018 that they would receive their orders of this vaccine in three deliveries: 40% in September; 20% in October; and 40% by early November. A decision was taken nationally that the benefits of a more effective vaccine were worth some disruption to the normal vaccination programme. As GP practices have been aware the delivery of the vaccine would be phased, they have had time to amend their usual approach to their flu vaccination programme. The expectation is that for the 2019-20 season vaccines will be available in early autumn as is traditionally the case.

As a result of the phased deliveries not everyone aged 65 and over has been able to get their influenza vaccine as early as usual. In addition, some GP practices under-ordered initially and have had to increase their orders. NHS England has authorised the GPs and pharmacies to move stock around to avoid shortages. CCGs in Lincolnshire are collating information on the transfer of vaccine between GP practices.

Influenza does not tend to be a problem until at least December, and often not until January, so there is still an opportunity for patients to receive the vaccine prior to the period when influenza poses the greatest risk.

The view nationally is that a lot of the supply problems are due to some GP practices not following the guidance on the phased deliveries of the vaccine.

There are no problems with the supply of the other two vaccines, (2) and (3) above.

3. Louth County Hospital In-Patient Services

Announcement by Lincolnshire East CCG on 27 November

On 27 November 2018, Lincolnshire East Clinical Commissioning Group confirmed that it had revised its proposed model of care for in-patient services at Louth County Hospital, following feedback from local people, as follows:

- Carlton Ward would provide 20 beds for the following care pathways:
  - assessment and recovery;
  - rehabilitation and re-ablement;
  - palliative care, including symptom control, and end of life care; and
  - admission avoidance including access pathways for primary and community care and the East Midlands Ambulance Service.

- Manby Ward would reopen as a Frailty Assessment Unit, with a focus on eight beds for short-term management and assessment, providing short term care for patients up to 72 hours, with treatment and care planning underpinned by a revised Frailty Assessment, Stabilisation and Treatment pathway. The CCG is also looking at developing a day case service on the unit, focusing on ambulatory care services. A gym will support assessment of mobility and development of a personalised therapy plan.

- Manby Ward may also host members of the Neighbourhood Team and be part of Integrated Neighbourhood Working. This model shifts the focus from wholly hospital-based care to a true community care model which will support the Home First programme. Co-location with the Neighbourhood Team will give access to a range of specialisms including primary care, specialist continence, respiratory and heart failure nurses, mental health teams, pharmacist and potentially a geriatrician. It will also provide access to a range of non-clinical services including the third sector.

Lincolnshire East CCG has stated that together with Lincolnshire Community Health Services NHS Trust it will now focus on implementing the revised model of care, which will be evaluated after twelve months. Lincolnshire East CCG has also stated that the benefits of the new model will mean that patients can remain closer to home, with access to a range of services not necessarily available previously.

Response to the Statement from the Health Scrutiny Committee

On 17 October 2018, the Health Scrutiny Committee for Lincolnshire approved its statement on the engagement exercise undertaken by Lincolnshire East Clinical Commissioning Group on the future of Louth County Hospital In-patient Services.

The Committee's statement was sent to Dr Baird, Chair of Lincolnshire East Clinical Commissioning Group, on 18 October. On 20 November 2018, Dr Baird replied to the Health Scrutiny Committee's statement. Attached at Appendix A are the Committee's statement and the response of the CCG.

4. Lincolnshire Assessment and Reablement Service

The Lincolnshire Assessment and Reablement Service provides care for people who need support to regain their independence when they leave hospital. The service, provided by Allied Healthcare since 2015, is commissioned by Lincolnshire County Council to provide care over a four week period to support people with their care needs and their ability to access the community. The Care Quality Commission issued a notice on 5 November 2018 raising concerns about the ability of Allied Healthcare to continue operating after 14 December 2018.

Lincolnshire County Council has secured Libertas, a home care provider, to provide alternative provision to service users who were previously engaged with Allied Healthcare.

Libertas has stated that all Allied Healthcare employees will be able transfer from Allied Healthcare and intend that the transition will lead to as little disruption as possible. Clients will continue to receive support and care as usual. Both Libertas and Lincolnshire County Council are all working hard, and in partnership, to ensure a safe, effective and controlled transfer of the service.

APPENDIX A

RESPONSE OF LINCOLNSHIRE EAST CLINICAL COMMISSIONING GROUP TO HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

On 17 October 2018, the Health Scrutiny Committee for Lincolnshire approved its response to the engagement exercise undertaken by the CCG. A letter was sent by the Chairman, Councillor Carl Macey, to Dr Stephen Baird, Chair of Lincolnshire East CCG on 18 October 2018, setting out the Committee's views.

On 20 November 2018, Dr Baird replied to the Health Scrutiny Committee's statement. The first part of Dr Baird's letter stated:

Thank you for your letter dated 18 October 2018, re engagement around inpatient services at County Hospital, Louth. I would like to express our thanks to the Health Overview Scrutiny Committee for its support and consideration of our proposal, particularly its understanding of the benefits we have described as part of Option 2. As commissioners we always want the best care for our patients, more specifically we want evidence-based care that will support the best possible outcomes, including for the people of Louth and the surrounding area.

We have noted:

- The Committee's preference for Option 2, based on the information we have so far presented;
- The Committee's acceptance that the reduction in beds that took place in June 2017 was for fire safety reasons and done on a temporary basis;
- The Committee would like to see evidence that supports the rationale for a permanent reduction in beds from 50 to 20, in order for it to be fully assured;
- The Committee's support for developments at County Hospital, Louth, that aim to ensure "people have the right support to stay safely at home or are not unnecessarily admitted or re-admitted" and that the Committee would like assurance that GP practices and community health services are able to provide the required health care and support to patients when they are discharged;
- The Committee's thoughts around consultation and engagement, the difference between the two, and its desire to see public events planned and fixed at the time any consultation or engagement begins to avoid confusion;
- The Committee's request that we restate our commitment to the continuation of (other) important services in Louth;
- That the Committee is aware of NHS England's drive to create a network of urgent treatment centres and that no definite plans have been developed in Lincolnshire, but that the Committee would expect to see an urgent treatment centre established at County Hospital, Louth, on a 24/7 basis;
- The Committee's request that we respond to the views of East Lindsey District Council and Louth Town Council as part of our engagement with the local community;
- The Committee's support for any new build to replace the existing buildings in Louth (County Hospital, Louth), assuming the required level of capital

funding is made available, and that such changes to County Hospital, Louth, would be subject to full public consultation I have provided responses below to each of the areas raised in your letter.

The remainder of Dr Baird's letter responded to the Committee's specific statements on:

- In-patient Options
- Arrangements for the Engagement Period
- Other Services
- Louth Urgent Care Centre
- Views of East Lindsey District Council and Louth Town Council
- Future Provision
- Conclusion

For ease of reference, the Committee's statement and CCG's response are set out in the following tables.

Inpatient Options

Health Scrutiny Committee Statement	At this stage, the Health Scrutiny Committee for Lincolnshire is recording its preference for Option 2. This is based on the information so far presented by Lincolnshire East CCG. The Committee accepts that the reduction from 50 beds that took place in June 2017 was for fire safety reasons and understands that was made on a temporary basis. As Option 2 includes a proposal for 20 beds (16 beds, plus 4 four flexible beds), the Committee would like to see the evidence that supports the rationale for a permanent reduction from 50 beds to 20 beds. For example, is the rationale based on the level of patient need, or is it for fire safety or staffing capacity reasons? With this additional information the Committee would be fully assured that Option 2 is the better choice. The Committee recommends that this additional information is made available in a report. The Committee notes the developments at Louth County Hospital aim to ensure that "people have the right support to stay safely at home or are not unnecessarily admitted or re-admitted". The Committee supports this approach but would like assurance that the GP practices and community health services are able to provide the required health care and support to patients when they are discharged. This applies not only to Louth, but to the surrounding towns and villages, such as Alford, Mablethorpe, Saltfleet and Sutton on Sea. The Committee formally requests that the CCG make this information available.

Lincolnshire East CCG Response	I note the Committee's preference for Option 2. In terms of the rationale for a reduction from 50 beds to 20 beds, following on from the decision on 15th June 2017 to temporarily reduce the number of beds due to fire safety concerns, the CCG felt it appropriate to review the provision of beds in the context of the Sustainability and Transformation Partnership's (STP) aim to develop services closer to home and to have a stronger 'Home First' approach. I also note the Committee's support for people being able to stay safely at home and to not be unnecessarily admitted or to be re-admitted. Winter 2017/18 was managed successfully with 16 beds in operation, and saw a circa 50% reduction in the average length of stay, which has a number of added benefits including fewer hospital acquired infections and patients being able to return to their own home and stay there for longer. During last winter, different models of care were used by Lincolnshire Community Health Services NHS Trust (LCHS) at Lincoln County Hospital with the introduction of Digby ward to provide intensive, short term support to patients transitioning between Lincoln County and returning home. We have used this experience to develop the model for the Manby ward, moving to an increased day assessment unit and enhanced rehabilitation under Option 2 to offer a more person-centred approach to managing frailty and long term conditions. This could also help to promote wider integration of health and care, including the voluntary sector. In addition, there is evidence to show that admitting frail older people to hospital can lead to a decline in their physical ability, as well as the risk of picking up a hospital-acquired infection, which can result in serious complications or even death.

<u>Arrangements for the Engagement Period</u>

Health Scrutiny Committee Statement	The Health Scrutiny Committee for Lincolnshire notes that the CCG has stressed that it has undertaken an engagement exercise rather than a consultation. The Committee understands that the NHS has a particular definition of consultation, which differentiates it from engagement with the public. Even so, good practice principles ought to be applied to a period of engagement as much as a consultation period. The engagement period was launched on 6 September with an initial closing date of 10 October. The dates for the engagement events were not available at the time of the launch on 6 September, and were subsequently arranged for 2 October (Louth) and 16 October (Skegness, subsequently changed to Mablethorpe). The Committee assumes that as one of these events was arranged to take place after the initial closing date, the closing date was changed to 19 October. The Committee understands that the venue was

	changed from Skegness to Mablethorpe as Louth County Hospital has more patients from Mablethorpe than Skegness. The Committee would like to see public events planned and fixed at the time that any consultation or engagement period begins. This would avoid any confusion and enable more members of the public to be involved with the engagement process. The Committee would like to have seen appropriately detailed evidence and supporting information issued with any engagement. The Committee believes that a period of full consultation could address the Committee's concerns, which have been set out above.
Lincolnshire East CCG Response	We have carried out a series of public engagement events over the last few weeks, in order to talk to people about our proposals for Manby and Carlton Wards, and we can assure you that we have applied good practice to this engagement as we would to a consultation exercise. In addition to the events we have organised in Louth and Mablethorpe, we have also attended two events organised by Louth Town Council, and a third organised by Victoria Atkins MP, and we have accepted an invitation to a public meeting with Fighting4Louth. The venue for one of the events we organised was changed to Mablethorpe at the suggestion of Victoria Atkins, and we did extend the closing date to 19 October as a result of this. It would have been preferable from our point of view to have been able to confirm details of all the events from the outset, but felt the rationale presented for the switch to Mablethorpe was sufficiently compelling. The Mablethorpe event was strongly supportive of a focus on community care improvement, and is likely to represent that those living outside of Louth are less focused on bricks and mortar, which to many of them is distant, and more on the quality and proximity to them of the care they need. Members of the Committee were invited and would have been most welcome to have attended any of the events we were involved with. I can confirm that we did make a pack of information available to attendees at each of the events the CCG organised. I note your belief that a full consultation could address the Committee's concerns and we will take this into consideration when evaluating the feedback from the engagement events. Without a legal definition of 'substantial development of variation' for proposed service changes, we have ensured that our engagement fulfils our duty to involve patients, public and stakeholders when making any changes to services. Our robust engagement process to gather the views of the public, staff and yourselves (the Committee) included a range of methods, such as online and paper surveys, promoting it locally and via social media, and holding a number of public events

	as well as attending those requested by local groups and committees. Our engagement process has followed the same approach we would have undertaken if we had undertaken a formal consultation and the proposed changes were assured against the Government's four tests – strong patient and public engagement, consistency with current and prospective need for patient choice, a clear clinical evidence base, and support for proposals from clinical commissioners – as well as the test introduced in 2017 regarding bed closures.

Other Services

Health Scrutiny Committee Statement	The Health Scrutiny Committee for Lincolnshire notes that there are several other services provided at Louth County Hospital. For example, Lincolnshire Community Health Services provides the out of hours service and the 24/7 urgent care centre; and United Lincolnshire Hospitals NHS Trust provides a range of outpatient services, as well as day case surgery. As stated by Lincolnshire East CCG, Louth County Hospital is well used and liked by local people and clinicians. For the avoidance of doubt in the local community, the Committee would urge Lincolnshire East CCG to restate its commitment repeatedly to the continuation of these important services in Louth.
Lincolnshire East CCG Response	We are looking to enhance the services on site at County Hospital, Louth, with Integrated Neighbourhood Working, and therefore we need to move away from the concept that a bed is a service. This is a difficult concept to portray to the public; however, it is something we need to start a conversation about. The Committee rightly notes the range of services provided at County Hospital, Louth, by LCHS, United Lincolnshire NHS Hospitals Trust (ULHT), and Northern Lincolnshire and Goole NHS Foundation Trust (NLAG), as well as the fact that the hospital is well used and liked by local people and clinicians. As you know, we have a positive for the future of County Hospital, Louth, focusing on providing lasting security for Louth as a centre for innovative healthcare for local people, and we will take every opportunity to restate this commitment.

Louth Urgent Care Centre

Health Scrutiny Committee Statement	Although not part of the inpatient survey, the Health Scrutiny Committee for Lincolnshire is aware of NHS England's drive to create a network of urgent treatment centres across the country, in accordance with a national specification. So far, the Committee understands that no definite plans have been developed in Lincolnshire, but would expect to see an urgent treatment centre established at Louth County Hospital, which in the Committee's view should operate 24/7, rather than open between 8am and 8pm as set out in the national guidance.
Lincolnshire East CCG Response	As the Committee notes, no definite plans have been developed in Lincolnshire as part of NHS England's drive to create a network of urgent treatment centres. We note the Committee's expectation that any such facility should be established at County Hospital, Louth, on a 24/7 basis.

Views of East Lindsey District Council and Louth Town Council:

Health Scrutiny Committee Statement	Both East Lindsey District Council and Louth Town Council have put on record their views about Louth County Hospital. The Health Scrutiny Committee for Lincolnshire requests that the CCG responds to these views as part of its engagement with the local community.
Lincolnshire East CCG Response	We are aware of the views of both East Lindsey District Council and Louth Town Council. As stated previously in this letter, we have attended two public events organised by Louth Town Council, which afforded us the opportunity to engage with town councillors.

Future Provision

Health Scrutiny Committee Statement	The Lincolnshire Sustainability and Transformation Plan (published in December 2016) referred to a proposal for between £25 million and £35 million of capital funding to support the remodelling of Louth County Hospital, including additional clinical services. Assuming this level of capital funding is made available, plans for any new build to replace the existing buildings in Louth would be supported. The Health Scrutiny Committee expects such substantial changes to Louth County Hospital to be subject to full public consultation.
Lincolnshire East CCG Response	I note your support for any new build to replace the existing buildings at County Hospital, Louth. A significant piece of work is ongoing looking at future provision, which will take into account a multitude of factors, particularly population modelling, and we would be happy to report to the Committee at the appropriate time. In the meantime I think it is important to re-emphasise the CCG's commitment to Louth as a centre for innovative healthcare for local people.

Conclusion

Health Scrutiny Committee Statement	The Health Scrutiny Committee for Lincolnshire requests that Lincolnshire East CCG provides information on the rationale for the selection of the number of beds in Option 2; and assurances that GP and community health services in Louth and the surrounding area are capable of providing the right care and support to assist patients in their homes. The Committee invites representatives from Lincolnshire East CCG to attend the Committee when the results of the engagement exercise are made available. At that point the Committee can advise whether consultation would be necessary.
Lincolnshire East CCG Response	We note the Committee's request that we provide further information on the rationale around bed numbers in Option 2, as well as assurances that GP and community health services in Louth and surrounding area are capable of providing the right care and support to assist patients in their homes. We would be pleased to attend a future meeting of the Health Overview Scrutiny Committee once the results of the engagement exercise are available.

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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 Lincolnshire Sustainability and Transformation Partnership

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**12 December 2018**
Subject:	**The NHS Long Term Plan - Impact on the Lincolnshire Sustainability and Transformation Partnership**

Summary:

The publication of the national NHS Long Term Plan is expected in December 2018. This report provides the Health Scrutiny Committee for Lincolnshire with an opportunity to explore how the NHS Long Term Plan, developed nationally by NHS England and NHS Improvement, is likely to impact on the Lincolnshire Sustainability and Transformation Partnership.

This report also provides a quarterly update on the overall progress of the Lincolnshire Sustainability and Transformation Partnership (STP).

Actions Required:

(1) To inform the Committee about the anticipated national NHS Long Term Plan and to consider any implications for the Committee's work programme.

(2) To note correspondence from NHS England and NHS Improvement relating to the national NHS Long Term Plan (Appendices A and B).

(3) To note the progress on the delivery of the Lincolnshire Sustainability and Transformation Partnership, as set out in Appendix C to this report.

1. Purpose of Report

This paper updates the Health Scrutiny Committee on the anticipated content of the Long Term Plan for the NHS, the publication of which is expected in December 2018. This paper also explores the potential implications for the Lincolnshire Sustainability and Transformation Partnership of the NHS Plan.

The report also provides the Committee with a quarterly update on the progress of the overall Lincolnshire Sustainability and Transformation Partnership.

2. Developing the Long Term Plan for the NHS

What has Happened to Date

On 18 June 2018, the Prime Minister set out a funding settlement for the NHS in England for the next five years. In return, the NHS was asked to set out a Long Term Plan for the future of the service, setting out its ambitions for improvement over the next decade, and its plans to meet them over the five years of the funding settlement. Work on the NHS Long Term Plan has been co-ordinated nationally by NHS England and NHS Improvement.

As a consequence, NHS England and NHS Improvement have been operating a number of working groups, comprising of local and national NHS and local government leaders, clinical experts and patient/voluntary sector representatives. They have been engaging with other relevant stakeholders to develop policy proposals for inclusion in the plan.

During September 2018 those working groups organised or attended over 150 meetings with stakeholders and received hundreds of written submissions. An online call for views has also enabled other stakeholders, in particular members of the public and front-line NHS staff, to inform policy development. More than 2,000 submissions were received through the portal, representing the views and interests of 3.5 million people.

Further engagement, including two meetings hearing from NHS Trust and CCG leaders, has continued throughout October to inform how initial policy proposals are brought together. Throughout November the views expressed and the submissions received have been considered so the proposals are refined ahead of publication of the final national plan, now expected in December.

The Secretary of State for Health, Matt Hancock, has consistently stated that his three priorities are Workforce, IM&T, and Prevention, and it is expected that these will feature strongly, along with a greater emphasis on Integration and System Working.

What the Working Groups have been Considering

The working groups have considered three themes which are listed below. Many of areas considered by the national working groups are already the priorities within Lincolnshire.

- Life course programmes
    - Prevention, Personal Responsibility and Health Inequalities
    - Healthy Childhood and Maternal Health
    - Integrated and Personalised Care for People with Long Term Conditions and Older People with Frailty, including Dementia

- Clinical priorities
    - Cancer
    - Cardiovascular and respiratory
    - Learning Disability and Autism
    - Mental Health

- Enablers
    - Workforce, Training and Leadership
    - Digital and Technology
    - System Architecture – further developing Integrated Care Systems and considering models that better support integration and collaboration.
    - Engagement – ensuring that the long term plan for the NHS is based on the expertise and insights of staff, patients and stakeholder groups

<u>What Happens Next</u>

The publication of the national NHS Long Term Plan is not the end of engagement around the future of the NHS, but rather the beginning of the next phase. Specifically local systems are required to engage with patients, the public and local stakeholders in developing local strategic plans in line with the Long Term Plan. The NHS in Lincolnshire is currently assessing how it may progress this, given the work which is also underway specifically in relation to Integrated Community Care and the Acute Services Review.

Council Leaders, Health and Wellbeing Boards, and Health Scrutiny Committees have recently received correspondence from NHS England and NHS Improvement relating to the Long Term Plan. A copy is attached at Appendix A.

As Simon Stevens (NHS England Chief Executive) and Ian Dalton (NHS Improvement Chief Executive) also set out in a recent letter to local NHS leaders, the publication of the national plan in December will be followed by local CCGs receiving details of the funding they are likely to receive over the next five years, and other associated guidance. This letter (Approach to Planning) is set out in Appendix B. This will provide the basis on which local health and care organisations, working together as part of systems, can develop detailed plans for the next financial year by April 2019, and strategies covering the next five years by the summer of 2019.

The Lincolnshire STP welcomes this national direction and once the Long Term Plan is published, the intention is engage with the public, our partners, our staff and other stakeholders to determine what the Long Term Plan means for Lincolnshire, and how services need to adapt and improve in the short and medium term.

3. Lincolnshire Sustainability and Transformation Partnership

The Health Scrutiny Committee for Lincolnshire has received progress reports on the overall Lincolnshire Sustainability and Transformation Partnership (STP) three times during 2018:

- 17 January 2018
- 16 May 2018
- 12 September 2018

In addition, the Committee has received detailed reports on aspects of the work strands of the Lincolnshire STP as follows:

- Mental Health Services – 21 February and 17 October 2018
- Urgent and Emergency Care Services – 21 March and 14 November 2018
- National Cancer Strategy – 14 November 2018
- Integrated Community Care (including GP Forward View and Integrated Neighbourhood Working) – 18 April and 14 November 2018
- Operational Efficiency – 21 March 2018

Set out in Appendix C to this report is the quarterly overview of progress of the Lincolnshire Sustainability and Transformation Partnership.

4. Conclusion

This item enables the Committee to consider how the anticipated national Long Term Plan for the NHS is likely to impact on the Lincolnshire Sustainability and Transformation Partnership.

In addition the report includes a quarterly update on the overall progress of the Lincolnshire STP.

5. Appendices - These are listed below and attached at the end of the report

Appendix A	Joint NHS England and NHS Improvement Letter to Council Leaders, Health and Wellbeing Boards and Health Scrutiny Committees relating to the Long Term Plan (26 November 2018)
Appendix B	Joint Letter (16 October 2018) from Simon Stevens, Chief Executive of NHS England, and Ian Dalton, Chief Executive of NHS Improvement to Accountable Officers of Clinical Commissioning Groups and Chief Executives of NHS and NHS Foundation Trusts.
Appendix C	Lincolnshire Sustainability and Transformation Partnership – Quarterly Update

6. 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 Sarah Furley, who can be contacted on 01522 307315 or sarah.furley@lincolnshireeastccg.nhs.uk

APPENDIX A

26 November 2018

To: Council leaders, health and wellbeing boards, healthy scrutiny committees

WORKING TOGETHER TO HELP RESIDENTS STAY HEALTHY: NHS PLANNING UPDATE

We would like to share the latest developments of the long-term plan for the NHS and ask for your support with developing the local conversations that are needed to translate it into action during 2019.

In June the Government asked the NHS to develop a long-term plan that described the future for the health service in exchange for a five-year funding settlement. Over the past four months, NHS England and NHS Improvement have set up a number of working groups – comprising local and national health and care system leaders, clinical experts and patient/voluntary sector representatives – to engage with partners on developing proposals.

We are acutely aware of the need to work with communities, including the full range of council services – from housing and planning to leisure, environment, skills and education, addressing the broader determinants of health and wellbeing lie beyond the sole reach of the health service. We are also very mindful of the funding pressures on social care and the need to deliver a sustainable settlement for the sector.

Therefore, the partnership between the NHS and local government and communities has never been more important. Over the past two years we have had a major push to advance the drive towards a more integrated health and social care system with a greater focus on prevention to ensure people stay healthy for as long as possible and get joined up effective care when needed.

To help systems achieve this, we will be joining up the support available to them through a direct presence from Public Health England in our new regional teams.

While the details are still being worked on, at the core of the plan will be a small number of priority areas – mental health services, cancer care, improvement to stroke and heart attack outcomes, children's services, integrated care for older people, and a drive to reduce inequalities.

This is not to say that existing areas of focus are to be downgraded –we will build on a collaborative and preventive approach to public health and improving the health and wellbeing of local people. Health and Wellbeing Boards will have a crucial role to play in this.

In terms of next steps:

- **Early December 2018:** The Long-Term Plan for the NHS will be published.
- **December 2018:** NHS England will publish a five-year funding settlement for every local area, giving a greater degree of financial certainty.
- **January – summer 2019:** Using this financial settlement, NHS organisations, local councils and the voluntary sector work together to develop a local strategy, tailored

for their particular circumstances, that will help to deliver on the aims of the national long-term plan.

The design and subsequent delivery of improvements in each neighbourhood, place and system will depend on your involvement, expertise and guidance. Once the plan is finalised we will be contacting our local authority partners again with further details of how we can work together to ensure successful implementation and future progress.

To meet the Government's target, we have been speaking to all parties involved and as you will see from our attached update, we have received over 2,500 responses to our call for help in designing our long-term approach. We are extremely grateful to our partners, including the Local Government Association, for their ongoing input and advice.

Integrated ways of working are the central core of the long-term plan and while many areas of the country are making great progress, there is still more to be done to turn this into a national reality. This is where the Long-Term Plan, and the subsequent publication of the hugely important social care green paper, will have the maximum impact.

I would also like to assure you that any integration work that has already been undertaken locally will now provide a strong foundation to accelerate the spread of services that are tailored to best suit local needs. NHS England and NHS Improvement have also commissioned Healthwatch to offer further support with local community engagement and local authority leaders will have an important role in helping to shape local plans.

If you have further questions you can get in touch with your regional NHS England team to discuss any issues. A full list of contacts is available at our website - https://www.england.nhs.uk/about/regional-area-teams/

Should you need support or information from the national NHS England team, please contact england.stgcommunications@nhs.net, and for support in engaging NHS providers, please contact NHSI.Stakeholderteam@nhs.net

Finally, there is also a wealth of resources concerning integrated system working on the NHS England website and you can sign up for further updates here - https://www.england.nhs.uk/email-bulletins/future-health-and-care-update/

There is no doubt that the months ahead will be challenging but we look forward to working with you to ensure the partnership between the NHS and local authorities becomes the strongest it has ever been - making the most of each other's strengths and delivering a lasting improvement for our vital health and care services.

Best wishes

Professor Steve Powis
National Medical Director, NHS England

Dr Kathy McLean
Executive Medical Director, NHS Improvement

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To:
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CC:
NHS Improvement and England Regional Directors
NHS Improvement and England Regional Finance Directors

Publications Gateway Reference 08559 16 October 2018

Approach to planning

The Government has announced a five-year revenue budget settlement for the NHS from 2019/20 to 2023/24 - an annual real-term growth rate over five years of 3.4% - and so we now have enough certainty to develop credible long term plans. In return for this commitment, the Government has asked the NHS to develop a Long Term Plan which will be published in late November or early December 2018.

To secure the best outcomes from this investment, we are overhauling the policy framework for the service. For example, we are conducting a clinically-led review of standards, developing a new financial architecture and a more effective approach to workforce and physical capacity planning. This will equip us to develop plans that also:

- improve productivity and efficiency;
- eliminate provider deficits;
- reduce unwarranted variation in quality of care;
- incentivise systems to work together to redesign patient care;
- improve how we manage demand effectively; and
- make better use of capital investment.

This letter outlines the approach we will take to operational and strategic planning to ensure organisations can make the necessary preparations for implementing the NHS Long Term Plan.

Collectively, we must also deliver safe, high quality care and sector wide financial balance this year. Pre-planning work for 2019/20 is vitally important, but cannot distract from operational and financial delivery in 2018/19.

Planning timetable

We have attached an outline timetable for operational and strategic planning; at a high-level. During the first half of 2019-20 we will expect all Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) to develop and agree their strategic plan for improving quality, achieving sustainable balance and delivering the Long Term Plan. This will give you and your teams sufficient time to consider the outputs of the NHS Long Term Plan in late autumn and the Spending Review 2019 capital settlement; and to engage with patients, the public and local stakeholders before finalising your strategic plans.

Nonetheless, it is a challenging task. We are asking you to tell us, within a set of parameters that we will outline with your help, how you will run your local NHS system using the resources available to you. It will be extremely important that you develop your plans with the proper engagement of all parts of your local systems and that they provide robust and credible solutions for the challenges you will face in caring for your local populations over the next five years. Individual organisations will submit one-year operational plans for 2019/20, which will also be aggregated by STPs and accompanied by a local system operational plan narrative. Organisations, and their boards / governing bodies, will need to ensure that plans are stretching but deliverable and will need to collaborate with local partners to develop well-thought-out risk mitigation strategies. These will also create the year 1 baseline for the system strategic plans, helping forge a strong link between strategic and operational planning. We will also be publishing 5-year commissioner allocations in December 2018, giving systems a high degree of financial certainty on which to plan.

We are currently developing the tools and materials that organisations will need to respond to this, and the timetable sets out when these will be available.

Payment reform

A revised financial framework for the NHS will be set out in the Long Term Plan, with detail in the planning guidance which we will publish in early December 2018. A number of principles underpinning the financial architecture have been agreed to date, and we wanted to take this opportunity to share these with you.

Last week we published a document on 'NHS payment system reform proposals' which sets out the options we are considering for the 2019/20 National Tariff.

In particular, we are seeking your engagement on proposals to move to a blended payment approach for urgent and emergency care from 2019/20. The revised approach will remove, on a cost neutral basis, two national variations to the tariff: the marginal rate for emergency tariff and the emergency readmissions rule, which will not form part of the new payment model. The document will also ask for your views on other areas, including price relativities, proposed changes to the Market Forces Factor and a proposed approach to resourcing of centralised procurement. As in

previous years, these proposals would change the natural 'default' payment models; local systems can of course continue to evolve their own payment systems faster, by local agreement.

We believe that individual control totals are no longer the best way to manage provider finances. Our medium-term aim is to return to a position where breaking even is the norm for all organisations. This will negate the need for individual control totals and, in turn, will allow us to phase out the provider and commissioner sustainability funds; instead, these funds will be rolled into baseline resources. We intend to begin this process in 2019/20.

However, we will not be able to move completely away from current mechanisms until we can be confident that local systems will deliver financial balance. Therefore, 2019/20 will form a transitional year, in which we will set one year, rebased, control totals. These will be communicated alongside the planning guidance and will take into account the impact of distributional effects from any policy changes agreed post engagement in areas such as price relativities, the Market Forces Factor and national variations to the tariff.

In addition to this, we will start the process of transferring significant resources from the provider sustainability fund into urgent and emergency care prices. The planning guidance will include further details on the provider and commissioner sustainability funds for 2019/20.

Incentives and Sanctions

From 1 April 2019, the current CQUIN scheme will be significantly reduced in value with an offsetting increase in core prices. It will also be simplified, focussing on a small number of indicators aligned to key policy objectives drawn from the emerging Long Term Plan.

The approach to quality premium for 2019/20 is also under review to ensure that it aligns to our strategic priorities; further details will be available in the December 2018 planning guidance.

Alignment of commissioner and provider plans

You have made significant progress this year in improving alignment between commissioner and provider plans in terms of both finance and activity. This has reduced the level of misalignment risk across the NHS. We will need you to do even more in 2019/20 to ensure that plans and contracts within their local systems are both realistic and fully aligned between commissioner and provider; and our new combined regional teams will help you with this. We would urge you to begin thinking through how best to achieve this, particularly in the context of the proposed move to blended payment model for urgent and emergency care.

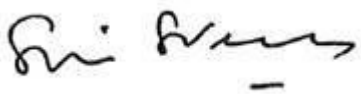
Good governance

We are asking all local systems and organisations to respond to the information set out in this letter with a shared, open-book approach to planning. We expect boards and governing bodies to oversee the development of financial and operational plans, against which they will hold themselves to account for delivery, and which will be a key element of NHS England's and NHS Improvement's performance oversight. Early engagement with board and governing bodies is critical, and we would ask you to ensure that board / governing body timetables allow adequate time for review and sign-off to meet the overall timetable.

The planning guidance, with confirmation of the detailed expectations, will follow in December 2018. In the meantime, commissioners and providers should work together during the autumn on aligned, profiled demand and capacity planning. Please focus, with your local partners, on making rapid progress on detailed, quality impact-assessed efficiency plans. These early actions are essential building blocks for robust planning, and to gauge progress we will be asking for an initial plan submission in mid-January that will be focussed on activity and efficiency (CIP / QIPP) planning with headlines collected for other areas.

Thank you in advance for your work on this.

Yours sincerely



Simon Stevens
Chief Executive
NHS England

Ian Dalton
Chief Executive
NHS Improvement

Annex

Outline timetable for planning	Date
NHS Long Term Plan published	Late November / early December 2018
Publication of 2019/20 operational planning guidance including the revised financial framework	Early December 2018
Operational planning	
Publication of • CCG allocations for 5 years • Near final 2019/20 prices • Technical guidance and templates • 2019/20 standard contract consultation and dispute resolution guidance • 2019/20 CQUIN guidance • Control totals for 2019/20	Mid December 2018
2019/20 Initial plan submission – activity and efficiency focussed with headlines in other areas	14 January 2019
2019/20 National Tariff section 118 consultation starts	17 January 2019
Draft 2019/20 organisation operating plans	12 February 2019
Aggregate system 2019/20 operating plan submissions and system operational plan narrative	19 February 2019
2019/20 NHS standard contract published	22 February 2019
2019/20 contract / plan alignment submission	5 March 2019
2019/20 national tariff published	11 March 2019
Deadline for 2019/20 contract signature	21 March 2019
Organisation Board / Governing body approval of 2019/20 budgets	By 29 March
Final 2019/20 organisation operating plan submission	4 April 2019
Aggregated 2019/20 system operating plan submissions and system operational plan narrative	11 April 2019
Strategic planning	
Capital funding announcements	Spending Review 2019
Systems to submit 5-year plans signed off by all organisations	Summer 2019

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APPENDIX C

LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP QUARTERLY UPDATE

An overall update on the progress made by the Lincolnshire Sustainability and Transformation Partnership is set out below in three sections:

- Clinical Services;
- Operational Efficiencies; and
- The Enabling Workstreams.

In addition there is information on progress with the Acute Services Review and Engagement.

1. Clinical Services

Mental Health

The work to reduce the number of people having to travel out of Lincolnshire for acute mental health care was presented to the Committee in October which included a detailed report on the progress to date.

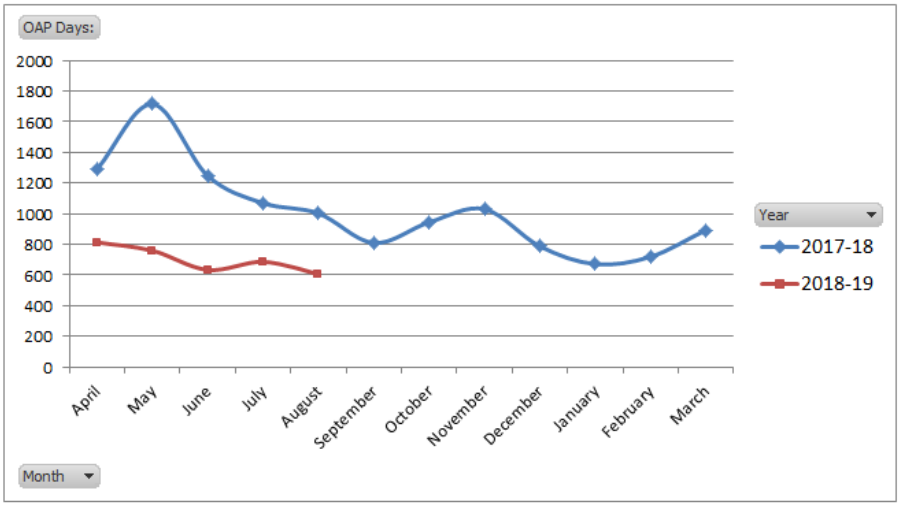
Key outcomes included;

- Ten Male Psychiatric Intensive Care beds now in place – over the last 12 months this has enabled all male patients requiring this level of care to be managed within Lincolnshire – no out of area placements have been made.

- Psychiatric Clinical Decisions Unit which has been open since the New Year and this is now providing a 24-hour assessment period at Lincoln County Hospital to ensure patients are assessed in a specialist unit rather than remain in A&E for long periods of time. In the first 5 months of operation 464 patients were assessed with only 18 requiring an admission.

- Increased numbers of Bed Managers providing a seven day a week service to improve 'flow' of patients through mental health beds in place. These posts are reducing the length of time people are spending out of county and this has resulted in people spending shorter periods of time in a bed – see graph below.

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

- As well as significantly improving outcomes for patients through local service development and delivery, this work has realised a c£500k saving on the initial cost of the service.

Whilst the focus for the Mental Health work stream in 2019/20 will remain on achieving the aim that no mental health patient will be cared for out of county; work will also move to the re-design of the community mental health offer, particularly how community mental health and wellbeing services are delivered within the Neighbourhood localities. An initial work shop to explore this was held on Thursday 22nd November which worked with a number of stakeholders and an action plan from this session will be developed, particularly focussing on workforce issues.

Integrated Community Care Programme

This work programme was considered by the Committee in detail in November and has three workstreams: Neighbourhood Working including work with Care Homes; GP Forward View; and Urgent and Emergency Care.

a. Integrated Neighbourhood Working

Neighbourhood Working is now being implemented across the whole County with 10 Neighbourhood Leads having been appointed supporting 12 areas. These Neighbourhood Leads come from different professional backgrounds including nursing, social work and allied health professionals.

Over the last 6 months the Neighbourhood Leads and GP practices in the local area have been working closely with their communities and staff working in the area, to agree key areas of focus which will have the greatest impact. Whilst the priority is to develop approaches that support more people to remain at home and ensuring people only go to hospital when needed, each Neighbourhood has identified approaches they will 'test' to achieve this.

Neighbourhood	Current Focus
Boston	Frailty Personalised Care and Support planning
Gainsborough	Frequent attenders at Secondary Care Personalised Care and Support planning
Lincoln City South	Mental Health
Lincoln South	Care Homes
Lincoln North	End of Life & palliative Care
Stamford	Frailty and links to Acute services
East Lindsey	Frailty – Home visiting
Skegness and Coastal	Frailty and Extra Care
South West (Sleaford & Grantham)	Personalised Care and Support planning
South (Spalding area)	Continence and Carers

As well as the above the following pieces of work are progressing to support the wider development of Neighbourhood working:

- **Library of Information and Services** developed in partnership with Lincolnshire County Council will offer the public and staff a central repository of services and functions across the county. The service will also offer both 'live webchat' and telephone contact for advice and guidance. The service was 'soft launched' in November 2018.
- **Local Area Coordination** – Care Navigation and Social Prescribing is now being piloted across the County with partnership working between the Lincolnshire Voluntary Sector infrastructure, primary care and the voluntary and third sector organisations, including a connection into the Wellbeing service. The Countywide roll-out commenced in September and since that date 124 people have been supported.
- **Personalised Care and Support Planning –** now forms part of the Integrated Accelerator programme being led by NHS England. This has given the Neighbourhood working project the impetus and momentum to really start to drive forward the implementation of care and support planning across the County, this work also includes the development of an electronic solution to ensure a consistent approach across the County.

Enhanced Support to Care Homes Programme

Work is also taking place to support Care Homes, the key activities are;

- Clinical Assessment Service (CAS) for Care Homes – This project has now extended access to over 80 Care Homes across the County with an expectation that by the end of March over 1,300 residents will have been supported.
- 6 new Clinical Pharmacists, as part of their roles, will be undertaking medication reviews in Care Homes.
- 50 Oral health & nutrition ambassadors recruited from care homes to promote oral health, nutrition, hydration & Food First
- The implementation of a real-time system to monitor care home bed availability in order to determine bed capacity available which will aid

accelerated patient flows out of hospital. This will be available by Friday 18 January 2019; all CCGs are expected to be using a web-based care home bed tracker system and for a minimum of 50% of care homes to be inputting data into the system on at least a weekly basis.

- Roll out of a tool to support care home staff to identify residents at end of life earlier thus enabling appropriate support to be in place earlier.

Implementation of GP Forward View

This programme has been progressed at a local level by individual practices, by groups of practices who have come together to form a network / federation, by CCGs working with local GPs and by the STP GPFV steering group. The work programme has been facilitated and enabled by the LMC and NHS England.

The current focus for this Programme of work is to:

- Develop workforce plans aligning with other workforce projects
- Agree Lincolnshire Primary Care Strategy through Federations
- Continue to meet with federations to support their development.
- Promote attendance on General Practice Improvement Leadership programme
- Start development of Lincolnshire Primary Care QI faculty
- Identify delivery and impact of the 10 High Impact Actions at practice level

During the last year there have been many successful initiatives that have made a tangible difference to patients and the professionals working within general practice. Some examples include:

- International recruitment is on-going via the national recruitment process.
- Introduction of workflow optimisation
- Local pilots delivered in partnership with colleagues in the neighbourhood including Care home support, Emergency Care Practitioner home visiting schemes
- Being selected as one of only two pilots to establish a practice nurse programme that will enable newly qualified nurses to take their first jobs in GP
- Extending the GP team to include other professionals such as Clinical Pharmacists, First contact physiotherapists
- Neighbourhood leads and GPs working together to identify patients who would benefit from a personalised care package which includes support from other agencies
- Roll out of extended access across Lincolnshire – enabling everyone to have the opportunity to see a GP in an evening during the week and on both Saturday and Sunday.

During 2019/20 the focus for this area of work will be workforce development, development of GP Federations, training and development of Practice teams eg Practice Nursing and Practice Managers.

The Integrated Community Care Programme will be the priority programme during 2019/20 with the key work streams being:

- On-going development and embedding of Neighbourhood working
- On-going delivery of Forward View, particularly the development of GP Federations.
- Implementation of an integrated community diabetes service, looking to utilise different ways of 'commissioning' the service to support this development.
- A focus on embedding a frailty pathway, consistently, across Lincolnshire. This will build on extensive work already undertaken.

Urgent and Emergency Care Transformation

The Urgent and Emergency Care work stream is well established as part of national expectations and guidance for the delivery of care, meeting of performance targets such as the A&E 4 hour standard and in terms of how urgent care services (e.g. NHS 111, 999 and Out of Hours call services) are expected to be integrated.

The key projects that have been taken forward during 2018 are as follows:

- To further develop the capabilities of the Clinical Assessment Service (CAS) who currently triage all the 111 calls requiring input from a clinician (approx. 50% of all 111 calls go through this route). By the end of 2018/19 it is anticipated that CAS will have handled in the region of 100,000 calls.
- CAS now supports 80 care homes across the County and so far this year have taken in the region of 640 calls from Care Homes with only 20% of these calls requiring an ambulance.
- Work is taking place to develop the ability for CAS to undertake video-consultation, to take direct calls from paramedics 'on scene' and to take direct calls from care homes, this will build on the CAS for Care Homes project already in place.
- 111 'on-line' is now available and on average across Lincolnshire 200 contacts per week are received.
- During the summer work took place to develop the ASAP App which is aimed to provide access to alternative options to A&E/urgent care. This App was launched on 5.9.2018 and to date the website has been visited 10,000 times, and the app itself has been downloaded 7,000 times.
- To work across the county to develop standardisation for the designation of Urgent Treatment Centres is on-going with more detailed planning currently being undertaken.
- Urgent Care streaming is now implemented across the County and by the end of 2018/19 it is anticipated that this will result in over 20,000 people being seen via this route.
- The work to develop the Winter Plan for Lincolnshire has now been completed and signed off. This is a detailed plan to enable all services across Lincolnshire to work together to manage the winter demand and maintain services.
- Home First Prioritisation Project – this work includes a range of colleagues, particularly EMAS and the Neighbourhoods to identify how fewer people are conveyed to hospital, particularly those with frailty. From this week it was

identified that falls and people with respiratory issues were the main reasons for calling an ambulance. £350k has now being assigned to develop falls support across the County. Overall during the week 279 patients were reviewed and of these, 25% could have been supported at home had community pathways been available.

During 2019/20 the key transformation projects will be:

- Delivery of an Integrated Urgent Care Service – this has just been identified as one of 6 key system intentions for 2019/20 and how services such as CAS, Out of Hours, Urgent Care Streaming, will come together to deliver an integrated, 24/7, urgent response.
- Expansion of access to the Clinical Assessment Service both for care homes and ambulance staff both via the phone and also to provide visual access to CAS staff.
- Delivery of Urgent Treatment Centres.

Planned Care

Over the summer the Planned Care Programme has been refreshed with key projects including the roll-out of the 100 day pathways and previous projects such as the development of a musculo-skeletal (MSK) pathway, Referral Co-ordination service.

The priority projects include below are in train now and will form the Planned Care work programme for 2019/20:

- Establishing a community based Dermatology service – starting with 'spot' clinics in the community. This will support over 3,000 appointments to happen locally.
- Neurology pathway re-design.
- Ophthalmology – achieving the national High Impact changes for Ophthalmology services.
- On-going development of the Referral Co-ordination Service – which is supporting GPs to ensure patients are seen in the most appropriate setting for their needs. By the end of 2018/19 it is expected that this service will realise a reduction of 10% new out-patient activity and 10% for follow ups for the services covered. Its impact will further increase during 2019/20.
- During 2019/20, there will be a real focus on out-patient activity and how we can support people to receive on-going care but in different ways, e.g. e-consultations, greater use of telephoning, transferring care to community setting, e.g. long term condition management.
- Re-establish the work to implement an integrated MSK service across the County.

A new community based Pain Management service will commence across Lincolnshire from 1 April 2019. The mobilisation of the service is happening now and it is expected that all of this service will be delivered in a community setting.

Women's and Children's Programmes

The Women's and Children's Programme incorporates the local implementation of the National Maternity Transformation Programme known as Better Births which has a focus of improvement the safety of the maternity service. Lincolnshire Better Births have therefore undertaken the following interventions:

- Foetal Movements awareness events undertaken
- NIPE film made by Neonatal Team
- Safety Video formulated and published
- Reduction of Stillbirth rates through the implementation of Saving Lives Care Bundle
- Reduction in the number of term babies admitted to the neonatal care through improved labour care

In addition, there is emerging evidence of improving safety, e.g. a reduction in the number of still births 6.25/1000 births in May, now 4.43/1000 in September.

The Better Birth Teams continue to expand the number of community hubs across Lincolnshire that deliver integrated services for pregnant women and new mums. The Spalding Community Hub was launched 7th November 2018 and three more hubs are being planned before March 2019 (Mablethorpe, Stamford and Lincoln Central).

In addition, the Social Media development that the Better Births team is undertaking as part of their engagement and communications strategy was a runner up for a National NHS FAB Academy Award.

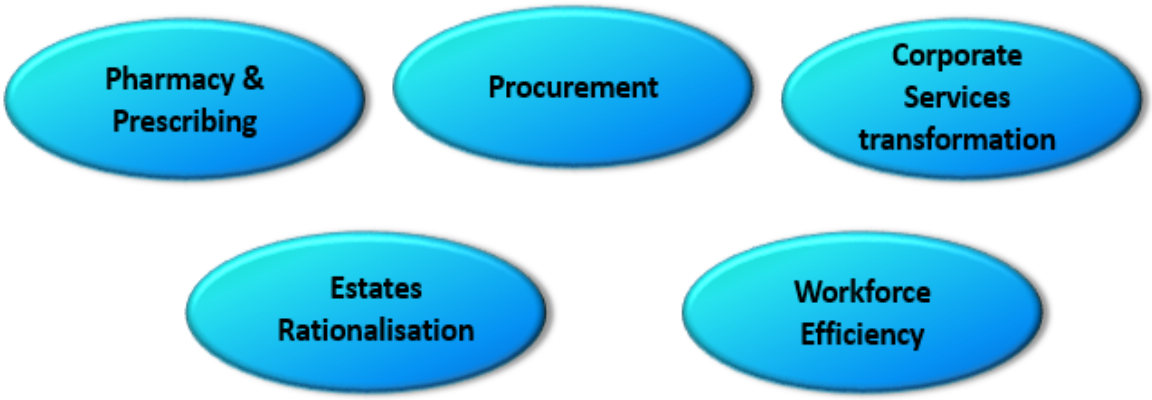
Transformation of Children and Young People's Services is gathering pace. A stakeholder event for Health Professionals was held on 20th November where the priorities for transformation and focus were agreed as follows:

- A focus on early intervention and prevention (including children with mental health conditions)
- Integrated delivery and commissioning with specialist care capacity supporting children in Neighbourhood Teams ;
- Prevention of avoidable admissions for children, including those with mental health problems and;
- Sustainable hospital services that are configured to deliver optimum quality and safety standards

The above outcomes from the event will be developed into a robust work plan for 2019/20 and will lead to the development of new models of care particularly rapid response teams and greater integration between acute paediatrics and community led services.

2. Operational Efficiencies

This work stream focuses on improving operational efficiency and value for money across the system, contributing towards the £60m target (by 2021) in the original STP. The work broadly covers five programmes:



Progress since the last update is outlined as follows.

Pharmacy and Prescribing

There are several schemes that have been implemented since the last report to the Committee:

- A software system (Blueteq) to manage high cost drugs has now been successfully implemented and is now embedded as 'business as usual' within the CCGs and provider Trusts. Blueteq ensures that drugs are appropriate, safe, cost effective and managed in accordance with NICE guidelines. It has the added benefit of controlling costs and is expected to save about £500k a year. The software is now being considered for application in other areas and a business case has just been approved by the CCGs to manage procedures covered by the Prior Approval Policy (namely procedures with evidenced limited clinical value). The benefits anticipated are largely clinical and support better outcomes for patients, reduction in variation and standardisation of access to care.

- The number of new Clinical Pharmacists within the county has now reached six in post. There is central funding secured for a total 14.2 whole time equivalent (WTE) posts so far, with recruitment and appointment processes underway to increase staff in post above the current six. New bids have been submitted for a further 8 posts in Wave 7 of the GP Clinical Pharmacist NHSE Pilot. Within this scheme there has been a recent change to the criteria bidders are required to meet, such that practices which already have approved bids can request to increase their funded establishment without applying again. These pharmacists provide better management of medicines for patients, as well as releasing GP time. National evidence suggests that each pharmacist also saves £240k a year through more cost effective medication management.

- Patients requiring nutritional supplements are now discharged from hospital with appropriate supplies. The new service is led by dieticians and not only provides a more convenient service, it is also more efficient and saves about £100k a year.

Moving forward, a number of new schemes are under development, including the use of standardised wound care products, supporting medicines management in care homes, supporting prescribing practices in mental health and learning disabilities, and exploring the potential for other digital solutions in pharmacy services.

A single governance structure for this subject area is being proposed to incorporate all commissioners and providers, as well as community pharmacy & public health, to support delivery of a single joined up work plan and efficient decision making framework. This will seek to align clinical and system governance and support sustainable transformation and development of our pharmacy services.

Procurement, Corporate and Workforce Efficiencies

There are a number of projects within this area of work, which have progressed as follows.

- **Procurement** - The local county acute, community, and mental health Trusts are actively working together routinely to explore procurement efficiencies. This means, for example, that where service contracts are nearing their renewal dates, the Trusts are working to align tender opportunities so that not only is there an administrative benefit in undergoing tender exercises once instead of three times, there are also potentially greater economies to be gained from the increased buying power. The Trusts are also collaborating in respect of the Department of Health's national procurement transformation programme, particularly in terms of utilising prices negotiated on a national basis, supplier framework agreements, and the local development of national procurement standards: all of which help reduce the costs of procurement and improve the efficiency of the procurement process.

- **Pathology** - As a county, the providers and the CCGs have been collaborating with the pathology services provider to improve the efficiency of the services across the system. This has resulted in efficiencies in excess of £2m with further work still to be developed to manage activity volumes more effectively.

- The corporate services transformation agenda continues to expand with both provider Trusts and CCGs keen to exploit opportunities from collaborative working. In terms of recent activities:

    - The local community is currently undertaking an exercise to develop its strategy to steer the transformation of corporate services.

- The established local shared services partnership group is expanding its membership and focus to oversee the ongoing development of shared services.
- The estates functions of two of the Trusts have been collaborating this year and expect to function as a shared service from April 2019. Similarly, the communications and engagement teams across the seven local organisations (both Trusts and CCGs) have been working together this year with a view to entering a shared service arrangement from April 2019. Furthermore, ICT (information technology) services between the three Trusts have been exploring the potential for collaboration and is likely to develop during 2019/20.

- In terms of human resources services, a background scoping exercise is now underway to ascertain what each organisation currently does and identify possible areas that may be looked at in more detail from a system perspective. There are no formal views or decisions at this stage on how this might move forward.

- Alongside the corporate services transformation work, an exercise has been completed to understand how the local NHS utilises its estate/premises for corporate services. The review has also taken into account emerging themes from the 'one public estate' initiative to ensure that potential benefits from working with other public sector bodies are incorporated. Recommendations are now being drafted to consider the potential to work in more agile ways and to rationalise space requirements.

- In terms of workforce efficiency, a new exercise has commenced to explore the scope for efficiencies in workforce systems and processes across the three Trusts. It is expected that this project will be concluded before the end of the current financial year.

Moving into 2019/20, work will develop further in respect of reviewing pathology activity across the system (better identification of potential duplication of tests) as part of ongoing business. The priorities for the operational efficiency work stream are likely to shift more towards the transformation of both workforce efficiencies and corporate services, together with maximising the use of the corporate estate. This will be aligned and interdependent with the transformation of clinical services.

3. Enabling Workstreams

Capital and Estates

There is a STP Estates and Capital Planning Group which is well established and has representation from each of the CCGs, from provider organisations, Acute, Mental Health, Community and County Council sectors. The Regional NHS Improvement Estates advisor from the Strategic Estates Planning Service also attends as does the Greater Lincs One Public Estate (OPE) Lead. The STP is represented at the OPE Board.

The overall purpose of the Lincolnshire Estates and Capital Planning Group is to support the STP on a range of estates and capital related initiatives to ensure the Lincolnshire health community has a sustainable estate for the provision of health care. Through this work stream the NHS funded a number of the OPE district level asset challenge workshops that have taken place over the past 12 months. There is an agreed vision and set of principles.

In July, the STP submitted Lincolnshire's draft Estates Plan. This prescribed template set out the issues that Lincolnshire has with its existing estate and the vision for our NHS estate to meet the needs of the growing population and the planned changes to service models and delivery.

This work looked at primary care, community and mental health estate and services as well as hospital services.

As part of this work we have developed a strategic estates roadmap which is comprised of four components:

- **Wave 4 capital bids:** Projects prioritised for Wave 4 of funding. This is a national capital budget and bids had to be submitted in July at the same time as the draft plan. We submitted 7 bids totally £119.5m. These span a range of settings and cover schemes that are needed to maintain existing infrastructure to provide safe and sustainable care in the short to medium term through to those that will transform care models. We expect to hear the results of our bids in December.
- **Community/Primary Care estates projects:** Schemes to support delivery of the Out of Hospital/Integrated Community Care programme. A number of outline business cases are being developed to support the integration of services in the community and deliver increased capacity in primary care to meet planned population growth.
- **Acute Services Review (ASR) capital projects:** Capital works projects required to implement the proposed configuration of acute services across ULHT.
- **Long term transformation projects:** Longer term estates schemes to deliver transformational solutions to the estates challenges faced. This includes the opportunities that digital and technology will have and the impact of this on the estate that we will need.

We are expecting feedback on the draft plans in December and our intention is to publish our refreshed plans in the New Year.

Once we have had the feedback on our plan and the results of the Wave 4 capital bids we will reflect on our priorities. We are expecting further announcements on the future national funding opportunities in December and this will contribute to our prioritisation discussions.

Information Management and Technology

The updates for this quarter are as follows: -

- **NHS Shared Network Upgrade**:

    - The upgrade will deliver significant bandwidth increases across Acute, Community and Primary Care sites. It will enable improved speed of communication, agile (mobile) working, electronic consultation as well as general video (Skype type) capability. It should also deliver circa £ 1M in saving over the five-year life of the contract, compared to current costs;
    - There are 300 sites in scope. The infrastructure build is progressing well. St. Barnabas have been live for 2 months. It is anticipated that 14 GP Practices will be live by the end of December on the new network.

- **Care Portal Programme:**

    - Clinical Portal - this delivers an integrated care record ,which brings together selected patient information from multiple systems, notifies users when relevant patient events occur, and provides secure communication between care providers to support integrated patient care. Roll-out is now happening 'at pace'. There are 500+ users currently live, with an anticipated 2000 expected by the end of March 2019. Work is ongoing to connect the Social Care System.

    - Patient Portal - work is ongoing to support the Maternity Service Transformation programme. We currently anticipate going live with the release of electronic self-referrals to the maternity service during January.
    - Electronic Care Plans – an options appraisal report has been produced to support the Integrated Community Care Programme (section 2.1.2 refers). A decision on the preferred option will be made by end of November 2018.

- **Technology Enabled Care:**

    - The scope is to develop system strategies for both Telehealth and Self-Care, in order to support remote monitoring of patient conditions to build their self-care competencies, specifically with regard to supporting management of multiple long-term conditions and rehabilitation
    - A small working group has been established. The group is currently working to identify appropriate devices that could be trialled, which would support the Cardiology Transformation programme. Work is also starting to identify devices which could support the Diabetes Transformation programme too.

- **Capacity Management:**

    - Aims to provide a single system for managing live bed capacity, understanding demand, and managing patient flow to improve the efficacy and efficiency of resource deployment in the system.
    - It is anticipated that the first version of an urgent care dashboard to support the above ambition will be made live by 30th November.

- **Neighbourhood Teams:**

    - Work has continued in the background to provide infrastructure (network connectivity, hardware, software, voice, collaboration services etc.) and support, to the last of the emergent and maturing Neighbourhood Teams.

4. Progress on the Acute Service Review (ASR)

The Lincolnshire Acute Service Review started in December 2017 and posed the following question;

What is the optimum configuration of United Lincolnshire Hospitals NHS Trust (and the role of neighbouring acute trusts), in order to achieve a thriving acute hospital service in Lincolnshire (and for the population as a whole) achieving clinical and financial sustainability across the Lincolnshire NHS health economy?

As stated in June, it is anticipated that the Acute Service Review will suggest significant service change which would require a full public consultation exercise in line with national guidance. The ASR process is therefore following the published (March 2018) guidance from NHS England titled “Planning, assuring and delivering service change for patients” which fully describes the current policy position, including regional and national gateways, that any proposals are required to progress through. Once this process has been completed we will formally consult with the public once this process is completed.

As many elements of this process are national, it is not possible to say when public consultation will commence. A full and open public consultation will be required to inform any final decisions on the configuration of services through the Acute Services Review.

5. Public Engagement

In our report in June, we committed to relaunching our STP website, holding a number of public engagement events across the county and launching an online survey as a further method by which the public could share their views. These actions have been delivered.

In summary, we undertook a series of nine engagement events to discuss hospital services in Lincolnshire, each in a different location within the county. In addition, an engagement questionnaire was launched in online and paper formats to enable the public and other stakeholders to share their views.

Both the events and the questionnaire sought to explore general issues affecting healthcare and hospital services in the county, with an additional focus on specific service areas, namely: breast services, trauma and orthopaedics, general surgery, stroke services, women's and children's services, urgent and emergency care plus haematology and oncology services.

The questionnaire, event invites and publicity materials were distributed from all seven NHS organisations mainly via email as this is the method most commonly used. This generated over 3,000 comments within the survey responses and 150 pages of feedback from the listening events. These responses are informing both our current work programmes detailed above in sections 1, 2 and 3 of this quarterly update plus we are also learning from what went well and what we can improve in future engagement exercises.

In general, there was widespread understanding of why changes were being considered, the need to improve quality and safety standards, the importance of supporting the NHS workforce and the challenges of delivering care across our rural county.

There were numerous comments about the rurality of Lincolnshire and the limitations of its public transport and road infrastructure (exacerbated by seasonal fluctuations and public transport timetable changes in eastern coastal areas). Although some attendees were happy to travel further for better care, others felt that particular types of patient might be disadvantaged by having services in fewer locations, e.g. those financially challenged or living in deprived areas, those without personal transport, those needing to attend repeat appointments or travel while unwell/recovering from treatment, and those who family or friends might find it harder to visit. The possible impacts on dependents and the wider family was also mentioned by some.

These engagement exercises in the summer are one example of the work currently being done with patients, the public and staff. Briefings, listening exercises, targeted work for example with the homeless and social media campaigns have continued into autumn and we have plans to continue these healthy conversations in 2019.

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:	**12 December 2018**
Subject:	**Annual Reports of: -** • **South Lincolnshire Clinical Commissioning Group and** • **South West Lincolnshire 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 South Lincolnshire CCG and South West Lincolnshire CCG.

So far, the Committee has considered two annual reports Lincolnshire West CCG on 17 October; and Lincolnshire East CCG on 14 November. The annual reports of South Lincolnshire CCG and South West Lincolnshire CCG are attached to this report.

John Turner, the Chief Officer for both South Lincolnshire CCG and South West Lincolnshire CCG, will be in attendance for this item.

Actions Required:

To consider the information in the 2017-18 Annual Reports of:

- South Lincolnshire Clinical Commissioning Group; and
- South West Lincolnshire Clinical Commissioning Group;

In each focusing on the specific issues in each CCG area.

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 Reports of South Lincolnshire CCG and South West Lincolnshire CCG

Rather than focus on the Annual Report and Accounts of South Lincolnshire CCG and South West Lincolnshire CCG in their entirety, it is proposed to focus on the 'annual report' sections, in effect pages 1-39 of the South Lincolnshire CCG annual report (Appendix A) and pages 1-37 of the annual report of South West Lincolnshire CCG (Appendix B).

The full Annual Report and Accounts of South Lincolnshire CCG 2017-18 are available at the following link:

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

The full Annual Report and Accounts of South West Lincolnshire CCG 2017-18 are available at the following link:

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 South Lincolnshire Clinical Commissioning Group and South West Lincolnshire Clinical Commissioning Group.

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

Appendix A	Annual Report and Accounts 2017-18 of South Lincolnshire Clinical Commissioning Group – **Pages 1-39 only**
Appendix B	Annual Report and Accounts 2017-18 of South West Lincolnshire Clinical Commissioning Group – **Pages 1-37 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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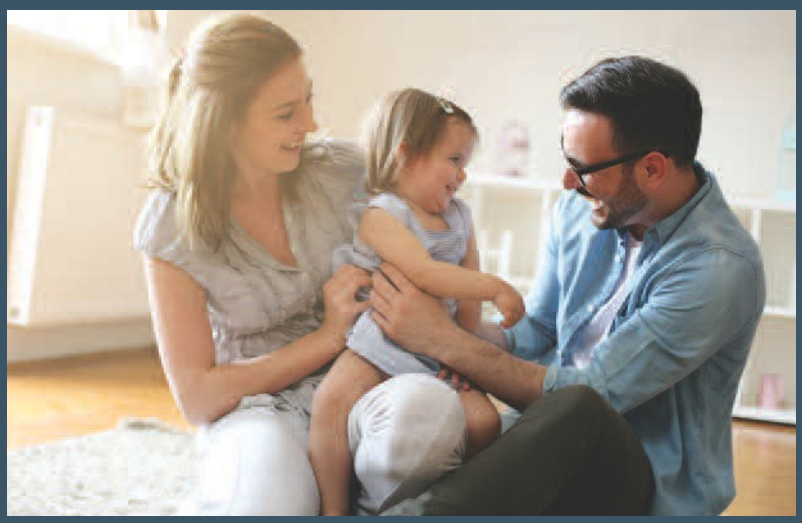
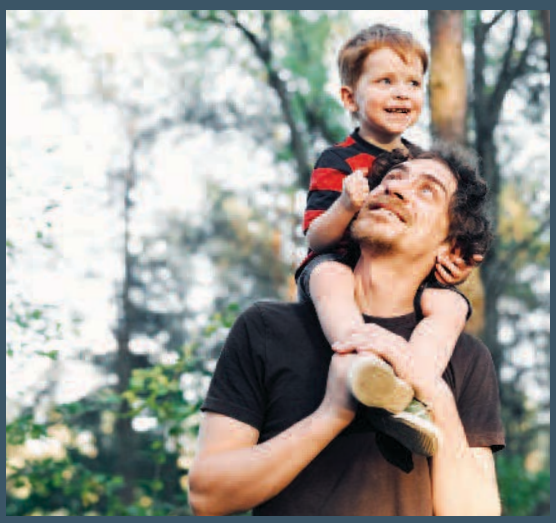
NHS

South Lincolnshire

Clinical Commissioning Group





Annual Report and Accounts 2017/18

NHS South Lincolnshire Clinical Commissioning Group

Annual Report and Accounts 2017/18

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STATEMENT FROM THE CCG CHAIR AND ACCOUNTABLE OFFICER

Dr Kevin Hill,
GP Chair

Mr John Turner,
Accountable Officer

Welcome to the 2017/18 Annual Report for NHS South Lincolnshire Clinical Commissioning Group which covers the period 1 April 2017 to 31 March 2018. The annual report of South Lincolnshire CCG has been prepared in accordance with the NHS Act 2006 (as amended 2012) Directions by NHS England, in respect of Clinical Commissioning Groups' annual report.

This report presents us with the chance to share with you how we have fulfilled our statutory duties and to highlight some of the work we have undertaken over the last year throughout the south of the county.

There is no doubt that the last 12 months have proven to be extremely challenging for us and CCGs around the country, but we are proud of the work we have undertaken. Ensuring high quality care for patients is at the heart of everything we do. Once again we have experienced some significant Financial and Quality, Innovation, Productivity and Prevention (QIPP) challenges which have, amongst other things, driven our continued desire to do certain things differently. However, we are very proud of the work we have undertaken as commissioner of health services for the people of South Lincolnshire. The CCG's staff and management team have worked incredibly hard to build on the progress we have made in previous years and we would like to take this opportunity to thank them for their work and support. They have all greatly contributed to delivery of high quality patient care, and have played a significant role in supporting the CCG.

We would like to particularly thank our primary care colleagues who, despite being under significant pressure, continue to be the heartbeat of the CCG. Our member GP practices have continued to play a pivotal role in the running of the CCG over the last year, and our Governing Body includes a number of clinicians, all of whom practice locally as GPs. They are better placed than anyone to understand how we can best meet the needs of local patients, the pressure healthcare is under and how we can address this.

Our partners, who are also under significant pressure, have played a key role again in our work over the last 12 months, particularly our provider organisations. These close relationships have proved vital for us as a health system over the last year. The core challenges we face, such as our ageing population with its increasingly complex needs, means a corresponding increase in pressure not just on health but also on social care. Nationally there is a clear imperative for health and social care to work together, and for us this makes a great deal of sense, although it is not without its challenges.

Collaborative working is increasingly becoming the norm for the NHS, simply because it makes sense, where possible, to do things once. We have worked especially closely with our neighbouring CCGs in the South West, East and West of Lincolnshire, and this will continue into 2018/19 and beyond.

In addition to our providers and our GPs, we really value the contribution made by the voluntary sector, which is becoming increasingly important. Making better use of the voluntary sector's expertise and resources is something we plan to do much more in the future.

Nationally, the introduction of new policies including the General Practice Forward View, Better Births, and the Lincolnshire Sustainability and Transformation Plan, have had an important impact on the way we operate and commission services. For commissioners in Lincolnshire, perhaps the most significant of these is the STP. Fundamentally we believe that the best way to meet the challenges we face is head on, and we maintain our belief that the best way to do this is by developing the links we have between local health and social care providers. The Lincolnshire Sustainability and Transformation Plan (STP) highlights clearly the pressures that are on our health system and where we want to be in five years' time.

More specifically, the STP describes how we want to make the the NHS in Lincolnshire sustainable for the future, so that it can provide the healthcare that patients need seven days a week. Fundamentally relying less on care provided in large acute hospitals and instead delivering more in people's homes, local communities and GP practices.

We remain totally committed to involving you, our patients, carers and communities as much as we possibly can in our work. There are various means by which you can get involved with the work of CCG, and we are especially keen when we can to engage more with people about local services and their transformation.

Having already alluded to the expectation that we will work more collaboratively and increasingly do things once, we wanted to also highlight that we are working increasingly closely with our immediate neighbours, South West Lincolnshire Clinical Commissioning Group. We now share one staff team across the two CCGs, which has helped us to reallocate capacity to where it is particularly needed in order to deliver our objectives. However, we will remain as two statutory bodies with separate Governing Bodies, as we believe this is the best way to ensure each organisation best meets the needs of patients locally.

The next year already looks like it will continue to challenge CCGs locally and nationally. In order to achieve the best for patients, and meet our financial and constitutional targets, we will have to make some tough decisions around where we spend the money allocated to us and the services we commission.

Finally, we will be holding our Annual Public Meeting later this year, where you will have the opportunity to ask questions about this report and our work buying healthcare services for the people of South Lincolnshire.

We hope that you will enjoy reading this report.

OVERVIEW

PERFORMANCE REPORT

The purpose of this overview is to give a brief summary of the CCG, its purpose and activities, demographic profile, how we work in the local health system, and with whom we have contracts. It also summarises our performance against key targets, risks to achieving our strategic objectives and what our main challenges have been this year. We have provided more detail on all these areas later in the report.

About Us

NHS South Lincolnshire Clinical Commissioning Group (CCG) is a clinically led commissioning organisation authorised by the Government to plan, buy and monitor healthcare services for approximately 162,000 people living in South Lincolnshire.

The CCG was legally established from 1 April 2013 as part of the Government's reforms of the NHS, as set out in the Health and Social Care Act 2012 (which amended the NHS Act 2006). 2017/18 was the fifth year of operation for the CCG.

The CCG is a membership organisation made up of 13 GP practices who provide primary care services to people living in the area (the CCG had 15 practices up to 30 November 2017 – this was reduced to 13 following the merger of three of the practices in Stamford).

Purpose and Activities of the CCG

Our purpose is to ensure provision of high quality, efficient and cost effective healthcare services for our geographical area, which covers Stamford, Bourne, Market Deeping, Spalding, Long Sutton and surrounding areas. The main hospitals serving this population are Peterborough and Stamford and Rutland Hospitals, Johnson Community Hospital, Queen Elizabeth Hospital, Kings Lynn and Pilgrim Hospital, Boston. We have a Clinical Chair, Dr Kevin Hill, who provides overall clinical leadership.

Our Accountable Officer is Mr John Turner, who has overall responsibility for managing the work of the CCG.

The work of the CCG is overseen by a Governing Body which includes GPs, other health professionals, Lay Members and NHS Managers.

Our main responsibilities are:

- Ensuring safe, high quality provision of healthcare.
- Listen to patients, carers and local people to understand health needs, and take their views into account to create meaningful choices
- Providing information and empowering people to manage their own health
- Analysing the health and social care needs of our local population – working with the Lincolnshire Health and Wellbeing Board
- Planning health services for the next year and for the future – working with our practices, partners and local people
- Commissioning other organisations to provide services in line with our plans
- Agree service contracts and managing performance against those agreements on your behalf
- Making the best use of the resources we have to provide healthcare

Practice

1. Abbeyview Surgery, Crowland Health Centre PE6 0AL

2. Beechfield Medical Centre, Beechfield Gardens, Spalding PE11 1UN

3. Deepings Practice, Godsey Lane, Market Deeping PE6 8DD

4. Galletly Practice, 40 North Road, Bourne PE10 9BT

5. Gosberton Medical Centre, Lowgate, Gosberton PE11 4NL

6. Hereward Medical Centre, Exeter Street, Bourne PE10 9XR

7. Littlebury Medical Centre, Fishpond Lane, Holbeach PE12 7DE

8. Moulton Medical Centre Moulton PE12 6QB

9. Munro Medical Centre, West Elloe Avenue, Spalding PE11 2BY

10. Pennygate Health Centre, 210 Pennygate, Spalding PE11 1LT

11. Lakeside Healthcare Stamford*

12. Sutterton Surgery, Spalding Road, Sutterton, Boston PE20 2ET

13. Long Sutton Medical Centre, Trafalgar Square, Long Sutton, Spalding PE12 9HB (also Sutton Bridge Surgery)

*(incorporating St Mary's Medical Centre, Wharf Road, Stamford PE9 2DH and New Sheepmarket Surgery, Ryhall Road, Stamford PE9 1YA

Our commissioning budget in 2017/18 was £233.453 million and the services we commission or buy are:

- Planned hospital care
- Rehabilitative care
- Urgent and emergency care
- Most community health services
- Mental health and learning disability services

Our main providers of services

In 2017/18 we continued to have full delegated responsibility from NHS England to commission primary care services.

We also work with a number of providers of health care in acute, community and mental health settings. Our main providers are:

- North West Anglia NHS Foundation Trust (NWAFT)
- United Lincolnshire Hospitals NHS Trust (ULHT)
- Queen Elizabeth Hospital NHS Foundation Trust, Kings Lynn (QEH)
- Ramsay Health Care
- Lincolnshire Community Health Services NHS Trust (LCHS)
- Lincolnshire Partnership NHS Foundation Trust (LPFT)
- East Midlands Ambulance Services NHS Trust (EMAS)

In addition, GP out of hours services are provided by Lincolnshire Community Health Services NHS Trust. The local provider of the NHS 111 service is Derbyshire Health United. Non-Emergency Transport Services are provided by Thames Ambulance Services Limited (TASL).

OUR MISSION, VISION AND VALUES

Vision

Working in partnership with others we will make the most effective use of the resources we have available to achieve the best health outcomes for the people of South Lincolnshire.

Mission

For the people of South Lincolnshire to live longer and healthier lives.

Values

We will uphold the principles, values and rights set out in the NHS Constitution. In addition, the values underpinning the work of the CCG are:

RESPECT, FAIRNESS AND EQUALITY

We will treat everyone equally, recognising and valuing diversity and ensuring everyone has the opportunity to fulfil their potential. We will treat patients, the public, our staff and others with respect and dignity.

AMBITION

We will seek to achieve the highest standards in commissioning and secure the best health outcomes that we can for the people of South Lincolnshire.

LEADERSHIP

We will act as leaders within the NHS and with others who contribute to improving the health of the people of South Lincolnshire.

QUALITY

We will ensure that quality is central to everything that the CCG does.

HONESTY AND TRANSPARENCY

We will be open, honest and transparent about the decisions we make, explaining and sharing our decisions with the people of South Lincolnshire.

LISTENING AND LEARNING

We will listen to patients, local people, health professionals and others who support the CCG. We will learn from others within and beyond the NHS to inform our decisions and strategic plans.

EFFICIENCY

We will spend public money wisely, ensuring efficiency and value for money.

Our population

- Overall, the South Lincolnshire CCG has relatively low levels of deprivation, as measured by the Index of Multiple Deprivation (IMD), although there are differences across the CCG. The highest levels of multiple deprivation are in Long Sutton and Sutterton with the lowest being in Stamford and Market Deeping.
- Over a fifth (22.7%) of the population are aged 65 years and over, higher than the England average (17.3%).
- The 2011 Census identifies that the Black and Minority Ethnic (BME) population represent 2.3% of the CCG population. An estimated 1.8% of the population cannot speak English well or at all, which is similar to that in England overall (1.7%).
- Overall life expectancy at birth in the CCG is significantly higher than the England average for both females (83.6years) and males (80.3%years).
- The overall premature mortality rate (deaths <75years) is significantly lower than that for England.
- There is an increasing trend in relation to some long term conditions, for example diabetes in adults, which has a higher prevalence (7.5%) than in England (6.7%).
- Over a fifth (22.1%) of reception year children have excess weight and this is over a third (34.2%) for year 6 children.

The profile should be read alongside the Joint Strategic Needs Assessment (JSNA) in order for the reader to consider how the five priority themes of the JSNA link to key health and health inequality concerns in the CCG. Details on the JSNA are included later in this report under the Improving Health section.

Working with partners and key stakeholders

We work with a number of partners including clinicians, NHS England, providers, public health, social care, other CCGs and voluntary sector providers to ensure we understand the needs of our communities, so that the services we commission are of the very highest quality, delivered in the right place and improve health outcomes.

The CCG has a particularly close working relationship with South West Lincolnshire CCG with a number of senior shared roles across both organisations, including the Accountable Officer, Chief Finance Officer, Secondary Care Doctor and CCG Corporate Secretary/Manager. There is also one senior leadership team across both CCGs.

In addition, both CCGs have a number of Committees that meet under a 'Committees in Common' approach. Further details are set out in the Annual Governance Statement presented later in the report.

We have continued our close working with Public Health colleagues on a number of areas including the development of the Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and social prescribing, which are referred to later in the report. A member of the Public Health team regularly attends CCG Governing Body meetings to further enhance collaborative working.

We work with Healthwatch Lincolnshire to ensure that the views of the public and people who use services are heard. The Chief Executive of Healthwatch Lincolnshire regularly attends the CCG Governing Body meetings and other representatives participate in the Quality and Patient Experience Committee and Patient and Public Council.

Key issues and risks to achieving our objectives

During 2017/18, the CCG has further strengthened its governance arrangements to identify, respond to and report risk, and established a Joint Risk Management Group (JRMG). This group ensures a consistent approach across the CCG to risk assessment and measurement, and also forward-scans and assesses the impact of possible future risks as well as ensuring the CCG can respond tounknown risks. The JRMG reviews the Risk Register and Governing Body Assurance Framework at every meeting.

In 2017/18 the CCG also established a Finance and QIPP Delivery Committee which meets under a Committees in Common approach with South West Lincolnshire CCG, which has strengthened the financial reporting to Governing Body.

The Governing Body receives and discusses the Governing Body Assurance Framework on a quarterly basis and during 2017/18 ensured that risk was a specific agenda item at the end of each meeting to support risk identification and risk triangulation.

The Annual Governance Statement, which features later in this report, explains our risk management procedures in detail.

Going Concern

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

The budget for 2018/19 has already been agreed with NHS England. On this basis, there is no reason to believe that sufficient funding will not be made available to the CCG in the 12 months from the date of approval of the Financial Statements.

As such our Financial Statements which feature later in this report have been prepared on a going concern basis.

Performance Summary

CCGs are accountable for how they spend public money and achieve good value for money for their patients. They have a wide range of statutory duties they are required to meet. The CCG has discharged its duties through its commissioning business and governance arrangements. Discharge of key duties are defined in the CCG Constitution and carried out through the Scheme of Reservation and Delegation.

NHS England CCG Improvement and Assessment Framework

NHS England has a statutory duty (under the Health and Social Care Act (2012)) to conduct an annual assessment of every CCG. The assurance process aims to ensure that CCGs are commissioning safe, high quality and cost effective services, to achieve the best possible outcomes for patients.

The CCG Improvement and Assessment Framework (IAF) became effective from the beginning of April 2016, replacing the CCG Assurance Framework.

The IAF covers indicators located in four domains:

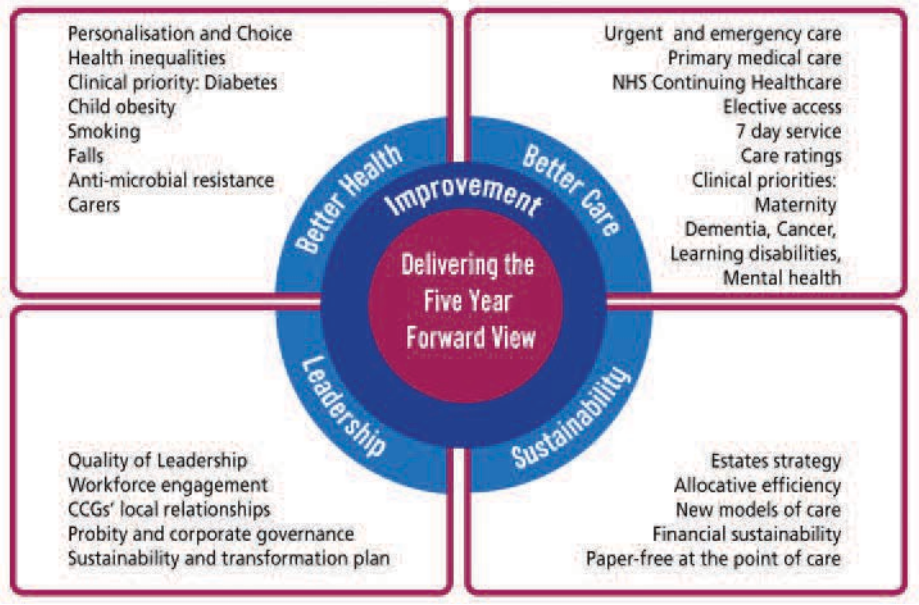
Better Health: this section looks at how the CCG is contributing towards improving the health and wellbeing of its population, and bending the demand curve;

Better Care: this principally focuses on care redesign, performance of constitutional standards, and outcomes, including in important clinical areas.

Sustainability: this section looks at how the CCG is remaining in financial balance, and is securing good value for patients and the public from where it spends money.

Leadership: this domain assesses the quality of the CCG's leadership, the quality of its plans, how the CCG works with its partners, and the governance arrangements that the CCG has in place to ensure it acts with probity, for example in managing conflicts of interest.

An annual overall rating will be made and published on MyNHS.net for each CCG in June 2018. These will be based on categories of 'Outstanding', 'Good', 'Requires Improvement' and 'Inadequate'.



> **"THE CCG OVERALL CURRENT RATING FOR THE MOST RECENT 2016/17 YEAR END ASSESSMENT IS 'GOOD'. THIS IS AN IMPROVEMENT ON THE PREVIOUS YEAR"**

The CCG overall current rating for the most recent 2016/17 year end assessment is 'good'. This is an improvement on the previous year where the CCG was rated as 'requires improvement'. Specific details are set out below:

- Better Health – requires improvement in cancer, dementia and mental health
- Better Care – outstanding performance in diabetes
- Sustainability – in year financial performance is amber.
- Leadership – is green overall

The details are publically available on the My NHS website https://www.nhs.uk/service-search/performance/search

Financial Performance

During the course of 2017/18 concerns were raised about the CCG's financial position and the ability to achieve the agreed control total. During December 2018, the CCG declared it was in financial recovery and a plan was put in place to support delivery of a revised control total.

As a result of the financial recovery plan, the CCG mitigated some of the over performance at the end of 2017/18. There is further detail on the CCG's financial performance later in the report.

PERFORMANCE ANALYSIS

NHS Constitutional Standards

Achieving delivery of the NHS constitutional standards remained a key priority for the CCG in 2017/18 but has been particularly challenging, with both national and local factors affecting performance. There are areas of care where performance is positive but there are also areas where the CCG continues to seek improvement. Areas of continued focus are the A&E 4 hour standard, Ambulance Response Indicators, Cancer performance and Referral to Treatment Times for Planned Care.

Urgent Care

The CCG continues to focus on emergency and urgent care pathways and achievement of the constitutional standards for the CCG's population across all providers. For South Lincolnshire CCG patients the majority of care is provided by North West Anglia NHS Foundation Trust (NWAFT).
For 2017/18 CCG performance across all providers against the A&E 4 Hour Standard (95%) for A&E was 83.8%. At provider level NWAFT achieved 80.7%, ULHT 75.1% and QEH 85.5%. The figures above represent reduced performance at CCG level and at all providers with the exception of the CCG's main provider NWAFT who have seen a 0.50% improvement against the previous year.

At the CCG's second biggest provider, ULHT, there have been changes that have impacted on the delivery and performance of the A&E 4 hour standard. At the Grantham and District Hospital site opening hours have been reduced and the current opening hours are 8am to 6.30pm 7 days a week. The opening hours were restricted for patient safety reasons in August 2016 due to a shortage of middle grade doctors across Lincolnshire's three A&Es. The CCG continues to work with partner organisations and local GPs to enable the majority of patients that attend A&E continue to be seen and treated at Grantham. There continues to be work undertaken to develop a specification at Grantham to include the draft guidance on new critical care standards. The Out of Hours service remains open at Grantham hospital outside of the opening hours.

There are recovery plans in place across the systems and the CCG will continue to work with its commissioning partners, community and secondary care providers to redesign services to work towards sustainable and effective urgent care pathways, ensuring that wherever possible care can be managed locally and without the need for admission to a hospital bed with 'Home First' being a key principle.

Table A:

Description	Standard	16/17 Outturn	17/18 Outturn
A & E			
A&E Waiting Time - % of people who spend 4 hours or less in A&E (SUS - CCG)	95.0%	85.2%	83.8%
A&E Waiting Time - % of people who spend 4 hours or less in A&E (NWAFT)	95.0%	80.2%	80.7%
A&E Waiting Time - % of people who spend 4 hours or less in A&E (ULHT)	95.0%	79.3%	75.1%
A&E Waiting Time - % of people who spend 4 hours or less in A&E (QEH)	95.0%	90.6%	85.5%
Trolley Waits	Standard	16/17 Outturn	17/18 Outturn
Trolley waits in A&E - Number of patients who have waited over 12 hours in A&E from decision to admit to admission (NWAFT - CCG Position)	0	0	0
Trolley waits in A&E - Number of patients who have waited over 12 hours in A&E from decision to admit to admission (ULHT - CCG Position)	0	0	0
Trolley waits in A&E - Number of patients who have waited over 12 hours in A&E from decision to admit to admission (QEH - CCG Position)	0	0	0
Ambulance Handover	Standard	16/17 Outturn	17/18 Outturn
Ambulance handover time - Number of handover delays of >30 minutes (Peterborough City)	0	1648	2038
Ambulance handover time - Number of handover delays of >1 hour (Peterborough City)	0	1046	1090
Ambulance handover time - Number of handover delays of >30 minutes (Boston)	0	3939	5893
Ambulance handover time - Number of handover delays of >1 hour (Boston)	0	1401	3810

Ambulance Services

The East Midlands Ambulance Service NHS Trust (EMAS) performance continues to fail against all of the quality and access standards.

EMAS implemented the Ambulance Response Programme (ARP) on the 19 July 2017. The new standards under ARP replace the previous red and green standards. Divisional performance is shown against each of the new national standards shown in the table below which is based on un-validated data. Performance remains below the standard across all indicators for EMAS and the Lincolnshire division.

SLCCG	Category 1		Category 2		Category 3	Category 4
	Mean	90th centile	Mean	90th centile	90th centile	90th centile
National standard	*00:07:00*	*00:15:00*	*00:18:00*	*00:40:00*	*02:00:00*	*03:00:00*
Aug-17	00:10:51	00:20:01	00:34:01	01:10:26	03:07:11	02:01:14
Sep-17	00:10:48	00:20:45	00:36:03	01:19:55	03:47:11	04:38:12
Oct-17	00:10:14	00:19:34	00:39:58	01:28:34	04:43:25	04:16:48
Nov-17	00:12:24	00:22:11	00:50:01	01:46:38	04:56:22	00:21:19
Dec-17	00:14:02	00:24:43	00:49:00	01:46:52	04:39:22	08:28:10
Jan-18	00:13:40	00:23:18	00:57:20	02:03:41	04:29:30	05:32:52
Feb-18	00:13:08	00:24:04	01:05:03	02:29:13	05:23:59	02:13:49
Mar-18	00:12:52	00:24:58	01:04:11	02:21:34	06:25:10	03:34:54

Remedial action plans are in place via the Lincolnshire Co-ordinating Commissioner and continue to be monitored. There have been innovative projects implemented such as the joint ambulance conveyance project piloted with Lincolnshire Fire and Rescue in 2015 and this continues to operate from two fire stations in Lincolnshire. The scheme will be reviewed on a regular basis to ensure the model continues to enhance ambulance provision with the county.

In January 2018 the Lincolnshire Urgent Care Strategy was agreed by the A&E Delivery Board and System Executive Team. The vision for Lincolnshire is 'to transform our urgent and emergency care services into an improved, simplified and financially sustainable 24/7 system that delivers the right care in the right place at the right time for all of our population'. There are a number of strategic aims of the local strategy based on various national policy and guidance, supporting the delivery will be four projects:

- Supporting self-care / self-management & prevention
- Access to the right advice first time for urgent care needs (hear and treat)
- Delivery of Urgent Care Out of Hospital
- A&E redesign

Additionally, the following schemes have been put into place and have continued to be embedded within 2017/18. These include

- Clinical Assessment Service (CAS)
  - Taking call from on-scene paramedics to reduce conveyances to A&E
  - Taking part in assessment of calls from care homes
  - Continued development of a falls pathway
- GP Streaming in A&Es - there has been a GP in A&E at Grantham for a number of years and this supports admission avoidance, children's urgent care, minor streams and the general flow of patients.
- The Discharge Lounge at Grantham provides a more appropriate place for patients to wait for the results of diagnostics tests also helping to reduce inappropriate admissions.
- Extended access in primary care

Planned Care

The CCG achieved the 92% referral to treatment (RTT). This is for patients to receive treatment within 18 weeks from the date of referral on non-emergency pathways, including offering patient choice. At the CCG's main provider North West Anglia Foundation Trust (NWAFT) 2017/18 performance was 92.7%. This is a reduction on 2016/17 performance (95.1%) but is still above the 92.0% RTT standard. At the CCG's other providers, ULHT 2017/18 performance was below the 92% standard at 89.9% and QEH are no longer achieving the 92.0% standard with 2017/18 performance of 86.5%.

There has been a deterioration in the number of 52 week breaches with only one being recorded in 2017/18 compared to five recorded during 2016/17.

The diagnostic waiting time standard of less than six weeks is just below the target at CCG level. All providers are below the 99.0% standard.

The Planned Care Improvement Plan in place for 2017/18 will continue to promote improved outcomes, reduce unplanned contact, improve patient access to the right person at the right time, reduce demand for secondary care services, support recovery from acute treatment and profiling elective care capacity to allow an increase in non-elective care during the winter period.

As part of the transformation work in Planned Care work continues to implement the use of technology linked to demand management – virtual clinics, electronic advice and guidance and full electronic booking via the NHS electronic referral service (e-RS) by October 2018 (Consultant Led only). Not only will this be more convenient for patients it will also aid the reduction in face to face appointments.

Description	Standard	16/17 Outturn	17/18 Outturn
RTT - Incompletes			
RTT - Incomplete Pathways (CCG)	92.0%	94.2%	92.1%
RTT - Incomplete Pathways (CCG for ULHT)	92.0%	91.0%	89.9%
RTT - Incomplete Pathways (CCG for NWAFT)	92.0%	95.1%	92.7%
RTT - Incomplete Pathways (CCG for QEH)	92.0%	92.0%	86.5%
RTT - No. Over 52 weeks within incomplete pathways (CCG)	0	5	1
Diagnostics	Standard	16/17 Outturn	17/18 Outturn
Diagnostic Test Waiting Time <6 wks (CCG)	99.0%	98.8%	98.5%
Diagnostic Test Waiting Time <6 wks (CCG for ULHT)	99.0%	98.6%	98.2%
Diagnostic Test Waiting Time <6 wks (CCG for NWAFT)	99.0%	98.9%	98.5%
Diagnostic Test Waiting Time <6 wks (CCG for QEH)	99.0%	99.4%	98.8%
Cancelled Operations	Standard	16/17 Outturn	17/18 Outturn
Cancelled Operations - % of patients cancelled for non-clinical reasons not readmitted within 28 day (ULHT)	0.0%	7.7%	6.6%
Cancelled Operations - % of patients cancelled for non-clinical reasons not readmitted within 28 day (NWAFT)	0.0%	7.8%	16.2%
Cancelled Operations - % of patients cancelled for non-clinical reasons not readmitted within 28 day (QEH)	0.0%	6.5%	12.5%

Cancer Care

Achieving the national cancer targets and ensuring that patients are seen as quickly as possible is a key priority for the CCG. 2017/18 YTD performance is similar to that reported in the 2016/17 outturn with the same indicators achieving/failing as previously reported. Out of the eight measured cancer indicators the CCG achieved five with performance below targets against, Cancer 2 Week Wait - breast symptomatic referrals, Cancer 62 Day Waits - first definitive treatment, GP referral and Cancer 62 Day Waits - treatment from Screening referral.

At NWAFT there is a Contract Performance Notice open between the CCG and the provider for Cancer 62 Day Waits -first definitive treatment, GP referral.

Despite the Trust developing and completing actions to increase performance it has not been maintained above the standard for more than three consecutive months in 2017/18. Key issues affecting performance are increased demand on the imaging department impacting turnaround times and endoscopy delays impacting pathways. Recovery plans are in place including plans for recruitment for Colorectal Associate Physicians and demand and capacity reviews.

Description	Standard	16/17 Outturn	17/18 Outturn
Cancer 2 Week Wait - suspected cancer	93.00%	95.7%	93.0%
Cancer 2 Week Wait - breast symptomatic referrals	93.00%	89.3%	91.4%
Cancer 31 Day Waits - first definitive treatment	96.00%	98.0%	97.3%
Cancer 31 Day Waits - subsequent treatment, surgery	94.00%	97.5%	96.8%
Cancer 31 Day Waits -subsequent treatment, chemotherapy	98.00%	99.4%	100.0%
Cancer 31 Day Waits - subsequent treatment, Radiotherapy	94.00%	97.2%	97.8%
Cancer 62 Day Waits - first definitive treatment, GP referral	85.00%	76.8%	80.4%
Cancer 62 Day Waits - treatment from Screening referral	90.00%	88.8%	76.8%
Cancer 62 Day Waits - treatment from Consultant upgrade	No standard	97.3%	92.7%

At ULHT the same target has only been achieved once in 2017/18. Sustained recovery is not likely for some time, however, on-going actions at ULHT should result in a steady improvement in performance. Breach numbers are low and tend to be a mix of complex cases, capacity and patient choice.

Actions are on-going to improve performance at ULHT this includes:

- 7 day horizon booking
- Upper GI straight to test
- Standardisation of the radiology booking processes
- Improved uptake of cancer screening programmes
- Prostate cancer follow up in the community for those with stable PSA
- Faecal Immunochemical testing in primary care
- Personalised follow up

Mental Health

The CCG has seen some slight deterioration against its mental health indicators with two indicators not achieving in 2017/18. Percentage of patients under adult mental illness on CPA who were followed up within seven days of discharge from psychiatric in-patient care (CCG) was just below the target and estimated diagnosis rate for people with dementia.

The CCG achieved the dementia diagnosis rate in 2016/17 but has been unable to report achievement of the target in 2017/18. This has been impacted by changes to how the indicator has been calculated since April 2017 where a change in the calculation methodology has negatively impacted CCG performance. The CCG has undertaken specific work to try and improve the dementia diagnostic rate including the completion of a self-assessment tool as advised by East Midlands Mental Health Clinical Network (EMMHCN). In addition to this, the CCG has been asking GP practices to run Data Quality Toolkit searches that run checks on their records and flag any patients that may need their records reviewing.

Care Programme Approach (CPA) achieved in quarter 1 (96.55%) and quarter 2 (95.83%) but failed to achieve in quarter 3 (90.91%) and quarter 4 (92.31%). The 2017/18 position was 94.3% against the 95% target and was only just below the standard.

The CCG met all IAPT targets in 2017/18.

There has been a focus on reducing the health inequalities between people with serious mental illness and the general population. The Lincolnshire vision is to improve the system wide delivery for people requiring general and specialist support. In line with the Mental Health Forward View (MHFV) and to meet the mental health investment standard, there is a significant work programme being developed to ensure there is parity of esteem.

There are two key projects:

- The Transforming Care Partnership, improving services for people with a learning disability and/or autism who also have, or are at risk of developing, a mental health condition or behaviours described as challenging.
- Ensuring there is sufficient service provision in county and eliminating all out of area placements by 2024

Other priorities linked to the MHFV are:

- Improved access for children and your people
- Community eating disorder services
- Increased bed stock for children and adolescent mental health services (Tier 4)
- Expanded specialist perinatal care

Description	Standard	16/17 Outturn	17/18 Outturn
Early Intervention in Psychosis (EIP)			
Early Intervention in Psychosis - Patients treated within 2 weeks (CCG)	50.00%	86.7%	78.6%
Early Intervention in Psychosis - Patients treated within 2 weeks (LPFT)	50.00%	97.4%	83.8%
Early Intervention in Psychosis - Patients treated within 2 weeks (CPFT)	50.00%	77.6%	82.5%
Improving Access to Psychological Therapies (IAPT)			
Description	**Standard**	**16/17 Outturn**	**Feb 2018 YTD**
IAPT Roll Out (CCG)	15.0%	16.8%	19.2%
IAPT Recovery Rate (CCG)	50.0%	53.9%	50.0%
IAPT 6 Weeks Waiting (CCG)	75.0%	98.1%	83.9%
IAPT 18 Weeks Waiting (CCG)	95.0%	100.0%	98.3%
IAPT Roll Out (LPFT)	15%	17.8%	18.7%
IAPT Recovery Rate (LPFT)	50.0%	53.0%	50.7%
Care Programme Approach (CPA)			
Description	**Standard**	**16/17 Outturn**	**17/18 Outturn**
% of patients under adult mental illness on CPA who were followed up within 7 days of discharge from psychiatric in-patient care (CCG)	95.0%	97.1%	94.3%
% of patients under adult mental illness on CPA who were followed up within 7 days of discharge from psychiatric in-patient care (LPFT)	95.0%	96.4%	95.2%
% of patients under adult mental illness on CPA who were followed up within 7 days of discharge from psychiatric in-patient care (CPFT)	95.0%	95.9%	95.6%
Dementia			
Description	**Standard**	**16/17 Outturn**	**17/18 Outturn**
Estimated diagnosis rate for people with dementia	66.7%	73.6%	61.4%

KEY ACHIEVEMENTS IN 2017/18

Adult Hearing Loss Service

Three CCGs in Lincolnshire (South, South West and East) have recently implemented a new community service for patients aged 50 years and over who present to their GP with signs and symptoms of non-complex age related hearing loss. The decision to procure the new service followed a successful, fully evaluated pilot in South West Lincolnshire CCG. Three community providers were qualified, via a rigorous qualification process, and were awarded contracts.

The new community service supports the delivery of NHS England's Five Year Forward View and will also help commissioners and providers meet the goals set in the Action Plan on Hearing Loss. The new improved pathway will:

- Improve patient access and choice with reduced patient waiting times
- Provide care closer to home
- High levels of satisfaction for both patients and referrers of the service
- Personalised care for all patients accessing the service
- Improved quality of life
- Reduce demand on secondary care services
- Focus on prevention and maintaining independence in older age
- Support people with adult hearing loss – a long-term condition
- Provide value for money

Clinical Assessment Service (CAS)

The CAS helps people to access the right service, first time when they have an urgent care need. The CAS works across organisational boundaries and is designed to help reduce unnecessary home visits, accident and emergency department attendances, emergency hospital admissions and ambulance transportations.

Patients access the CAS by calling 111 where they will have an initial triage with the 111 call-handler. Patients requiring additional clinical support or advice are transferred to the CAS, where they will speak to a Lincolnshire-based clinician who will undertake an assessment and offer the appropriate advice, arrange for a home visit or any other necessary action.

Care Portal

Improving communication with both patients and other professionals is a key element required to improve quality and reduce risk. The Lincolnshire Care Portal is a tool that will allow people working across health and social care to view information about patients that is relevant to their job role. The Care Portal draws information from the existing clinical systems across Lincolnshire, offering a real-time view. It has been trialled in some GP Practices elsewhere in Lincolnshire and will be rolled-out across the CCG during 2018.

Alongside the Care Portal, a Patient Portal is also being developed. This will allow patients to view information about themselves from multiple organisations in one place, giving them the opportunity to play a more active part in leading their own care. The availability of the Care Portal will be a significant vehicle for reducing clinical risk in both urgent and planned care pathways.

Quality Premium

The Quality Premium (QP) scheme is about rewarding Clinical Commissioning Groups (CCGs) in the quality of services they commission. The scheme also incentivises CCGs to improve patient health outcomes, reduce inequalities and improve access to services.

In addition to the national indicators CCGs are required to chose local indicators. For 2017/18 the following indicators were chosen:

- The number of diabetes patients receiving all three treatment targets. Performance will be measured using the data from the National Diabetes Audit (NDA), using 2015/16 as a baseline (38.5%). The target has been set at 44%, significantly above the England average.
- Total number of bed days relating to out of area placements to have reduced by 33% of the baseline number as at 1 April 2017.

GP Federations

The CCG recognises the importance of sustainable primary care to help us deliver care locally and GP practices are integral to the development of Neighbourhood Teams. We are proactively supporting the Allied Health South Lincolnshire (AHSL) Federation of GP Practices, which covers the CCG area except Stamford. AHSL in partnership with the K2 Federation in South West Lincolnshire CCG is taking an active role in developing our plans for the delivery of Neighbourhood Teams (NTs). The Federation has this year taken on the provision of additional primary care services over the winter and Easter periods. Additionally they have been working very closely with the neighbourhood teams.

Stamford Primary Care Home

The Lakeside Stamford Practices are part of a national Primary Care Home programme. There are four key elements that support our vision for neighbourhood teams:

- Provision of care to a defined, registered population of between 30,000 and 50,000 people
- An integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care
- Combined focus on the personalisation of care with improvements in population health outcomes
- Alignment of clinical and financial drivers with appropriate shared risks and rewards.

Neighbourhood Teams

The Neighbourhood Teams across the CCG area have continued to develop throughout 2017/18 across the natural communities of Bourne, Deepings, Spalding, Holbeach and surrounding areas. The key priority of the teams is to help people remain in their own home for as long as possible, avoiding unplanned hospital admissions, and if an admission does happen, support with a timely discharge.

The teams are wrapped around groups of GP Practices and aspire to deliver a population-based model of care, where wellbeing is maximised through communities, voluntary and statutory services working together. The teams promote, where appropriate, models of self-care. Whilst the model focusses on prevention, personalisation and time-limited interventions, it also identifies when longer-term support is required and will work with the individual and their family to facilitate this in a person-centred way, ensuring that their personal goals are central. Additional capacity is being recruited through Care Co-ordinator roles. These are clinical roles, based within each GP practice and they will actively identify and supports people with an increased risk of an unplanned hospital admission. They will work proactively with each patient, to support them to remain in their own home for as long as possible. Along with community staff, social care and the voluntary sector, the Practice Care Co-ordinators will be key Neighbourhood Team members, ensuring there is a joined-up approach and the patient is at the centre of all care plans and discussions.

FINANCIAL SUMMARY

The annual accounts of South Lincolnshire CCG have been prepared in accordance with the National Health Service Act 2006 (as amended) Directions by the NHS Commissioning Board, in respect of Clinical Commissioning Groups' annual accounts. The accounts have been prepared on a going concern basis.

The annual accounts are detailed in full from page 68 in this report.

2017/18 has been a challenging year for the CCG financially. CCGs are set a Revenue Resource Limit (RRL) by NHS England that represents the maximum that can be spent in the year. At the start of the financial year, the CCG planned to contain expenditure within the RRL for the year. During the course of the year, it became apparent that expenditure would exceed available resources and the CCG instituted a financial recovery plan. The recovery plan did help contain budgetary pressures but the actual year end position was that spending exceeded the RRL by £4.3m.

The CCG also has resources that it has not spent from previous years totalling £4.3m. Under normal circumstances these could be off-set against the deficit reported in-year, to show a cumulative breakeven position. However, due to a technical change in the guidance from NHS England, the CCG is no longer entitled to use brought forward resources and therefore has failed to achieve the statutory breakeven duty.

Summary Headline Financial Information

	2017/18 £000	2016/17 £000
Revenue Resource Limit (RRL)	229,168	229,287
Net Operating Expenditure	233,448	225,002
Surplus	(4,280)	4,285

- The CCG managed its administration functions within the allocated Running Costs Allowance of £3.4 million.
- Cash payments were also managed with the Maximum Cash Drawdown limit as allocated by NHS England.
- The Better Payment Practice Code requires the CCG to aim to pay for all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The NHS aims to pay at least 95% of invoices within 30 days of receipt, or within agreed contract terms. Details of compliance with the code are given in Note Six to the accounts.

The operating expenditure of the CCG can be split into two types:

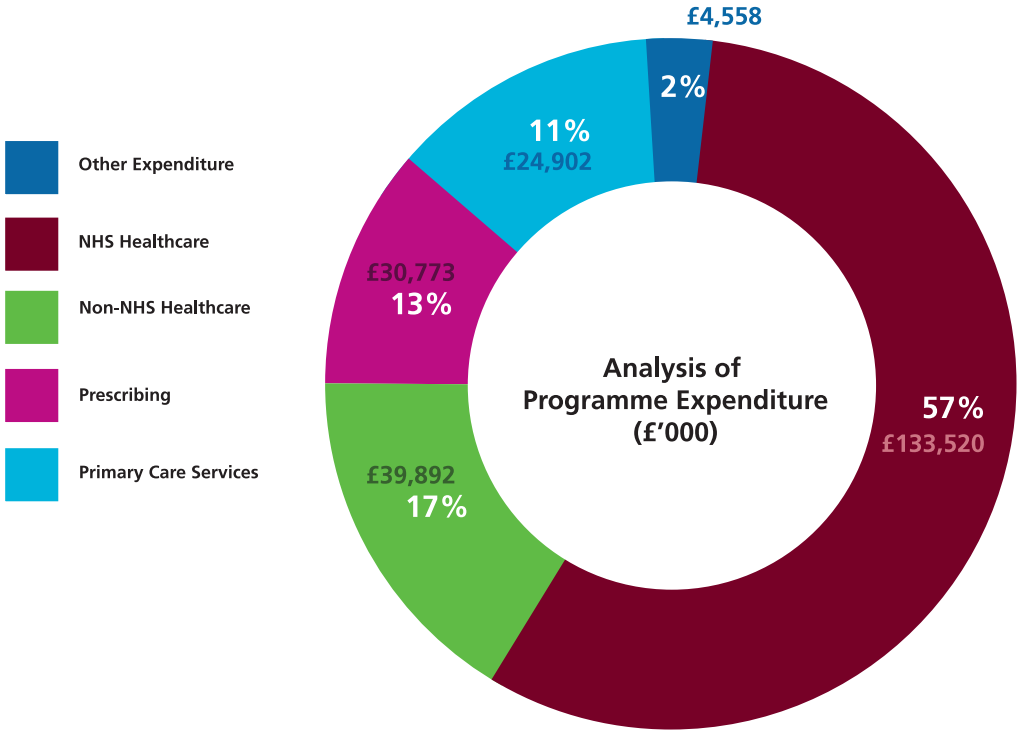
- Programme – this is expenditure on the purchase of healthcare. The CCG spent 99% of its resources on programme expenditure.
- Administration – costs that are not for the purchase of healthcare, but relate to the direct running costs of the CCG. The CCG spent 1% of its resources on administration expenditure.

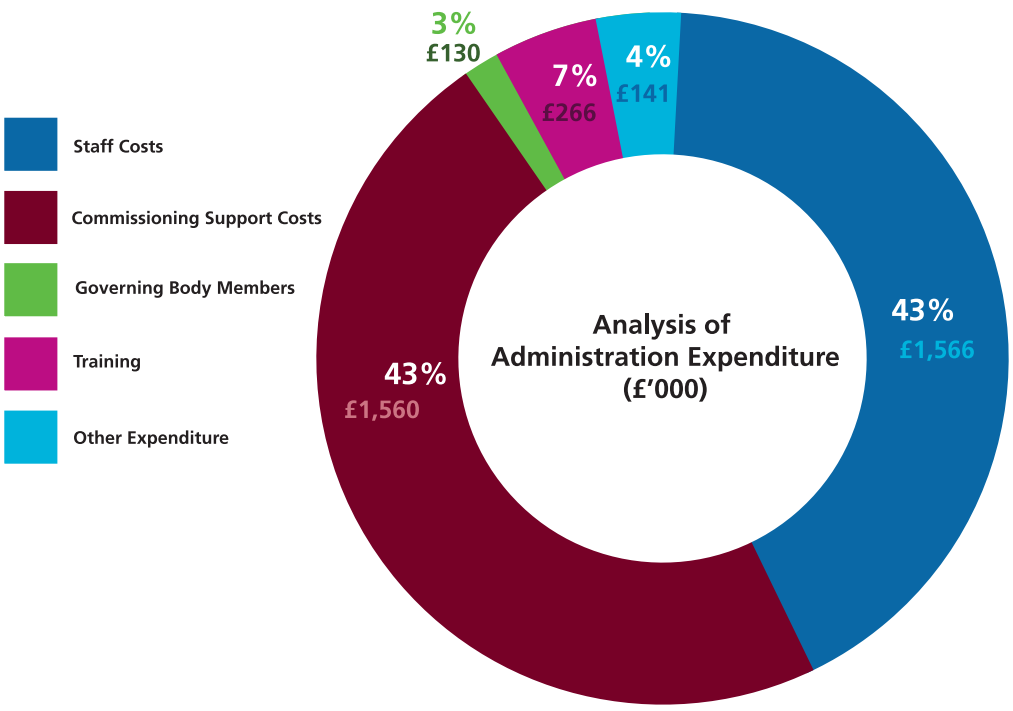
The CCG is approved signatory to the Prompt Payments Code. This initiative was devised by the Government with the Institute of Credit Management (ICM) to tackle the crucial issue of late payment and to help small businesses.

Suppliers can have confidence in any company that signs up to the code that they will be paid within clearly defined terms, and that there is a proper process for dealing with any payments that are in dispute. Approved signatories undertake to:

- Pay suppliers on time;
- Give clear guidance to suppliers and resolve disputes as quickly as possible; and,
- Encourage suppliers and customers to sign up to the code.

Analysis of the expenditure from Note Five Operating Expenditure in the Annual Accounts can be seen in the pie charts below. The values on the charts are shown in £000s.





IMPROVING HEALTH, REDUCING HEALTH INEQUALITIES AND PREVENTION

In 2017/18 South Lincolnshire CCG has continued to be actively involved in the Lincolnshire and Health and Wellbeing Board (HWB). The CCG GP Chair is a member of the Health and Wellbeing Board and regularly attends the meetings and leads one of the work streams (Improving the health and wellbeing of older people in Lincolnshire).

The Chair of the HWB is invited to attend the CCG Governing Body meetings, who approve the Annual Report and Accounts prior to submission to the Council of Members for approval.

Joint Health and Wellbeing Strategy (JHWS)

The Joint Health and Wellbeing Strategy (JHWS) for Lincolnshire 2013 - 2018 identifies the commissioning direction and priorities and is endorsed by the CCG. The Strategy seeks to improve health and wellbeing and reduce health inequalities in the population of Lincolnshire. There are five key themes, with an additional theme of 'mental health' running throughout the JHWS, which are:

- Promoting healthier lifestyles
- Improve health and wellbeing of older people
- Delivering high quality systematic care for major causes of ill health and disability
- Improve health and social outcomes for children and reduce inequalities
- Tackling the social determinants of health

During 2017, the Health and Wellbeing Board has reviewed the JHWS using the updated JSNA as the primary evidence base.

As part of the process, a series of engagement events and opportunities took place in early summer 2017 to gather the views and insights of key stakeholders, partners and the public. The emerging priorities for the new Strategy are:

- Mental Health - both Adults & Children and Young People
- Housing
- Carers
- Physical Activity
- Dementia
- Obesity

Further engagement with identified groups, stakeholders and service users, to shape the strategy's delivery plans is taking place.

Lincolnshire Joint Health Needs Assessment (JSNA)

Under the Health and Care Act 2012, local authorities and CCGs have an equal and joint duty to prepare a Joint Strategic Needs Assessment (JSNA) through the Health and Wellbeing Board (HWBB).

The Lincolnshire JSNA is the starting point in the determination of health needs of Lincolnshire and the commissioning decisions for service development and change.

The CCG has participated in the review of the JSNA during 2017/18. The JSNA is made up of 35 topics grouped under six theme areas, for example, Children and Young People, Adult Health and Wellbeing. The JSNA is published as an interactive web resource on the Lincolnshire Research Observatory (http://www.research-lincs.org.uk/Joint-Strategic-Needs-Assessment.aspx)

Better Care Fund

The Better Care Fund (BCF) was announced in June 2013 as part of the 2013 Spending Round. It provides an opportunity to transform local services so that people are provided with better integrated care and support. The Fund is an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change. The Lincolnshire CCGs and Lincolnshire County Council continue to work to the joint commissioning arrangements across Proactive Care; Children and Adolescent Mental Health; Learning Disabilities and Integrated Community Equipment (ICEs). These arrangements align to the Lincolnshire Sustainability and Transformation Plan to achieve significant improvements in quality and outcomes whilst generating efficiencies to bridge the gap between available resources and demand.

The Better Care fund priorities for 2017/18 focus on the development of Integrated Neighbourhood Teams; continued provision and development of intermediate care and transitional care services and the on-going development of Community Learning Disability and CAMHS services to support "Transforming Care". The Transforming Care work in Lincolnshire has been nationally recognised. A key performance indicator within the BCF was the reduction to non-elective admissions and delayed transfers of care following discharge from hospital.

The Better Care Fund priorities for 2018/19 focus on the continued development of Integrated Neighbourhood Teams, working to improve on the performance achieved in 2017/18. During 2017/18, the CCGs have reviewed the Governance arrangements surrounding the BCF. An internal audit report has recommended there is scope for further review and improvement, which will happen in early 2018/19. In addition, reporting to the CCG Governing Body will be strengthened.

The BCF and the associated Section 75 agreements will underpin the joint agenda of service integration and will support health and social care joint working as part of the integration agenda.

Lincolnshire Sustainability and Transformation Partnership

Lincolnshire's Health and Care organisations have come together as the Sustainability and Transformation Partnership (STP) following on from the publication of the Sustainability and Transformation Plan in December 2016.

The STP builds on the work undertaken through Lincolnshire Health and Care (LHAC), and it is an evolving process that looks to address the ever changing demands on the system.

South West Lincolnshire 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.

Estates Strategy

Estates and Technology Transformation Fund (ETTF) is a workstream within the GP Five Year Forward View (GPFV) focused on improving access, services, patient experience and workforce through investing in estates and technology within primary care. NHS England Midlands & East have been allocated £128million over the next three years. Lincolnshire, as part of the Central Midlands has been involved in the robust process for the bidding, reviewing and allocation of funding across the STP. Lincolnshire CCGs have worked closely with practices, since 2016/17, in the development of submissions to ETTF, to facilitate the delivery of estates which can be enablers for working at-scale in the future. The CCG has, and will continue, to support practices in the development of their sites to ensure that all healthcare locations are fit for provision of appropriate services in the future.

In addition, Lincolnshire's STP Estates and Operational Implementation groups have jointly assessed opportunities for estates reconfiguration to reduce underutilised estate and to maximise opportunities to facilitate delivery of accessible, local services at scale, including primary and urgent care.

In 2016 the CCG commissioned an Estates review to better understand the Estates across the CCG area and help to identify the opportunities for development and investment. The outcomes of the review suggest that in order to deliver a Neighbourhood Team model across the CCG, a hub and spoke approach would be the most effective, and the review has produced a number of options for delivering this in each locality area.

The main points from the review are as follows:

- A review of the current primary care estate.
- The case for change including the current estate condition, Section 106 funding requests, proposed housing developments and projected population increase.
- Key service and demand requirements including future workforce requirements.
- Current estates plans across community services.
- Development of options based on standard and extended primary care offers.

- A financial appraisal of each scheme
- Identification of further work required to submit plans against relevant funding, e.g. Estates and Technology Transformation Fund, Section 106 funding

The CCG will support improvement of GP premises through the delivery of the STP Estates workstream ensuring maximum use of section 106 funding and ETTF opportunities. There is also countywide work through the One Public Estate programme. This is led by Lincolnshire County Council. The CCG is actively engaged and has participated in workshops with stakeholders in South Holland, South Kesteven and North Kesteven District Councils.

In 2016/17 five CCG practices received allocated funding for physical expansion and improvement

- Abbeyview, Crowland
- Beechfields, Spalding
- Munro for its branch surgery in Pinchbeck
- Littlebury, Holbeach
- The Deepings Practice, Market Deeping

Work has been completed, or is in progress, at all sites except Pinchbeck.

In 2017/18 Galletly Practice in Bourne received funding for an extension to the practice. The work is underway and is due to be completed in the summer 2018.

The STP includes proposals for the establishment of primary care hubs across the county and we are therefore well placed to deliver these hubs in Bourne, Deepings and Spalding, through the Johnson Hospital, where we are continuing to work with the Federation and partners to optimise the use of this facility.

SUSTAINABLE DEVELOPMENT

As an NHS organisation, and as a provider of public funds we have an obligation to work in a way that has a positive effect on the communities for which we commission and procure healthcare services.

Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising cost of natural resources. Spending money well and considering the social and environmental impacts is enshrined in the Public Services (Social Value) Act (2012).

As part of the NHS, public health and social care system, it is our duty to contribute towards the ambitious goal set in 2014 to reduce carbon dioxide equivalent emissions across building energy use, travel and procurement of goods and services by 34% by 2020.

In order to fulfil our responsibilities for the role we play the CCG has established a Sustainability Management Plan (available on the CCG website) which sets out how the CCG operates in an ethical and sustainable way and which identifies clear targets for measuring success. The responsibility for scrutinising how the drive for sustainability is working is embedded within the CCG's core business processes, practices and Constitution.

In 2017/18 we have continued with the following actions:

a) Reducing business travel for CCG staff, increasing the use of telephone conferences and the establishment of a corporate day meaning that all staff only need to travel to CCG offices on one day a week for major corporate meetings.

b) The reduction in the use of paper, moving as far as possible to electronic documents for all staff including increasing the use of laptops by CCG staff and reducing the printing of Governing Body, Committee and all internal meetings papers to a bare minimum.

c) A Home Working policy that encourages increased productivity, reduces travelling and reduces pressure on office space simply for individual work that could easily be done at home.

The CCG operates out of a shared building with a number of other organisations using the same facilities. This means that information on the CCG use of energy, water, waste and recycling is not available to it.

The sustainability lead for the CCG is the Accountable Officer.

IMPROVEMENT IN QUALITY

The CCG has continued to build on the robust systems and processes in place for assuring the quality of commissioned services throughout 2017/18. The CCG has retained its focus on quality and remains committed to commissioning high quality services which are safe, effective and patient led.

The CCG has continued to assure the quality of commissioned services utilising a multi-faceted approach and has deployed a wide range of mechanisms to generate a comprehensive picture of service quality, as depicted in our Continous Quality Improvement Model pictured opposite.

The four Lincolnshire CCGs sustained their collaborative quality assurance and delivery approach in order to maximise effectiveness, retain local organisational memory and skills and realise benefits of scale. The federated teams developed in relation to this collaborative model (teams that deliver a service for all Lincolnshire CCGs but are hosted by one CCG) have been further enhanced during 2017/18 and have continued to support the CCG to discharge our duties in relation to quality assurance. The model opposite illustrates the collaborative approach between the four Lincolnshire CCGs.

An integral part of the CCG's approach to intelligence gathering regarding the quality and safety of services provided to its population, is the programme of provider Quality Assurance Visits. The CCG has yet again conducted over 25 visits to providers throughout 2017/18 and focused on a wide range of services to ensure that the patient's journey is fully represented. As described within the engagement section, our provider Quality Assurance Visits have been enhanced this year by working in partnership with Healthwatch Lincolnshire and our Lay Member for Patient and Public Involvement, to ensure that the voice of patients is absolutely central and opinions and experiences of patients are captured at each visit.

This year has also seen the further enhancement of the CCG Quality and Patient Experience Committee (QPEC), with the formation of a Committee in Common with South West Lincolnshire CCG as we continue our journey to work closely together as commissioning organisations. The expansion of membership and refinement of the Terms of Reference has added richness and further depth and breadth to the Committee. The purpose of this Committee is to meet quarterly and review reports on the quality of services commissioned, patients' experiences, specific quality improvement initiatives and any serious failure in quality. It provides assurance to the CCG Governing Body that commissioned services are being delivered in a high quality and safe manner, ensuring that quality sits at the heart of everything the CCG does.

Looking forward the CCGs will be further improving the methodology for assuring quality alongside the delivery of the Sustainability and Transformational Plan (STP) for Lincolnshire.

Patient experience

The Continuous Listening Model continues to ensure robust mechanisms are in place which enables patient experience to influence our plans and drive improvement. The Friends and Family Test is utilised across all relevant providers and performance monitored at both Trust and ward level. A rigorous approach is applied to the management of complaints and the triangulation of soft intelligence.

During 2017/18 the CCG has reviewed its engagement function, produced the Communication and Engagement Strategy and latterly, relaunched the Patient and Public Council. All Patient Participation Group Chairs are now invited to attend Patient and Public Council, along with representatives from community and voluntary groups, this enables wider participation and broader feedback in relation to the patient experience; this not only provides feedback on current commissioned services, but helps to shape services for the future.

Primary Care

There are a number of national priorities regarding quality and patient safety that the CCG has developed systems and process to manage. Delegated primary care commissioning has meant that the CCG has taken on the responsibility for improving and monitoring the quality and patient safety of services provided in primary care.

During October 2017 we launched our Continuous Improvement in Primary Care Programme at an event where Practice Managers, clinical staff and Patient Participation Group Chairs were invited to come together to consider quality improvements and sharing of best practice. As part of the programme we also formally launched our Primary Care Dashboard, which all practices are able to access to help with benchmarking and improvements.

We have also continued to develop and refine our Primary Care Quality Assurance Group which meets quarterly and reports to the Primary Care Commissioning Committee. The group considers the Primary Care Dashboard at each meeting along with other quality metrics and patient experience data. We have continued with our annual quality assurance visits to our member practices during 2017/18 with the inclusion of our Lay Member for Patient and Public Involvement. Examples of excellent high quality care were once again showcased by our 13 member practices.

Transforming Care

The four Lincolnshire CCGs and Lincolnshire County Council (LCC) have formed one partnership to re-shape local services, to meet the individual needs of local people with learning disabilities and autism. The national plan for transforming care is supported by the service model for commissioners across health and care that defines what good services should look like. In summary the plan builds on other transforming care work to strengthen individuals' rights, roll out care and treatment reviews across England to reduce unnecessary hospital admissions and lengthy hospital stays, and test a new competency framework for staff, to ensure we have the right skills in the right place. These changes have been supported and promoted by the CCG to ensure that the best interests of service users are fully considered in any service proposals. The local Transforming Care Partnership has worked hard to achieve a number of key changes to service models in order to do this we have worked closely with individuals who have learning disabilities and autism, and are proud to have secured the skills and knowledge of our experts by experience to help us with these developments.

Safeguarding

The CCG is part of a central federated function for safeguarding which enables a concerted resource and capability to meet the requirements of the accountability and assurance framework for protecting vulnerable people. The function was reviewed and strengthened during 2016/7 to take account of the increased focus on meeting the standards in the Prevent agenda and this agenda is now firmly embedded within safeguarding practice of the CCG. During 2017/18 the federated team have worked closely with the Quality Team to launch safeguarding GP Forums across the CCG locality, these are well attended and are an important element of our Continuous Improvement in Primary Care Programme.

Health Protection

The Lincolnshire NHS CCGs Federated Health Protection function is hosted by South Lincolnshire CCG but serves all four Lincolnshire NHS CCGs equally. The team's work responsibilities and activities are based on assessed risk.

Preventing Healthcare Associated Infections (HCAI) remains a priority for the CCG and was again included as one of four national targets in the CCG Quality Premium.

The Health Protection team has two main functions:

Infection Prevention and Control and; Communicable Disease Control:

The Infection Prevention and Control element incorporates strategic assurance reporting to the Chief Nurses and their respective CCGs, strategic support and advice to commissioners of NHS funded services and an infection prevention and control supportive oversight to General Practice. The CCG federated function also leads on the whole health economy infection prevention and control group which facilitates sharing of best practice, updates on current issues and joint working strategies. This group feeds in to each Lincolnshire CCG Governing Body via the Chief Nurses. Finally the infection prevention and control element leads on both serious and non-serious HCAI investigations that are non-acute Trust attributed. This is done using the Post Infection Review and Root Cause Analysis investigation methodology. All of these actions combine to reduce the risk of patients acquiring Health Care Associated Infections wherever that healthcare is delivered.

The Communicable Disease Control element is largely reactive in nature, however, the Public Health England (PHE) Collaborative Tuberculosis Strategy for England 2015 to 2020 recognises that there is a real benefit in proactively seeking and treating high risk individuals with Latent Tuberculosis Infection (LTBI) and proposes a screening programme commissioned and led by CCGs, however, higher incidence areas will be prioritised via a regional Tuberculosis (TB) control board. The single biggest risk to health in the UK is a large scale communicable disease outbreak, such as pandemic influenza.

> **"THE HEALTH PROTECTION TEAM HAS BEEN VERY ACTIVE OVER THE PAST 12 MONTHS WITH MANY CHALLENGES TO OVERCOME"**

In both the Civil Contingencies Act 2004 and the Public Health England Communicable Disease Outbreak Management plan it is recognised that CCGs will coordinate and mobilise provider organisations in response to incidents and outbreaks. The Health Protection Function is best placed to manage this on behalf of the CCGs from local small scale outbreaks and incidents through to major incidents requiring a multi-agency response.

Immunisation and Vaccination programmes are currently led by Screening and Immunisation Teams who are employed by Public Health England but are embedded within NHS England Area Teams. Most programmes are delivered by general practice with some delivered by other NHS provider organisations. All of these health providers in Lincolnshire are now commissioned by the Lincolnshire NHS CCGs, therefore scrutiny and oversight of the performance of these programmes is our responsibility.

All three of the above elements are intrinsically linked and will often feature in a combined manner in any given situation. An example is a communicable disease incident, for example Hepatitis B, where infection prevention and control would be paramount and a likely response would include a vaccination programme. It is essential therefore that the skills and knowledge required to keep the service current and effective are kept as up to date as possible.

The Health Protection Team has been very active over the past 12 months. To demonstrate the level of activity the team has conducted 100 out of office visits to the end of February which included Link Practitioner meetings, provider and GP practice visits and responses to incidents.

Quality Surveillance Group

The CCG has continued to be an active member of the regional Quality Surveillance Group (QSG) during 2017/18. QSGs systematically bring together the different parts of the health and care system across a geographical area to share information regarding the quality of providers and are a proactive forum for collaboration. This whole system approach provides the health economy with a shared view of risks to quality through sharing intelligence, an early warning mechanism of risk about poor quality, and opportunities to coordinate actions to drive improvement, respecting statutory responsibilities of and on-going operational liaison between organisations.

Lincolnshire Quality Forum

During 2017/18 the Lincolnshire Quality Forum has continued to bring together key professionals from each of the constituent sections of the health community to enable whole system approaches to quality issues and drive improvements. It provides a forum for open debate and learning, and is able to drive quality projects that require a system wide approach, such as a Frailty Strategy for Lincolnshire aligned to Neighbourhood Team development and STP transformation.

PATIENT, PUBLIC AND STAKEHOLDER INVOLVEMENT AND ENGAGEMENT

The CCG is committed to understanding the needs of our population and empowering patients to have more choice and control over their condition, in the development of future services and by identifying priorities.

We aim to improve local health services and respond to the health needs of everyone in the area by ensuring patients and the public are at the heart of decision making. This is demonstrated in our **Values** where we commit to **listening to local people, health professionals and others who support the CCG, learning from others within and beyond the NHS to inform our decisions and strategic plans.**

Strong engagement, clinically and with our patients, communities and stakeholders to involve all of them in our decision-making process, plays a vital role in shaping the future of health and social care services in the county. Our new Communications and Engagement Strategy http://southlincolnshireccg.nhs.uk/about-us/key-documents/strategies-1/2217-slccg-communications-and-engagement-strategy-2017-2019/file sets out how we will involve patients, members of the public and stakeholders in our decision making to help continually improve services. The strategy also outlines how we will adhere to our statutory responsibilities to carry out effective consultation and engagement, and is aligned to our equalities work programme to ensure that we work with our whole population and groups who may be under represented.

Our Patient and Public Involvement Annual Report http://southlincolnshireccg.nhs.uk/about-us/key-documents/public-engagement/2345-annual-patient-and-public-participation-report-2017-18/file also highlights all of the key engagement processes and activities we have in place over the previous year. Our successful approach to patient and public involvement has been demonstrated through our 'green' rating of the NHS England Improvement Assurance Framework (IAF) Community Participation Indicator, showing the assurance NHS England (NHSE) has in our approach to and impact of engagement. We will continue to improve the way we engage and involve patients and the public working with the NHSE Planning for Improvement Tool recently launched.

"GOOD COMMUNICATIONS IS IMPORTANT FOR EFFECTIVE ENGAGEMENT; WHERE SERVICE USERS ARE ENGAGED, SATISFACTION WITH HEALTH SERVICES RISES. THEREFORE, FIRST CLASS COMMUNICATIONS THAT FOSTERS ENGAGEMENT IS FUNDAMENTAL TO THE CCG'S PERFORMANCE AND ITS ABILITY TO DELIVER FIRST CLASS HEALTHCARE FOR OUR PATIENTS."

Engagement function

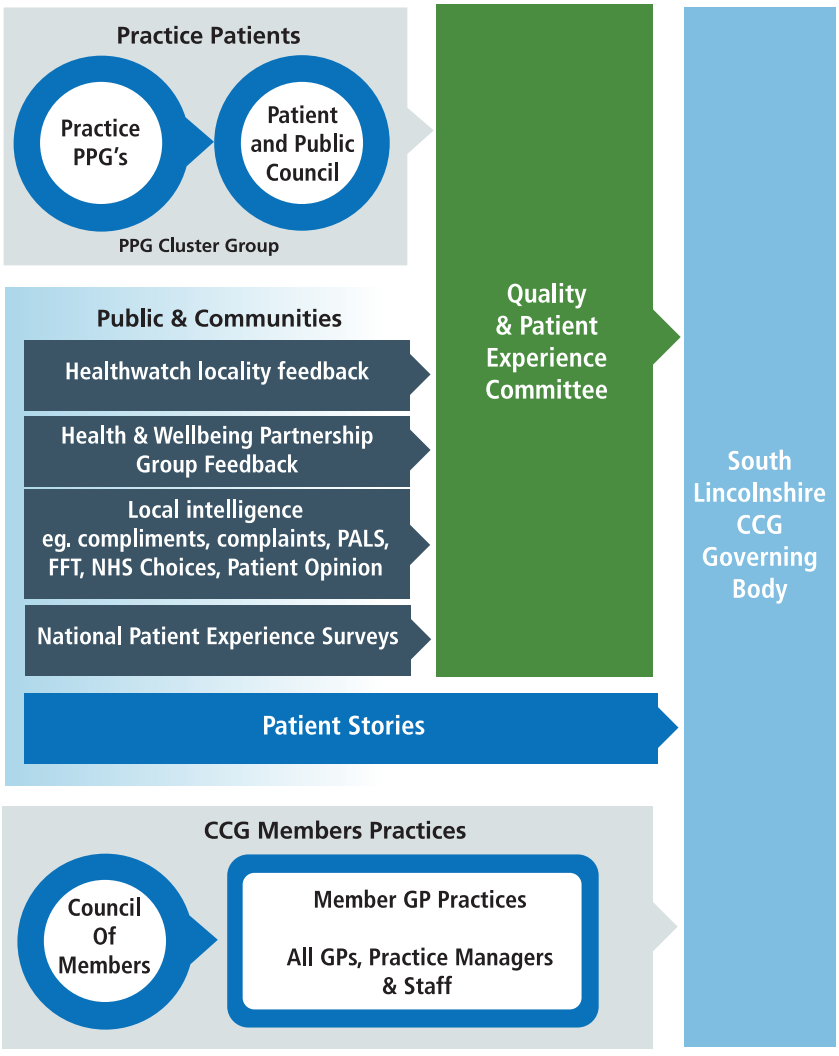
Our CCG has an embedded engagement function which sits within the Quality Team, and is led by the Director of Quality and Executive Nurse at the core of our organisation, demonstrating our commitment to putting patients and the public at the heart of our decision making. Strategic consultation and engagement advice and development is provided by the Optum Commissioning Support Service. As a key member of our Governing Body, Quality and Patient Experience Committee (QPEC) and Patient and Public Council, our new Patient and Public Involvement Lay member champions engagement at many levels of the organisation, and offers advice to the CCG from a patient perspective to influence the system. They also provide invaluable support to patient participation groups within the local GP practices, valuing the impact they can have on their local practices and the wider CCG as a whole.

Governance and assurance

Our Continuous Listening Model clearly demonstrates the robust governance and assurance processes in place to ensure the CCG is able to listen to the views, opinions and experiences of its patients, public and stakeholders, ensuring patients are at the centre of driving quality and service improvement. This model enables us to listen and respond to the population on a continuous basis, not just through specific engagement and consultation exercises. The continuous listening model supports us in triangulating national patient experience data with local knowledge, opinion and feedback. Our Quality and Patient Experience Committee (QPEC), which receives a range of information, including issues being raised through the Patient and Public Council and other networks, triangulates this with other intelligence and performance information to establish an overall picture of services received by our patients or establishes gaps in service availability.

Continuous Listening Model

- Each of our practice PPGs will be represented by a member on the Patient and Public Council, bringing patient feedback directly into the CCG along with members of other local networks and voluntary and community sectors
- The wider population voice will be heard through a range of engagement activities undertaken and reported to the Primary Care Quality Assurance Group, Patient and Public Council, Quality and Patient Experience Committee and occasionally directly to the Governing Body. Feedback is also received from involvement with HealthWatch locality groups and the Health & Wellbeing Partnerships Groups.
- Our Quality and Patient Experience Committee will receive the systematic local patient experience intelligence reports which will include complaints, national patient experience survey result and feedback from other public feedback mechanisms triangulated with quality and safety data.
- The Quality and Patient Experience Committee reports quarterly to our Governing Body
- Our Member Practices will each have a representative on the Council of Members and representatives sit on our Governing Body.

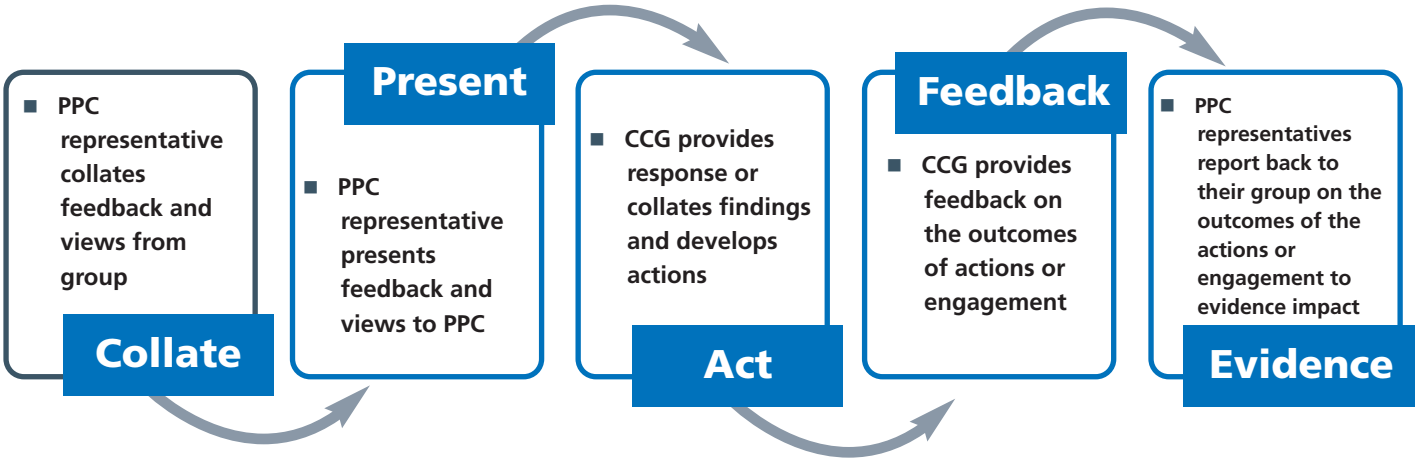


Continuous Listening Model

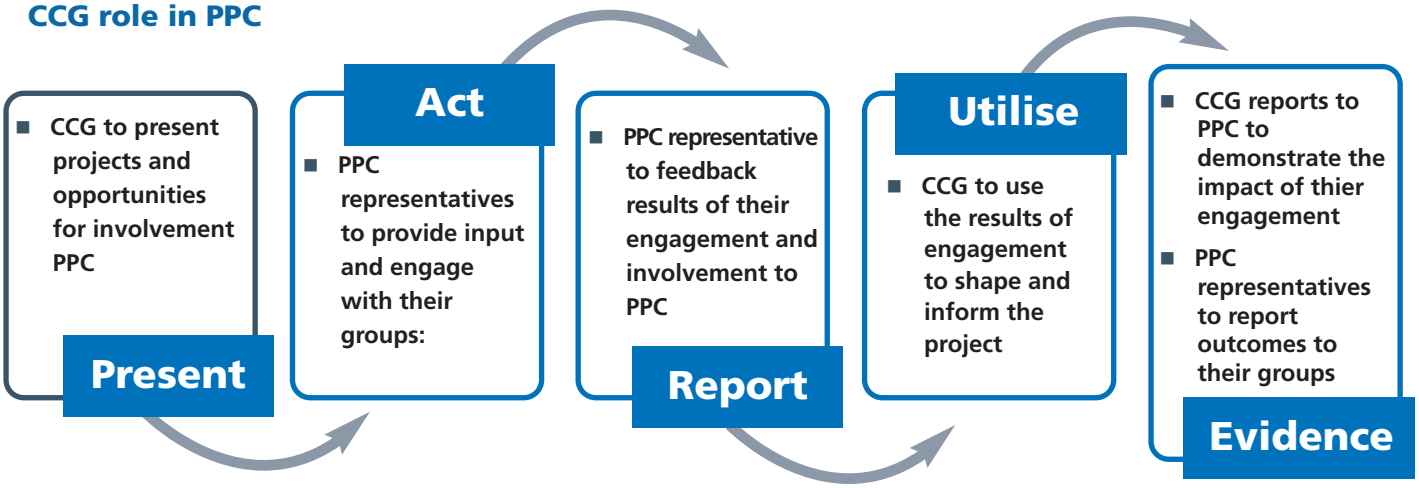
Patient and Public Council (PPC)

With the introduction of our new PPI Lay member during 2017/18 we undertook an internal review of our engagement function and subsequently redesigned the Patient and Public Council to ensure the representative patient voice is strengthened and their role in shaping commissioning decisions in the CCG is clear. This model below demonstrates that patients and the public are at the centre of our review and demonstrates the two way role of the patient representative and CCG in the Patient and Public Council, and how this is escalated and utilised within the CCG. Our Patient and Public Council now reports directly into the Quality and Patient Experience Committee to strengthen the patient experience section for Committee members to consider, triangulate with other forms of intelligence it receives and to enable timely response and action to patient and public representative feedback.

Patient and Stakeholder Representative role in PPC



CCG role in PPC



One of our aims is to get patients involved in our commissioning cycle. How we will do this is demonstrated by the Department of Health Engagement Cycle that illustrates how engagement fits with the commissioning cycle and how involvement at an early stage of the commissioning cycle enables more successful involvement at subsequent stages.

Principles for Engagement

South Lincolnshire CCG will follow the Cabinet Office principles for consultation and best practice principles for engagement. We will ensure that we are always:

- Open, honest and transparent
- Accurate, fair and balanced
- Timely and relevant
- Reflecting the diversity of our population in our engagement
- Respectful of all our stakeholders
- Involving communities that experience the greatest health inequalities and poorest health
- Tailor and target our engagement to involve different groups, including hard to reach groups
- Explaining how we will use information gathered through public involvement
- Evaluating our activities to learn from them
- Cost effective
- Clear, using plain English and accessible, in line with the NHS England information accessibility standards

ANALYSE AND PLAN	■ We will engage with our communities and contribute towards the annual Joint Strategic Needs Assessment (JSNA) in partnership with the local authority ■ Through our Patient and Public Council and engagement activities we will listen to views from our patients, and feedback from groups such as Healthwatch to identify local needs and aspirations ■ We will engage stakeholders in the development of our commissioning intentions and priorities for the following year
DESIGN PATHWAYS	■ We will engage with patients, carers and expert patient groups to improve local services and design pathways ■ Our key programmes will have patient representation ■ Our Patient and Public Council will support engagement in transformational work in the CCG ■ Our Quality and Patient Experience Committee (QPEC) will ensure services are meeting service users' needs and initiate engagement if required
SPECIFY AND PROCURE	■ We aim to commission services for quality and ensure that the views of patients, carers and the public are taken into account in the procurement of services. Healthwatch representatives and, where appropriate, patients will be involved in developing service specification, tender documents and key performance indicators
DELIVER AND IMPROVE	■ We are committed to using patient, carer and public engagement to monitor and improve services using a range of patient experience data to understand how services are performing. This will be reviewed at QPEC ■ We will ask our Patient and Public Council to gather feedback from their PPGs to continuously review service performance and quality

Enabling and supporting those who want to get involved

During 2017/18 the CCG has worked hard to ensure that people of all backgrounds are supported to get involved. Some of the ways we have supported those who want to get involved are shown below:

- **Support to PPGs** - we have worked closely with our PPGs and the National Association of Patient Participation to help improve effectiveness and encourage collaborative working between PPGs, the CCG and other community groups. We offer bespoke support and guidance to PPGs via our Engagement Manager, recognising that different PPGs have differing aspirations and challenges.
- **Feedback into the Patient and Public Council** – we support patient participation group and community group representatives to feed their views and patient experience into the CCG via the Patient and Public Council. For ease, we have developed a simple feedback form for representatives to submit their information, especially if they are

unable to attend in person or from diverse local groups with barriers preventing them from attending meetings. The CCG are committed to providing a response to the issues and feedback received from the representatives so they can be reported back to their wider, collective groups.

- **Virtual Involvement Network** - During 2017/18, we started strengthening our stakeholder database with contacts of local stakeholder groups, including community, groups from the voluntary sector, and organisations representing people with protected characteristics to further develop our Virtual Involvement Network. The CCG will continue to ensure that the database is maintained and utilised to ensure that all relevant key stakeholders and groups can be involved in developing CCG projects and influencing our decisions

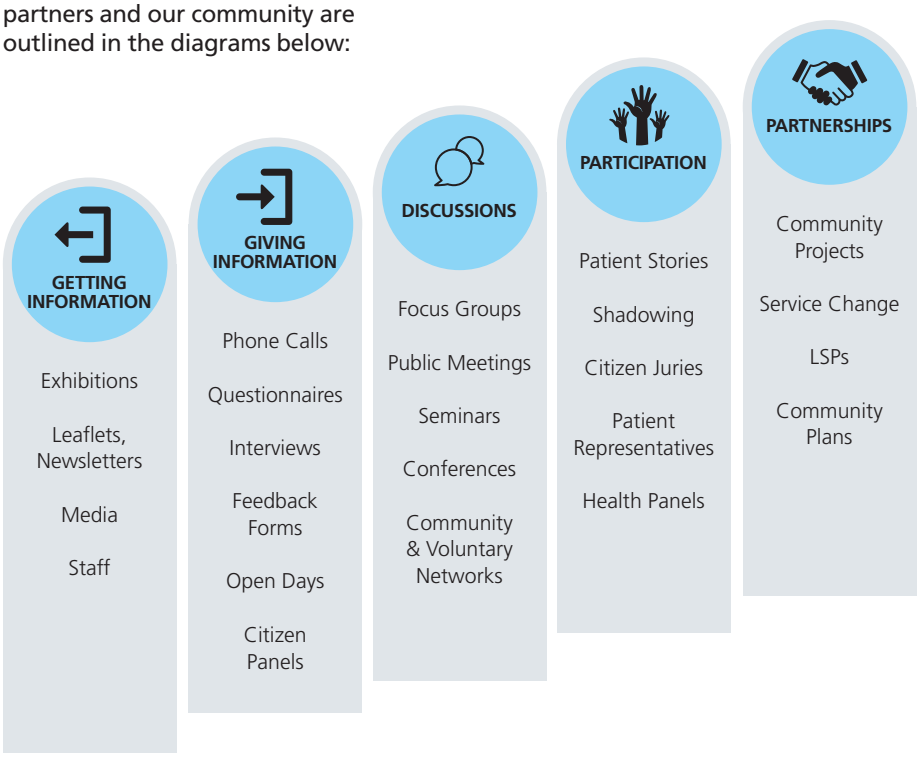
- **Lincolnshire Wide PPI event** – in conjunction with the East Midlands Health Academic Science Network, and NHS partner organisations, we hosted a Lincolnshire Patient, Carer and Public Networking Event. The event was for patients, carers and the public and aimed to inform and inspire patient and public activation to get involved across Lincolnshire health services. The event was for people who were already actively involved or thinking about getting involved and making a difference to their local health and care services. Delegates were able to select up to three of the following workshops run by healthcare staff and patients how to get involved with Patient and Participation Groups; NHS Hospitals and Healthcare Trusts; Research; Sustainability and Transformation Partnerships and Empowering Patient Participation.

- **East Midlands Patient Leadership Programme** – we were very proud to nominate three PPG representatives to attend the three day Patient Leadership Programme developed jointly by the East Midlands Leadership Academy and East Midlands Health Academic Science Network. All three delegates completed the programme which aimed to develop the skills, confidence and ability of patient leaders across the local health system.

The CCG recognises that there is no 'one size fits all' approach to engagement and involvement. We use a variety of ways to review and listen to how patients, carers and service users feel about the health services they have used. This patient experience data is monitored via the CCG's Quality and Patient Experience Committee (QPEC), and is used to influence the CCG's commissioning plans and decisions.

Some of the ways we listen to and involve patients, carers, stakeholders, partners and our community are outlined in the diagrams below:

- Local and national patient experience surveys
- Listening events
- Patient stories
- Patient and Public Council
- Patient experience dashboards
- Quality visits
- The utilisation of complaints, concerns and compliments
- Results of the national 360 stakeholder survey
- Specific engagement projects
- Social media feedback



Our new PPI Lay Member and Healthwatch Lincolnshire now attend Quality Assurance Visits with clinicians and CCG staff to ensure patient experience is a key element of consideration when triangulating information about a provider or practice. All commissioned services receive an annual quality assurance visit and this includes all of our member practices. We launched our Continuous Improvement in Primary Care Programme in October 2017 with a joint event for PPG Chairs and Practice Managers highlighting the importance of the PPG role in Quality Improvement. We followed this event with our annual quality assurance visit programme to member practices which our PPI Lay Member joined. Some Practices invited their PPG Chairs to join the assurance visits and moving forward next year we will be specifically requesting this after acknowledging the positive impact of PPG Chairs presence during the visits.

Impact of Participation

Equality Delivery System 2 - This year for the first time we have taken a different approach to our EDS2 and undertaken engagement with our patients, public, staff and stakeholders. Our engagement asked for their views on how they felt the CCG had worked towards a number of EDS2 statements – this was considered alongside CCG evidence at an EDS2 Assessors Group to collectively review and score our progress against these statements and also identify Equality Objectives for the coming year. The Assessors Group was made up of CCG officers, including staff from the Quality, Engagement and Equalities team, Patient Representatives and our PPI Lay Member. This is an improvement to previous self assessments undertaken in the past and has ensured patient views have been considered alongside CCG feedback and enabled patient representatives to inform the EDS2 work moving forward.

Practice merger consultations - A consultation was carried out to gain patients' views on the proposed merge of GP practices in the CCG area and to identify the benefits and any concerns they may have with the proposal. Over 1200 responses were received and the general feedback was positive with some concerns raised about parking and appointment availability which were addressed by the practices in subsequent communications. This feedback was considered and supported the decision for the practices to merge.

Community Pain Management Service - Using the Right Care approach, the four Lincolnshire CCGs identified opportunities to improve the Musculoskeletal, and in particular, pain services across Lincolnshire. Previous engagement feedback and the Healthwatch Lincolnshire Pain reports informed the development of a draft proposed Community Pain Management Service and pathway of care. Engagement was undertaken to gather service user and public views using a number of methods including an event held with service users on 20 September 2017 and an online survey was also promoted to service users via the pain clinics, Facebook, Twitter and NHS websites to gather views and sense check the proposed service.

Following this feedback, some changes were made to the proposed pathway inline with patient views.

Better Births for Lincolnshire - this countywide project to implement the recommendations identified in the National Maternity review project has been co-produced with women and families from the start and is already seeing the difference Lincolnshire wide. The team have undertaken extensive engagement via listening clinics, events and surveys, which have taken place across the whole of Lincolnshire to ensure that new service developments, and the commissioning decisions we make are what women, families and babies want and need.

An example of this has been the development of the Community Hubs where the public and staff have designed the services needed in these hubs across the county and also the information they want to be able to access online and via social media. By listening to this our Better Births website was developed to make information about maternity services more accessible to women and families, and also includes a translation feature which is of particular importance to ensure our website is accessible to all.

Focussed Engagement

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 Partnership (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.

SOCIAL MEDIA AND ENGAGING WITH THE LOCAL POPULATION

NHS South Lincolnshire Clinical Commissioning Group strongly supports the use of social media as a positive communication channel to provide members of the public, GP practices and other stakeholders with information about what we do and the services we commission.

We use social media to provide opportunities for genuine, open, honest and transparent engagement with stakeholders; giving them a chance to participate and influence decision making. Social media is a great opportunity for us to listen and have conversations with the people we wish to influence. It not only allows us to make announcements (e.g. health news, service information, upcoming events), it allows people to respond to our posts and encourages conversation and feedback. Unlike other methods of promotion, social media encourages two way communications in real time.

Our ongoing interactive content strategy is focused on increasing proactive staff input and public engagement, supporting both national campaigns and CCG priorities. Our purpose across stakeholder groups is to inform, engage, educate and inspire.

Facebook allows us to share news, pictures and videos, and also have two-way discussions with the public. By 'liking' our page, users will see our updates in their news feed and can engage with us by reacting to the post, commenting or sharing posts with their friends and family.

We currently have 276 (March 2018) followers which is an increase of 626% on this time last year (March 2017). Many of our GP practices are using Facebook as a way of communicating with their patients and keeping them up to date on practice news.

We use Twitter to share snippets of health news and local information, or to have a direct conversation with our partners and other Twitter users. We currently have 2,928 followers (28 March 2018) which is an increase of 13% on this time last year (March 2017). We are always looking to increase our number of followers and encourage people to follow and tweet us and to help spread our messages to their friends and family.

Website

Our website is a portal to communicate and engage with members of the public. We want to ensure that people can easily access information on the CCG and the services available to them. We carry out regular content reviews and continue to develop the site to make it informative, user friendly, easy to navigate and to promote campaigns, events and CCG priorities.
www.southlincolnshireccg.nhs.uk

EQUALITY AND DIVERSITY

Over the last year we have developed and implemented various equality and diversity initiatives to meet the aims of the public sector duty (PSED) of the Equality Act 2011. In carrying out our functions, we have given 'due regard', to eliminating discrimination, advancing equality of opportunity and fostering good relations, to those who are defined by the Equality Act as having a protected characteristic and those who are not. Many of the initiatives delivered have also linked to our obligations under the Health and Social Care Act 2012 to address health inequalities, where our main focus has been to ensure that service users, patients and carers, receive the right healthcare which meets their individual needs.

Meeting our Objectives

The work we have undertaken has enabled progress to be achieved in line with our equality objectives where we have:-

- Continued to embed equality monitoring into provider contracts and worked with providers to ensure that services commissioned are compliant with equality legislation and are available to all patients from different backgrounds and circumstances.
- Continued to work with Patient Participation Groups and other organisations such as Healthwatch to ensure that all sectors, including those with protected characteristics, report positive experiences of the NHS.
- A review of the CCG internal engagement function lead to the re-launch of the Patient and Public Council which ensured wider representation of our population had a say in health matters relating to South Lincolnshire.
- Continued to monitor complaints and comments to ensure that all sectors have their say and encourage feedback on access and experience from health professionals as well as patients and carers. For example a Quality complaints and concern report goes to OPEC to triangulate patient feedback, comments and concerns with other quality matters, which helps to identify issues and solutions.
- We continue to develop specific project work to identify the views of carers on the health and social care needs of the person cared for. For example one of our key transformational projects is ongoing implementation of neighborhood teams. All patients and their carers within these teams have individual care plans, based upon their needs. We have also worked with general practices to ensure there is a Carers Champion to support both carers and those being cared for.

- Quality complaints and concern report goes to OPEC to triangulate patient feedback, comments and concerns with other quality matters, which helps to identify issues and solutions.
- We continue to develop specific project work to identify the views of carers on the health and social care needs of the person cared for. For example one of our key transformational projects is ongoing implementation of neighborhood teams. All patients and their carers within these teams have individual care plans, based upon their needs. We have also worked with general practices to ensure there is a Carers Champion to support both carers and those being cared for.

Implementing EDS2

We have assessed the level at which we have achieved our objectives through the EDS2 (Equality Delivery System 2). Our objectives have connected to the 18 outcomes, under the four equality goals of the EDS2, that focus on the issues of most concern to patients, carers, communities, NHS staff and Boards including Better health outcomes; Improved patient access and experience; A representative and supported workforce and Inclusive leadership. The EDS2 assessment has highlighted effectiveness of our equality and diversity practices, showing progression in many areas of our work from the developmental level to 'achieving' level. It is our intention to set further and more specific objectives for the coming years to ensure that progress continues across all areas and levels, which in turn will result in positive outcomes and impact on staff, service users and other stakeholders.

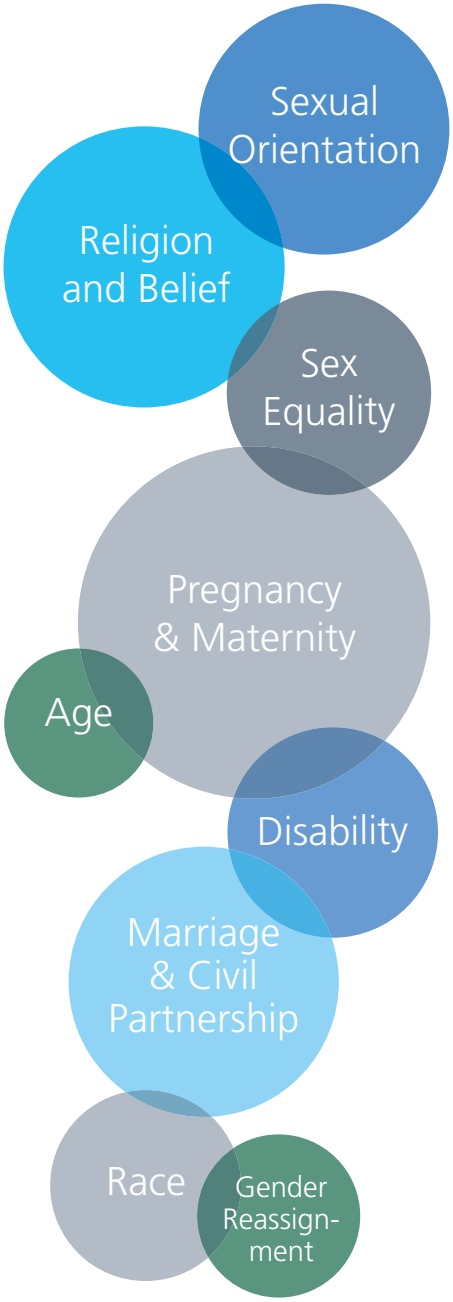
Consultation and Engagement

An important aspect of the EDS2 implementation process is to engage with stakeholders, including staff, patients, carers and communities, about the services we provide. We did this through a short survey, the outcomes of which provided us with information on areas we were doing well in and where people felt we could improve on. We have taken this on board and will be working to improve all communication channels internally with staff and externally with our service users and stakeholders in the future. We will also be carrying out more comprehensive engagement exercises, as required, to ensure we reach different individuals, communities and groups so that the health services we commission are shaped by the diversity of our users.

Equality Impact Assessment process

Our two-stage equality impact assessment process has been an essential tool to enable staff to assess how existing policies or new services, policies and procedures can have equality implications on groups of people from different protected characteristics. We have found this process to be helpful as it gives consideration to equality implications and helps us to mainstream equality and diversity into our everyday work.

Specifically, in relation to our obligations under the Equality Act, when identifying stakeholders for engagement, we will be sure to seek out the 'seldom heard', looking at the nine protected characteristics plus carers and people who are socioeconomically deprived. These nine protected characteristics are outlined in the Equality Act 2010. To support development of commissioning plans and decision making, it is essential that engagement and communication methods consider the needs of people with a protected characteristic and enables them to fully participate.



Staff Training

Training staff on the various equality and diversity issues has been another important aspect of the progress made last year. All staff are expected to compete the online Equality and Diversity training. The new appraisal policy and process, introduced in 2017, ensures training and development is discussed, actioned and monitored through monthly 1:1s and the appraisal process. Additional training is identified at the appraisal. The CCG is at 80% compliance for Equality and Diversity training and aims to reach 100% over the coming years and extend the training wider to our Governing Body and Committees.

A great deal has been accomplished over the last year and we recognise that more work needs to be done towards achieving successful health outcomes. We will continue to review our commitments around Equality and Diversity annually and proactively work towards improving our health related policies, practices and services internally and with the diverse communities we serve.

Principles for Remedy

The CCG follows the principles of the Health Service Ombudsman as set out in the 'Principles of Remedy' document, which outlines guidance on how public bodies provide remedies for injustice or hardship resulting from their maladministration or poor service.

The six Principles for Remedy are:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

The Principles for Remedy can be viewed at http://www.ombudsman.org.uk/improving-public-service/ ombudsman-sprinciples/principles-for-remedy

South Lincolnshire CCG has adopted all of the six Principles of Remedy in the development of their complaints handling procedure and they form a core part of the CCG's complaints handling policy that clearly sets out the organisation's process for handling complaints in order for the CCG to meet its statutory requirements. The complaints policy sets out how the CCG takes responsibility, acknowledges failures, provides an apology and uses the learning from any complaint investigation to improve their services. These remedies can either be financial or non-financial remedies.

Compliments, Concerns and Complaints

The CCG views compliments, concerns and complaints as a rich source of information and we value and act on all feedback received for services that we commission.

Responses to concerns and complaints are administered in line with the Local Authority Social Services and National Health Service (England) Regulations 2009.

The CCG continues to make sure that a concern or complaint raised by any individual is dealt with compassionately, effectively and in a timely fashion. During 2017/18 the CCG received a total of 17 formal complaints, both directly from patients and the public and from Members of Parliament on behalf of their constituents. This compares to 13 received in 2016/17.

We welcome receiving complaints as it provides us with the opportunity to learn about and improve the services we commission.

Breakdown of all Complaints 2017/18	By Resident Population
Quarter 1	4
Quarter 2	7
Quarter 3	4
Quarter 4	2
Totals	17

Freedom of information

The Freedom of Information Act 2000 (FOI) gives people a general right to access information held by or on behalf of public authorities. It is intended to promote a culture of openness and accountability amongst public sector bodies and to facilitate a better public understanding of how public authorities carry out their duties, why they make the decisions they do and how they spend public money.

Exemptions deal with instances where a public authority may withhold information under the Freedom of Information Act or Environmental Information Regulations. Exemptions mainly apply where releasing the information would not be

in the public interest, for example, where it would affect law enforcement or harm commercial interests.

Requests are handled in accordance with the terms of the Freedom of Information Act 2000 and wherever possible, best practice guidelines from the Information Commissioner's Office and the Ministry of Justice are followed to maximise openness and transparency.

In 2017/18 the CCG received 206 individual FOI requests resulting in 1,934 questions being raised and responded to. This compares to 237 received in 2016/17.

Topics covered throughout the financial year 2017/18 include:

- Finance
- Medicines
- Contracting and Commissioning
- Treatments and Clinical Procedures
- Continuing Health Care
- Governance
- Strategy
- Individual Funding Requests
- GP Networks and Federations
- Services and pathways commissioned/decommissioned
- Amount spent on NHS funded nursing care
- Information Technology
- Personal Health Budgets
- Patient transport services
- Drugs outside of NICE guidance/NICE approved treatments
- Inpatient mental health rehabilitation services
- Formularies
- CCG Policies

FOI requests received into SLCCG during the financial year 2017 / 18

Month FOIs received into CCG	No. of FOIs received into CCG	Number of Individual Questions within each FOI request	Percentage of FOIs processed within 20 working day KPI	Mode category of requester	Mode category of topic
March 2018	20	314	On target to achieve 100%	Corporate	Contracts and Commissioning
February 2018	14	233	100%	Contracts and Commissioning	Corporate / Individual
January 2018	17	101	100%	Corporate	Governance
December 2017	17	101	100%	Corporate	Governance
November 2017	24	162	100%	Corporate	Governance
October 2017	14	107	100%	Individual / Corporate	Treatments and Clinical Procedures
September 2017	14	106	100%	Corporate	Governance
August 2017	24	190	100%	Corporate	Finanace
July 2017	23	206	100%	Corporate	Governance
June 2017	20	123	100%	Corporate	Contracts and Commissioning
May 2017	19	122	100%	Individuals / Journalists / MPs	Continuing Health Care
April 2017	15	131	100%	Individuals / Journalists / MPs	Continuing Health Care
Totals	206	1934			

John Turner
Accountable Officer
May 2018

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NHS
South West Lincolnshire
Clinical Commissioning Group

Annual Report and Accounts 2017/18

NHS South West Lincolnshire Clinical Commissioning Group
Annual Report and Accounts 2017/18

Contents

Statement by the CCG GP Chair and Accountable Officer

We would like to welcome you to the 2017/18 Annual Report and Accounts for NHS South West Lincolnshire Clinical Commissioning Group, which covers the period between 1 April 2017 and 31 March 2018. The Annual Report has been prepared in accordance with the National Health Service Act 2006 (as amended 2012) Directions by NHS England, in respect of Clinical Commissioning Groups' annual report.

We hope that this report demonstrates the seriousness with which we approach and carry out our role as commissioners of health services for the people of South West Lincolnshire. More specifically, this report presents us with the opportunity to highlight to you not only how we have fulfilled our statutory duties, but also to showcase some of the work we have undertaken over the last year.

There is no doubt that the last 12 months have proven to be extremely challenging for us and CCGs around the country, but we are proud of the work we have undertaken. The CCG's staff and management team have worked incredibly hard to build on the progress we have made in previous years and we are keen to share this with you.

Our partners have played a key role once again in our work, particularly our provider organisations. Collaborative working is increasingly becoming the norm for the NHS, both out of necessity and also because it makes sense, where possible, to do things once. We have worked especially closely with our neighbouring CCGs in the south, east and west of Lincolnshire, and this will continue into 2018/19 and beyond.

These close relationships have proved vital for us as a health system over the last year. The core challenges we face, such as an ageing population with increasingly complex needs, mean a corresponding increase in pressure not just on health but also on social care. Nationally there is clear imperative for health and social care to work together, and for us this makes a great deal of sense, although it is not without its challenges.

In addition to conditions likes high blood pressure, heart disease, cancer and dementia, other things have come to the fore over the last year. In particular, there is quite rightly significant interest in mental health and a real determination to remove the stigma attached to it. As lead commissioner for the mental health services provided by Lincolnshire Partnership NHS Foundation Trust (LPFT), we are proud of the work our CCG team has undertaken with LPFT, and you can read more about this elsewhere in this report.

As a clinically-led organisation, our GPs continue to play a vital part in the day-to-day running of the CCG and the decisions we make. The pressure on our primary care colleagues is significant all year round, yet our GPs continue to be the heartbeat of the healthcare system locally. Every one of our practices plays a key role in the CCG, and our Executive Committee includes a number of our lead clinicians, all of whom practice locally as GPs. They are better placed than anyone to understand what is needed for local patients.

In addition to our providers and our GPs, the voluntary sector plays an important role locally. Making better use of the expertise and resources held by the voluntary sector has been something we have strived to do on various occasions, particularly over the last year with the continued development of our Patient Council. We hope very much this will continue.

Of course, there is much more to do. Nationally, the introduction of new policies including the General Practice Forward View, Better Births, and the Lincolnshire Sustainability and Transformation Plan (STP), have had an important impact on the way we operate and commission services. For commissioners in Lincolnshire, perhaps the most significant of these is the STP. Fundamentally we believe that we need to meet the challenges we face head on,

and, as noted in our report for 2016/17, we still think the best way to do this is by developing the links we have between local health and social care providers.

The Lincolnshire STP highlights clearly the pressures that are on our health system and where we want to be in five years' time. More specifically, the STP describes the plans we are putting together to make the NHS in Lincolnshire is sustainable for the future, so that it can provide the healthcare our patients need seven days a week. Fundamentally the STP means relying less on care provided in acute hospitals and instead delivering more in people's homes, local communities and GP practices.

We remain absolutely committed to involving our patients, carers and communities as much as we possibly can in the work we do, including our participation in the STP. Whilst there are various means by which you can get involved with the work of CCG, we are particularly keen to engage more with people about local services and their transformation.

We would also like to assure you that we are working very closely with our partners, particularly United Lincolnshire Hospitals NHS Trust (ULHTl), on the shape of future services at Grantham Hospital. We acknowledge that there are public concerns, but we believe that there is a positive future ahead for the hospital.

We shall look forward to discussing this with local residents as part of the STP process.

Having already alluded to the expectation that we will work more collaboratively and increasingly do things once, we wanted to also highlight that we are working increasingly closely with our immediate neighbours, South Lincolnshire Clinical Commissioning Group. We now share one staff team across the two CCGs, which has helped us to reallocate capacity to where it is particularly needed in order to deliver our objectives. However, we will remain as two statutory bodies with separate Governing Bodies, as we believe this is the best way to ensure each organisation best meets the needs of patients locally.

We are sure that the challenges we face now will only grow in the future and 2018/19 is already shaping up to be a testing year both nationally and locally. For us to achieve our financial and constitutional targets next year, we will have to make some tough decisions around where we spend the money allocated to us and the services we commission.

We cannot do this by ourselves. We need to continue to work closely with our partner organisations to make the NHS sustainable, not just in 2018/19 but beyond too.

Finally we would like to thank Dr Vindi Bhandal for her contribution to the CCG as our GP Chair from 2013 through to 2017. We would also like to take this opportunity to mention that we will be holding our Annual Public Meeting later this year, where you will have the opportunity to ask questions about this report and our work commissioning healthcare services for the people of South West Lincolnshire.

We hope that you will enjoy reading this report.

Dave Baker
GP Chair

John Turner
Accountable Officer

Performance report

Overview

The purpose of the overview is to give a brief summary of the CCG, its purpose and activities, demographic profile, how we work in the health system, and with whom we have contracts.

It also summarises our performance against key targets, risks to achieving our strategic objectives and what our main challenges have been this year. We have provided more detail on all these areas later in the report.

About Us

NHS South West Lincolnshire Clinical Commissioning Group (SWLCCG) is a clinically led commissioning organisation authorised by the Government to plan, buy and monitor healthcare services for approximately 133,339 (March 2018 source GEMIMA) people registered with our 19 GP member practices in Sleaford, Grantham and surrounding rural areas.

The CCG was legally established from 1 April 2013 as part of the Government's reforms of the NHS, as set out in the Health and Social Care Act 2012 (which amended the NHS Act 2006). 2017/18 was the fifth year of operation of the CCG.

Purpose and Activities of the CCG

Our purpose is to ensure provision of high quality, efficient and cost effective healthcare services for our geographical area, which covers Sleaford, Grantham and surrounding rural areas. The main hospitals serving this population are Grantham Hospital, Lincoln County Hospital, Nottingham University Hospital NHS Trust and Pilgrim Hospital, Boston.

We have a Clinical Chair, Dr Dave Baker who provides overall clinical leadership. Our Accountable Officer is Mr John Turner, who has overall responsibility for managing the work of the CCG. The work of the CCG is overseen by a Governing Body which includes GPs, other health professionals, Lay Members and NHS Managers.

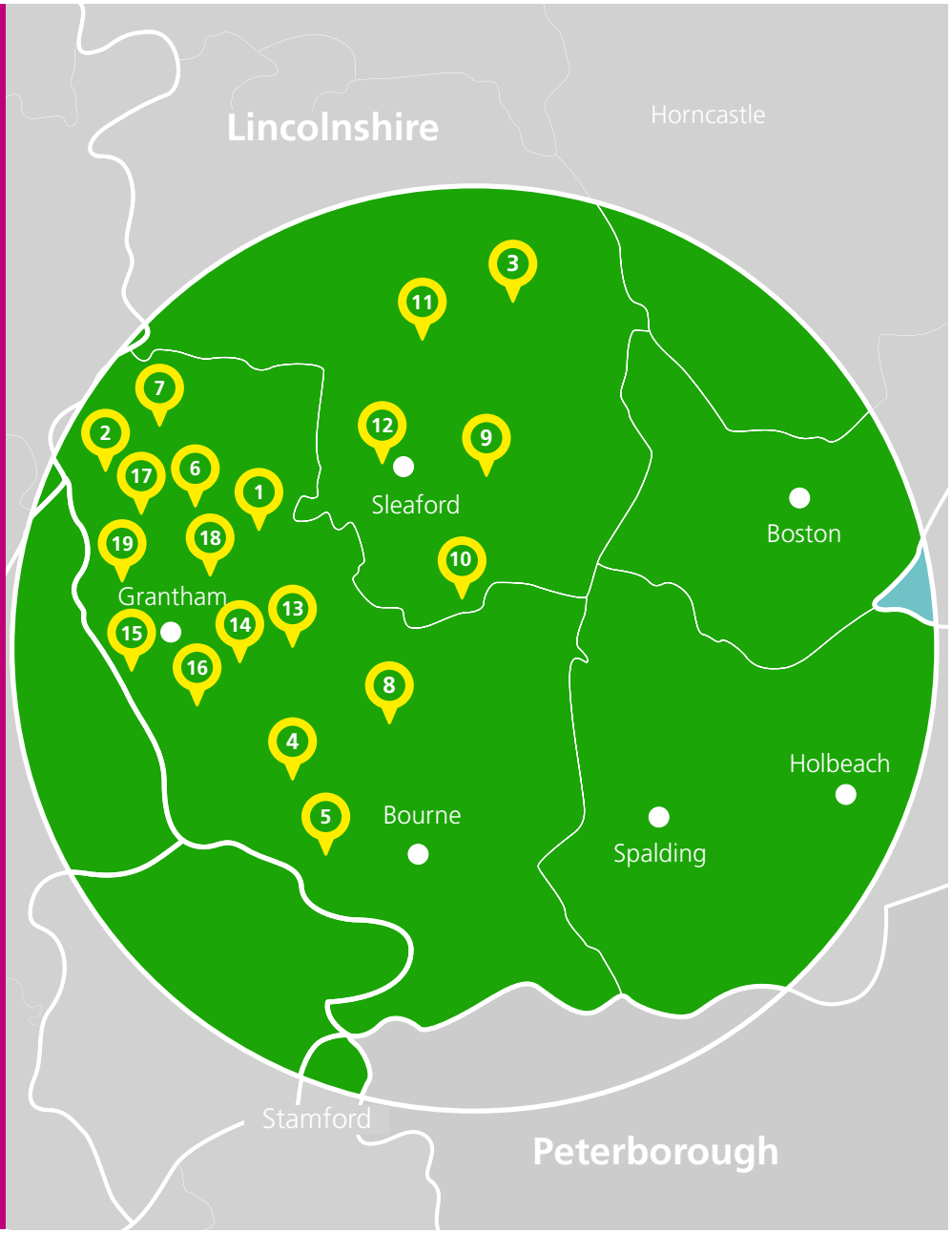
Our purpose is to ensure provision of high quality, efficient and cost effective healthcare services for our geographical area

Our main responsibilities are:

- Ensuring safe, high quality provision of healthcare
- Listen to patients, carers and local people to understand health needs, take their views into account to create meaningful choices
- Providing information and empowering people to manage their own health
- Analysing the health and social care needs of our local population – working with the Lincolnshire Health and Wellbeing Board
- Planning health services for the next year and for the future – working with our practices, partners and local people
- Commissioning other organisations to provide services in line with our plans
- Agree service contracts and managing performance against those agreements on your behalf
- Making the best use of the resources we have to provide healthcare

GP Practices

1. Ancaster & Caythorpe Medical Practice
2. Belvoir Vale
3. Billinghay Medical Centre
4. Colsterworth Surgery
5. Glenside Country Practice
6. Harrowby Lane Surgery,
7. Long Bennington Medical Centre
8. Market Cross Surgery
9. Millview Medical Centre
10. New Springwells Practice
11. Ruskington Medical Centre
12. Sleaford Medical Group
13. St Johns Medical Centre
14. St Peters Hill Surgery
15. Swingbridge Surgery,
16. The Stackyard Surgery
17. The Welby Practice
18. Vine House Surgery
19. Woolsthorpe Surgery



Our commissioning budget in 2017/18 was £184.492 million and the services we commission or buy are:

- Planned hospital care
- Rehabilitative Care
- Urgent and emergency care
- Most community health services
- Primary Care
- Mental health and learning disability services

Our main providers of services

We work with a number of providers of health care in acute settings, the community, primary care and mental health.

Our acute main provides are United Lincolnshire Hospitals NHS Trust (ULHT), Nottingham University Hospitals NHS Trust (NUH), North West Anglia NHS Foundation Trust (NWAFT), Ramsay Health Care and the Barlborough NHS Treatment Centre. We also work with a number of community providers including Lincolnshire Community Health Service NHS Trust and St Barnabas Lincolnshire Hospice. Our mental health services are provided in the main by Lincolnshire Partnership NHS Foundation Trust.

In addition to these providers the CCG is utilising the support from the emerging K2 Federation (consisting of 17 member practices) on various initiatives including the provision of services in primary care that have traditionally only been provided in a hospital such as simple ear procedures, Neurology services and Dermatology. It will work collaboratively to provide healthcare to our population partnering with other providers if required. It will take a unified approach to supporting member practices to better manage workload.

Our Mission and Values

South West Lincolnshire Clinical Commissioning Group (CCG) is striving to be an organisation in partnership with the local population continually improving the Health and Wellbeing for all residents in the locality.

The CCG believes that high quality services need to be accessible to the whole community. The CCG is clinically led and our clinicians are well placed to lead the development of commissioning and quality improvement in the locality – but we can only do this by close working with councils, local people, allied health professionals and care providers to design the very best services. We intend to maximise input and engagement in improving the quality of local health services.

We believe that:

- Patient safety and quality of care is paramount;
- We need to be realistic in our expectations and accept that our resources will never allow us to provide everything for everyone all of the time;
- We will be open, honest, and transparent about the difficult decisions we will have to make, and always strive to do the best for the benefit of our population;
- Services should be local where viable and safe, centralised, and accessible where necessary;
- Patients should be at the heart of their health care;
- Integration between primary, community, secondary care services, and social care services is critical to the success of health provision;
- Services start at home and our carers are an important part of this.

Our population and their health

- Overall, South West Lincolnshire has relatively low levels of deprivation, poverty, and unemployment compared to other areas in Lincolnshire.
- A higher proportion of the population are aged 65 years and over (22.3%) compared with the England average (17.3%) The 2011 Census identifies that the Black and Minority Ethnic (BME) population represent 2.2% of the CCG population. An estimated 0.8% of the population cannot speak English well or at all, which is below the 1.7% across England.
- Overall life expectancy at birth in the CCG is slightly higher than the England average for both females (83.3years) and males (79.9years).
- The overall premature mortality rate (deaths <75years) is lower than that for England.
- There is an increasing trend in relation to some long term conditions, for example diabetes in adults, which has a higher prevalence (7.4%) than in England (6.7%).
- Over a fifth (22.5%) of reception year children have excess weight and this is nearly a third (31%) for year 6 children.

The profile should be read alongside the Joint Strategic Needs Assessment (JSNA) in order for the reader to consider how the five priority themes of the JSNA link to key health and health inequality concerns in the CCG. Details on the JSNA are included later in this report under the Improving Health section.

Working with partners and key stakeholders

We work with a number of partners including clinicians, NHS England, providers, Public Health, social care, other CCGs and voluntary sector providers to ensure we understand the needs of

our communities so that the services we commission are of the very highest quality, delivered in the right place and improve health outcomes.

The CCG has a particularly close working relationship with South Lincolnshire CCG, with a number of senior shared roles across both organisations, including the Accountable Officer, Chief Finance Officer, Secondary Care Doctor and CCG Corporate Secretary/Manager. There is also one senior leadership team across both CCGs.

In addition, both CCGs have a number of Committees that meet under a 'Committees in Common' approach. Further details are set out in the Annual Governance Statement presented later in the report.

We have continued our close working with Public Health colleagues on a number of areas including the development of the Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and social prescribing, which are referred to later in the report. A member of the Public Health team regularly attends Governing Body meetings to further enhance collaborative working.

We work with Healthwatch Lincolnshire to ensure that the views of the public and people who use services are heard. A member of the Healthwatch Lincolnshire group regularly attends Governing Body meetings and other representatives participate in the Quality and Patient Experience Committee and Patient Council.

Key issues and risks to achieving our objectives

During 2017/18, the CCG has further strengthened its governance arrangements to identify, respond and report risk, and established a Joint Risk Management Group (JRMG). This Group ensures a consistent approach across the CCG to risk assessment and measurement, and also forward-scans and assesses the impact of possible future risks as well as ensuring the CCG can respond to unknown risks. The JRMG reviews the Risk Register and Governing Body Assurance Framework at every meeting.

In 2017/18 the CCG has also established a Finance and QIPP Delivery Committee which meets under a Committees in Common approach with South Lincolnshire CCG, which has strengthened the financial reporting to Governing Body.

The Governing Body receives and discusses the Governing Body Assurance Framework on a quarterly basis and during 2017/18 ensured that risk was a specific agenda item at the end of each meeting to support risk identification and risk triangulation. The Annual Governance Statement, which features later in this report, explains our risk management procedures in detail.

Going Concern

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

The budget for 2018/19 has already been agreed with NHS England. On this basis, there is no reason to believe that sufficient funding will not be made available to the CCG in the 12 months from the date of approval of the Financial Statements.

As such our Financial Statements which feature later in this report have been prepared on a going concern basis.

Performance Summary

CCGs are accountable for how they spend public money and achieve good value for money for their patients. They have a wide range of statutory duties they are required to meet. The CCG has discharged its duties through its commissioning business and governance arrangements. Discharge of key duties are defined in the CCG Constitution and carried out through the Scheme of Reservation and Delegation.

Summary of the Improvement Assessment Framework (IAF)

NHS England has a statutory duty (under the Health and Social Care Act (2012)) to conduct an annual assessment of every CCG. The assurance process aims to ensure that CCGs are commissioning safe, high quality and cost effective services, to achieve the best possible outcomes for patients.

The CCG Improvement and Assessment Framework (IAF) became effective from the beginning of April 2016, replacing the CCG Assurance Framework.

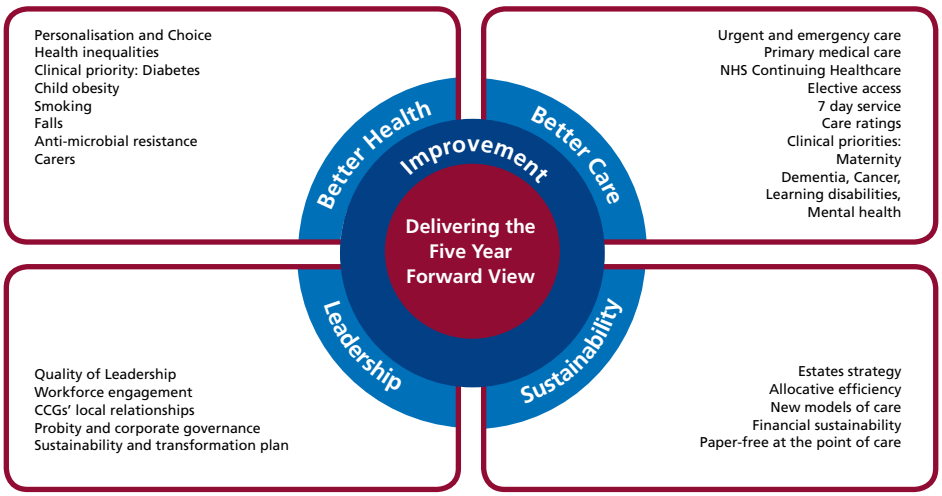
The IAF covers indicators located in four domains:

Better Health: this section looks at how the CCG is contributing towards improving the health and wellbeing of its population, and bending the demand curve;

Sustainability: this section looks at how the CCG is remaining in financial balance, and is securing good value for patients and the public from where it spends money.

Better Care: this principally focuses on care redesign, performance of constitutional standards, and outcomes, including in important clinical areas.

Leadership: this domain assesses the quality of the CCG's leadership, the quality of its plans, how the CCG works with its partners, and the governance arrangements that the CCG has in place to ensure it acts with probity, for example in managing conflicts of interest.



The CCG overall current rating form the most recent 2016/17 year end assessment is 'good'. This is an improvement on the previous year where the CCG was rated as 'requires improvement'.

An annual overall rating will be made and published on MyNHS.net for each CCG in June 2018. These will be based on categories of 'Outstanding', 'Good', 'Requires Improvement' and 'Inadequate'.

The CCG overall current rating form the most recent 2016/17 year end assessment is 'good'. This is an improvement on the previous year where the CCG was rated as 'requires improvement'.

The details are publically available on the My NHS website:
https://www.nhs.uk/service-search/performance/search

Specific details are set out below:

- **Better Health -** outstanding performance in diabetes
- **Better Care -** requires improvement in cancer, dementia and mental health
- **Sustainability -** in year financial performance is amber.
- **Leadership -** is green overall

Financial Performance

During the course of 2017/18 concerns were raised about the CCG's financial position and the ability to achieve the agreed control total. During December 2018, the CCG declared it was in financial recovery and a plan was put in place to support delivery of a revised control total.

As a result of the financial recovery plan, the CCG mitigated some of the over performance at the end of 2017/18. There is further detail on the CCG's financial performance later in the report.

Performance Analysis

NHS Constitutional Standards

Achieving delivery of the NHS constitutional standards remained a key CCG priority for the CCG in 2017/18. We work with our main health and care providers to ensure our population receives the best possible care. There are areas of care where performance is positive but there are also areas where the CCG continues to seek improvement. Areas of continued focus are the A&E 4 hour target, Ambulance Response Indicators, Cancer performance and Referral to Treatment Times for Planned Care.

Urgent Care

Urgent and emergency care pathways and the achievement of the associated constitutional standard for the CCG population are a challenge for all providers. The majority of care is provided by United Lincolnshire Hospitals NHS Trust (ULHT). Performance against the A&E 4hr standard in 2017/18 deteriorated to 80.7% (all providers), at ULHT this was 75.1% for all three sites. The A&E performance at Grantham and District Hospital was 95.7%, 0.7% above the national standard of 95%. The A&E department at Grantham Hospital still remains closed overnight and the current opening hours are 8am to 6.30pm seven days a week. The opening hours were restricted for patient safety reasons in August 2016 due to a shortage of middle grade doctors across Lincolnshire's three A&Es. The CCG continues to work with partner organisations and local GPs to enable the majority of patients that attend A&E continue to be seen and treated at Grantham. There continues to be work undertaken to develop a specification at Grantham to include the draft guidance on new critical care standards. The Out of Hours service remains open at Grantham Hospital outside of the opening hours.

Performance at North West Anglia Foundation Trust (NWAFT) was 80.7% and at Nottingham University Hospitals Trust (NUHT) 79.7%. For both these Trusts there has been a deterioration in performance up to March 2018 (as shown in Table A).

There are recovery plans in place across the systems and the CCG will continue to work with its commissioning partners, community and secondary care providers to redesign services to work towards sustainable and effective urgent care pathways, ensuring that wherever possible care can be managed locally and without the need for admission to a hospital bed with 'Home First' being a key principle.

Ambulance Service

The East Midlands Ambulance Service NHS Trust (EMAS) performance continues to fail against all of the quality and access standards.

EMAS implemented the Ambulance Response Programme (ARP) on the 19 July 2017. The new standards under ARP replace the previous red and green standards. CCG performance is shown against each of the new national standards shown in Tables A over the page. Performance remains below the standard across all indicators for EMAS and the Lincolnshire division.

Remedial action plans are in place via the Lincolnshire Co-ordinating Commissioner and continue to be monitored. There have been innovative projects implemented, such as the joint ambulance conveyance project piloted with Lincolnshire Fire and Rescue in 2015 and this continues to operate from two fire stations in Lincolnshire. The scheme will be reviewed on a regular basis to ensure the model continues to enhance ambulance provision with the county.

In January 2018 the Lincolnshire Urgent Care Strategy was agreed by the A&E Delivery Board and System Executive Team. The vision for Lincolnshire is 'to transform our urgent and emergency care services into an improved, simplified and financially sustainable 24/7 system that delivers the right care in the right place at the right time for all of our population'.

There are a number of strategic aims identified in the local strategy which are based on various national policies and guidance.

Supporting the delivery of these aims will be four projects:

- Supporting self-care / self-management & prevention
- Access to the right advice first time for urgent care needs (hear and treat)
- Delivery of Urgent Care Out of Hospital
- A&E redesign

Table A

Description	Standard	16/17 Outturn	17/18 Outturn
A&E			
A&E Waiting Time - % of people who spend 4 hours or less in A&E (SUS - CCG)	95.00%	85.7%	80.7%
A&E Waiting Time - % of people who spend 4 hours or less in A&E (ULHT)	95.00%	79.3%	75.1%
A&E Waiting Time - % of people who spend 4 hours or less in A&E (NWAFT)	95.00%	80.3%	80.7%
A&E Waiting Time - % of people who spend 4 hours or less in A&E (NUH)	95.00%	76.6%	79.7%
Trolley Waits	**Standard**	**16/17 Outturn**	**17/18 Outturn**
Trolley waits in A&E - Number of patients who have waited over 12 hours in A&E from decision to admit to admission (ULHT - CCG Position)	0	0	0
Trolley waits in A&E - Number of patients who have waited over 12 hours in A&E from decision to admit to admission (NWAFT - CCG Position)	0	0	0
Trolley waits in A&E - Number of patients who have waited over 12 hours in A&E from decision to admit to admission (NUH - CCG Position)	0	0	0
Ambulance Pre Handovers	**Standard**	**16/17 Outturn**	**17/18 Outturn**
Ambulance handover time - Number of handover delays of >30 minutes (Grantham)	0	627	543
Ambulance handover time - Number of handover delays of >1 hour (Grantham)	0	132	111
Ambulance handover time - Number of handover delays of >30 minutes (Lincoln)	0	7018	7013
Ambulance handover time - Number of handover delays of >1 hour (Lincoln)	0	3871	3766
Ambulance handover time - Number of handover delays of >30 minutes (Boston)	0	4098	5893
Ambulance handover time - Number of handover delays of >1 hour (Boston)	0	1436	3810

Table B

SWLCCG	Category 1		Category 2		Category 3	Category 4
	Mean	90th centile	Mean	90th centile	90th centile	90th centile
National standard	*00:07:00*	*00:15:00*	*00:18:00*	*00:40:00*	*02:00:00*	*03:00:00*
Aug-17	00:08:43	00:15:47	00:30:40	01:05:15	02:44:08	00:42:34
Sep-17	00:09:09	00:17:51	00:35:27	01:14:04	03:44:33	01:51:48
Oct-17	00:09:24	00:17:43	00:38:42	01:21:48	03:27:43	05:36:42
Nov-17	00:10:51	00:20:44	00:47:21	01:39:23	04:23:29	00:01:38
Dec-17	00:11:54	00:22:36	00:49:37	01:44:55	04:06:28	00:00:00
Jan-18	00:11:56	00:23:46	00:51:09	01:54:25	03:35:16	04:51:15
Feb-18	00:12:18	00:21:47	00:57:59	02:04:50	04:41:49	02:33:16
Mar-18	00:13:25	00:25:33	00:02:24	02:11:08	05:28:53	10:07:56

Additionally the following schemes have been put into place and have continued to be embedded within 2017/18.

These include:

- Clinical Assessment Service (CAS)
  - Taking call from on-scene paramedics to reduce conveyances to A&E
  - Taking part in assessment of calls from care homes
  - Continued development of a falls pathway
- GP Streaming in A&Es, there has been a GP in A&E at Grantham for a number of years and this supports admission avoidance, children's urgent care, minor streams and the general flow of patients.
- The Discharge Lounge at Grantham and provides a more appropriate place for patients to wait for the results of diagnostics tests also helping to reduce inappropriate admissions.
- Extended access in primary care.

Planned Care

Currently the CCG is not achieving the 92% referral to treatment (RTT) standard. This is for patients to receive treatment within 18 weeks from the date of referral on non-emergency pathways, including offering patient choice. This under performance has been maintained throughout all of 2017 at United Lincolnshire Hospitals Trust (ULHT) but the standard has been achieved for SWLCCG patients at North West Anglia Foundation Trust (NWAFT) and Nottingham University Hospitals Trust (NUH), see Table C.
The issues at ULHT are within certain specialties where remedial action plans are in place. Key actions going forward will be focussed on increasing ULHT capacity through additional outpatient and theatre sessions using existing workforce and additional locum capacity. Opportunities are also being explored in extending sub-contracting relationships with independent sector providers.

There has been a deterioration in performance for 52 week breaches in comparison to the previous year. This indicator records the number of patients who have been waiting more than one year from the date of the GP referral to first definitive treatment. The high number of breaches is linked to a clinical system upgrade at ULHT which resulted in some patients being excluded from the waiting list reports. Of the 37 breaches reported in 2017/18 approximately 50% are directly attributable to this data quality issue. It is important to note that each breach does not necessarily equate to individual patients as breaches are reported at month end and may go across a number of months.

The diagnostic waiting time standard of less than six weeks is just below the target at CCG level at ULHT but is being achieved at both NWAFT and NUH for SWLCCG patients. The main issue at ULHT is within cardiology diagnostics for echocardiography tests, where an increase in demand has been experienced. A new consultant has been recruited to address this capacity issue. There has also been a problem in cardiac physiology where demand has exceeded capacity and additional clinics have been put in place, and staffing levels are currently under review.

The Planned Care Improvement Plan that has been in place for 2017/18 will continue to promote improved outcomes, reduce unplanned contact, improve patient access to the right person at the right time, reduce demand for secondary care services, support recovery from acute treatment, and profiling elective care capacity to allow an increase in non-elective care during the winter period. As part of the transformation work in Planned Care work continues to implement the use of technology linked to demand management – virtual clinics, electronic advice and guidance and full electronic booking via the NHS electronic referral service (e-RS) by October 2018 (Consultant led only). Not only will this be more convenient for patients it will also aid the reduction in face to face appointments.

Table C

Description	Standard	16/17 Outturn	17/18 Outturn
RTT - Incompletes			
RTT - Incomplete Pathways (CCG)	92.00%	90.9%	88.9%
RTT - Incomplete Pathways (CCG for ULHT)	92.00%	88.9%	86.3%
RTT - Incomplete Pathways (CCG for NWAFT)	92.00%	95.4%	93.6%
RTT - Incomplete Pathways (CCG for NUH)	92.00%	95.8%	93.5%
RTT - No. Over 52 weeks within incomplete pathways (CCG)	0	4	37
Diagnostics	**Standard**	**16/17 Outturn**	**17/18 Outturn**
Diagnostic Test Waiting Time <6 wks (CCG)	99.00%	99.2%	98.8%
Diagnostic Test Waiting Time <6 wks (CCG for ULHT)	99.00%	99.3%	98.3%
Diagnostic Test Waiting Time <6 wks (CCG for NWAFT)	99.00%	99.0%	99.0%
Diagnostic Test Waiting Time <6 wks (CCG for NUH)	99.00%	99.7%	99.4%
Cancelled Operations	**Standard**	**16/17 Outturn**	**17/18 Outturn**
Cancelled Operations - % of patients cancelled for non-clinical reasons not re-admitted within 28 day (ULHT)	0.00%	7.7%	6.6%
Cancelled Operations - % of patients cancelled for non-clinical reasons not re-admitted within 28 day (NWAFT)	0.00%	7.8%	16.2%
Cancelled Operations - % of patients cancelled for non-clinical reasons not re-admitted within 28 day (NUH)	0.00%	2.0%	3.8%

Table D

Description	Standard	16/17 Outturn	17/18 Outturn
Cancer 2 Week Wait - suspected cancer	93.0%	92.6%	90.4%
Cancer 2 Week Wait - breast symptomatic referrals	93.0%	76.9%	82.8%
Cancer 31 **Day** Waits - first definitive treatment	96.0%	95.7%	95.0%
Cancer 31 **Day** Waits - subsequent treatment, surgery	94.0%	94.0%	97.9%
Cancer 31 **Day** Waits - subsequent treatment, chemotherapy	98.0%	96.7%	97.5%
Cancer 31 **Day** Waits - subsequent treatment, Radiotherapy	94.0%	94.9%	97.3%
Cancer 62 **Day** Waits - first definitive treatment, GP referral	85.0%	70.0%	68.4%
Cancer 62 **Day** Waits - treatment from Screening referral	90.0%	75.0%	87.7%
Cancer 62 **Day** Waits - treatment from Consultant upgrade	No standard	71%	87.7%

Cancer

Ensuring our patients are seen as quickly as possible once on a cancer treatment pathway is another key priority for the CCG. Cancer performance has been on a rollercoaster of recovery and deterioration throughout the previous two years due to a number of reasons. The performance highlighted in Table D on the previous page shows that the performance across the two years is very similar. Of the eight measured indicators two are achieving the national standard. The poor performance is linked to ULHT where the standards are consistently not achieved in the majority of indicators. This is in stark comparison to NWAFT and NUHT where the national standard in all cancer indicators is consistently achieved.

There is a focus on the standard for the percentage of patients who receive their first definitive treatment for cancer within 62 days of a GP referral. The CCG has not achieved this standard since December 2015 and it has not been achieved at ULHT for a longer period of time, with the exception of month one in 2017/18. Sustained recovery is not likely for some time, however on-going actions at ULHT should result in a steady improvement in performance. Breach numbers are low and tend to be a mix of complex cases, capacity and patient choice.

Actions are on-going to improve performance at ULHT this includes:

- 7 day horizon booking
- Upper GI straight to test
- Standardisation of the radiology booking processes
- Improved uptake of cancer screening programmes
- Prostate cancer follow up in the community for those with stable PSA
- Faecal Immunochemical testing in primary care
- Personalised follow up

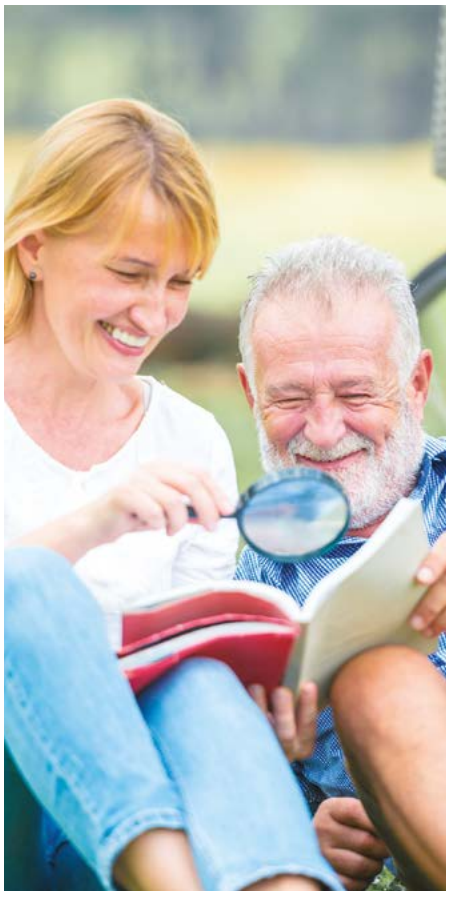
Mental Health

Despite achieving all the key performance targets as shown in Table E over the page, the CCG acknowledges it has variation in the mental health provision within the locality. In particular, there is a higher than average proportion of older people which is resulting in a demand on older people's and dementia services.

The standard for dementia diagnosis rates continues to be a major challenge for the CCG and a significant amount of work has been undertaken to understand the low diagnosis rate versus prevalence. An audit was carried out and one of the conclusions was that the lack of dementia care homes in the CCG footprint may mean we are an exporter of diagnosed patients. The CCG has commissioned a review to look at the expected numbers of people with dementia by GP practice and this will help direct focused intervention, a dashboard has been developed to support with this. Practices are regularly kept informed of services to provide support to patients, carers, and families in the event of diagnosis e.g. the Dementia Family Support Service.

The East Midlands Mental Health Clinical Network (EMMHCN) and the CCG have worked closely to address the underperformance in dementia diagnosis. The network has reported that there has been a constructive and energetic response by the CCG to their outlying Dementia Diagnosis Rate (DDR) data. All plausible explanatory factors have been considered, explored and mitigated wherever possible. The work that has been carried out has ensured that the challenges posed by dementia more generally have remained high on the CCG's agenda.

There has been a focus on reducing the health inequalities between people with serious mental illness and the general population. The Lincolnshire vision is to improve the system wide delivery for people requiring general and specialist support. In line with the Mental Health Forward View (MHFV) and to meet the mental health investment standard there is a significant work programme being developed to ensure there is parity of esteem.



There are two key projects:

- The Transforming Care Partnership, improving services for people with a learning disability and/or autism who also have, or are at risk of developing, a mental health condition or behaviours described as challenging.
- Ensuring there is sufficient service provision in county and eliminating all out of area placements by 2024

Other priorities linked to the MHFV are:

- Improved access for children and your people
- Community eating disorder services
- Increased bed stock for children and adolescent mental health services (Tier 4)
- Expanded specialist perinatal care

Table E

Description	Standard	16/17 Outturn	17/18 Outturn
Early Intervention in Psychosis (EIP)			
Early Intervention in Psychosis - Patients treated within 2 weeks (CCG)	50.0%	82.6%	74.3%
Early Intervention in Psychosis - Patients treated within 2 weeks (LPFT)	50.0%	97.4%	83.8%
Improving Access to Psychological Therapies (IAPT)	**Target**	**16/17 Outturn**	**Feb 18 YTD**
IAPT Access (CCG)	15.0%	16.7%	19.2%
IAPT Recovery Rate (CCG)	50.0%	58.5%	55.6%
IAPT 6 Weeks Waiting (CCG)	75.0%	91.4%	91.6%
IAPT 18 Weeks Waiting (CCG)	95.0%	100%	99.1%
IAPT Roll Out (LPFT)	15.0%	16.6%	18.7%
IAPT Recovery Rate (LPFT)	50.0%	52.6%	50.7%
Care Programme Approach (CPA)	**Target**	**16/17 Outturn**	**17/18 Outturn**
% of patients under adult mental illness on CPA who were followed up within 7 days of discharge from psychiatric in-patient care (CCG)	95.0%	98.5%	98.8%
% of patients under adult mental illness on CPA who were followed up within 7 days of discharge from psychiatric in-patient care (LPFT)	95.0%	96.4%	95.2%
% of patients under adult mental illness on CPA who were followed up within 7 days of discharge from psychiatric in-patient care (CPFT)	95.0%	95.9%	95.6%
Dementia	**Target**	**16/17 Outturn**	**17/18 Outturn**
Estimated diagnosis rate for people with dementia	66.7%	55.0%	52.1%

Key Achievements in 2017/18

Right Care

Right Care is a transformation programme and the CCG was part of wave one of the national programme which was supported by a range of partners including NHS England and Public Health. The Commissioning for Value packs provide information and indicative data across the ten highest spending programmes of care within our health economy. The CCG is clustered with ten other CCGs who have the most similar populations. This comparator group is used to identify realistic key value opportunities to improve health and healthcare for the population. The packs are used in conjunction with local intelligence to determine priorities for commissioning / service improvement supporting the vision of the NHS Five Year Forward View (FYFV).

Publication of focus packs provide detailed information on the opportunities to improve in the highest spending programmes highlighted within the Value Packs. They include a wider range of outcomes measures and information on the most common procedures and diagnoses for the condition covered. The aim is to reduce unwarranted variation/ inequalities; Improve health outcomes and Maximise funding efficiencies and savings.

The CCG identified three areas for priority focus

- Musculoskeletal - review of frailty (including falls), hip / knee and pain management pathways
- Circulatory / Cardiovascular - redesign of heart failure pathway; clinical review of TIA pathway (patients not referred within 24hrs); review of hypertension pathway; risk of stroke in people with diabetes.
- Respiratory - review of Asthma and COPD pathways

Prescribing was identified as the third area of opportunity which runs through all of the programmes of care.

As part of the wave one RightCare programme the CCG was asked to submit three further programme areas. After a review of the available areas and opportunities the CCG decided to focus on the following in 2017/18 and this will continue into 2018/19 and potentially beyond.

- Endocrine - Transforming the diabetes services
- Gastrointestinal - Refine pathways for Lower & Upper GI and Liver
- Cancer - Refine pathways for Lung, Prostate, Lower & Upper GI.

As part of the Lincolnshire STP we made a successful bid to NHS England Diabetes Transformation Fund, this programme will support GP Practices to provide high quality care to patients.

Quality Premium

The Quality Premium (QP) is about rewarding Clinical Commissioning Groups (CCGs) for the quality of services they commission. The scheme also incentivises CCGs to improve patient health outcomes, reduce inequalities and improve access to services. In addition to the national indicators CCGs are required to chose local indicators. For 2017/18 the following indicators were chosen:

- The number of diabetes patients receiving all three treatment targets. Performance will be measured using the data from the National Diabetes Audit (NDA), using 2015/16 as a baseline (38.5%). The target has been set at 44%, significantly above the England average.
- Total number of bed days relating to out of area placements to have reduced by 33% of the baseline number as at 1 April 2017.

Primary Care

The CCG has a vision to support our member practices to deliver consistent, accessible and high quality care, using networks of healthcare and other professional and innovative solutions to deliver services. The CCG is supporting its practices in developing and growing existing primary care services and progressing towards Multispecialty Community Provision (MCP). The CCG will be looking at new models of care, to deliver services at scale in alignment with the GP Five Year Forward View (GPFYFV).

GP Federations

The CCG recognises the importance of sustainable primary care to help us deliver care locally and GP practices are integral to the development of Neighbourhood Teams. We are proactively supporting the K2 Federation of GP Practices, which covers the CCG area and has membership of 17 of the 19 practices. K2 is taking an active role in the way that the Neighbourhood Teams (NTs) are being developed working in partnership with the Allied Health South Lincolnshire (AHSL) Federation in South Lincolnshire CCG.

The Federation has this year taken on the provision of triage service for optician referral to secondary care Ophthalmology. Additionally they have been working very closely with the neighbourhood teams.

Neighbourhood Teams

The Neighbourhood Teams in Grantham and Sleaford have continued to develop throughout 2017/18. The key priority of the teams is to help people remain in their own home for as long as possible, avoiding unplanned hospital admissions and, if an admission does happen, support with a timely discharge.

The teams are wrapped around groups of GP Practices and aspire to deliver a population-based model of care, where wellbeing is maximised through communities, voluntary and statutory services working together. The teams promote, where appropriate, models of self-care. Whilst the model focusses on prevention, personalisation and time-limited interventions, it also identifies when longer-term support is required and will work with the individual and their family to facilitate this in a person-centred way, ensuring that their personal goals are central.

Practice Care Co-ordinators

The CCG has continued to fund the Practice Care Co-ordinator role, this is a clinical role, based within each GP practice and actively identifies and supports people with an increased risk of an unplanned hospital admission. They work proactively with each patient, to support them to remain in their own home for as long as possible. Along with community staff, social care and the voluntary sector, the Practice Care Co-ordinators are key Neighbourhood Team members, ensuring there is a joined-up approach and the patient is at the centre of all care plans and discussions.

Diabetes

Providing care and support to people living with diabetes, and those identified as having a high risk of developing Type 2 diabetes, is a priority for the CCG. The National Diabetes Prevention Programme has been operating across the CCG since July 2016; this behaviour change programme supports people to make lifestyle choices to reduce their risk of developing the condition. The programme offers intensive lifestyle support to those identified at high risk of developing diabetes. In 2017/18 the CCG practices were aiming to have referred 480 patients into the service, at year end this target was exceeded with a total of 513 referrals.

The CCG has been working with Diabetes UK to support people living with diabetes, 'A Living with Diabetes' Day attracted 80 people in Grantham in 2017, following this a peer support group in Grantham has been developed. This brings together people living with diabetes, helping them to support themselves and each other in living well with their condition.

As part of the Lincolnshire STP we made a successful bid to NHS England Diabetes Transformation Fund, this programme will support GP practices to provide high quality care to patients. Funding has also been secured to improve the foot care available to patients, a weekly podiatrist-led clinic has been established in Grantham, providing care locally to patients.

Adult Hearing Loss Service

Three CCGs in Lincolnshire (South, South West and East) have recently implemented a new community service for patients aged 50 years and over who present to their GP with signs and symptoms of non-complex age related hearing loss. The decision to procure the new service followed a successful, fully evaluated pilot in South West Lincolnshire CCG. Three community providers were qualified, via a rigorous qualification process, and were awarded contracts.

The new community service supports the delivery of NHS England's Five Year Forward View and will also help commissioners and providers meet the goals set in the Action Plan on Hearing Loss.

The new improved pathway will:

- Improve patient access and choice with reduced patient waiting times
- Provide care closer to home
- High levels of satisfaction for both patients and referrers of the service
- Personalised care for all patients accessing the service
- Improved quality of life
- Reduce demand on secondary care services
- Focus on prevention and maintaining independence in older age
- Support people with adult hearing loss – a long-term condition
- Provide value for money

Dermatology

The CCG has been working closely with the local acute provider looking at ways of developing dermatology services in the community to ease demand on secondary care services. The successful implementation of a Teledermatology Service within GP practices provides GPs with expert diagnosis via clinical photographs taken during a GP appointment. The images are assessed by a team of skin specialists, electronically reported on within 48 hours and patients notified of the diagnosis and outcome.

As an alternative approach to secondary care a 'Spot Clinic' has also been piloted - this is an innovative way to triage skin lesions in a primary care setting (GP practice) and allows for diagnosis of single lesions via a face to face contact with a Consultant Dermatologist. Feedback from patients during the trial has been excellent and the service is to be further developed in 2018.

Clinical Assessment Service (CAS)

The CAS helps people to access the right service, first time when they have an urgent care need. The CAS works across organisational boundaries and is designed to help reduce unnecessary home visits, accident and emergency department attendances, emergency hospital admissions and ambulance transportations.

Patients access the CAS by calling 111 where they will have an initial triage with the 111 call-handler. Patients requiring additional clinical support or advice are transferred to the CAS, where they will speak to a Lincolnshire-based clinician who will undertake an assessment and offer the appropriate advice, arrange for a home visit or any other necessary action.

Care Portal

Improving communication with both patients and other professionals is a key element required to improve quality and reduce risk. The Lincolnshire Care Portal is a tool that will allow people working across health and social care to view information about patients that is relevant to their job role. The Care Portal draws information from the existing clinical systems across Lincolnshire, offering a real-time view. It has been trialed in some GP practices elsewhere in Lincolnshire and will be rolled-out across the CCG during 2018.

Alongside the Care Portal, a Patient Portal is also being developed. This will allow patients to view information about themselves from multiple organisations in one place, giving them the opportunity to play a more active part in leading their own care. The availability of the Care Portal will be a significant vehicle for reducing clinical risk in both urgent and planned care pathways.

The CCG has been working closely with the local acute provider looking at ways of developing Dermatology services in the community to ease demand on secondary care services.

Financial Summary

The annual accounts of the CCG have been prepared in accordance with the National Health Service Act 2006 (as amended) Directions by the NHS Commissioning Board, in respect of Clinical Commissioning Groups' annual accounts. The accounts have been prepared on a going concern basis.

The annual accounts are detailed in full from page 62 in this report.

2017/18 has been a challenging year for the CCG financially. CCGs are set a Revenue Resource Limit (RRL) by NHS England that represents the maximum that can be spent in the year.
At the start of the financial year, the CCG planned to contain expenditure within the RRL for the year. During the course of the year, it became apparent that expenditure would exceed available resources and the CCG instituted a financial recovery plan. The recovery plan did help contain budgetary pressures but the actual year end position was that spending exceeded the RRL by £3.4m.

The CCG also has resources that it has not spent from previous years totalling £3.4m. Under normal circumstances these could be off-set against the deficit reported in-year, to show a cumulative breakeven position. However, due to a technical change in the guidance from NHS England, the CCG is no longer entitled to use brought forward resources and therefore has failed to achieve the statutory breakeven duty.

Summary Headline Financial Information

	2017/18 £000	2016/17 £000
Revenue Resource Limit	182,240	181,752
Net Operating	185,634	178,354
Surplus/(deficit)	(3,394)	3,398

- The CCG managed its administration functions within the allocated Running Costs Allowance of £2.9 million.
- Cash payments were also managed within the Maximum Cash Drawdown limit as allocated by NHS England.
- The Better Payment Practice code requires the CCG to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The NHS aims to pay at least 95% of invoices within 30 days of receipt, or within agreed contract terms. Details of compliance with the code are given in Note six to the accounts.

The operating expenditure of the CCG can be split into two types:

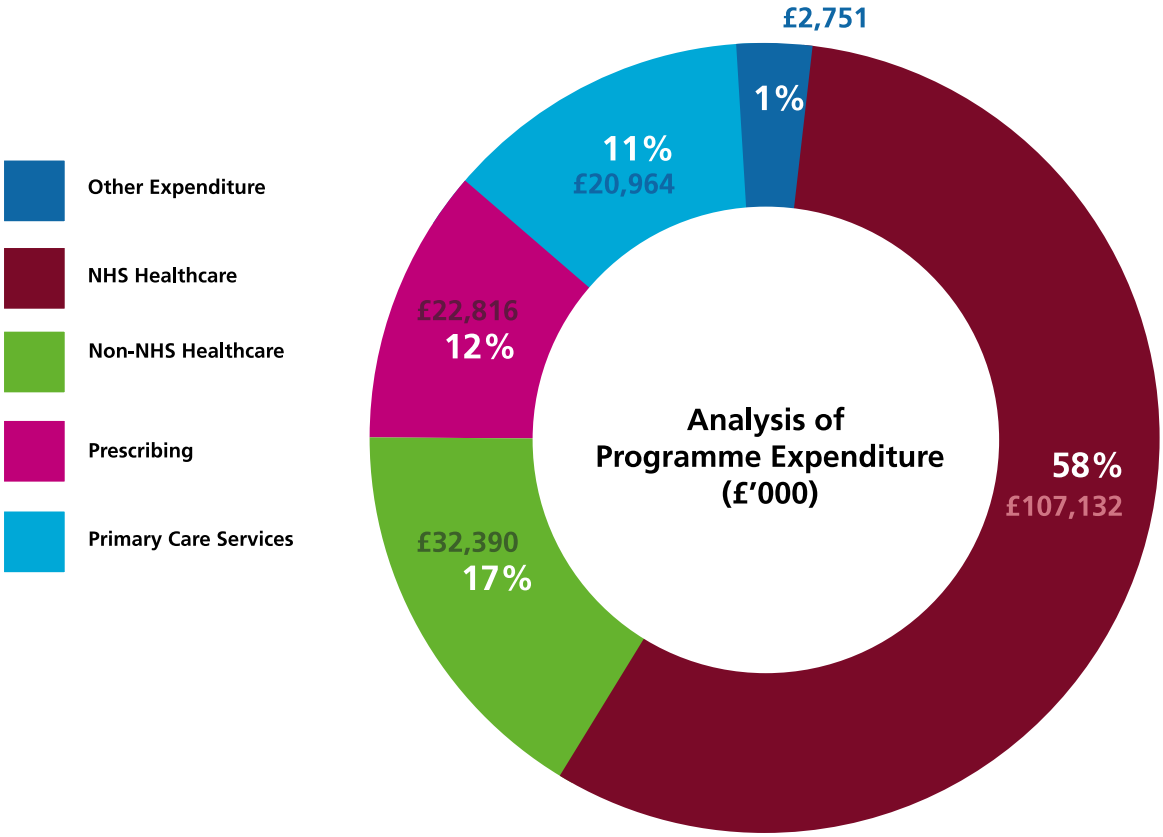
- Programme – this is expenditure on the purchase of healthcare. The CCG spent 98% of its resources on programme expenditure.
- Administration – costs that are not for the purchase of healthcare, but relate to the direct running costs of the CCG. The CCG spent 2% of its resources on administration expenditure.

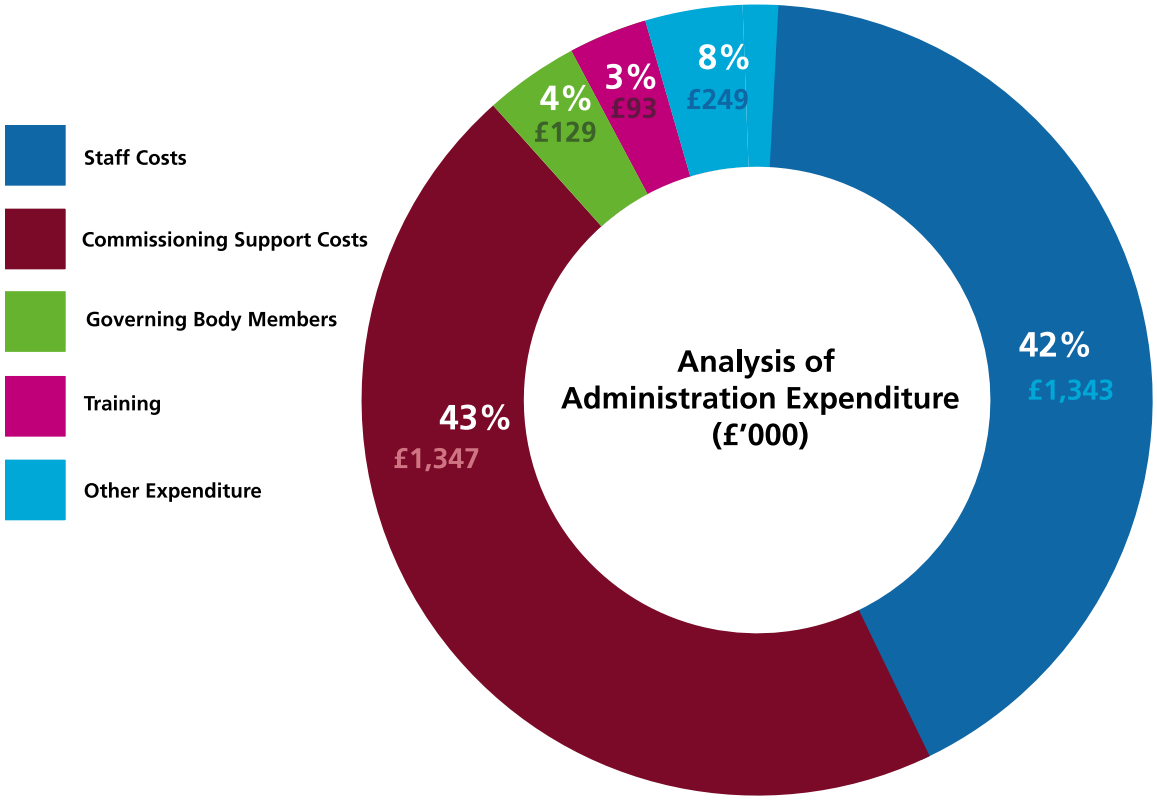
The CCG is an approved signatory to the Prompt Payments Code. This initiative was devised by the Government with the Institute of Credit Management (ICM) to tackle the crucial issue of late payment and to help small businesses.

Suppliers can have confidence in any company that signs up to the code that they will be paid within clearly defined terms, and that there is a proper process for dealing with any payments that are in dispute. Approved signatories undertake to:

- Pay suppliers on time;
- Give clear guidance to suppliers and resolve disputes as quickly as possible, and;
- Encourage suppliers and customers to sign up to the code.

Analysis of the expenditure from Note Five in the Annual Accounts can be seen in the pie charts below. The values on the charts are shown in £000s.





Improving Health, Reducing Health Inequalities and Prevention

The CCG has continued to work with partners, including Public Health and the Health and Wellbeing Board (HWB) to improve the health of our population with a focus on improving life expectancy and reducing mortality

In 2017/18 additional support has been sourced from Strategic Clinical Networks and Senates where it has been indicated that programmes of work are underway. All of this work is led by our clinical leadership from the Executive Committee.

Joint Health and Wellbeing Strategy (JHWS)

In 2017/18 South West Lincolnshire CCG has continued to be actively involved in the Lincolnshire Health and Wellbeing Board (HWB). The Chair of the HWB is invited to attend CCG Governing Body meetings, who approve the Annual Report and Accounts.

The JHWS for Lincolnshire 2013 - 2018 identifies the commissioning direction and priorities and is endorsed by the CCG. The JHWS seeks to improve health and wellbeing and reduce health inequalities in the population of Lincolnshire. There are five key themes, with an additional theme of 'mental health' running throughout the JHWS, which are:

- Promoting healthier lifestyles
- Improve health and wellbeing of older people
- Delivering high quality systematic care for major causes of ill health and disability
- Improve health and social outcomes for children and reduce inequalities
- Tackling the social determinants of health

During 2017, the Health and Wellbeing Board has reviewed the Joint Health and Wellbeing Strategy using the updated JSNA as the primary evidence base. As part of the process, a series of engagement events and opportunities took place in early summer 2017 to gather the views and insights of key stakeholders, partners and the public. The emerging priorities for the new strategy are:

- Mental Health - both Adults & Children and Young Peoples
- Housing
- Carers
- Physical Activity
- Dementia
- Obesity

Further engagement with the identified groups, stakeholders and service users,

to shape the Strategy's delivery plans is taking place.

Lincolnshire Joint Needs Assessment (JSNA)

Under the Health and Care Act 2012, local authorities and CCGs have an equal and joint duty to prepare a Joint Strategic Needs Assessment (JSNA) through the Health and Wellbeing Board (HWB)

The Lincolnshire JSNA is the starting point in the determination of health needs of Lincolnshire and the commissioning decisions for service development and change.

The CCG has participated in the review of the JSNA during 2017/18. The JSNA is made up of 35 topics grouped under six theme areas, for example, Children and Young People, Adult Health and Wellbeing.

The JSNA is published as an interactive web resource on the Lincolnshire Research Observatory (http://www.research-lincs.org.uk/Joint-Strategic-Needs-Assessment.aspx)

Better Care Fund

The Better Care Fund (BCF) was announced in June 2013 as part of the 2013 Spending Round. It provides an opportunity to transform local services so that people are provided with better integrated care and support. The Fund is an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change. The Lincolnshire CCGs and Lincolnshire County Council continue to work to the joint commissioning arrangements across Proactive Care; Children and Adolescent Mental Health; Learning Disabilities and Integrated Community Equipment (ICEs). These arrangements align to the Lincolnshire Sustainability and Transformation Plan to achieve significant improvements in quality and outcomes whilst generating efficiencies to bridge the gap between available resources and demand.

The Better Care fund priorities for 2017/18 focus on the development of Integrated Neighbourhood Teams; continued provision and development of intermediate care and transitional care services and the on-going development of Community Learning Disability and CAMHS services to support "Transforming Care". The Transforming Care work in Lincolnshire has been nationally recognised. A key performance indicator within the BCF was the reduction to non-elective admissions and delayed transfers of care following discharge from hospital.

The Better Care Fund priorities for 2018/19 focus on the continued development of Integrated Neighbourhood Teams, working to improve on the performance achieved in 2017/18.

During 2017/18, the CCGs have reviewed the Governance arrangements surrounding the BCF. An internal audit report has recommended there is scope for further review and improvement, which will happen in early 2018/19. In addition, reporting to the CCG Governing Body will be strengthened.

The BCF and the associated Section 75 agreements will underpin the joint agenda of service integration and will support health and social care joint working as part of the integration agenda.

The Lincolnshire JSNA is the starting point in the determination of health needs of Lincolnshire and the commissioning decisions for service development.

Lincolnshire Sustainability and Transformation Partnership

Lincolnshire's Health and Care organisations have come together as the Sustainability and Transformation Partnership (STP) following on from the publication of the Sustainability and Transformation Plan in December 2016.

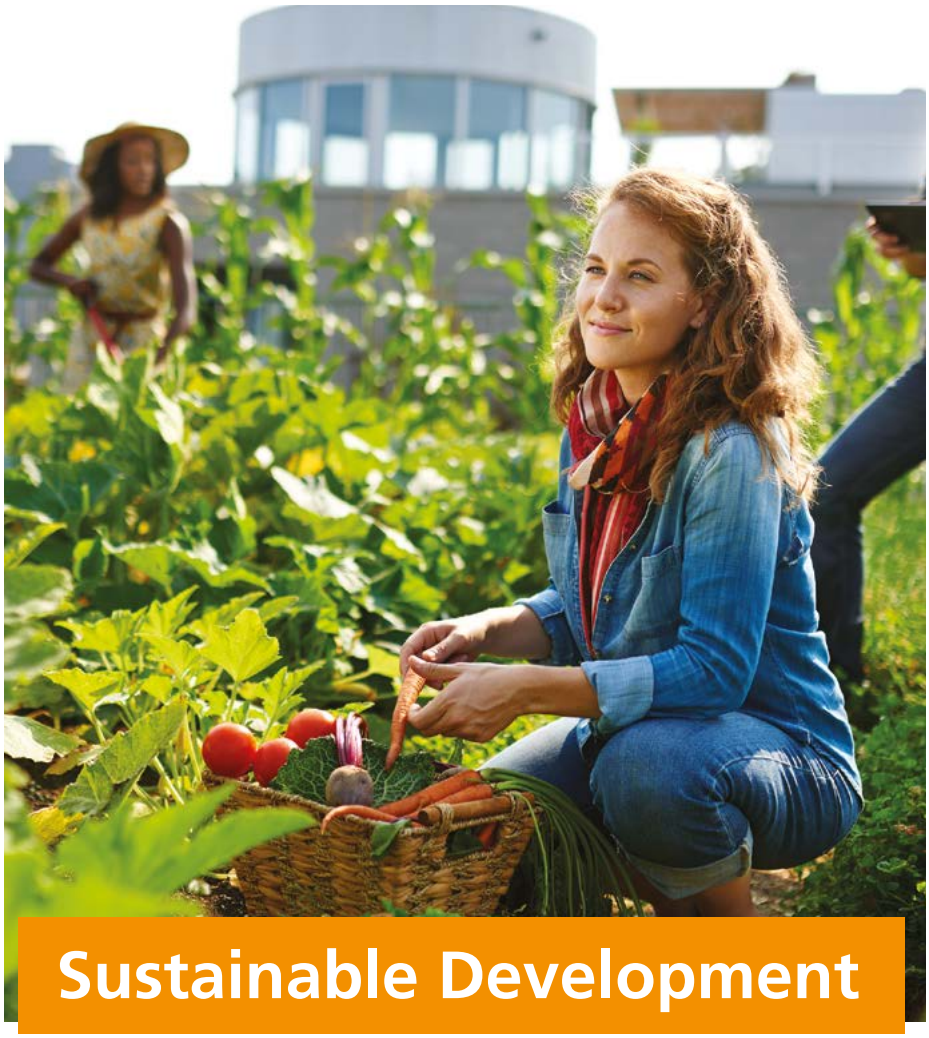
The STP builds on the work undertaken through Lincolnshire Health and Care (LHAC), and it is an evolving process that looks to address the ever changing demands on the system.

South West Lincolnshire 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.

To find out more about the STP go to https://lincolnshirehealthandcare.org/about-the-stp/



Sustainable Development

As an NHS organisation, and as a provider of public funds we have an obligation to work in a way that has a positive effect on the communities for which we commission and procure healthcare services.

Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising cost of natural resources. Spending money well and considering the social and environmental impacts is enshrined in the Public Services (Social Value) Act (2012).

Commissioning for sustainable development means:

- Planning services which are efficient and effective;
- Buying services which provide highest quality at best value and which have least impact on the environment;
- Avoiding duplication and waste;
- Stopping services which don't meet these criteria.

As part of the NHS, public health and social care system, it is our duty to contribute towards the ambitious goal set in 2014 to reduce carbon dioxide equivalent emissions across building energy use, travel and procurement of goods and services by 34% by 2020.

In order to fulfil our responsibilities for the role we play the CCG has established a Sustainability Management Plan (available on the CCG website) which sets out how the CCG operates in an ethical and sustainable way and which identifies clear targets for measuring success. The responsibility for scrutinising how the drive for sustainability is working is embedded within the CCG's core business processes, practices and Constitution.

In 2017/18 we have continued with the following actions:

- Reducing business travel for CCG staff by increasing the use of telephone conferences and use of video conferencing.
- The reduction in the use of paper, moving as far as possible to electronic documents for all staff including increasing the use of laptops by CCG staff and reducing the printing of Governing Body, Executive Committee, Members' Council and all internal meeting papers to a bare minimum.
- Estates – the CCG currently rents premises at South Kesteven District Council and Grantham Health Clinic, the premises contain the minimum floor space available reducing the number of desks with only "hot desk" space at CCG offices, with no wasteful individual offices.
- A Home Working policy that encourages increased productivity reduces travelling and reduces pressure on office space simply for individual work that could easily be done at home.

The CCG operates out of a shared building with a number of other organisations using the same facilities. This means that information on the CCG use of energy, water, waste and recycling is not available to it.

The sustainability lead for the CCG is the Accountable Officer. The CCG has registered with the Good Corporate Citizen Assessment Tool.

Improvement in Quality

The Health and Social Care Act (2012) places statutory duties on the Secretary of State, NHS England and CCGs to promote continuous improvements in the quality of health services.

The three dimensions of quality (clinical effectiveness, patient safety and patient experience) must be present in order to provide a high quality service:

- **Clinical Effectiveness** – quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes;
- **Safety** – quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual's safety; and,
- **Patient Experience** – quality care is care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect.

It is a core function of the CCG to ensure the services we commission are safe and of a high quality, and that patients and their families have a good experience when they use the NHS.

The CCG has robust systems and processes in place to assure the quality of services we commission. To support this we have a Quality and Patient Experience Committee (QPEC) which meets quarterly to monitor and review the quality of services commissioned and promote a culture of continuous improvement and innovation in the following areas:

- Safety of treatment and care received by patients
- Effectiveness of treatment and care received by patients
- Experience patients and carers have of treatment and care received
- Quality of primary medical care

The Quality and Patient Experience Committee is chaired by our Lay member for Patient and Public Involvement and conducts its role in a number of ways including scrutinising the clinical effectiveness of health care providers both in and out of the county.

This work involves cross-checking multiple sources of information that we receive as a CCG such as complaints data, the public voice through engagement events, performance, incidents,infection rates, staffing levels and other specific investigations. The Committee can make recommendations and oversee corrective actions. The work is then subsequently reported into the Governing Body.

In addition the Nursing and Quality team undertake site visits to our providers; these visits can be either announced or unannounced and allow us to look at the patient environment, speak to patients about their experience of care and speak to staff to understand their level of knowledge around a variety of areas such as safeguarding, infection prevention and care practices.

Quality Monitoring Framework

Ensuring the quality of health services provided to the local population is one of the CCG's essential objectives and our Quality Monitoring Framework encapsulates all aspects of quality - safety, effectiveness and patient experience - to ensure that assessment of quality guides the decision making of the CCG.

We monitor outcomes from the Care Quality Commission (CQC) inspection reports and ratings to assure ourselves about the quality of care provided to patients within all healthcare settings. The outcomes of CQC inspections are utilised to prioritise the CCG's quality schedule for primary care to enable us to assess whether actions and improvements have been embedded into individual ward and department practice.

Through our quality monitoring framework:

- all providers are monitored on a monthly basis through harm free care metrics, and reports are used to focus quality review visits;
- a quarterly formal quality review is undertaken with each provider and reports are provided to Governing Body and Quality and Patient Experience Committee;
- quarterly patient safety meetings are held with each provider;
- all serious incidents are analysed and reviewed by the Chief Nurses from all four CCGs;

We are an active member of the regional Quality Surveillance Group (QSG). The QSG systematically brings together different parts of the health and care system across

a geographical area to share information regarding the quality of providers and is a proactive forum for collaboration.
This whole-system approach provides the health economy with a shared view of risks to quality via sharing intelligence, an early warning mechanism of risk about poor quality; and opportunities to coordinate actions to drive improvement, respecting statutory responsibilities of and ongoing operational liaison between organisations.

Quality Assurance in Primary Care

In line with national guidance on co-commissioning we have a shared responsibility for commissioning most GP services. This includes a responsibility for improving and monitoring the quality and patient safety of services provided in primary care, and during 2017/18 we continued to work closely with our 19 member practices to support quality monitoring.

We have an established Primary Care Commissioning Committee (PCCC) in accordance with statutory provisions to enable members to make collective decisions on the review, planning and procurement of primary care services in South West Lincolnshire, under delegated authority from NHS England.
A quality dashboard has been developed over the year to capture key performance indicators relating to the experience of patients visiting our member practices, which focuses discussion at the PCCC meeting, supporting the development of a quality assurance visit schedule.
The meeting also utilises Care Quality Commission inspection reports and ratings to support discussions.

The CCG also engages and supports general practice on a routine day-to-day basis, by helping to develop their knowledge at specific events and by using targeted monitoring and support, including Primary Care Quality Engagement and Delivery (QED) visits.

Formal practice visits have continued and will be evaluated for 2018/19.

Patient Safety

With our partner Lincolnshire CCGs we continue to undertake a robust system for continuing to drive improvement in patient safety. All safety incidents are monitored and themed for trends across the health community and reported using the National Reporting and Learning System. Individual organisations are assessed for their level of reporting, enabling an assessment of both the trends of incidents occurring within the organisation, as well as assessment of their reporting culture. Providers are invited to the Serious Incident Review Group, attended by all Lincolnshire CCGs, to support learning and provide greater assurance. All serious incidents are subject to a root cause analysis reviewed at executive level within the provider and then by the four CCGs' Chief Nurses prior to closing. Action plans are monitored and learning is disseminated. These plans are then monitored through the commissioner led quality assurance visits and quality review meetings to ensure that they are embedded in practice with providers.

The Duty of Candour is embedded within provider quality schedules and monitored as part of quality review meetings, incident reporting and the learning process.

Never events that occur within an organisation are subject to an enhanced level of scrutiny including never event summits, with representation from the CCG and our providers, ensuring that appropriate lessons are learnt, as well as creating opportunities to share lessons across the health and social care community.

Another opportunity to improve patient safety is offered through the learning of lessons and systematic analysis of mortality indicators at individual provider level. All providers are required to have a formal system in place to monitor mortality data.

In addition, a collaborative Lincolnshire mortality review group was established in 2016/17 and continues to provide a forum for secondary care and primary care to review case notes of a selected cohort of patients to better understand mortality in the community and create a further opportunity to drive improvement in patient mortality.

Safeguarding

The CCG hosts a Federated Safeguarding Team (FST) comprising Designate Nurse and Doctor for Safeguarding Adults, Children and Looked after Children. These roles are supported by a team of skilled safeguarding professionals and a Co-ordinator/Project Officer.

The CCG Chief Nurse is the Executive Lead for safeguarding and is a member of the Lincolnshire Local Safeguarding Children Board (LSCB) and Safeguarding Adult Board (SAB).

The workplan of the Federated Safeguarding Team links directly to statutory legislation and recommendations from a number of legislative documents, including:

- Working together to Safeguard Children
- The Care Act
- Actions from Serious Case Reviews and Domestic Homicide Reviews
- Lincolnshire Safeguarding Adults Board
- Lincolnshire Safeguarding Children Boards

The FST provide safeguarding support and expertise across the four Lincolnshire CCGS and receive assurance from provider services including NHS Trusts, GP practices and Care Homes, that they are compliant with their safeguarding requirements. The CCG utilises a number of methods to gain assurance that the organisations are meeting their statutory contracting requirements, specifically condition 32 of the NHS contract provider organisations.

One of the responsibilities of the FST is to provide safeguarding training to GPs and practice staff across Lincolnshire.

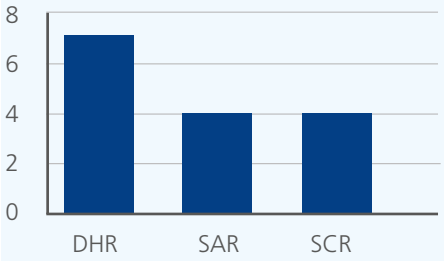
The Safeguarding Children level 3 training package received a nomination for Trainer of the Year at the NSPCC/BACSPAN 2018 awards.

The Federated Safeguarding Team also ensure that CCG staff are trained to the appropriate level. The compliance rate for safeguarding children and adults level 1 training is above 85% in all four CCGs (and above 90% in three of them). Specifically within South West Lincolnshire CCG, there is 93% compliance with adults level 1 training and 91% with childrens level 1 training, for the last quarter.

The FST have achieved a number of key pieces of work in over the last year including:

- Raising the profile of Looked After Children – collaborative multi-agency working with Local Authority Director of Children's services and LA colleagues to develop a Looked After Children and Care Leavers Strategy for 2018 – 2021.
- Child Protection Information Sharing (CP - IS), implementation across Lincolnshire. This is an alert system to ensure that all children who attend urgent care settings within Lincolnshire are identified if they have a local authority safeguarding plan. Key meetings are attended by Designate Nurse and Designate Doctor to progress the system for Lincolnshire. The system is on track for implementation through the Care Portal for compliance with the date of March 2018.

Bar chart to represent number of current Serious Case Reviews by type



Serious case reviews Child (SCR) - 7
Serious adult reviews (SAR) – 4
Domestic Homicide reviews (DHR) - 4

The template below demonstrates the type of training delivered and the number of staff that have received training across the CCG. The total number of primary care staff trained since December 2015 is 1011.

	Safeguarding Children Level 3	Safeguarding Adults Level 3	Total for Children and Adults	Total for both GP and other
Total GPs trained April 2017 - Jan 2018	100	82	182	
Total amount of other staff attending training April 2017 - Jan 2018	124	77	201	383
Total Gps trained since training commenced	279 (Dec 2015)	187 (March 2016)	466	
Total amount of other staff attending training	319 (Dec 2015)	226 (March 2016)	545	1011

The FST planned to hold a safeguarding conference – "Behind Closed Doors" in February 2018, but this had to be delayed due to inclement weather. This has been re-arranged to take place in June 2018 and topics will include radicalisation, Child Sexual Exploitation (CSE), domestic homicide and honour based violence. Guest speakers include victims, families and the professionals who support them.

FST facilitated Mental Capacity Act training to CCG and Care home staff, delivered by an expert Social Worker and Best Interests Assessor.

The FST have frequent involvement in Multi-Agency Significant Incident processes and subsequent case reviews. The role within the processes is to support primary care colleagues to comply with report writing and presentation of information for the case review. Members of the specialist safeguarding team assist GPs in the production of Individual Management Reviews. The CCG's role is to oversee and review the implementation of the recommendations by the provider organisation in relation to the outcomes of the Serious Case Review.

Health Protection

The Lincolnshire NHS CCGs Federated Health Protection function is hosted by South Lincolnshire CCG but serves all four Lincolnshire NHS CCGs equally. The team's work responsibilities and activities are based on assessed risk.

Preventing Healthcare Associated Infections (HCAI) remains a priority for the CCG and was again included as one of four national targets in the CCG Quality Premium.

The Health Protection Team has two main functions:

The Infection Prevention and Control element incorporates strategic assurance reporting to the Chief Nurses and their respective CCGs, strategic support and advice to commissioners of NHS funded services and an infection prevention and control supportive oversight to general practice. The CCG federated function also leads on the whole health economy infection prevention and control group which facilitates sharing of best practice, updates on current issues and joint working strategies. This group feeds in to each CCG Governing Body via the Chief Nurses. Finally, the infection prevention and control element leads on both serious and non-serious Healthcare-Associated Infections (HCAI) that are non-acute trust attributed.

This is done using the Post Infection Review and Root Cause Analysis investigation methodology. All of these actions combine to reduce the risk of patients acquiring Health Care Associated Infections wherever that health care is delivered.

The Communicable Disease Control element is largely reactive in nature, however, the Public Health England (PHE) Collaborative Tuberculosis Strategy for England 2015 to 2020 recognises that there is a real benefit in proactively seeking and treating high risk individuals with Latent Tuberculosis Infection (LTBI) and proposes a screening programme commissioned and led by CCGs, however, higher incidence areas will be prioritised via a regional Tuberculosis (TB) control board. The single biggest risk to health in the UK is a large scale communicable disease outbreak, such as pandemic influenza.

In both the Civil Contingencies Act 2004 and the Public Health England Communicable Disease Outbreak Management plan it is recognised that CCGs will coordinate and mobilise provider organisations in response to incidents and outbreaks. The Health Protection Function is best placed to manage this on behalf of the Lincolnshire NHS CCGs from local small scale outbreaks and incidents through to major incidents requiring a multi-agency response.

Immunisation and Vaccination programmes are currently led by Screening and Immunisation Teams who are employed by Public Health England but are embedded within NHS England Area Teams. Most programmes are delivered by general practice with some delivered by other NHS provider organisations. All of these health providers in Lincolnshire are now commissioned by the Lincolnshire NHS CCGs so scrutiny and oversight of the performance of these programmes is our responsibility.

All three of the above elements are intrinsically linked and will often feature in a combined manner in any given situation. An example is a communicable disease incident, for example Hepatitis B, where infection prevention and control would be paramount and a likely response would include a vaccination programme. It is essential therefore that the skills and knowledge required to keep the service current and effective are kept as up to date as possible.

Transforming Care

The national ambition to transform services for people with learning disabilities and autism is embodied in the Transforming Care Programme. The four Lincolnshire CCGs, Lincolnshire County Council and other local partners formed a partnership to re-shape local services to meet the individual needs of local people with learning disabilities and autism.

Our plan is designed to strengthen individuals' rights, embed care and treatment reviews to assess each person's situation, reduce unnecessary hospital admissions and lengthy hospital stays; and a promote a competency framework for staff. This will ensure we have the right skills in the right place and provide the right services to individuals at the right time. The changes are fully supported and promoted by the CCG to ensure that the best interests of service users are considered in any service proposals. The local Transforming Care Partnership has worked hard to achieve a number of key changes to service models; in order to do this we have worked closely with individuals who have learning disabilities and autism and are proud to have secured the skills and knowledge of our experts by experience to help us in this challenge.

Across Lincolnshire the CCG remains at the forefront of developments in service delivery to support the utilisation of Care and Treatment Reviews for patients – this has allowed us to better understand and tailor each service package to meet individual needs. We intend to further extend this work across a wider range of patients as we deliver against the countywide Transforming Care Plan.

Patient, Public and Stakeholder Involvement and Engagement

The CCG is fully committed to involving patients, the public, partners and key stakeholders in the development of its services. By working in partnership we can identify our priorities and understand the needs of our population.

During 2017 we have maintained our commitment to ensure that local patients are engaged and informed of the decisions we make. We have a dedicated lead for patient engagement who works locally to ensure that people understand how they can participate and we continue to develop links with key stakeholders to ensure our engagement activity is promoted widely.

We recognise that people want to get involved at different levels and in a variety of ways. Many of our patients have a limited amount of time to get involved in decisions which may not directly or immediately affect them. We therefore communicate with and involve patients and the public in a range of different ways and use their feedback to help shape our commissioning plans and priorities, and the insight gained is also used to help shape the Lincolnshire Sustainability and Transformation Plan.

Our aims for patient and public involvement are to:

- Put patients at the heart of everything we do
- Commission quality services by consistently involving people in their planning, evaluation and improvement
- Support the development of local patient reference groups such as PPGs
- Ensure that involvement is representative of all our communities
- Share and build on best practice with other NHS organisations in Lincolnshire through the engagement and communications work for the Sustainability and Transformation Partnership.

Involving Patients

Over the past 12 months we have been very keen to create an environment of continuous dialogue with our patients, carers and members of the public. There are lots of ways that members of the public can get involved in the decisions that shape the health services in our area; these are detailed in full on our website.

Examples include:

- Hearing patients stories– a patient's story and experience is a powerful way of capturing those journeys that our patients undergo. It is a personalised way of capturing the good services and treatment received and those areas where improvement is required. These stories help shape those decisions when commissioning services.
- Public consultation – from time to time we are required, by law, to consult with members of the public and patients to seek their views on forthcoming changes that affect them.
- Social Media – has been a great tool to connect us to people and groups that we wouldn't normally speak to. People can connect to us on Twitter and Facebook by getting in touch on @SWLincs_ NHS or @SouthWestLincsCCG

Patient Participation Groups

Patient Participation Groups (PPGs) are in place at the majority of our 19 member GP practices and the CCG regularly engages the PPGs to strengthen the voice of the patient within the CCG.

Our Head of Engagement regularly attends PPG meetings to discuss health services with our patients. We ensure that patients understand how they can get involved both locally at their GP practice but also with the work of the CCG.

We also support the GP practices with their PPGs where historically recruitment and retention of patients has been a concern. The CCG worked together with the National Association of Patient Participation (NAPP) to hold two events, one in November and one in January, where PPG members were invited to learn about the functions, recruitment and challenges of PPGs in South West Lincolnshire. The attendees were given toolkits and information to enable them to grow and develop their own PPGs.

Patient Council

The Patient Council meets once a quarter and focusses on the voice of the patient. The Lay Member for Patient and Public Involvement is the Chair of the Patient Council. The group comprises representatives from each PPG together with representatives from carers, voluntary sector and HealthWatch Lincolnshire.

During this year we have refocused the work of the Patient Council in order to truly understand patient experiences. Patient experience information is gathered and deliberated at each Patient Council meeting. This information consists of stories, experiences collated through engagement activities, Healthwatch reports and information gathered from patient websites such as Care Opinion and NHS choices.

The Patient Council considers the patient experience and asks the CCG to explore certain topics. These topics are presented to the Quality and Patient Experience Committee (QPEC) for consideration and appropriate actions are taken.

Last year the Patient Council looked at the support that was available in the community for patient and families who had recently received a dementia diagnosis. The Patient Council has discussed the importance of healthchecks and the uptake of the appointments; challenged the CCG on the topics of non-emergency transport and medication / prescribing waste.

During the last quarter the Patient Council has supported a communications campaign which targets non-attendance for appointments in GP practices which reminds patients to cancel their appointments.

The Patient Council received equality training and played an integral part in the refresh of the equality delivery system (EDS2) – our action plan for equality and diversity.

This patient group provides a sense check on CCG plans and supports a two-way conversation between the CCG and our patients. The Patient Council has been an advisory board for STP engagement on behalf of the CCG by receiving presentations around projects such as the Care Portal, Neighbourhood Teams, patient transport, workforce and Digital Mental Health.

Patient Participation Involvement Event

In July 2017 we ran a Patient Participation & Involvement event in Sleaford in collaboration with NHS organisations in Lincolnshire and hosted by East Midlands Academic Science Network. We invited patients to come along and hear why patient participation is important and heard from patient reps how participation can make a difference. In the afternoon workshops were held on successful PPGs, Research, Trust Memberships and the Sustainability and Transformation Plan.

If you are interested in becoming involved or would like more information, please contact our engagement team on 01476 406526 or email us on letstalkhealth@southwestlincolnshireccg.nhs.uk

Focussed Engagement

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.

We ensure that patients understand how they can get involved both locally at their GP practice but also with the work of the CCG.

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.

Social Media

The CCG strongly supports the use of social media as a positive communication channel to provide members of the public, GP practices and other stakeholders with information about what we do and the services we commission.

We use social media to provide opportunities for genuine, open, honest and transparent engagement with stakeholders, giving them a chance to participate and influence decision making. Social media is a great opportunity for us to listen and have conversations with the people we wish to influence. It not only allows us to make announcements, e.g. health news, service information, up-coming events, it allows people to respond to whatever we post and encourages conversation and feedback. Unlike other methods of promotion, social media encourages two way communications in real time.

Our ongoing interactive content strategy is focused on increasing proactive staff input and public engagement, supporting both national campaigns and CCG priorities. Our purpose across stakeholder groups is to inform, engage, educate and inspire.

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Facebook

Facebook allows us to share news, pictures and videos, and also have two-way discussions with the public. By 'liking' our page, users will see our updates in their news feed and can engage with us by reacting to the post, commenting or sharing posts with their friends and family.

We currently have 199 (28 March 2018) followers which is an increase of 243% on this time last year (March 2017). Many of our GP Practices are using Facebook as a way of communicating with their patients and keeping them up to date on practice news.

Twitter

We use Twitter to share snippets of health news and local information, or to have a direct conversation with our partners and other Twitter users. We currently have 1,718 followers (28 March 2018) which is an increase of 27% on this time last year (March 2017). We are always looking to increase our number of followers and encourage people to follow and tweet us and to help spread our messages to their friends and family.

Website

Our website is a portal to communicate and engage with members of the public. We want to ensure that people can easily access information on the CCG and the services available to them. We carry out regular content reviews and continue to develop the site to make it informative, user friendly, easy to navigate and to promote campaigns, events and CCG priorities.
www.southwestlincolnshireccg.nhs.uk

Principles for Remedy

The CCG follows the principles of the Health Service Ombudsman as set out in the 'Principles of Remedy' document, which outlines guidance on how public bodies provide remedies for injustice or hardship resulting from their maladministration or poor service.

The six Principles for Remedy are:

- Getting it right;
- Being customer focused;
- Being open and accountable;
- Acting fairly and proportionately;
- Putting things right;
- Seeking continuous improvement.

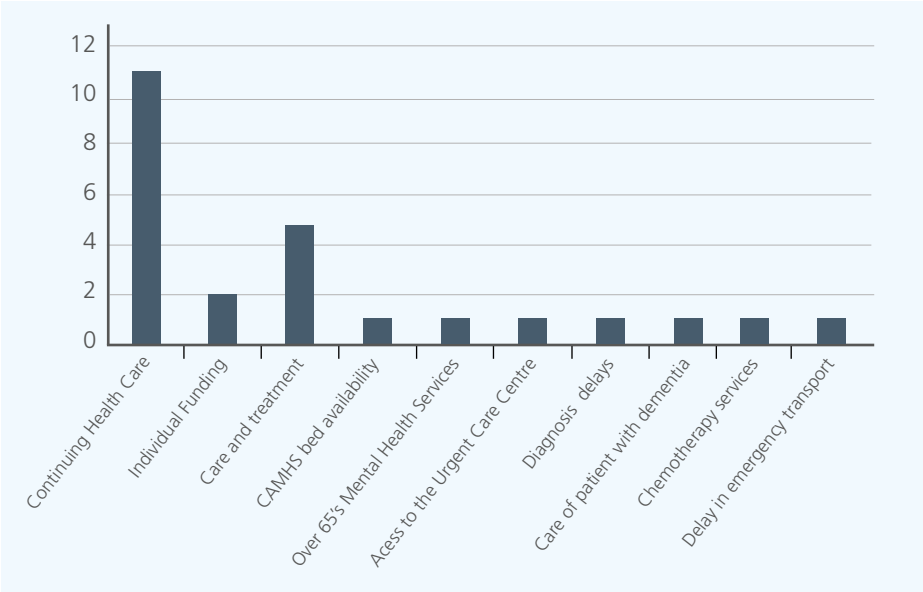
The Principles for Remedy can be viewed at http://www.ombudsman.org.uk/improving-public-service/ombudsmanprinciples-for-remedy

The CCG has adopted all of the six principles of remedy in the development of our complaints handing procedure and they form a core part of the CCG's Complaints Handling Policy that clearly sets out the organisation's process for handling complaints in order for the CCG to meet statutory requirements. The Complaints Handling Policy sets how the CCG takes responsibility, acknowledges failures, provides an apology and uses the learning from any complaint investigation to improve their services.

Compliments, Concerns and Complaints

We welcome receiving complaints as it provides us with the opportunity to learn about and improve the services that we commission. During 1 April 2017 – 31 March 2018 the CCG managed a total of 25 formal complaints, both directly from patients, the public and from Members of Parliament on behalf of their constituents.

These are categorised below:



The chart below details the outcome of the complaints received

Outcomes	Number
Total number of complaints received	25
Upheld	3
Partially Upheld	13
Not Upheld	3
Ongoing complaint. Outcome not yet determined	6

The Nursing and Quality team have received 128 concerns and enquiries that are not managed as complaints but require an issue to be explored and resolved as quickly as possible. The majority of these concerns relate to access to treatment and appointments and to commissioning of services.

Feedback we receive, whether through complaints or through the Patient Council enables us to draw themes and trends which we feedback to our key providers, with the aim of influencing changes in the way we commission services, and also to influence improvements in the quality of care being provided, where patients have highlighted issues.

We continue to be committed to improving the quality of patient care, by a focus on clinical effectiveness, patient safety and patient experience with specific goals to deliver excellent health services and improve the quality of patient care.

Freedom of information

The Freedom of Information Act 2000 (FOI) gives people a general right to access information held by or on behalf of public authorities. It is intended to promote a culture of openness and accountability amongst public sector bodies and to facilitate a better public understanding of how public authorities carry out their duties, why they make the decisions they do and how they spend public money.

Exemptions deal with instances where a public authority may withhold information under the Freedom of information Act or Environmental Information Regulations. Exemptions mainly apply where releasing the information would not be in the public interest, for example, where it would affect law enforcement or harm commercial interests.

Requests are handled in accordance with the terms of the Freedom of Information Act 2000 and wherever possible, best practice guidelines from the Information Commissioner's Officer and the Ministry of Justice are followed to maximise openness and transparency.

In 2017/18 the CCG received 231 individual FOI requests resulting in 1,953 questions being raised and responded to. This compared to 249 requests received in 2016/17.

Topics covered throughout the financial year 2017/18 include:

- Finance
- Medicines
- Contracting and Commissioning
- Treatments and Clinical Procedures
- Continuing Health Care
- Governance
- Strategy
- Formularies for the provision of urology products
- Services commissioned by the CCG
- Disease activity – business intelligence information
- Continuing Health Funding & Personal Health Budgets
- Agency Rates
- Prescribing Systems
- Number and value of contracts by competitive tender
- Hip and Knee replacements
- Performance Monitoring
- The CCG's Sustainability and Transformation plans (STPs)
- Commissioned/Decommissioned Services
- Individual Funding Requests

MONTH FOIs received into CCG	No of FOIs received into the CCG	Number of Individual Questions within each FOI request	Percentage of FOIs processed within 20 working day KPI	Mode category of requester	Mode category of topic
March 2018	19	279	On track to achieve 100% compliance	Corporate	Governance
February 2018	15	272	100%	Individual	Contracting
January 2018	23	148	100%	Individual	Governance
December 2017	15	107	100%	Corporate	Governance
November 2017	26	192	100%	Corporate	Governance
October 2017	14	79	100%	Corporate / Individual	Treatments and Clinical Processes
September 2017	13	96	100%	Corporate	Governance
August 2017	25	202	100%	Corporate	Treatments and Clinical Procedures
July 2017	25	212	100%	Corporate	Treatments and Clinical Procedures
June 2017	17	109	100%	Corporate	Contracts and Commissioning
May 2017	24	147	100%	Corporate	Treatments and Clinical Procedures
April 2017	15	110	100%	Individual	Finance
Total:	231	1953			

Equality and Diversity

Equality and Diversity is managed on behalf of the CCG by the Head of Engagement and Inclusion within the Quality Team.

Within our Equality and Diversity Strategy we have an action plan in the form of the Equality Delivery System (EDS2) which is monitored robustly by the CCG's Quality and Patient Experience Committee.

EDS2 has four goals and 18 outcomes:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, a representative and supported workforce.
- Inclusive leadership.

South West Lincolnshire CCG's Quality and Patient Experience Committee (QPEC) receives regular updates on the progress on our equality and diversity practice and policies.

All staff are required to undertake equality and diversity training which is mandatory. During 2017 our Patient Council also received equality and diversity training to assist with its understanding of the requirements set out in law for the CCG and played an integral part in the annual refresh of the Equality Delivery System (EDS2) and the CCG's equality objectives.

Equality and Diversity Objectives

Our commissioning intentions reflect the EDS2 objectives and outcomes, including the analysis of outcomes for each protected group reflecting comprehensive engagement and using reliable evidence. The CCG has satisfied its duties in line with the Equality Act 2010 in the following respects:

- Developed and refreshed our equality objectives.
- Developed an action plan to meet those objectives.
- The development of an Equality Analysis process to demonstrate due regard to the Public Sector Equality Duty.

The CCG has focused on the following equality objectives to address the areas for improvement highlighted in our self-assessment:

- To ensure equality is everyone's business
- Demonstrate strong leadership on equality so that it remains firmly on the agenda throughout any organisational change
- Make the CCG an employer of choice, with empowered, engaged and well supported staff and a workforce that better represents the communities that we serve
- Ensure that we involve local people in our decision making to ensure we hear the voice of all our communities

Equality Analysis

Equality Impact Assessement (EIAs) are used to evidence due regard to the requirements set out in the Equality Act 2010. Using EIAs helps us to identify whether the service or policy has an adverse impact to our patients particularly people who share a protected characteristic.

The CCG has an equality impact assessment toolkit which is used for both workplace policies and commissioning. This will enable those staff involved in policy, strategy or service reviews / service specifications to carry out a comprehensive assessment.

During this process it is sometimes necessary for us to consult with current/potential service users to fully understand the impacts of the service provision. We have recognised the importance of engaging with local groups with protected characteristics in our communities and are keen to work in partnership with local voluntary and community sector organisations.

In relation to health inequalities we aim to target geographical communities of interest which includes deprivation, vulnerable groups and those who identify as a protected characteristic.

Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) requires all NHS organisations to demonstrate progress against a number of indicators of workforce equality.

The CCG is fully committed to creating an inclusive workplace that is free from discrimination, where all our staff are empowered to thrive and flourish based on their diverse talent. Our full Statement of Commitment can be found in full on http://southwestlincolnshireccg.nhs.uk/about-us/equality-and-diversity

John Turner
CCG Accountable Officer
May 2018

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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:	**12 December 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.

The Committee is also requested to consider the role of the Committee's working group set up to consider NHS finances, in the light of the information submitted on the development of the NHS Long Term Plan and its impact on the Lincolnshire Sustainability and Transformation Partnership, which is set out in an earlier item.

Actions Required:

(1) 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.

(2) To consider the role of the Committee's working group on the finances of the Lincolnshire Sustainability and Transformation Partnership

1. Work Programme

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

12 December 2018 – 10 am	
Item	*Contributor*
NHS Long Term Plan - Impact on Lincolnshire Sustainability and Transformation Partnership	John Turner, Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership
South Lincolnshire Clinical Commissioning Group and South West Lincolnshire Clinical Commissioning Group Annual Reports 2017-18	John Turner, Accountable Officer, South and South West Lincolnshire Clinical Commissioning Groups
Non-Emergency Patient Transport	Mike Casey, Director of Operations, Thames Ambulance Service

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

23 January 2019 – 10 am	
Item	*Contributor*
United Lincolnshire Hospitals NHS Trust – Care Quality Commission	Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust
Children and Young Persons Services at United Lincolnshire Hospitals NHS Trust	Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust
Urgent Treatment Centres *(Subject to confirmation)*	Representatives from Lincolnshire Sustainability and Transformation Partnership
Lincolnshire Sustainability and Transformation Partnership – Acute Services Review	Representatives from Lincolnshire Sustainability and Transformation Partnership
Grantham Accident and Emergency Department – Response of the Secretary of State	Simon Evans, Health Scrutiny Officer

20 February 2019 – 10 am	
Item	*Contributor*
Non-Emergency Patient Transport	Mike Casey, Director of Operations, Thames Ambulance Service
North West Anglia NHS Foundation Trust Update (to be confirmed)	Management representatives from North West Anglia NHS Foundation Trust Update

20 March 2019 – 10 am	
Item	*Contributor*
Dental Services in Lincolnshire	Carole Pitcher, Contracts Manager Dental and Optometry, NHS England – Midlands & East (Central Midlands)
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

16 May 2019 – 10 am	
Item	*Contributor*

Items to be Programmed

- Adult Immunisations
- Developer and Planning Contributions for NHS Provision
- Joint Health and Wellbeing Strategy Update
- CCG Role in Prevention
- Cancer Strategy Update
- Lincolnshire Sustainability and Transformation Plan – Formal 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. Working Group Activity

Earlier this year the Committee set up a working group to review: -

- the overall system finances for the Lincolnshire Sustainability and Transformation Partnership;
- the Lincolnshire Sustainability and Transformation Partnership Operational Efficiency Elements; and
- United Lincolnshire Hospitals NHS Trust Finances

In view of the developments with the NHS Long Term Plan and its impact on the development of the Lincolnshire STP, it is appropriate to consider the role of this working group.

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.

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	160	275	
Cancer Care																	
General Provision																✓	
Head and Neck Cancers														ca			
Clinical Commissioning Groups																	
Annual Assessment														ca			
Lincolnshire East																✓	
Lincolnshire West															✓		
South Lincolnshire																	
South West Lincolnshire																	
Community Maternity Hubs								ca									
Community Pain Management												ca					
Dental Services							✓		ca								
GPs and Primary Care:																	
Extended GP Opening Hours								ca			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	✓	ca			
Health and Wellbeing Board:																	
Annual Report												ca					
Joint Health and Wellbeing Strategy		✓						✓									
Pharmaceutical Needs Assessment					✓		✓										
Health Scrutiny Committee Role	✓																
Healthwatch Lincolnshire											ca		ca		ca		
Lincolnshire Community Health Services NHS Trust																	
Care Quality Commission													ca		ca		
Learning Disability Specialist Care				✓									✓				
Lincolnshire Sustainability and Transformation Partnership																	
General / Acute Services Review				✓			✓				ca	✓	ca	✓			
GP Forward View										✓							
Integrated Community Care																✓	
Integrated Neighbourhood Working										✓							
Mental Health								✓							✓	ca	
NHS Long Term Plan																ca	
Operational Efficiency									✓								
Urgent and Emergency Care									✓							✓	
Lincolnshire Partnership NHS Foundation Trust:																	
General Update / CQC		✓															
Psychiatric Clinical Decisions Unit							ca										
Louth County Hospital														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
Northern Lincolnshire and Goole NHS Foundation Trust			ca												ca		
North West Anglia NHS Foundation Trust							✓									ca	
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														
Patient Transport:																	
Ambulance Commissioning			✓														
East Midlands Ambulance Service			✓		ca					✓	ca	ca	ca	✓		ca	
Non-Emergency Patient Transport						✓	ca	✓	✓	✓		✓	ca	✓	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	ca	ca	
Orthopaedics and Trauma												ca		ca			
Winter Resilience					ca	✓	ca	ca			✓				✓		