


<b>Date:</b>	21st June 2018
<b>Meeting:</b>	Governing Body
<b>Item Number:</b>	Item 8.3
<b>Public/Private:</b>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

<b>Author:</b> <i>(Name, Title)</i>	John Pougher Head of Governance
<b>GB Lead:</b> <i>(Name, Title)</i>	Julie Warren Interim Chief Operating Officer/Director of Commissioning
<b>Director approval</b> <i>(name)</i>	Julie Warren Interim Chief Operating Officer/Director of Commissioning
<b>Director Signature</b>	

<b>Report Title:</b>	CCG Annual Report
<b>Decisions to be made:</b>	To Note

<b>Continue to improve the quality of services</b>	<input type="checkbox"/>	<b>Improve patient experience</b>	<input type="checkbox"/>
<b>Reduced unwarranted variations in services</b>	<input type="checkbox"/>	<b>Reduce the inequalities gap in North Lincolnshire</b>	<input type="checkbox"/>
<b>Deliver the best outcomes for every patient</b>	<input type="checkbox"/>	<b>Statutory/Regulatory</b>	<input checked="" type="checkbox"/>
<b>Purpose (tick one only)</b>	Approval <input type="checkbox"/>	Information <input type="checkbox"/>	To note <input checked="" type="checkbox"/> Decision <input type="checkbox"/>

<b>Executive Summary (Question, Options, Recommendations):</b>	
<p>The Governing Body is asked to note the attached Summary Annual Report for 2017/18. The full Annual Report is available at the following link <a href="#">annual-report-and-accounts-2017-18-24.05.18-without-signatures.pdf</a>. In line with NHSE requirements the full Annual Report has been placed on the CCG's Internet and will be discussed at the CCG's Annual General Meeting.</p>	
<b>Recommendations</b>	1 To Note 2 3
<b>Report history</b>	
<b>Equality Impact</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Sustainability</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Risk</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Legal</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<b>Finance</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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<b><i>Patient, Public, Clinical and Stakeholder Engagement to date</i></b>									
	<b><i>N/A</i></b>	<b><i>Y</i></b>	<b><i>N</i></b>	<b><i>Date</i></b>		<b><i>N/A</i></b>	<b><i>Y</i></b>	<b><i>N</i></b>	<b><i>Date</i></b>
<b>Patient:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Clinical:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Public:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Other:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Integrated Audit & Governance Committee



# Annual Report Summary 2017-18



*Your community, your health*



Celebrating 70 years of  
the NHS - 1948 to 2018





# Welcome

## From the CCG Chair & Chief Officer

**Firstly, this will be the last Annual Report from myself as Chair as I announced my retirement from 31st May 2018.** I have been Chair of the CCG since it was created in 2012 and previously as Chair in the Primary Care Trust (PCT). I have enjoyed watching the changes as the organisation transformed over the last 18 years and am confident my successor Dr Faisal Baig will continue to improve services for local people

The past 12 months have been a story of two halves which saw a change in leadership during November 2017. Since then the CCG is working with partners to improve ways of working and transform local services.

We are embracing this opportunity to understand what

is being done well here in North Lincolnshire, what has not worked and why, and to tackle what we and our partners need to do to enable our local

**“We have big ambitions and every one of us is determined to bring about improvements that our patients and wider communities will be able to see and experience, while making the most of every penny of the money allocated to us by the Government.”**

communities to make healthier choices and live as active, engaged and independent lives for as long as they can.

2018 sees our much loved NHS celebrate its 70th Birthday.

Healthcare has changed considerably over the past seven decades and exciting developments are to continue throughout this anniversary year of the NHS and beyond here in North Lincolnshire.

We will ensure the voices of our patients and their carers and families are heard when we plan or change local services. In June 2017 we established our new Patient and Community Advisory Group (PCAG) to give independent advice to our Governing Body that the right processes and accountabilities are in place to enable local people to be fully involved in our commissioning decisions. The group is made up of members of our Embrace Patient Network with members of the Youth Council, North Lincolnshire Healthwatch,

Cloverleaf Advocacy, Humber and Wolds Rural Community Partnership and the Westcliff Drop-In Centre. You can read more about PCAG in the section on public engagement later in this Report.

Health organisations can no longer work in isolation. The CCG and our colleagues in the local authority are both in the business of wellbeing and we will be working closely together to ensure our population is at the heart of all we do.

We continue to collaborate with different health, care and voluntary organisations from across the Humber area to tackle some of the really big issues facing health and adult social care. As part of this work, the Humber Acute Services Review (HASR) is looking at how to provide the best possible hospital services for people living in our area both now and for future generations and make the most of the money, the caring and highly skilled staff and the buildings available to us. This may include delivering some aspects of care outside hospital to ensure needs of local people are met.

It is no secret there are real

challenges associated with all of our health and care resources, with some areas exceptionally stretched. HASR is currently exploring the future shape of three services impacted last year due to severe workforce shortages.



You can read more by visiting [www.nlg.nhs.uk/about/trust/service-reconfiguration](http://www.nlg.nhs.uk/about/trust/service-reconfiguration) and follow the progress of HASR by visiting [humbercoastandvale.org.uk](http://humbercoastandvale.org.uk).

People should be able to receive good local services and our CCG works closely with all of our providers to ensure that patients receive appropriate and quality care.

The CCG has not been without its own difficulties. It received an

“inadequate” rating by NHS England for its performance during 2016/17 and was placed under formal directions by NHS England as part of the on-going work to bring the health system in North Lincolnshire back into financial balance and to ensure all of the organisations are working as efficiently as possible.

However, we have a new leadership team in place, Interim Accountable Officer and Interim Chief Finance Officer from Hull CCG and a Turnaround Director from NHS England, and are addressing all concerns to ensure we come out of Directions and Special Measures during 2018/19.

As a responsible commissioner of health care services, the CCG is looking at areas of opportunity for gaining increased value for money from its financial allocation. The main areas of focus for financial sustainability is through making more cost effective use of the prescribing budget, as well as managing patient need more appropriately

**“We are delighted to present our Annual Report for 2017/18. This is a first edition for one of us for North Lincolnshire and a final edition for the other. On behalf of the CCG Governing Body we would like to place on record our heartfelt thanks to our entire team – including managers, staff and our health and care partners - for their continued support during the past 12 months.”**



**Dr Margaret Sanderson**  
CCG Chair



**Emma Latimer**  
CCG Chief Officer



**This publication gives an overview of the CCG and tells the story of the 12 months between 1 April 2017 and 31 March 2018, including what we have achieved and the challenges we face.**

Much more detailed information about our performance, the way decisions are made and our structure and staffing is available in the full version of our Annual Report and Accounts which can be downloaded from the CCG website. As sustainability is important to us as an organisation, we do not routinely produce large printed documents but copies can be made available on request. The report can also be provided in other languages and formats, such as audio, large print or Braille.

For further information or to request a copy of the report in your preferred format, please contact:

***By writing to us:***

NHS North Lincolnshire Clinical  
Commissioning Group, Health  
Place, Wrawby Road, Brigg,  
North Lincolnshire DN20 8GS

***By ringing us:***

Switchboard: 01652 251000  
Media Line: 03300 249301

***By going online:***

Email:  
**Twitter & Facebook**  
@northlincscg  
[www.northlincolnshireccg.nhs.uk](http://www.northlincolnshireccg.nhs.uk)

As a publicly accountable body, we are committed to being open and transparent with our staff, partners, patients and the wider community. The CCG holds six Governing Body meetings and an Annual General Meeting (AGM) each year, all of which may be attended by the public. For details of our meetings held in public, please visit our website [www.northlincolnshireccg.nhs.uk](http://www.northlincolnshireccg.nhs.uk).



We are always very keen to hear from people who use health or care services in North Lincolnshire as well as from their carers and families. Telling us about your experiences can help us to learn from the people best placed to inform us, you.

If you would like to get more involved with the work of the CCG then please consider joining our patient and public network Embrace. You can find out more by visiting [www.northlincolnshireccg.nhs.uk/embrace-patient-network/](http://www.northlincolnshireccg.nhs.uk/embrace-patient-network/)

**Your voice can help shape future services and we would encourage you to attend one of the public events we hold or contact us using the details above.**

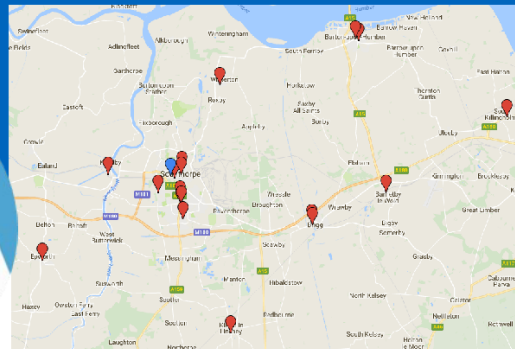
# AT A GLANCE GUIDE TO NORTH LINCOLNSHIRE

Main towns **Scunthorpe, Brigg & Barton-upon-Humber**  
 Population 170,786  
 Area 328 square miles



We have 19 GP Practices in North Lincolnshire serving local families in the urban area of Scunthorpe & Bottesford, home to just under half (48%) our residents, the six market towns of Barton, Brigg, Crowle, Epworth, Winterton & Kirton Lindsey and in 80 surrounding villages.

Our CCG is made up of GPs, others who work in health or care and members of the public who are not NHS employees who bring a wide range of experience to the organisation. They work together to plan and buy healthcare services for our local area.

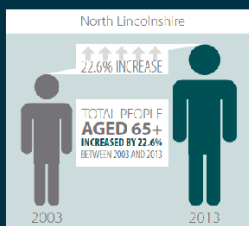


Each year we are allocated by the Government the funds we can spend on local health and care. **In 2017/18 this was £224.027 million.** This money has to be shared across the very wide range of services that people in North Lincolnshire need.

Health Services include **life-saving emergency care**, the treatment of **acute physical and mental illnesses**, routine **family health care** and managing **long term health difficulties**. Long term health conditions include dementia, heart and breathing problems, diabetes and their complications which we see a lot of locally.



One in every 9 people living in North Lincolnshire has a caring responsibility.



One of our main duties is to "balance the books", while still making sure local people have high quality, safe & affordable services, delivered by skilled people who care about what they do. In 2017/18 the CCG reported a deficit of £6.025m but is expected to "break even" in 2018/19.

**However, we still need local people to help us help them by using NHS services wisely & choosing the most appropriate service for their needs.**

**POTENTIAL SEVERE QUEUES AHEAD**

**DIVERSION** → **Pharmacy**  
For coughs, colds, sore throats, stomach upsets and advice about medication

**DIVERSION** → **CALL 111**  
For when you are not sure what services you need

**DIVERSION** → **GP**  
For ongoing health problems, repeat prescriptions etc. see your family doctor/GP

**A&E - NOT ANYTHING & EVERYTHING**

# How we are doing

To ensure our patients receive the best possible care, we work very closely with the organisations that provide local services to support performance improvement.

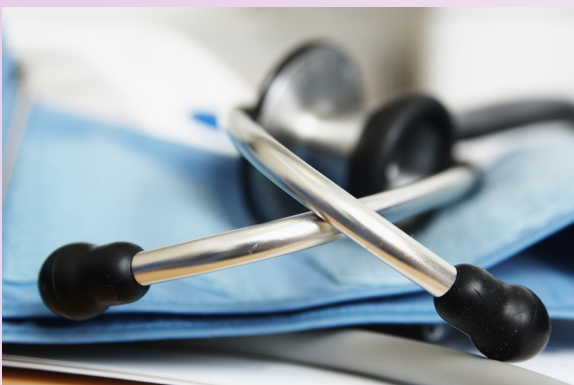
We are pleased to say we continue to meet many of our targets; however, the local health system has faced a number of challenges during 2017/18, particularly around capacity to deliver the NHS Constitution Standards. Here are some of the areas that need to improve:

## Ambulance Response Times

East Midlands Ambulance Service failed to meet the required target levels for emergency response times and we continue to work with other commissioners to secure continuing improvements.

## Cancer Waiting Times

The overall cancer performance position remains strong. However, we identified pressures in delivery of some of the cancer pathways during 2017/2018, involving cross trust cancer pathways. The CCG continues to work collaboratively with the cancer network and provider organisations to improve this.



## Diagnostic Waiting Times

Waiting times for diagnostic services increased during 2017/18 at the CCG's main acute providers, this is largely due to capacity and staffing challenges across the Humber areas and additional pressures relating to diagnostic equipment failure.

## A&E 4 Hour Wait

Meeting the national four hour waiting time target (95%) in A&E continues to be a challenge. Northern Lincolnshire & Goole Hospitals NHS Foundation Trust (NL&G) achieved its improvement target of 90% in October and November. Unfortunately, performance reduced during the busy winter months which led to an overall underachievement of the target



## Mixed Sex Accommodation (MSA)

There has been an exponential rise in the number of MSA breaches reported by NL&G during 2017/18, this rise is largely due to the revision of Trust wide policy in relation to the MSA exemption criterion. NL&G continues to work closely with partners to review this posi-

## Referral to Treatment Times

Our local providers did not achieve the required levels of performance in relation to referral to treatment waiting times during 2017/2018, with performance falling significantly below required levels in a number of specialties. The total waiting list size and proportion of long waiting



# Our Year's achievements in Brief

- A partnership between the CCG, Barnardo's and North Lincolnshire Council launched in Scunthorpe to provide a therapeutic service for children and young people experiencing trauma as a result of significant harm - including sexual abuse.
- Introduced Care and Treatment Reviews (CTRs) as part of our commitment to transform services for people with learning disabilities, autism or both.
- Our Transforming Care Plan work saw three out of the five North Lincolnshire in-patients supported to leave long term hospital stays.
- Our pilot to improve diagnosis of dementia in Care Homes concluded after delivering 118 direct diagnoses and 146 referrals to memory clinic services, increasing our diagnosis rate to 66.5%. The process of dementia diagnosis is now part of the Specialist Assessment for Frail and Elderly, a service focussing on people aged 65+, both residing in Care Homes and the community as a preventative service to provide for social care and health needs in their home.



**Working to give vulnerable people the same opportunities as everyone else**

- Twenty-seven North Lincolnshire residents began to receive Personal Health Budgets.
- Significant reduction in MH delayed transfers of care



**Ensuring the right support is in place for people with dementia**

# In and out of hospital



Collaborating with partners to soften the impact of a tough winter

**In-hours** Primary Care Streaming at A&E with extra capacity into Out of Hours service at significantly busy periods ensured patients received primary care response, where appropriate, 24 hours a day.

**Achieved** improvement trajectory around A&E waiting times in October and November 2017 although this dipped in Q4 as winter pressures impacted on the system.

**Our collaborative** response to these pressures with main providers supported additional capacity in the system and enabled our local system to cope better than many others of the country. This will be groundwork for a more sustainable solution.

**A successful pilot** took Multi-Disciplinary Teams (MDTs) into 11 care homes to support holistic care planning and better medicines management. Being developed into a wider service for all care homes and to include frail and elderly people living in their own home.

**We upgraded IT** in a number of care homes to support access to hospital systems and enable tracking progress of residents who have been admitted, including routine observations and electronic discharge summary. This received positive feedback with funding secured to roll out.

**Established** new Patient & Community Assurance Group (PCAG) to ensure the right structures, processes and accountabilities are in place to enable local people to be fully involved in our commissioning decisions.

**611** local people took part in our engagement around introducing extended hours GP services to



**Getting local people into the heart of what we do**

A **good** rating for the quality of diabetes care locally.

**353** patients at risk of developing diabetes referred by their GP into Healthier You, the National Diabetes Prevention Programme

Agreed revised pathways as part of RightCare gastroenterology to manage demand for endoscopy

Roll-out of the Gold Standard Framework (GSF), to improve the quality of primary care GP based services

Led the STP ophthalmology work-stream, developed STP service specifications for HES and CATs. Agreement of new model in NLAG ophthalmology with full clinical engagement

To facilitate use of better clinical pathways & better Prescription practice, the rollout of DXS and Optimise RX to all of our 19 practices has now been completed.



**Supporting health through clinical improvements**

Successful mobilisation of Dermatology which addressed the concerns of British Association of Dermatologists regarding cancer pathways and introduced Teledermatology with increasing uptake from Primary Care.





# Our Vision

**North Lincolnshire should be a healthy place to live where everyone enjoys improved wellbeing, and where inequalities are significantly reduced.** We want to see our communities achieving the best health and wellbeing that is possible, delivered within the resources available. More care should be delivered in or close to people's homes. People should feel able to self-care for themselves and their families and be supported to do so. Services should be proactive in their approach to enable people to remain independent for as long as possible.

The NHS Five Year Forward View sets out a five-year journey for the NHS describing a future with greater focus on prevention and public health; patients with greater control of their own care and a breakdown of barriers in how care is provided. To support this, new Models of Care were proposed to deliver care in a much more integrated way.

At the start of the year, the CCG set out its own plans and ambitions for the months ahead, and responded to the requirements set out in the NHS and Contracting Guidance 2017-2019.

Taking into account the wider strategic plans involving the CCG, the plan supplemented our plans for delivery of the GP Forward View and sat alongside CCG activity and finance plans, the Transforming Care plan, the CAMHS Transformation plan and the Humber, Coast and Vale STP plan.

The NHS has been experiencing growing demand for services and public expectation over recent years, coupled with limited growth in funding and available workforce. This has put the NHS as a whole under great strain – a strain felt equally within social care. Therefore our core ambition for the CCG and its partners has been to develop a sustainable system: able to meet the demands of the changing population, public expectations and an accessible workforce.

In order to respond to these requirements, the NHS is undergoing transformational change which is resulting in new approaches to planning and ways of working.

North Lincolnshire CCG set out in its vision for healthcare the strategic aim of the 'shift to the left' which reflects the CCG's plan to empower and enable people to manage their own health, self-manage and seek early help, resulting in a

reduction in the need for hospital based care, supported by an increase in innovative solutions to support people during illness within their own home or community.

This strategy led to the development of Integrated Locality Teams which have subsequently been further developed into three Care Networks; health and care teams, clustered around GP practices who work in a seamless and integrated way to meet the needs of the population as close to home as possible. Our plans for 2017/18 and beyond will accelerate these developments to achieve sustainability of healthcare for our population.

Over the last year we have developed a much stronger accord within the system with a shared understanding of activity and affordability. There has been a resulting step change in the relationship between the CCG and key providers including the acute trust and the Accountable Care Partnership. This is resulting in improved engagement in solution focussed planning to deliver on shared goals around sustainability.

## Sustainability and Transformation Partnership (STP)

The CCG is an active participant in the STP plan development and committed to aligning local delivery to the STP. The CCG is appropriately represented in all of the STP work-streams and proactively leading some of these across the STP.

The Humber, Coast and Vale STP sets out a vision which directly reflects the NL CCG vision. The STP aims to enable people to look after themselves to reduce the risk of them falling ill, have systems in place to avoid crisis through early help and only go to hospital when it is planned and necessary and for the minimum amount of time. The STP sets out a triple aim; achieving our desired outcomes, maintaining quality services and closing our financial gap. The STP plan was published on 21st November.

The STP acts as an umbrella plan with CCG level plans sitting below this. The STP sets out a range of plans to be delivered at scale- across the whole STP footprint whilst also setting out a range of plans which will be delivered at place, i.e. North Lincolnshire. North and North East Lincolnshire CCGs have been working together with the local acute provider, Northern Lincolnshire and Goole NHS Foundation Trust for several years on the Healthy Lives, Healthy Futures programme, and this work has already led to the formulation of the Accountable Care Partnership models currently being implemented in both North and North East Lincolnshire.

## Shift to the Left



Our plans for 2018/19 and beyond will consolidate our financial sustainability and accelerate these developments to achieve improved health and healthcare for our population.

**Both the CCG and our main acute provider, Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) continue to face significant challenges in delivering sustainable services.**

The hospital Trust was placed into both financial and quality Special Measures during 2017. We continue to work with NLaG, supported by the regulators, to tackle the issues that led to this position.

The area has seen a continued rise in non-elective activity despite implementation of a range of services to reduce demand. In addition, the case-mix of this demand is increasing. The Trust, despite experiencing a relative decrease in primary care demand has been unable to maintain its Referral to Treatment (RTT) position and has now confirmed that it will not recover this in 2017/18. The organisation has experienced prolonged difficulties in recruiting both medical and nursing staff, and whilst the nurse staffing position is now somewhat improved, recruitment of medical staff remains a major issue for the health economy.

During 2017/18, the CCG agreed an "Aligned Incentive Contract" with the Trust to maintain the viability of the Trust. However, this also included a requirement to implement a challenging transformation plan which was intended to enable the health economy to take out costs in terms of staffing and infrastructure. Despite working in partnership this has proven difficult to deliver in the context of staffing shortages and increased urgent care demands.

It is recognised that the plans, in the current state of development, do not constitute sufficient change over the two year expected timescale of this plan to deliver the entirety of the transformational change required to 'right-size' and balance the health economy to a sustainable position going forward.

Our plans for 2017 to 2019 reflected the ambition to develop of new models of care. North Lincolnshire agreed Accountable Care Partnership (ACP) model to integrate community provision through a partnership of providers. Whilst the ACP is in place it is (and continues to be) an informal arrangement between the key health and social care agencies, it has not developed into a more formal alliance with a draft memo of understanding and a shadow Executive board to support governance arrangements. Nevertheless, the CCG is working closely with this partnership to realise planned benefits.

## The risks that could affect our plans

Additionally, delivery of the Humber Coast and Vale STP proposals is essential if the CCG and its partners are to secure high quality, safe and sustainable services for the population of North Lincolnshire over the next 10 years. The development and

implementation of the local Place-based plan over the next five years and beyond is one of the main priorities for the CCG. Key to the success of the programme will be ensuring that the public and affected health and care services staff understand the case for change and feel able to participate in the change process through engagement and consultation.







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