

Annual Report and Accounts  
2017/18



# NHS South Lincolnshire Clinical Commissioning Group

**Annual Report and Accounts 2017/18**



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PERFORMANCE REPORT

# 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 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.



# 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

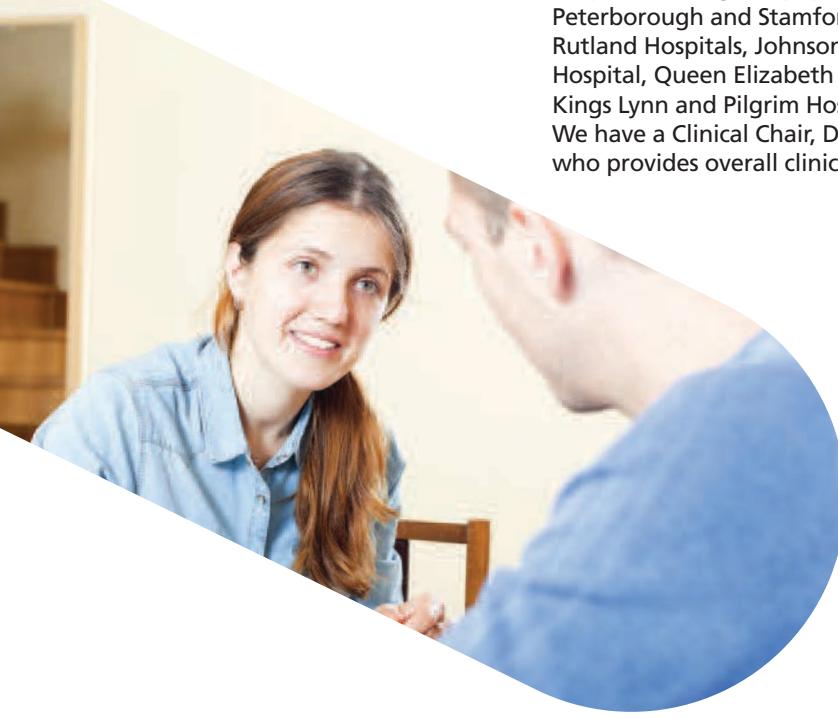
Our purpose is to ensure provision of high quality, efficient and cost effective healthcare services for our geographical area, which covers Stamford, Bourne, Market Deeping, Spalding, Long Sutton and surrounding areas. The main hospitals serving this population are Peterborough and Stamford and Rutland 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 (83.6 years) 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 to unknown 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

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

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 where the CCG was rated as 'requires improvement'. Specific details are set out below:

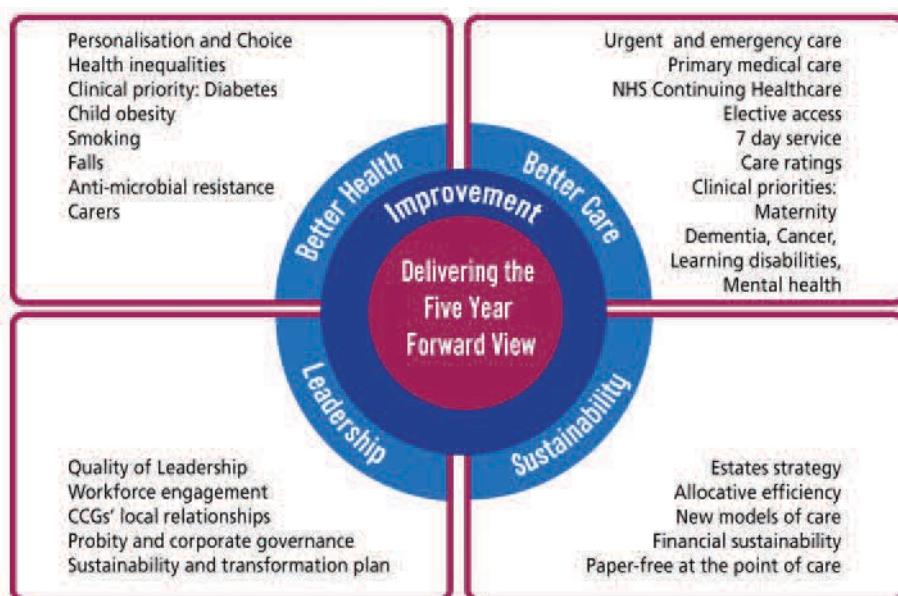
- Better Health – requires improvement in cancer, dementia and mental health
- Better Care – outstanding performance in diabetes
- Sustainability – in year financial performance is amber.
- Leadership – is green overall

The details are publicly 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
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
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	03:00:00
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.

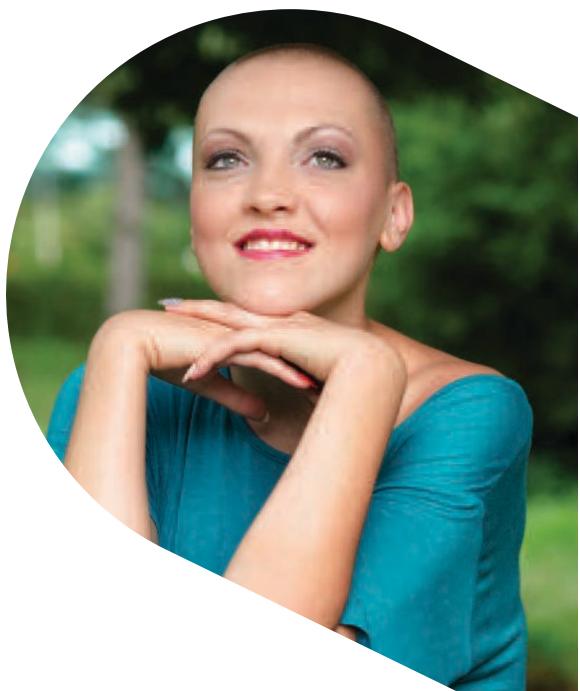
Despite the Trust developing and completing actions to increase performance it has not been maintained above the standard for more than three consecutive months in 2017/18. Key issues affecting performance are increased demand on the imaging department impacting turnaround times and endoscopy delays 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 young 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
<b>Early Intervention in Psychosis (EIP)</b>			
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%
<b>Improving Access to Psychological Therapies (IAPT)</b>			
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%
<b>Care Programme Approach (CPA)</b>			
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%
<b>Dementia</b>			
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 (AHS) Federation of GP Practices, which covers the CCG area except Stamford. AHS 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:

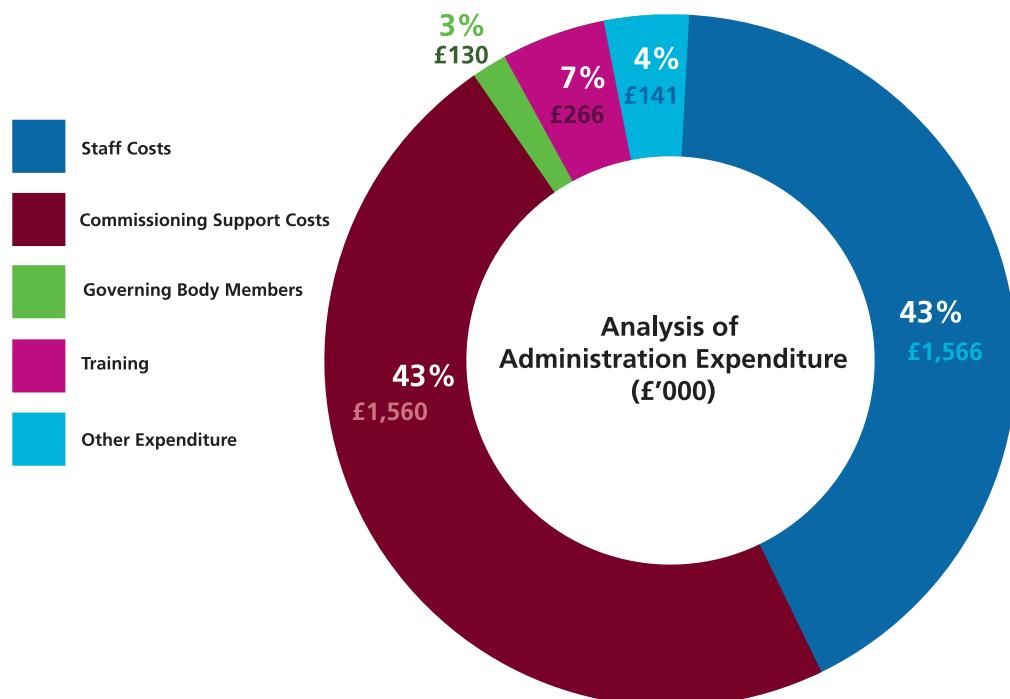
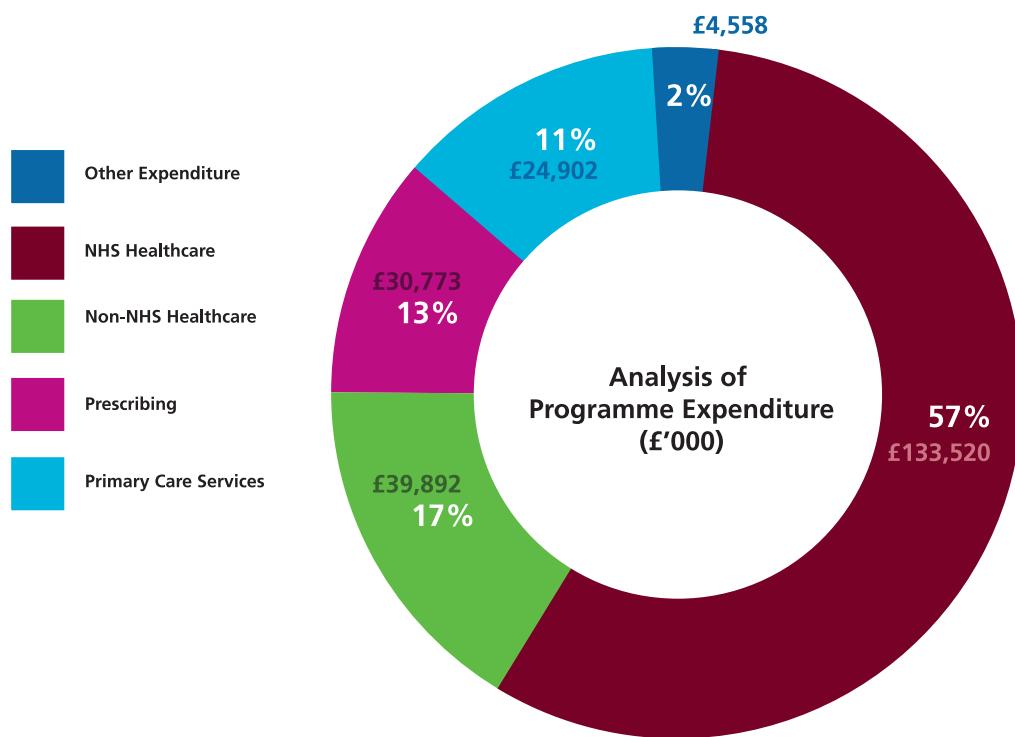
- Programme – this is expenditure on the purchase of healthcare. The CCG spent 99% of its resources on programme expenditure.
- Administration – costs that are not for the purchase of healthcare, but relate to the direct running costs of the CCG. The CCG spent 1% of its resources on administration expenditure.

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.

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.

## **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,

- 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.

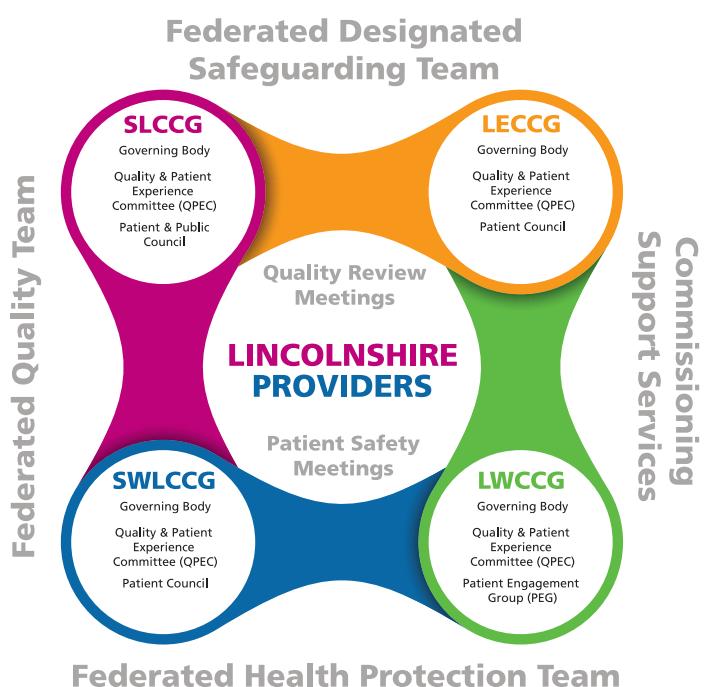
The sustainability lead for the CCG is the Accountable Officer.

# 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 Continuous 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.

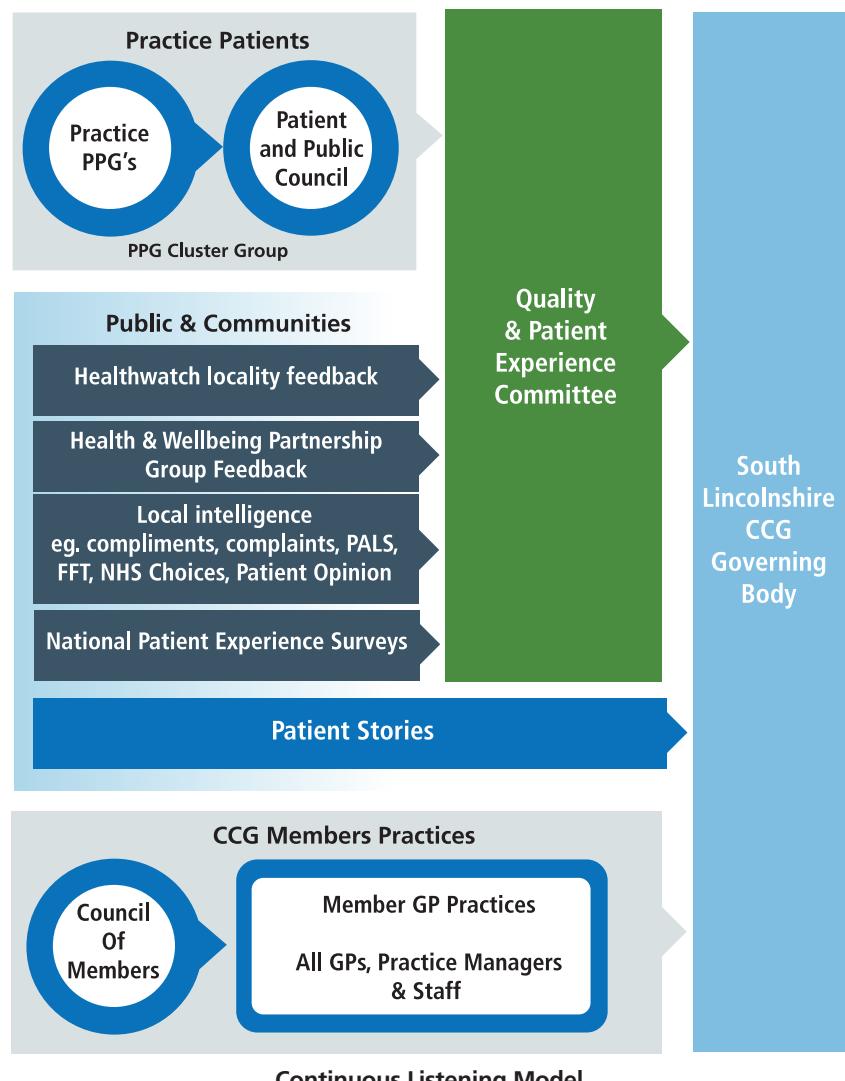
## Governance and assurance

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.

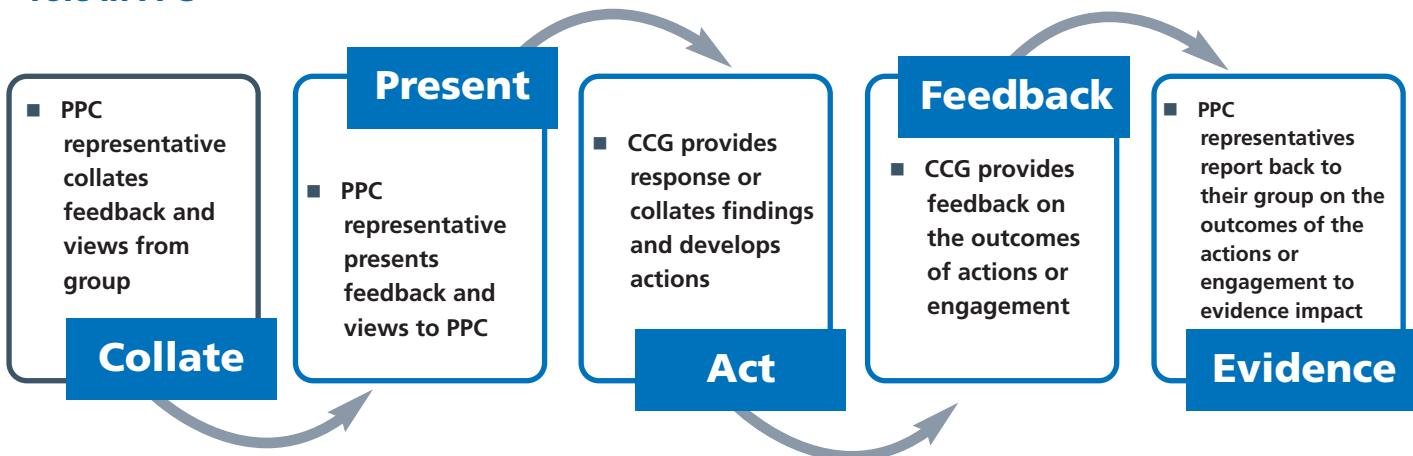


## Patient and Public Council (PPC)

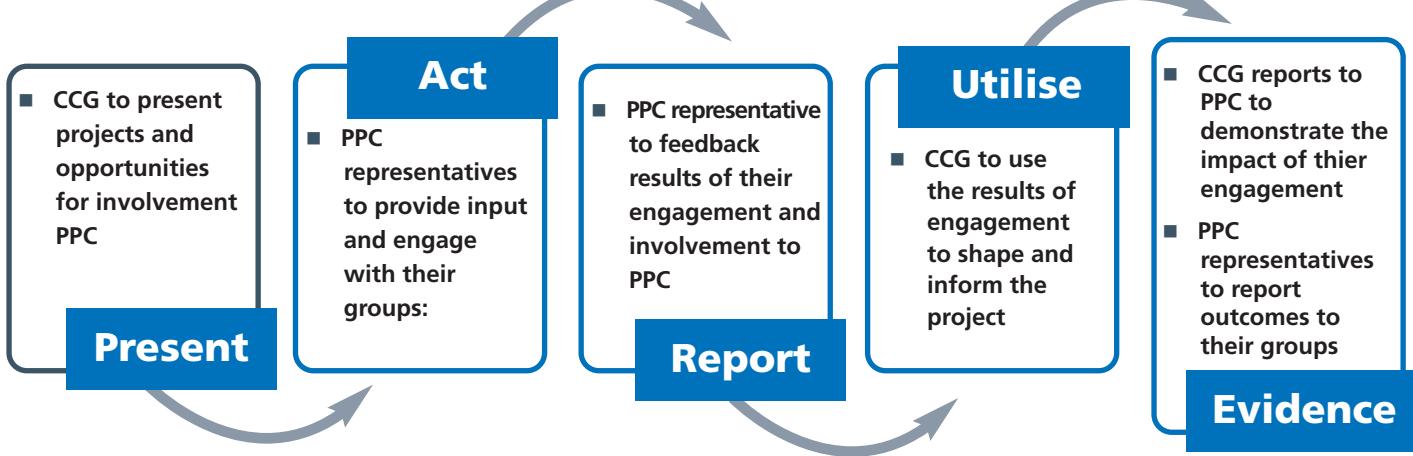
With the introduction of our new PPI Lay member during 2017/18 we undertook an internal review of our engagement function and subsequently redesigned the Patient and Public Council to ensure the representative patient voice is strengthened and their role in shaping commissioning decisions in the CCG 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

<b>ANALYSE AND PLAN</b>	<ul style="list-style-type: none"> <li>■ We will engage with our communities and contribute towards the annual Joint Strategic Needs Assessment (JSNA) in partnership with the local authority</li> <li>■ 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</li> <li>■ We will engage stakeholders in the development of our commissioning intentions and priorities for the following year</li> </ul>
<b>DESIGN PATHWAYS</b>	<ul style="list-style-type: none"> <li>■ We will engage with patients, carers and expert patient groups to improve local services and design pathways</li> <li>■ Our key programmes will have patient representation</li> <li>■ Our Patient and Public Council will support engagement in transformational work in the CCG</li> <li>■ Our Quality and Patient Experience Committee (QPEC) will ensure services are meeting service users' needs and initiate engagement if required</li> </ul>
<b>SPECIFY AND PROCURE</b>	<ul style="list-style-type: none"> <li>■ 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</li> </ul>
<b>DELIVER AND IMPROVE</b>	<ul style="list-style-type: none"> <li>■ 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</li> <li>■ We will ask our Patient and Public Council to gather feedback from their PPGs to continuously review service performance and quality</li> </ul>

### 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.

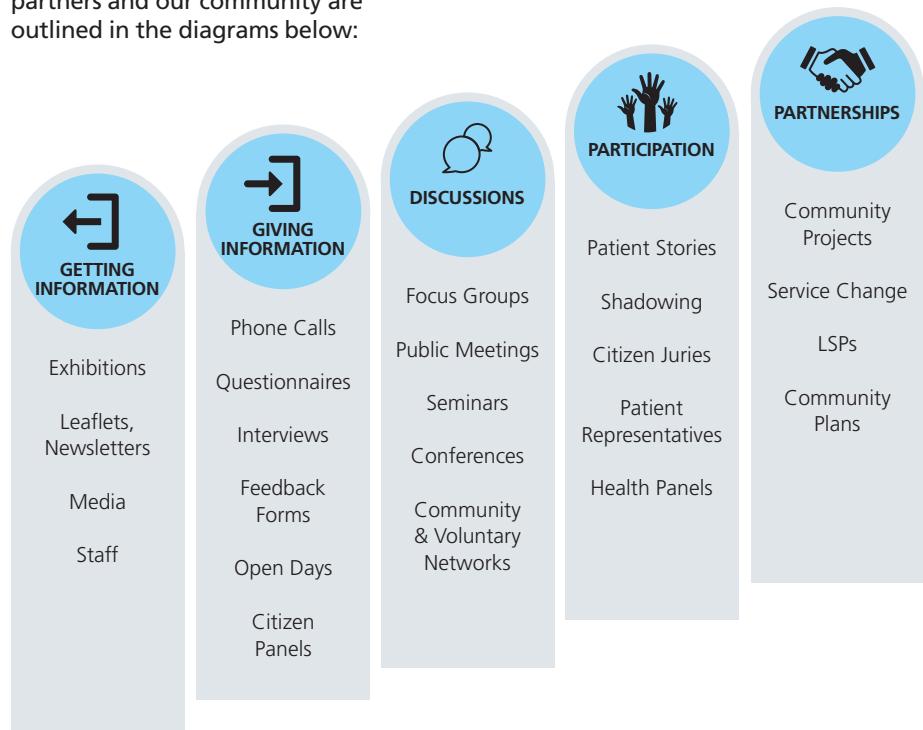
- **East Midlands Patient Leadership Programme** – we were very proud to nominate three PPG representatives to attend the three day Patient Leadership Programme developed jointly by the East Midlands Leadership Academy and East Midlands Health Academic Science Network. All three delegates completed the 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](http://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 the 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.

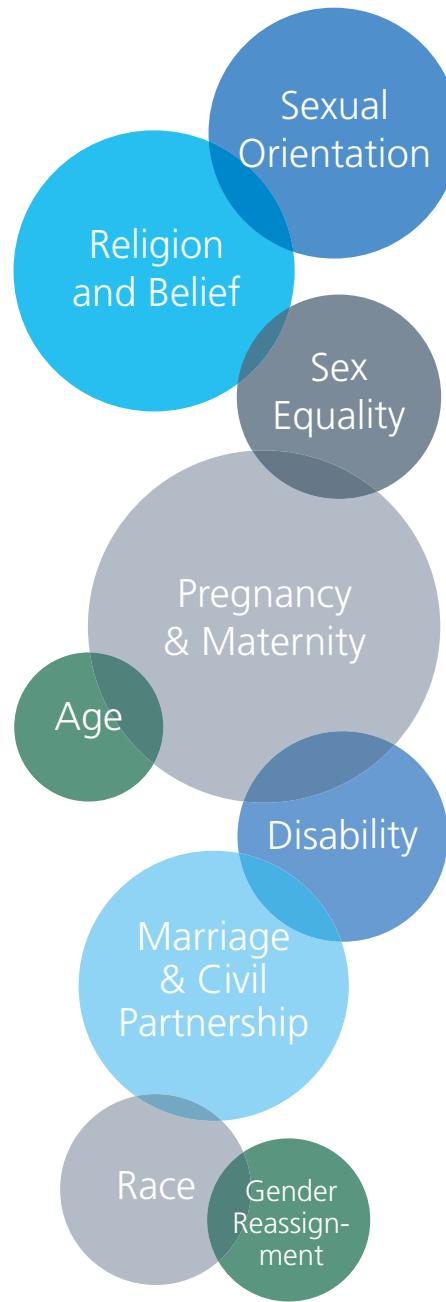
Specifically, in relation to our obligations under the Equality Act, when identifying stakeholders for engagement, we will be sure to seek out the 'seldom heard', looking at the nine protected characteristics plus

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 complete 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.





## 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
<b>Totals</b>	<b>17</b>

## 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-principles/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.

## 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
<b>Totals</b>	<b>206</b>	<b>1934</b>			

John Turner  
Accountable Officer  
May 2018

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