



UNION BOARD AGENDA
Tuesday, 12th November, 2019, 1.00 – 3.00 pm
Bremerhaven Room, Grimsby Town Hall, Grimsby, DN31 1HU

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|---|-------------|
| 1. <u>Apologies for Absence</u> | |
| To record any apologies for absence. | |
| 2. <u>a) Declarations of Interest – Elected Members</u> | |
| To record any declarations of interest by an Elected Member of the Union Board in respect of items on this agenda. | |
| Members declaring interests must identify the Agenda item and the type and detail of the interest declared. | |
| <u>(A) Disclosable Pecuniary Interest</u> ; or | |
| <u>(B) Personal Interest</u> ; or | |
| <u>(C) Prejudicial Interest</u> | |
| <u>b) Declarations of Interest – CCG Union Board representative</u> | |
| To record any declarations of interest made by a CCG Union Board representative in respect of items on this agenda. | |
| 3. <u>Minutes of the previous meeting</u> | 1 |
| To record the approval of the draft minutes of the previous meeting (copy attached). | |
| 4. <u>Tracking of Actions</u> | 6 |
| To receive an update on actions agreed at the previous meeting (copy attached). | |
| 5. <u>Draft Union Business Plan (Decision CCG/LA)</u> | 7 |
| To consider the draft Union Business Plan (copy attached). | |

6.	<u>Place Priorities for Vitality and Health (Decision CCG/LA)</u>	23
	To consider a report on the review of the Health and Wellbeing strategic outcome and priorities that was requested by the Place Board (copy attached).	
7.	<u>Talking, Listening and Working Together - Joint Engagement Strategy</u>	34
	To consider a report seeking adoption of a joint engagement strategy (copy attached).	
8.	<u>Quarter 2 Union Finance Report (Discussion Item)</u>	74
	To receive a report providing key information and analysis of the Union's financial performance as at the second quarter of the 2019/20 financial year (copy attached).	
9.	<u>Adult Social Care Local Account (Information item)</u>	85
	To receive a report presenting the adult social care local account (copy attached).	
10.	<u>Annual Complaints Report (Information item)</u>	103
	To receive the adult social services and health statutory complaints annual report providing an overview of the activity and analysis of complaints and representations for the period 1 st April 2018 to 31 st March 2019 (copy attached).	
11.	<u>Urgent Business</u>	-
	To receive any business which, in the opinion of the Chair, is urgent by reason of special circumstances which must be stated and minuted. (Any attendee wishing to raise an item of urgent business should raise this with the Chair prior to the meeting.)	
12.	<u>Public Questions</u>	-
	To receive any questions from members of the public relating to matters within the remit of this Board.	

ROB WALSH
JOINT CHIEF EXECUTIVE - NELC/CCG

Please note: These minutes remain in draft form until the next meeting of the Union Board on 12 November 2019

**UNION BOARD
MINUTES OF THE MEETING HELD ON TUESDAY 10TH SEPTEMBER 2019 AT 1.00 PM
TOWN HALL, GRIMSBY**

PRESENT:

Mark Webb	NEL CCG (Chair)
Dr Peter Melton	Chief Clinical Officer, CCG
Philip Bond	Community Representative, CCG
Dr Sudhakar Allamsetty	Chair of Council of Members, CCG
Councillor Cracknell	Portfolio Holder for Health, Wellbeing and Adult Social Care, NELC
Councillor Fenty	Portfolio Holder for Regeneration, Skills, Housing and Assets, NELC
Councillor Jackson	Leader of the Council, NELC
Councillor Lindley	Portfolio Holder for Children, Education and Young People, NELC

IN ATTENDANCE:

Rob Walsh	Chief Executive NELC/CCG
Joanne Hewson	Chief Operating Officer, NELC
Laura Whitton	Chief Financial Officer, CCG
Stephen Pintus	Director of Health and Wellbeing, NELC
Sharon Wroot	Director of Resources and Governance, NELC
Helen Kenyon	Chief Operating Officer, CCG
Bev Compton	Director of Adult Services, NELC/CCG
Emma Overton	Policy and Practice Development Lead, CCG
Steve Kay	Director of Children's Services, NELC
Simon Jones	Chief Legal and Monitoring Officer, NELC
Paul Windley	Democratic and Scrutiny Team Manager

1. APOLOGIES

There were no apologies for absence from this meeting.

2. DECLARATIONS OF INTEREST

Councillor Jackson declared a personal interest in item 11 as a non-executive director of the Lincolnshire Partnership NHS Trust.

Dr Allamsetty and Dr Melton declared a personal interest in items 7 and 10 in their capacity as general practitioners.

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3. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting were agreed as a correct record, subject to the correction of Councillor Lindley's portfolio holder title.

4. TRACKING OF ACTIONS

The Union Board received an update on actions agreed at the previous meeting.

RESOLVED – That the update be noted.

5. BETTER CARE FUND PLAN 2019-2020

The Board considered a report from the Director of Adult Services setting out the updated Better Care Fund Plan for 2019-20.

Ms Overton introduced the report and set out the timeline for final approval of the plan, with national approval expected in November followed by local sign off by the Place Board (operating as the Health and Well Being Board) in December, 2019.

Councillor Jackson enquired whether the action plan would deal with the drop in performance on the associated metrics. Ms Overton confirmed that it would.

Dr Melton commented on the need for the plan to be flexible to cover any proposals arising from the development of Primary Care Networks.

The Chair enquired whether the Improved Better Care Fund (iBCF) had now ceased. Ms Overton confirmed that there was one more year of iBCF, which was additional, non-recurrent funding. She confirmed that it could also be used to improve metric performance.

RESOLVED - That the Better Care Fund plan be recommended to the Place Board for approval.

6. DRAFT FIVE YEAR HEALTH AND CARE STRATEGY

The Board received a report presenting the latest version of the draft strategic plan for North East Lincolnshire, which identifies the CCGs response to the NHS 10 year plan and starts to link more closely the activities of the CCG and the council in support of the union development.

Ms Hewson commented that there needed to be alignment with the Union's priorities and she suggested that this be further considered at the next Union workshop.

The Chair noted that the social prescribing programme had been included within the strategy as a key initiative but he wasn't sure if this was progressing sufficiently. Ms Kenyon responded that delivery needed to be strengthened but it was moving in the right direction and was a key aspect of the Primary Care Networks

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development. The Chair suggested that it would be useful to have an update on social prescribing at a future meeting of the Union Board.

The Chair enquired about linkages to local regeneration. Mr Walsh responded that these links would be very strong within the Union Business Plan.

The Chair reported that he had met with the Chairs of various local groups to discuss ambition for the area and he circulated papers setting out priorities across the North East Lincolnshire Place System. He felt that it was vital that there was a read across from the health and wellbeing priorities identified in these documents to the Health and Care Strategy and the Union Business Plan. He asked for comments on the narrative, the priorities and the associated indicators.

The Board agreed to discuss this further at the next Union workshop to ensure alignment across all plans and to agree indicators to support priorities, including further consideration of the following:

- Obesity – while it was noted that there was an indicator for child obesity, the Board was concerned about rising levels of adult obesity.
- Under 75 all-cause mortality and whether the age limit was still appropriate.
- Development of Integrated Care Systems – the level of local involvement.

RESOLVED – That the draft five year Health and Care Strategy be further considered at the next Union workshop to ensure alignment with the Union Business Plan and the Place System priorities and indicators.

7. PRIMARY CARE NETWORKS

The Board received a presentation from Dr Melton on progress with the development of Primary Care Networks locally.

RESOLVED – That the presentation be noted.

8. FINANCE REPORT

The Board received a verbal update on financial performance for 2019/20.

Ms Whitton reported that the CCG was set to achieve financial balance on both health and adult social care budgets but added that there were significant risks to manage, particularly with regard to demand flow going into the hospital. There was an estimated gap of £1.4m at period 4 but contingencies and earmarked reserves had been set aside to cover this.

Ms Wroot reported a balanced forecast with regard to the Council's adult social care activities, albeit predicated on significant use of reserves. There was a different picture with regard to children's services where there were significant pressures, particularly in relation to SEND and high needs. Cabinet had agreed a £2m investment programme to transform activities within children's services but this would take time to make a difference and there was currently a £2.9m overspend forecast.

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The Chair commented that he expected a written report in future and hoped to see a single financial report covering the Union as a whole.

Councillor Jackson enquired whether it would be possible to include financial oversight across the whole of the STP area, as he was aware that the hospital trusts continue to increase their financial deficit. Ms Whitton responded that they had developed reporting across Northern Lincolnshire and she agreed to look at providing a broad picture in the next report.

RESOLVED – That the verbal update be noted.

9. ADULT SOCIAL CARE PERFORMANCE – QUARTER ONE

The Board received a report providing an update on adult social care performance to the end of quarter one for 2019/20.

Councillor Jackson raised concerns about the way performance information had been presented in the form of a dashboard, as it was difficult to see if there had been any significant variation in performance. Ms Compton agreed that there was a need to improve the way that performance was presented.

RESOLVED – That the report be noted.

10. HEALTH CHECK RECOMMISSIONING

The Board received a report seeking permission to re-procure the Health Check Service.

RESOLVED –

- (1) That the direct award of the NHS Health Check Programme delivery to GP Practices in NE Lincolnshire be approved.**
- (2) That responsibility be delegated to the Director of Health and Wellbeing, in consultation with the Portfolio Holder for Health and Wellbeing, to award the new contract for the NHS Health Check Programme.**
- (3) That the Chief Legal and Monitoring Officer be authorised to complete all legal documentation in connection with the award.**

11. MENTAL HEALTH SUPPORT TEAMS

The Board received a report outlining a joint exercise in the procurement of two Mental Health Support Schemes for the support of children and young people.

RESOLVED –

- (1) That receipt of funds of £538,122.00 from NHS England be approved to deliver a pilot of two Mental Health Support Teams across the borough and direct investment to Health Education England of £406,718.80 for initial training year.**
- (2) That the Clinical Commissioning Group’s Chief Operating Officer together with the Director of Children’s Services (both in consultation with the Portfolio Holder for Children, Education and Young People) be authorised to undertake a procurement exercise to appoint a suitably experienced provider to deliver Mental Health Support Teams.**
- (3) That the Clinical Commissioning Group’s Chief Operating Officer together with the Director of Children’s Services (both in consultation with the Portfolio Holder for Children, Education and Young People) be authorised to make an award and to deal with any ancillary matters arising including implementation and mobilisation.**
- (4) That respective Authorised Signatories be authorised to complete and execute legal documentation in connection with the award.**

12. PUBLIC QUESTIONS

The Chair invited questions from the public present at this meeting.

Mr Reekie noted earlier agreement that the Better Care Fund Plan would be signed off by the Place Board operating as the Health and Well Being Board and sought an assurance that this meeting would be held in public and statutory requirements for membership of the Health and Well Being Board would continue to be complied with.

Mr Walsh gave an assurance that meetings of the Place Board when operating as the Health and Well Being Board would continue to be held in public and that statutory requirements for membership of the Health and Well Being Board would continue to be complied with.

There being no further business, the Chair closed the meeting at 2.53 p.m.

Summary of Matters Arising from the Union Board Meeting held on 10 September 2019

Item		By	On Forward Agenda	Completed/ Comment
6.	That the draft five year Health and Care Strategy be further considered at the next Union workshop to ensure alignment with the Union Business Plan and the Place System priorities and indicators.	Helen Kenyon		Health and Care Strategy to be reported to the meeting if this Board in January, 2020. Place Board outcomes and priorities on the agenda for this meeting.

DRAFT Union Business Plan 2019 -



North East Lincolnshire
Clinical Commissioning Group



1.Executive Summary

The Council and the CCG operate a well established and well recognised partnership that underpins how, together, we seek to achieve effective integration across the health, care & well-being spectrum to best meet the needs of the population of North East Lincolnshire. The partnership is supported by a formal Section 75 agreement, providing for the alignment of resources, pooled funds and the reciprocal delegation of functions and responsibilities to support effective commissioning, performance and delivery.

NELC and the NELCCG are the two largest public sector 'spenders' across North East Lincolnshire. To be in the best position to deliver tangible, transformational, outcomes for the people and place of North East Lincolnshire, there is a need to maximise the value and impact of the 'NEL pound'. Closer integration of the work of both organisations will offer the best opportunity to develop the right strategy and make necessary interventions for economic, community and well-being benefit, across the population we collectively serve. The Council is already progressing its agenda as a strategic enabler; a 'place shaper'. At the same time the CCG is setting the strategy for health and care services to meet the needs of the local population. Shaping and delivering this new enhanced partnership arrangements through the Union enables us to move to a single and shared 'outcomes model' for commissioning enabling the combined and integrated resources of both organisations to have greater influence across the life course throughout the Borough.

We see this shared vision and commitment being captured and driven by a single strategy for 'place'; underpinned by an outcomes framework and a suite of joint commissioning intentions that capture a vision for North East Lincolnshire for the longer term.

In the context of the NHS Long Term Plan the Union brings local government and NHS commissioning functions and responsibilities together to focus on improving the health, care and wellbeing experiences of the population, with combined clinical and political oversight and led by a single executive team.

2. Our vision & aims

To grow and enhance the Place of NEL to improve the health, care and life experiences of our population’.

To achieve this we will:

- Create a placed based integrated health care and wellbeing organisation, workforce and operating model that is democratically and clinically led
- Commission using combined council /NHS/ Community resources

Aims

To develop a single shared commissioning plan for the union that has :

- An agreed definition and understanding of what we mean by commissioning
- A set of commissioning principles that we will use to govern all future activities
- An agreed set of outcomes

To develop a single shared framework that ensures delivery against the Commissioning Plan and measures impact and performance

To develop a single organisation design that is able to meet the needs of the Union, and both individual organisations.

3. Why have we formed the Union?

We already know that there is opportunity to build and deliver more in terms of maximising budgets and resources; delivering improved outcomes, rationalising assets & systems and adding value through efficient and effective joint working.

At a strategic and infrastructure level these include:-

- Whole systems approach to prevention and well-being
- Whole system approach to planning for people across the life course, including individuals and families
- More efficient use of estate
- More effective use of the combined workforce and skill-set
- Ensuring that decisions made are owned and understood by the public, the councillors and clinicians
- Taking advantage of the opportunities that working across organisational boundaries allows; individuals building new and different relationships which enables connections to be more easily made, facilitating access to the key 'levers' and decision makers across the system allows for a more pro-active and informed decision making and actions

4. Benefits for services users and providers

Through the developing Union arrangements providers will benefit from a single contracting process for the services commissioned by the council and CCG.

We aim to develop and implement a Union operating model predicated on a single commissioning and contracting function across supporting both organisations that , managing the relationship with providers, ensuring that the services delivered are managed under a single contract with a single set of performance metrics to report against. The contracts themselves will move away from inputs and transactions to a greater focus on the delivery of outcomes.

(This should lead to efficiencies for the providers in terms of contracting and performance requirements, enabling them to focus more on service delivery.)

5. The key principles of the Union operating model

Commissioning: a single set of commission principles intended to improve and streamline our combined approach to service design, delivery and meeting identified needs of the population.

Data and insights: using data, intelligence and behavioural insights to inform policy development and strategic planning , more effective use of resources (right people, right place, right time) and fostering an evidence based approach to key decision making.

Financial planning: developing, as far as is practicable and lawful, a single approach to financial planning , reporting and vfm analysis.

Use of resources : Making the most effective use of our key systems and assets to promote the Union model, bring teams together , co-locate key services and integrating support services.

Performance, quality and delivery: developing a performance framework that enables us to report “once” on the impact of our work , the achievement of key outcomes and our key strategic and operational risks.

Governance and decision making: A Union Board that combines clinical and political leadership, providing a platform for joint decisions on key strategic issues across the health, care and wellbeing spectrum.

People and organisational development: ensuring that our people and organisation development strategy focuses on playing to strengths, 21st century public servant principles ,nurturing talent and promoting / facilitating wider workforce and skills development across the wider system.

Engagement / patient and public involvement: implementing a strategy that is predicated on one conversation with the public, patients and key stakeholders (including the voluntary sector) where it is appropriate for the Council and the CCG to do so.

6. Where are we now?

Governance

Union Board arrangements are in place
Refreshed section 75
Integrated Managerial Leadership team operating

Commissioning

Joint Priorities and Principles in place
Joint Procurement Principles in development
Process agreed for developing a single commissioning plan

Delivery

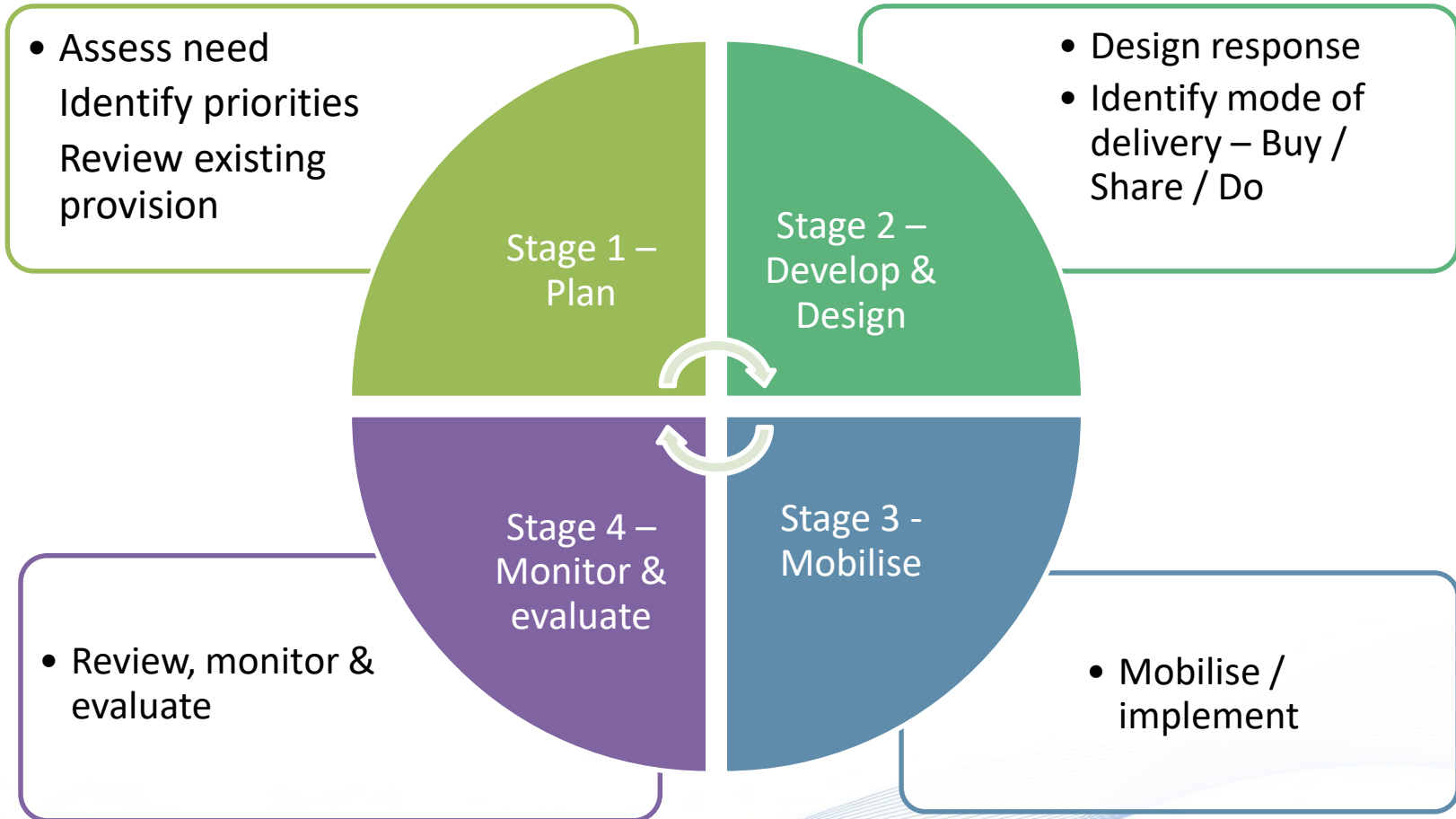
Performance Framework in development
Joint business intelligence unit being developed

Organisational Design

OD Partner in place
Shared accommodation
Emerging plans for the combined Estate
Some elements of support services already shared or sharing an approach

7. Our single commissioning approach

The Council and CCG now have developed a common approach that will support the Union in commissioning appropriate responses to deliver against the NEL Outcomes Framework within the overarching context of the Wellbeing Framework



8. The Wellbeing Framework

North East Lincolnshire has two main Priorities, to deliver a Stronger Economy and Stronger Communities. This is captured through a borough wide Outcomes Framework which has 5 overarching Outcomes:

- All people in NEL fulfil their potential through skills and learning
- All people in NEL benefit from sustainable communities
- **All people in NEL enjoy good health & wellbeing**
- All people in NEL enjoy and benefit from a strong economy
- All people in NEL feel safe and are safe

North east Lincolnshire are at the forefront of integrating the health and care agenda, symbolised by the development of the Union. The Union Board will be the key partnership driving this outcome area forward as part of the Place based arrangement along with our Partners. The Union has identified a number of priorities for 19/20 in addition to those identified as part of the overarching place based framework

All people in NEL enjoy good
Health and Wellbeing

People will be informed,
capable of living
independent lives, self-
supporting and resilient
in
maintaining/improving
their own health.

Union Board

PLACE BASED PRIORITIES

- Transformation of urgent and emergency care
- Prevention of and support to manage long term conditions including dementia including a non-clinical social prescribing approach to supporting individuals to manage their conditions in a different way.
- Mental Health across the life course including parity of esteem
- Tobacco control including smoking in pregnancy
- Wellbeing of vulnerable children including Special educational needs and disability (SEND)

9. Union priorities

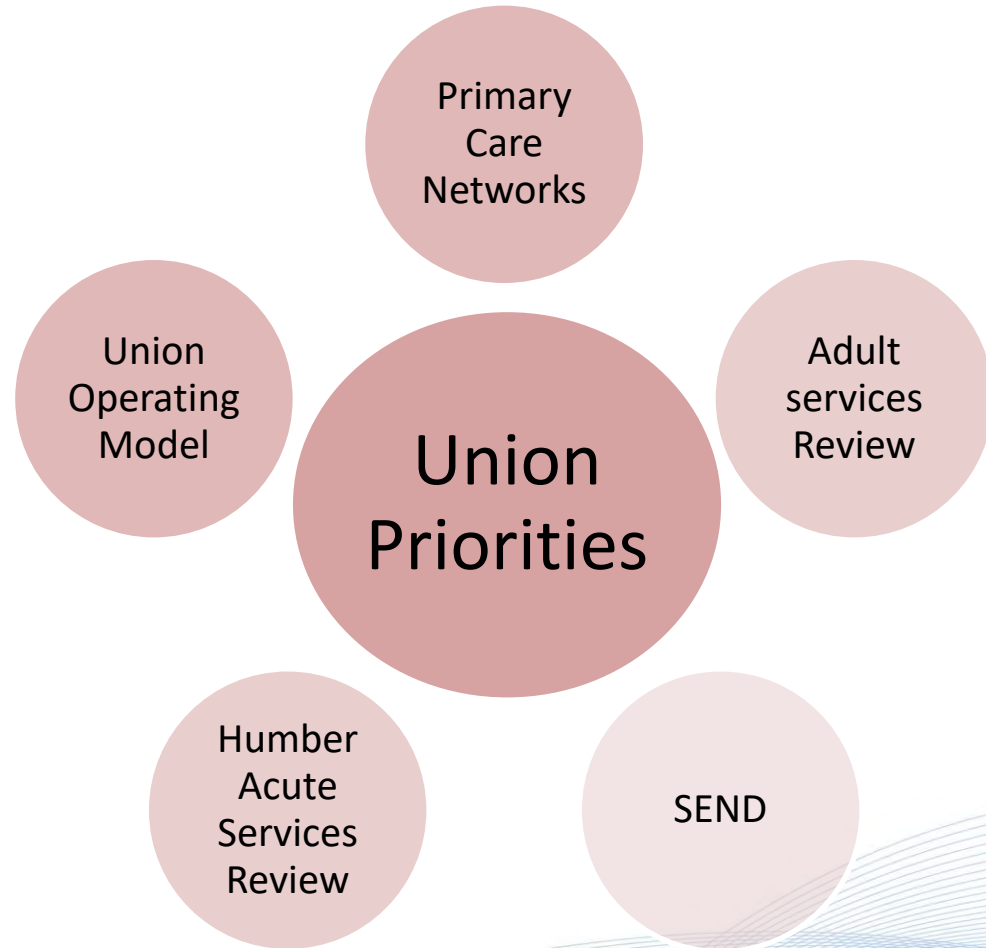
Primary Care Networks are an important part of the NHS Long Plan and form a foundation for the delivery of integrated care to the local population.

Adult Services Review identified how we could commission and design improved and better value for money services.

SEND our recent inspection has resulted in a written statement of action which will enable us to redesign and transform the services and provision for children with SEND to improve the outcomes and life chances of this population

HASR The Council and CCG continue to work with other health and care organisations and the voluntary sector across the wider Humber area to tackle the big issues facing health and care locally and address the longer term demand on NHS and social care services.

Union Operating Model Our external partner Future Gov are working with us to develop the future shape of the Union – our aim is to set the standard for the future of decision making, culture, technology and organisational development



10. 2019 Priority Activity

Use of Public Estate

Property Rationalisation

Mental Health

Identify gaps and design responses to address gaps

Intermediate Care

Develop and design response to gaps and commence implementation of agreed actions

New Safeguarding arrangements

Implement new requirements for safeguarding children

Vulnerable Children's Review

Health needs assessment to be completed

Prevention

Smoking in Pregnancy

Transport

Define scope, review existing provision and identify priorities



11. Our performance framework

	Union Board	Union Leadership Team	NELC Scrutiny	CCG COM
Reporting Objective	Assurance on delivery of strategic priorities, feeding up to Place Board	Assurance on delivery of strategic priorities and priority activity	Assurance on delivery of Outcomes Framework priorities	Assurance on delivery of NHS Operating Framework and ASC Outcomes Framework
What is reported?	Key milestones, activity and impact	Key milestones, activity, stage in commissioning cycle, impact and key indicators	Key milestones, activity, stage in commissioning cycle, impact and key indicators	Key indicators associated with these frameworks and progress reports against key action plans
Frequency of reporting	4 monthly	Bi-monthly	6 monthly	Bi-monthly

12. Our developing finance model

- A joint approach to financial planning and reporting
- Underpinned by agreed an set of financial principles:
 - Pooling funds
 - Decision making together via Union governance
 - Needs based/outcome focussed
 - Invest to save/invest to develop/whole system approach
 - Prevention underpins everything
- Finance aligned to strategic priorities and activity

Financial Planning, Budget Setting and in year monitoring

CCG

Agreement of priorities
(Sept - Dec)

Analysis of in year
financial performance
and forecast outturn
(Oct - Dec)

Consideration of overall
funding through LG
settlement and NHSE
(Dec)

Estimate of financial
requirements taking
into account priorities,
risk and available
resources
(Dec - Jan)

Agreement of Budget
(Feb)

Council

13. Progress & Performance Reporting to Union Board

We will report progress against key milestones, issues, risks and mitigations for each Union priority

- PCNs – Progress against delivery of the PCN development and delivery requirements at a national and local level for example:
 - year 1:
 - formal establishment of PCNs,
 - completion of maturity matrix,
 - Development of OD plans &
 - progress against activities identified within the OD plans,
 - Year 2: progress against implantation of the national and local schemes, and subsequent updates re impact

- Adult Services Review – progress against the action plan produced following the review, including performance targets identified as part of the review for improvement e.g. people are supported to return home following a hospital stay
- SEND – Progress reported against delivery of the improvement plan / written statement of action
- HASR progress in relation to delivery of the programme – process, development of options, and subsequently implementation of agreed options for specific services
- Operating Model – progress against delivery of the OD plan developed as part of the work with FutureGov and other elements for action identified
- In addition to the reporting on progress against the Unions own priorities it will also receive progress updates on the Health and Wellbeing Place Board Priorities for review prior to sharing with the place Board.

Agenda Item 6

Report to: (Board/Sub-Committee):	Union Board
Date of Meeting:	12 November 2019
Subject:	Place Priorities for Vitality and Health
Presented by:	Helen Kenyon, Chief Operating Officer

STATUS OF THE REPORT (auto check relevant box)

For Information

For Discussion

For Approval / Ratification

Report Exempt from Public Disclosure No Yes

PURPOSE OF REPORT:

The Place Board has engaged each of the five key partnerships in shaping the final version of the Place strategy for Wellbeing. Each Partnership was asked to review the current priorities under their outcome and refresh them. In doing so they were asked to give due consideration to inequalities and the other values and principles in the strategic framework. It was also proposed that they identify the contributory programmes and/or projects that will deliver the priorities identified and share these with the Place Board to inform the final version of the strategic plan for North East Lincolnshire.

The Union Board was asked to review the Health and Wellbeing strategic outcome which it did at a workshop held in October. At the workshop the Union Board members reviewed the overarching statement and current priorities identified and assessed whether they were still the areas where the Union Board felt that the Place Board should be focusing on. As part of the review the Union Board also took into account the Existing Union, Cabinet and NHS Plan priorities to ensure that areas identified for place would also support the ambition of the Cabinet and CCG (NHS).

As part of the discussion it was agreed that there needed to be proactive and positive and that the focus of the areas of priority should promote prevention and resilience.

Detailed in the recommendations and the attached paper are the proposed areas that the Union Board has identified as the priorities that it feels it should lead on working with partners on behalf of the Place.

Recommendations:

The Union Board is asked to approve for recommendation to the Place Board the following:

- A revised strategic outcome statement:

	<p>We want people to be informed, capable of living independent lives, self-supporting and resilient in maintaining/improving their own health. Access will be made available to safe quality services that prevent ill health, support, maintain and restore people back to optimal health or support them with dignity at end of life</p> <ul style="list-style-type: none"> • Revised Priority areas that will sit under the Health and Wellbeing outcome: <ul style="list-style-type: none"> ○ Healthy Population weight (reduction in Obesity) ○ Cancer - Reduce preventable deaths via an increase in screening and early diagnosis ○ Prevention of / self-management of Long Term Conditions ○ Mental Health ○ Workforce – Wellbeing in the workplace
Sub Committee Process and Assurance:	N/A
Implications:	
Risk Assurance Framework Implications:	There is a risk that if we do not choose the right areas to prioritise our focus on from a place perspective we will not deliver our ambition for a stronger economy and stronger communities.
Legal Implications:	N/A
Equality Impact Assessment implications:	<p>An Equality Impact Analysis/Assessment is not required for this report <input checked="" type="checkbox"/></p> <p>An Equality Impact Analysis/Assessment has been completed and approved by the EIA Panel. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment <input type="checkbox"/></p> <p>An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section ____ of the enclosed report <input type="checkbox"/></p>
Finance Implications:	N/A
Quality Implications:	<p>This report details a positive impact on quality. <input type="checkbox"/></p> <p>The proposal put forwards, if agreed, would have a positive impact in terms of enabling providers to meet safe staffing targets. The review is also centred on improving the quality of experience for service users.</p> <p>This report details a neutral impact on quality. <input checked="" type="checkbox"/></p> <p>The report will not make any impact on experience, safety or effectiveness.</p> <p>This report details a negative impact on quality. <input type="checkbox"/></p> <p>The report details the need for budgets to be significantly reduced. It is clear that the report summarises that quality will be negatively impacted by this as decisions to remove services/provide a lower level of provision to solely meet the ‘must do’s’ of provision in terms of meeting people’s needs has to be made. It is forecast that service user experience will be negatively impacted by this position.</p>

Place Board Health and Wellbeing Strategic Outcome & Priorities

The Place Board has engaged each of the five key partnerships in shaping the final version of the Place strategy for Wellbeing. Each Partnership was asked to review the current priorities under their outcome and refresh them. In doing so they were asked to give due consideration to inequalities and the other values and principles in the strategic framework. It was also proposed that they identify the contributory programmes and/or projects that will deliver the priorities identified and share these with the Place Board to inform the final version of the strategic plan for North East Lincolnshire.

The Union Board was asked to review the Health and Wellbeing strategic outcome which it did at a workshop held in October. At the workshop the Union Board members reviewed the overarching statement and current priorities identified and assessed whether they were still the areas where the Union Board felt that the Place Board should be focusing on. As part of the review the Union Board also took into account the Existing Union, Cabinet and NHS Plan priorities to ensure that areas identified for place would also support the ambition of the Cabinet and CCG (NHS).

As part of the discussion it was agreed that there needed to be proactive and positive and that the focus of the areas of priority should promote prevention and resilience.

Existing Health and Care strategic objective and priorities

The Existing Health and Care Strategic objective is:

We want people to be informed, capable of living independent lives, self-supporting and resilient in maintaining/improving their own health. By feeling valued throughout their lives feel, people will be in control of their own wellbeing, have opportunities to be fulfilled and are able to actively engage in life in an environment that promotes health and protects people from avoidable harm.

Access will be made available to safe quality services that prevent ill health, support, maintain and restore people back to optimal health or support them with dignity at end of life as close to home as safety allows: Services that are part of an affordable innovative and quality health and social care system which directs resources according to need.

The Existing priorities sitting under the strategic objective are:

- Transformation of urgent and emergency care
- Prevention of and support to management long term conditions including dementia including a non-clinical social prescribing approach to supporting individuals to manage their conditions in a different way.
- Mental Health across the life course including parity of esteem
- Tobacco control including smoking in pregnancy
- Wellbeing of vulnerable children including Special educational needs and disability (SEND)

With the following outcome measures sitting beneath the priorities:

- smoking prevalence
- under 75 all-cause mortality
- number of people who are satisfied with their care & support
- smoking in pregnancy
- perinatal and infant mortality rates (healthy baby)

- number of children showing a good level of development at age 5
- % of children who are obese
- sexually transmitted disease rate of new diagnosis
- number of opiate users aged 15 – 64 years
- number in receipt of Employment Support Analysis
- variation in disability free years within NEL at 65 years of age

Revised Health and Care strategic objective and priorities

Following a review of the NHS 10 year Plan priorities, Cabinet priorities, discussion at the CCG COM and Health and Care Executive a Union Board workshop was held where the above was discussed and it was agreed that the focus of activities going forward should be on prevention and promoting individual resilience.

It was also felt that workforce was a strategic issue for the area and so should also feature in our priorities. It was suggested that the workforce priorities could mirror those within the Humber Coast and Vale Integrated Care System plan under the following heading – wellbeing in the workplace, which has the following elements within it, recruitment, skills, and engagement with the community. Whilst it will be appropriate for the Union to look at all of these areas, it may be more appropriate skills to sit under the skills and learning outcome, and engagement with the community to sit under sustainable communities. Within the proposed priorities for the Health and wellbeing outcome it is proposed that it focuses more on the overarching element of Wellbeing in the workplace, linking in with the other partnerships re this significant area for all.

As a result of the Workshop the following is proposed as the revised strategic objective and priorities for the Health and Wellbeing strategic outcome.

Revised Strategic Objective:

We want people to be informed, capable of living independent lives, self-supporting and resilient in maintaining/improving their own health. Access will be made available to safe quality services that prevent ill health, support, maintain and restore people back to optimal health or support them with dignity at end of life

Revised Priorities:

- Healthy Population weight (reduction in Obesity)
- Cancer - Reduce preventable deaths via an increase in screening and early diagnosis
- Prevention of / self-management of Long Term Conditions
- Mental Health
- Workforce – Wellbeing in the workplace

Whilst not explicitly required at this stage consideration has also been given to some of the projects / programmes that could support delivery of the priorities and the indicators that could be used to assess progress. These are detailed below and will need to be agreed once the place board has agreed that the priorities identified by the Union Board are supported by, & are not duplicates with any of the other partnerships.

Potential programmes

- Social prescribing
- Focused work on screening and early diagnosis in particular for lung and colorectal cancers
- Promotion and enabling individuals to take health seeking behaviours

- Reduce periods of ill health via proactive planning
- Use of digital (apps) to support self care - healthy lifestyles and long term condition management

Potential Indicators

Healthy Population weight (reduction in Obesity)

- % of school children – reception and year 6 who have a healthy weight / are overweight
- % of people (age 18 plus) on GP QOF registers with a healthy weight recorded.

Cancer - Reduce preventable deaths via an increase in screening and early diagnosis

- smoking prevalence
- Screening rates
- Reduction in % of cancers identified in an emergency

Prevention of / self-management of Long Term Conditions

- under 75 all-cause mortality
- variation in disability free years within NEL at 65 years of age
- % sign up to / usage of Supported Apps
- Reduction in the number of people with LTCs
- Reduction in the number of emergency admissions due to LTC exacerbations

Mental Health

- Reduce the life expectancy gap between those people with Mental Health issues& those without.
- Access to crisis support is available 24/7

Workforce – Wellbeing in the workplace

- Reduced sickness absence relating to workplace issues / stress
- Staff feel supported and have the skills required to do their job (via a staff survey)

Recommendations

That the Union Board approves the proposed changes to the strategic objective and priorities for action for the Place Board Health and Wellbeing outcome as detailed above.

HEALTH & WELLBEING

<p>OUTCOME Do you want to propose any changes to this narrative? Please make changes using track changes</p> <p>We want people to be informed, capable of living independent lives, self-supporting and resilient in maintaining/improving their own health. By feeling valued throughout their lives feel, people will be in control of their own wellbeing, have opportunities to be fulfilled and are able to actively engage in life in an environment that promotes health and protects people from avoidable harm.</p> <p>Access will be made available to safe quality services that prevent ill health, support, maintain and restore people back to optimal health or support them with dignity at end of life as close to home as safety allows: Services that are part of an affordable innovative and quality health and social care system which directs resources according to need.</p>	
<p>CURRENT PRIORITIES Are these the right priorities to achieve the outcome above? Please indicate any changes to existing priorities through track changes. Use the spaces provided to add additional priorities to achieve the outcome</p>	
<ul style="list-style-type: none"> ● Transformation of urgent and emergency care 	
<ul style="list-style-type: none"> ● Prevention of and support to management long term conditions including dementia including a non-clinical social prescribing approach to supporting individuals to manage their conditions in a different way. 	
<ul style="list-style-type: none"> ● Mental Health across the life course including parity of esteem 	
<ul style="list-style-type: none"> ● Tobacco control including smoking in pregnancy 	
<ul style="list-style-type: none"> ● Wellbeing of vulnerable children including Special educational needs and disability (SEND) 	
<ul style="list-style-type: none"> ● 	
<ul style="list-style-type: none"> ● 	

<p>CURRENT OUTCOME INDICATORS Are there any other indicators available to show progress against the outcome. Please include in the space provided along with the organisation which currently collects the data</p>	
<p>Overarching:</p> <ul style="list-style-type: none"> •smoking prevalence •under 75 all-cause mortality •number of people who are satisfied with their care & support <p>Start Well:</p> <ul style="list-style-type: none"> •smoking in pregnancy •<u>perinatal and infant mortality rates (healthy baby)</u> •number of children showing a good level of development at age 5 •% of children who are obese <p>Living and working well:</p> <ul style="list-style-type: none"> •sexually transmitted disease rate of new diagnosis •number of opiate users aged 15 – 64 years •number in receipt of Employment Support Analysis •variation in disability free years within NEL at 65 years of age 	
<p>KEY CHALLENGES AND ENABLERS Please use the space below to identify issues that may get in the way of achieving the outcome and any other factors that could assist in its achievement</p>	

REVISED PRIORITIES

Please insert the revised priorities below and complete the table for each one

TIMESCALE FOR ACHIEVEMENT: completion of the priority

RAG rating: current assessment of whether it is on track

CONTRIBUTING PROGRAMMES, STRATEGIES AND INTERVENTIONS: Identify the key programmes strategies or interventions that will deliver the priority (include those that may be under other outcome areas on which the priority is dependent). Please indicate their location.

SIGNIFICANT MILESTONES TOWARDS ACHIEVEMENT: If the timescale for achievement is longer term, please indicate any significant milestone achievements and their date of completion

PRIORITY	TIMESCALE FOR ACHIEVEMENT	RAG RATING	CONTRIBUTING PROGRAMMES, STRATEGIES AND INTERVENTIONS	SIGNIFICANT MILESTONES TOWARDS ACHIEVEMENT
Prevention & Personal Resilience				
<ul style="list-style-type: none"> Healthy population weight (Reduction in Obesity) 			Social prescribing <ul style="list-style-type: none"> % of school children – reception and year 6 who have a healthy weight / are overweight % of people (age 18 plus) on GP QOF registers with a healthy weight recorded. 	
<ul style="list-style-type: none"> Cancer - Reduce preventable deaths via an increase in screening and early diagnosis 			Focused work on screening and early diagnosis in particular for lung and colorectal cancers <ul style="list-style-type: none"> Screening rates 	

			<ul style="list-style-type: none"> Reduction in % of cancers identified in an emergency 	
<ul style="list-style-type: none"> Prevention of / self-management of Long Term Conditions 			<p>Social prescribing Promotion and enabling individuals to take health seeking behaviours Reduce periods of ill health via proactive planning Use of digital (apps) to support self care and condition management</p> <ul style="list-style-type: none"> Reduction in the number of people with LTCs Reduction in the number of emergency admissions due to LTC exacerbations 	
<ul style="list-style-type: none"> Mental Health 			<p>Social Prescribing</p> <ul style="list-style-type: none"> Reduce the life expectancy gap between those people with Mental Health issues& those without. Access to crisis support is available 24/7 	
<ul style="list-style-type: none"> Workforce - Wellbeing in the workplace 			<ul style="list-style-type: none"> Reduced sickness absence relating to workplace issues / stress 	

			<ul style="list-style-type: none">• Staff feel supported and have the skills required to do their job (via a staff survey)	
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Agenda Item 7

Report to: (Governing Body/Committee): Union Board

Date of Meeting: 12th November 2019

Subject: Talking, Listening and Working Together – community engagement strategy

Presented by: Sally Czabaniuk, CCG Engagement Lead

STATUS OF THE REPORT (auto check relevant box)

- For Information
- For Discussion
- For Approval / Ratification
- Report Exempt from Public Disclosure No Yes

<p>PURPOSE OF REPORT:</p>	<p>Following on from the agreement by the Board earlier this year to a joint commissioning approach and priorities, this joint engagement strategy sets out how we will talk, listen and work together with our communities to improve the health, care and life experiences of people in North East Lincolnshire.</p> <p>Early engagement with Accord members and community groups indicated strong support for the development of a clear set ‘standards’ for engagement for people in North East Lincolnshire. The ‘North East Lincolnshire commitment’ has been created by community members and representatives from the Voluntary, Community and Social Enterprise (VCSE) sector working as equal partners with the CCG and council and agreed as our shared statement of intent for everyone in North East Lincolnshire.</p> <p>The strategy sets out the steps the CCG and council will take to meet this commitment and contains specific undertakings around Talking, Listening and Working Together, how we turn the strategy into action and to make a positive difference and how we will measure progress to evidence this.</p> <p>The appendix sets out the legal and policy context around public for engagement and consultation impacting on Union decision making.</p> <p>The Engagement Findings report provides detailed information about how public and stakeholder views have shaped this strategy.</p>
<p>Recommendations:</p>	<p>The Board to:</p> <ul style="list-style-type: none"> • approve adoption of the NEL commitment ‘Talking, Listening and Working Together’ and strategy setting out how the union will meet this commitment • authorise the Engagement Strategy Steering group to oversee implementation of the strategy, first tasks to include <ul style="list-style-type: none"> ○ Development of action plan ○ Completion of full stakeholder analysis ○ Development and roll out of Engagement ‘toolkit’ resource

	<ul style="list-style-type: none"> Support the incorporation of the NEL commitment into the new operating model for the Union as set of principles for engagement with our communities, our stakeholders and with each other. 	
<ul style="list-style-type: none"> Committee Process and Assurance: 	<p>The Community Forum is part of the CCG's governance arrangements that exist to provide assurance to the CCG Governing Body that patients, service users, carers and the public are effectively engaged and involved in decisions made about health and social care services in North East Lincolnshire. The Community Forum have been involved in the development of the strategy and given their support.</p> <p>The strategy has been co-produced by a Steering group consisting of CCG and council officers, Voluntary, Community and Social Enterprise (VCSE) organisations and community members and has been shared with the Union Leadership team, informal cabinet, elected members and Council of Members.</p>	
Implications:		
Risk Assurance Framework Implications:	Strategy implementation will mitigate risk - CCG-BAF.4001 Failure to consult in line with statutory requirements on significant service change/redesign which could lead to a breach of statutory duty	
Legal Implications:	<p>Section 14Z2 of the Health and Social Care Act 2012 places a specific duty on Clinical Commissioning Groups to ensure that patients and the public are involved in the planning of services, developing proposals for any changes to services, and the operation of services. Statutory guidance from NHS England requires CCGs to explain public involvement in commissioning plans and promote and publicise public involvement.</p> <p>Public Sector Equality Duty as contained in section 149 of the Equality Act 2010 states that public bodies must, have due regard in the exercise of their functions in respect of people who share a protected characteristic</p>	
Data Protection Impact Assessment implications (DPIA):	Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work?	Yes
	If yes to the above – have the DPIA screening questions been completed?	Yes
	Does this project involve the processing of personally identifiable or other high risk data?	Yes
	If yes to the above has a DPIA been completed and approved?	Choose an item.
Equality Impact Assessment implications:	<p>An Equality Impact Analysis/Assessment is not required for this report <input type="checkbox"/></p> <p>An Equality Impact Analysis/Assessment has been completed and approved by the EIA Panel. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment <input type="checkbox"/></p> <p>An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section ___ of the enclosed report <input checked="" type="checkbox"/></p>	
Finance Implications:	Budget for engagement to be developed as part of the integration of the Communications and Engagement function and future operating model of the Union.	
Quality Implications:	<p>This report details a positive impact on quality. (Auto check relevant box)</p> <p style="text-align: right;"><input checked="" type="checkbox"/></p>	

TALKING, LISTENING AND WORKING TOGETHER

Meeting the North East Lincolnshire Commitment

A Community Engagement Strategy



North East Lincolnshire Council (the council) and NHS North East Lincolnshire Clinical Commissioning Group work closely together to make best use of our shared resources to improve the health, care and life experiences of everyone living in North East Lincolnshire.

We want to get better at how we talk, listen and work together with our communities and:

- talk to the public as early as possible so we can all work together to develop solutions;
- make sure everything we do is informed by what local people share with us about their experiences, concerns and aspirations;
- be confident that none of our communities are left out of the conversation

We have adopted the 'North East Lincolnshire Commitment' (on the right) and this strategy sets out how the council and the CCG will work to meet this.

This strategy has also been drawn up by community members, and representatives from the Voluntary, Community and Social Enterprise (VCSE) sector working as equal partners with the CCG and council.

Here we've set out the steps we will take to understand things better from the different points of view of local people and work together to develop the best solutions so we can all live well in North East Lincolnshire.

This strategy is a first step towards a clear and more consistently applied approach to developing an 'on the ground' understanding of North East Lincolnshire and its communities. This will build mutual trust and sincere relationships to help us make the right decisions and support community-led change.

The North East Lincolnshire commitment

Talking

We will be clear and honest about

- ⇒ how you can get involved
- ⇒ what we are doing with what you've told us

Listening

We will

- ⇒ hear your voice and what you have to say
- ⇒ use what you tell us to bring about change
- ⇒ be open to be challenged on the way we do things

Working Together

We will

- ⇒ encourage all of our communities to take part
- ⇒ come to the places where you are
- ⇒ work together with you and others to make the best use of time and money

Making Every Conversation Count

Created by community members, and representatives from the Voluntary, Community and Social Enterprise (VCSE) sector working as equal partners with the CCG and council and agreed as the way to do things in North East Lincolnshire

Talking

When we are talking to you, we will be clear and honest about how you can get involved, and what we are going to do with what you have told us.

We think it is important to let you know from the start why we want to talk to you and how you can get involved, to give you more opportunity to get involved; and we will have better services and outcomes as a result. We intend to do this by talking to people as early as possible so that we can all work together to develop solutions to best meet the needs and aspirations of the population of North East Lincolnshire.

These are some of the ways we can do this:

Promoting involvement – we use a range of communications to inform people about how they can have their say. This includes social media – Facebook, Twitter, Instagram - and dedicated sections of our websites - <https://www.northeastlincolnshireccg.nhs.uk/get-involved/> and <https://www.nelincs.gov.uk/have-your-say/>

NELC consultation mailing list – people who want to be kept informed about council consultations can subscribe to the mailing list and will receive email notifications on consultation based activity in North East Lincolnshire <https://consultation.questionpro.eu/>

Accord - a community membership scheme giving people a say on health, care and wellbeing plans. Through this scheme local people tell us what things they are interested in talking to us about and how they want to do so. The scheme is led by a Steering Group of volunteers who work with the CCG to make sure Accord counts. <https://nelccg-accord.co.uk/>

'You Said, We Did' updates - published on the council and CCG websites show how the feedback we receive from people, (including experiences, ideas and opinions), has influenced decision-making locally.

Public events - where we bring communities together to talk about priorities and plans and how we have taken forward previous feedback from the public. We make sure events are interactive and held at different times throughout the day, giving more people the opportunity to attend. We publish the contents and outcomes from these sessions in a feedback report afterwards. <https://www.northeastlincolnshireccg.nhs.uk/get-involved/way-forward-events/>

Stakeholder Lists – we maintain contact lists of local stakeholders, groups and organisations, including those representing groups with protected characteristics under the Equality Act 2010. We update these groups on what is happening and regularly review and update these lists to support engagement with wider audiences.

Accessible information – our communication and engagement materials should be accessible and where appropriate provide information in other formats such as paper copies, audio, other languages and Easy Read. <https://www.northeastlincolnshireccg.nhs.uk/about-us/making-our-information-accessible/>

Listening

We want to listen to what you have to say – we really want to hear your voice and understand your priorities. We will use what you say to bring about change and we want you to tell us when we don't get it quite right. We want to make sure everything we do is informed by what you and other people tell us, in order to understand your concerns and aspirations fully. Understanding more about local values, the barriers people often encounter and the experiences of people living in different communities improves the way people and organisations communicate, giving a stronger voice to all in how things are organised.

This means working with the right communities, people and organisations at the right time on each particular issue. Working like this enables us to understand and explore different views and build successful, targeted solutions to influence positive change both in communities and within organisations.

How we do this:

Feedback – We encourage feedback (compliments, complaints, comments) about the way we do things via the council's online feedback [form](#) or CCG Patient Advisory and Liaison Service ([PALS](#)). We respond openly, appropriately and with the intention of learning from what we have been told. Or you can get in touch with the [team](#)

Surveys - Not everyone can come to meetings or can come to talk to us in person – online and paper surveys are another way for us to understand people's views. Alternative formats are available. We can also arrange for people to complete a survey by post, over the telephone, by meeting with us in person.

Workshops and Focus Groups - where we invite people to speak to us about their experiences and give their views to inform specific service developments.

Outreach – we take the conversation to venues such as markets, libraries, colleges, community centres, special interest groups and in the streets. By listening to local people and the Voluntary, Community and Social Enterprise (VCSE) groups we can agree the best places for us to go and the best ways to listen to different communities.

Diverse groups - We are developing links with groups of people who share a “protected characteristic” as defined by the Equality Act 2010 to understand their experiences and needs better and the impact on them of our proposals and plans. There are nine protected characteristics, which are Age, Disability, Gender Reassignment, Marriage & Civil partnerships, Pregnancy & Maternity, Race, Religion & Belief, Sex, and Sexual Orientation. In North East Lincolnshire we also consider unpaid carers and social deprivation as characteristics.

Overcoming barriers to participation – We always try to ensure that whenever we carry out any engagement activity in the community, we choose accessible venues that local people use and engage in ways that people are comfortable with. The Equality Act 2010 places a duty on public bodies to ensure people can afford to take part. Our Volunteer Expenses Reimbursement Policy sets out how we do this¹

¹ Volunteer Expenses Reimbursement Policy

Working Together

When we work together to develop solutions, we want to be confident that none of our diverse communities in North East Lincolnshire are left out of the conversation. We intend to do this by coming to the places people already use and working to develop links with our lesser heard groups. We also want to work together to make the best use of everyone's time and money. We will challenge ourselves and explore all opportunities to discover what is possible.

We will work together with our communities in a variety of ways including:

Community development – harnesses the power in communities to recognise their strengths to lead and initiate change. We will build relationships to better understand our communities and help improve communication about local projects. Working with those who act on what they care about and bringing together individuals in the community with similar priorities to help them engage others. We will work with communities and partners to explore how best to use all resources for social, environmental and economic benefit for that community; stepping back when the time is right.

Co-production – Brings people and organisations together, from the start, to work in equal partnership on solutions by sharing their knowledge, skills and experience. For example - with a focus on Special Educational Needs and Disability (SEND) services - children, adults, staff from different agencies and members of the voluntary sector came together to design their own recipe for 'making things better together'. Solutions designed and delivered with local people and partners are more effective and better value.

People's Panels - Members are recruited from the community to take part in the procurement of a commissioned service. Panel members review tender documents, develop questions and interview potential providers and their views directly inform the contract award decision. Panel members are fully supported to take part, and this may include providing some training and development and ensuring the process is accessible and inclusive.

Community Equality Impact Assessment Panel – Brings together community members from all walks of life who help us understand the impact of our plans and policies on groups with protected characteristic and give their views to make sure we take into account people's needs when we design our services and commission our providers.

Community Forum – The forum is made up of volunteers from the local community called community leads; they work alongside clinical and managerial staff from the CCG. Community Leads feedback concerns and compliments from the local community and challenge where appropriate to influence and inform decision-making. There are dedicated leads supporting a wide range of service areas, committees and working groups.

<https://www.northeastlincolnshireccg.nhs.uk/who-we-are/community-forum/>

Voluntary, Community and Social Enterprise (VCSE) Forum – We link directly with representatives from the VCSE sector to share information and explore opportunities for cross-sector partnership working. The Forum aims to create greater opportunities for collaboration between VCSE organisations and our public and private sector partners for the benefit of the local communities that we serve.

How will we know that this commitment is working?

We will turn this strategy into action to make a positive difference, by making sure that:

- engagement is at the heart of projects, programmes, plans and strategies and is referenced in all documents
- our staff are supported to do this effectively
- the people affected by an issue are involved in the solution from the earliest stage
- everyone working towards that solution has shared responsibility for ensuring the people to whom it matters are involved
- engagement is ongoing and doesn't end when a service is launched
- we develop relationships with community groups and partners that makes things happen
- we create opportunities to listen to seldom-heard groups
- we challenge ourselves to work differently

Putting it into practice - how we will measure our progress

- Evidence in project plans that we have spoken to people early
- Number of project groups that include representation from communities
- You Said – We Did updates for all engagement activity to be published within 6 months of the close of the engagement/consultation and where this is not possible to publish a progress update at timely intervals
- People we engage feel they are positively involved in plans and solutions
- People we engage feel that they have been listened to
- Member of groups we engage with feel that their involvement has been worthwhile
- Increase in the number of procurement processes that incorporate a People's Panel
- Talking, Listening and Working Together commitment included in service specifications/service delivery plans and part of contract/performance monitoring as part of our social value expectations
- CCG maintaining Green Star (Outstanding) rating for Patient and Public Involvement in the NHS Integrated Assessment Framework (IAF)
- Evidence of assurance from Community Forum in meeting minutes and reports around community involvement in plans and decisions
- Increased number of communities creating their own change
- Evidence that services designed in keeping with this commitment meet people's needs

Appendix 1 - Summary of legal duties, guidance and resources relating to engagement and consultation

Appendix 1 – Summary of legal duties, guidance and resources relating to engagement and consultation

1. Statutes

1.1. National Planning Policy Framework 2012 (as amended)

Published by the Ministry of Housing, Communities and Local Government this provides a framework within which locally-prepared plans for housing and other development can be produced. *Plans should...be shaped by early, proportionate and effective engagement between plan-makers and communities, local organisations, businesses, infrastructure providers and operators and statutory consultees.*

1.2. The Town and Country Planning (Local Planning) (England) (Amendment) Regulations 2017

A [Statement of Community Involvement](#) (SCI) sets out how the a local authority proposes to involve its communities, stakeholders, businesses and other interested parties in the preparation, alteration and review of the Local Plan, other planning policy documents and the planning application process. The Council have a statutory duty to prepare an SCI and then review and if necessary update it every five years

1.3. NHS Act 2006

Section 242, of the NHS Act 2006, places a duty on the NHS to make arrangements to involve patients and the public in planning services, developing and considering proposals for changes in the way services are provided and decisions to be made that affect how those services operate.

Section 244 requires NHS bodies to consult relevant local authority Overview and Scrutiny Committees (OSCs) on any proposals for substantial variations or substantial developments of health services.

Section 14Z2 of the Health and Social Care Act 2012 places a specific duty on Clinical Commissioning Groups to ensure that patients and the public are involved in the planning of services, developing proposals for any changes to services, and the operation of services.

1.4. NHS Constitution 2010

The NHS Constitution came into force in January 2010. It places a statutory duty on NHS bodies and explains a number of rights which are a legal entitlement for patients. One of these is the right to be involved directly or indirectly through representatives in the:

- Planning of healthcare services;
- Development and consideration of proposals for changes in the way those services are provided; and
- Decisions to be made affecting the operation of services.

1.5. The Equality Act 2010

The Equality Act 2010 promotes fair treatment of people regardless of any protected characteristic they may have. To support development of commissioning plans and decision making, it is essential that particular engagement and communication methods take into account the needs of people with a protected characteristic and enables them to fully participate.

This strategy encourages the use of a wide range of communication methods and tools to promote access to information to ensure engagement processes are open and accessible.

Public Sector Equality Duty as contained in section 149 of the Equality Act 2010 states that public bodies must, in the exercise of their functions have due regard to the need to :

- Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

1.6. Care Act 2014

The CCG has directly applicable duties under the Care Act, and has further duties delegated to it via contract with North East Lincolnshire Council. These include:

- Ensuring that the promotion of wellbeing of individuals in need of care and support, and carers, is central to provision of all care and support functions
- Promoting the integration of care and support with health and health related services
- Establishing and maintaining a service for providing people in North East Lincolnshire with information and advice relating to care and support
- Facilitating and shaping the market for care and support to offer a diverse range of quality provision.

The expectation within the Care Act is that those responsible for commissioning services should develop them on the basis of active engagement and consultation with service users, carers and providers.

1.7. Children and Families Act 2014

Section 19 of the Act sets out the general principles that local authorities must have regard to when supporting disabled children and young people and those

with Special Educational Needs under Part 3 of the Act. Local authorities must pay particular attention to:

- the views, wishes and feelings of children and their parents, and young people;
- the importance of them participating as fully as possible in decision-making and providing the information and support to enable them to do so; and
- supporting children and young people's development and helping them to achieve the best possible educational and other outcomes.

The Local Offer must be developed by local authorities and their health partners, together with children and young people with SEN and disability and their families.

1.8. The Localism Act 2011

Under the Localism Act in 2011 every council in England is required to provide a 'comprehensive and efficient' library service. This must be done:

- in consultation with their communities
- through analysis of evidence around local needs
- in accordance with their statutory duties

2. Case Law

2.1. The 'Gunning Principles'

The Gunning Principles apply once it has been agreed that consultation should take place. The "Gunning Principles provide a set of key consultation propositions, established through case law, that must be adhered to. These are:

- Consultation must take place when the proposal is still at a formative stage;
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response;
- Adequate time must be given for consideration and response;
- The product of consultation must be conscientiously taken into account.

2.2. The 'Brown Principles'

Case law sets out broad principles about what public authorities need to do to have due regard to the aims set out in the general equality duties. The 'Brown principles' set out how courts interpret the duties, which are that:

- Decision-makers must be made aware of their duty to have 'due regard' and to the aims of the duty.
- Due regard is fulfilled before and at the time a particular policy that will or might affect people with protected characteristics is under consideration, as well as at the time a decision is taken.

- Due regard involves a conscious approach and state of mind. A body subject to the duty cannot satisfy the duty by justifying a decision after it has been taken.
- Attempts to justify a decision as being consistent with the exercise of the duty, when it was not considered before the decision, are not enough to discharge the duty.
- General regard to the issue of equality is not enough to comply with the duty.
- The duty:
 - Must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision
 - Must be integrated within the discharge of the public functions of the body subject to the duty. It is not a question of 'ticking boxes'.
 - Cannot be delegated and will always remain on the body subject to it.
- It is good practice for those exercising public functions to keep an accurate record showing that they had actually considered the general equality duty and pondered relevant questions. If records are not kept it may make it more difficult, evidentially, for a public authority to persuade a court that it has fulfilled the duty imposed by the equality duties.

2.3. Aarhus Convention - (United Nations Economic Commission for Europe (UNECE) Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Matters)

The Aarhus Convention is based on three principles, or pillars namely:

- Access to Information
- Public Participation in Decision-making
- Access to Justice in Environmental Matters

It lays down a set of basic rules to promote the involvement of citizens in environmental matters and improve enforcement of environmental law.

2.4. The Doctrine of Legitimate Expectation

The doctrine of legitimate expectation is one of the Court's controls over the exercise of a decision-maker's powers. The general principle is that the Court will intervene to prevent a decision-maker from making a particular decision (or will quash a decision that is already made) where the decision-maker's prior actions or inactions would make it unfair for that decision to stand

This may arise where the decision-maker makes an express promise to do particular things during the decision-making process (e.g. a promise to consult) or where the decision-maker has consistently done those things in the past. The Court will find a **procedural legitimate expectation** where the practice is so well established that it would be unfair or inconsistent with good administration to allow the public authority to depart from that practice.

A **substantive legitimate expectation** arises where the decision-maker has promised to keep an existing policy in force, or to do a particular thing, for a specific

party or group, and that particular party or group would be substantially affected by a decision to go back on that promise (e.g. a decision to go back on a promise made to a care home resident that he or she can stay there for the rest of their life).

3. Policy and Statutory Guidance

- 3.1. [Patient and Public Participation in commissioning health and care – statutory guidance for Clinical Commissioning groups and NHS England](#) and [Involving people in their own health and care: statutory guidance for clinical commissioning groups and NHS England](#) published in 2017 set out the context, benefits and principles of involving people in health and care, the relevant legal duties and key actions for CCGs and NHS England.
- 3.2. [Framework for patient and public participation in public health commissioning](#) published in 2017 describes how NHS England involves patients and the public in the commissioning of public health services.
- 3.3. [Framework for patient and public participation in primary care commissioning](#) published in 2016 as a guide for primary care commissioners to strengthen patient and public participation in NHSEngland primary care commissioning
- 3.4. From 1st August 2016 all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the [Accessible Information Standard](#).
- 3.5. [Homelessness code of guidance for local authorities](#) Guidance on housing authority duties to carry out a homelessness review and publish a homelessness strategy.
- 3.6. [Best Value Duty 2011 guidance](#) Authorities should consider overall value, including economic, environmental and social value, when reviewing service provision
- 3.7. A refreshed [Equality and Delivery Systems for the NHS \(EDS2\)](#) was launched in 2013 to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS, NHS organisations can also be helped to deliver on the public sector Equality Duty (PSED).
- 3.8. One of the 7 Design principles set out in [Libraries Deliver: Ambition for Public Libraries 2016 to 2021](#) says that library services should co-design and co-create their services with the active support, engagement and participation of their communities

4. Resources

- 4.1. Local Government Association [New Conversations: LGA guide to engagement](#)
- 4.2. A guide for councillors and officers working to build a stronger dialogue between council and community
- 4.3. Local Government Association [Councillor workbook: neighbourhood and community engagement](#)
- 4.4. NHS England's online [Resources](#) hub provides a range of range of toolkits and resources to support effective patient and public involvement.
- 4.5. NHS England [Principles for VCSE Engagement and Partnership Working Equality Delivery System \(EDS\)](#) aims to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS, NHS organisations can also be helped to deliver on the public sector Equality Duty (PSED).

Talking, Listening and Working Together – Engagement Findings Report

Introduction

Since 2007, North East Lincolnshire Council (NELC) and the North East Lincolnshire Clinical Commissioning Group (NELCCG) have been working very closely together to deliver health and care services in North East Lincolnshire. As this relationship has developed, both organisations looked forward to the next stage to consider how they could be better equipped to deal with the on-going challenges faced by local government and the NHS.

In 2017, the Union Board was established to make the best use of our combined resources and focus to grow and enhance the Place of North East Lincolnshire to improve the health, care and life experiences of our population.

In order to do this we recognise that we need to listen to and involve our communities when we plan and buy local services; and work together to develop the best solutions so we can all live well in North East Lincolnshire.

We initially set out to develop a public and stakeholder engagement strategy for the CCG and council, setting out how the Union will meet its statutory duties around consultation and engagement. However over the last few months this has developed into something far more.

This report outlines how we got there.

Approach

This project has been led by a steering group of council and CCG staff, community members and representatives from VCSE sector organisations.

The CCG's Community Forum and Accord Steering Group have provided advice and constructive challenge over the course of this project.

Starting out

The engagement was launched in September 2018 at the Accord Annual meetings '[Getting Better Together](#)'. Feedback from these meetings indicated strong support for the development of a clear set of 'standards' for how the CCG and other public sector organisations engage with and involve the public in designing their services; and this has been a consistent theme throughout this project.

Over the next few months we visited community groups to find out how they wanted to influence local plans, what puts them off getting involved and what can be done to strengthen the relationships between communities and commissioners. They told us:


- Feeding back and sharing with people the outcomes from engagement were important and this wasn't happening every time

- One size doesn't fit all – we need to listen to communities and provide engagement opportunities that work for them
- People are put off from engaging if they perceive that decisions have already been made so they won't be listened to
- The most positive experiences of engagement have been when communities have worked alongside organisations as equal partners to co-produce plans and solutions
- The ways in which people can influence plans and services is confusing and people are fed up with being asked the same things again and again

Developing the North East Lincolnshire Commitment

Over the course of the summer we held three co-production workshops with members of the NEL VCSE Forum. Together we looked at the feedback we had received and participants shared their experiences of community engagement. The VCSE sector in North East Lincolnshire engage with communities every day and have a wealth of knowledge and understanding of local needs and assets. At these sessions the elements identified to build mutual trust and understanding were:

- Openness and transparency
- Commitment to listen and act on what people have to say
- Feeding back ALWAYS
- Ongoing conversations - taking time to build relationships
- Accessible opportunities
- Be accountable



Consultations happen in hospitals,
conversations happen in
communities

Everyone agreed that we needed a simple statement of principles setting out for how people and communities will be involved in the future so that we make every conversation count in North East Lincolnshire.

The VCSE Alliance also sought assurance from the council and CCG that this would be meaningful and not just a “tick box exercise”. This assurance was given and resulted in the endorsement of the NEL Commitment by the VCSE Forum.

Engagement Activity

In August we published the ‘Talking, Listening and Working Together’ [newsletter](#) which was available digitally, in paper copy and [audio](#). This was distributed to Accord members, residents on the council’s consultations mailing list and was made available in GP centres, libraries and community hubs. Information was sent out to the CCG’s stakeholder lists, elected members and parish councils and VCSE groups and promoted via social media.

This was followed in September with publication of the draft engagement strategy and launch of an online survey inviting people to comment on the strategy. Paper copies were also made available and people were also invited to send in their views by email, letter and contact us by telephone.

A total of **267** people responded to the survey

During August to October members of the Steering group, Community Forum and Accord Steering group carried out engagement with people at:

- Grimsby top town market
- Freeman Street market
- Immingham Civic Centre
- Freshney Green Primary Care Centre
- Cleethorpes Library
- Roxton Practice, Immingham
- Older People's Advice Day – Cleethorpes Memorial Hall
- Centre4
- Community Shop
- Grimsby Institute

We would also like to thank the following groups who have shared their views with us over the course of this project:

- MS Society
- Friendship at Home
- Carers Forum
- Parent Carers Group
- NEL Patient Participation Chairs Groups
- AddAction
- Older People's Health and Wellbeing Group (Collaboratives)
- One Voice Immingham
- Healthwatch Advisory Board
- Special Educational Needs and Disabilities (SEND) Executive Board

We also spoke to participants at our Getting Better Together daytime and evening public meetings in September.

Information about the strategy has been circulated to staff via internal communications and discussed at team meetings and 'Lunch and Learn' sessions at the Municipal and Civic offices.

Throughout the development of the strategy, we have been having ongoing conversations with the local community, as well as VCSE organisations in North East Lincolnshire. We received hundreds of comments relating to engagement in North East Lincolnshire including suggestions on how we can improve our activities and how to make opportunities more accessible.

What did people tell us – about the commitment?

When we spoke to people out and about in the community we found many that did not know that they could influence decisions or have their say and welcomed being able to do so. We talked about Talking, Listening and Working Together and asked them what they thought of the commitment. By and large feedback was positive.

This support was also reflected in the survey responses with 94% saying that they agreed that the Commitment was clear and easy to understand, 84% said these were the right commitments and 91% agreed that local groups and organisations who care about the area can and should work to this commitment.

There were similar levels of support for from participants at the ‘Getting Better Together’, however some had reservations about the practical implementation of the principles.

The North East Lincolnshire commitment	
Talking	<p>We will be clear and honest about</p> <ul style="list-style-type: none"> ⇒ how you can get involved ⇒ what we are doing with what you've told us
Listening	<p>We will</p> <ul style="list-style-type: none"> ⇒ hear your voice and what you have to say ⇒ use what you tell us to bring about change ⇒ be open to be challenged on the way we do things
Working Together	<p>We will</p> <ul style="list-style-type: none"> ⇒ encourage all of our communities to take part ⇒ come to the places where you are ⇒ work together with you and others to make the best use of time and money
<p>Making Every Conversation Count</p> <p>Created by community members, and representatives from the Voluntary, Community and Social Enterprise (VCSE) sector working as equal partners with the CCG and council and agreed as the way to do things in North East Lincolnshire</p>	

“Hope it works, can only try”

“They are good principles that make sense”

“Looks nice on here but I doubt it will happen”

“Might be tricky to get the accountability”

“Words are not enough. You need to make the process easy to use”

“Good luck!”

What did people tell us - about Talking

We wanted to gain a better understanding of how we can involve people early and provide better opportunities to get involved. The survey asked- *‘Where should we put our information to help you find out about things that are happening in the area?’*

Social media and email were ranked as the most preferred methods from online participants whereas leaflets in shops, libraries and community venues were the most popular among people who completed paper copy surveys,

In the survey we also wanted to find out if people were aware of the council and CCG’s current ‘You Said – We Did’ feedback mechanisms and 48% of respondents said they were and the majority (58%) felt this means of feedback was enough for

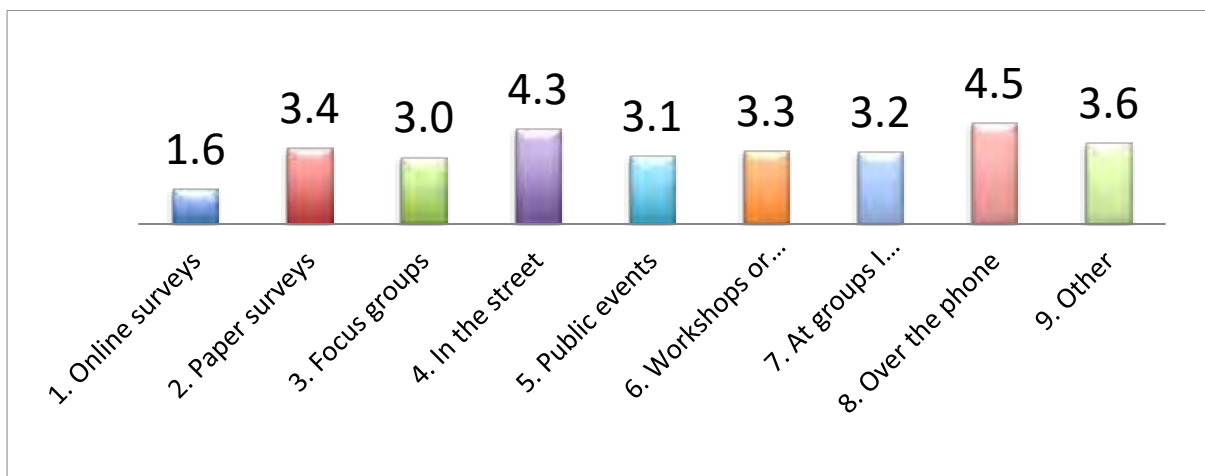
them, however 42% felt we should be feeding back elsewhere'. Comments about how this should be done included:

- Use the same format as when you ask for views
- Newsletter to residents
- Social media including Facebook and use of text alerts
- At venues affected by the changes
- Local newspaper
- Notice boards
- Ward meetings

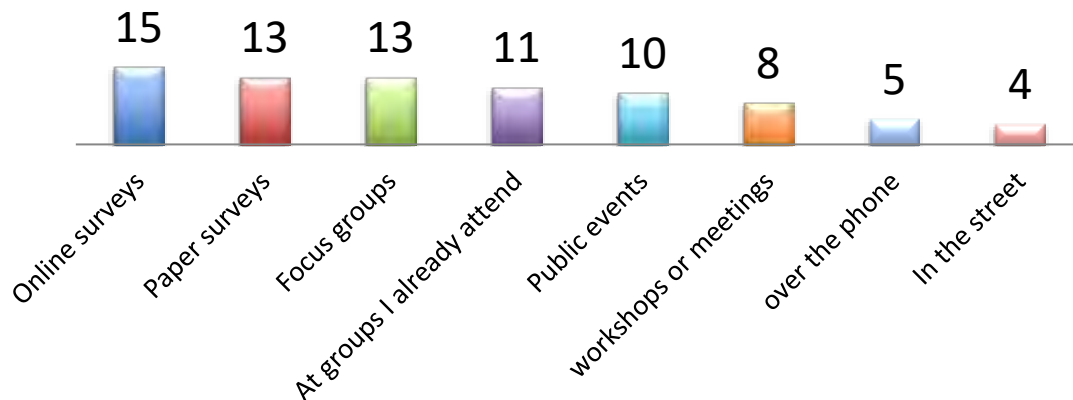
We were able to discuss this in more detail at some of our meetings with community groups. Suggestions on how we can improve the reach of our information included making better use of existing community, social and professional networks.

What did people tell us - about Listening?

We wanted to know how people preferred to give their views. The survey asked people to rank these in order of preference with 1.0 being the best 8.0 the least suitable for them. Not surprisingly online surveys was the most popular amongst people who completed the survey online however online surveys were the most reference option from the paper surveys.



Paper responses preference to having their say



Most of the people responding to the survey said they felt able to give their views when they wanted to.

The most commonly referenced issue was the lack of information. Predominantly respondents not being aware of opportunities to have their say and a few suggesting that they needed more information in order to make an informed decision.

Feedback and what happened as a result is in the forefront of people's minds when considering whether or not to respond in a consultation or to attend an engagement event.

The opportunities that we provide for people to get involved are also referenced, whether it's the time of day, or the format of the event or opportunity. People need to be in an environment they feel comfortable in order to openly provide their views. The opportunity to discuss personally sensitive issues was highlighted as a key issue.

The way we create our surveys and ask our questions can also restrict people from having their say.

Feedback also featured prominently our community conversations with a call for clear and honest feedback of the outcome of activities in a timely manner including what has happened as a consequence as well as what has not, and why.

People recognised that we needed to adapt the method of engagement that we use to the audience and that the best way to do this was to ask people how they wanted to have their say. Making use of technology where appropriate was also highlighted. Suggestions for this included webinars, short videos, mobile App and an online forum to discuss issues.

There are an awful lot of people who haven't got a computer/laptop etc who YOU are missing out

We did receive a lot of feedback about surveys – how they are accessed and content. There were strong views that paper surveys needed to be made available and should not just be online. Long surveys put people off participating and we did receive comments about the wording of questions and the need for people to be able to express their views in open questions.

Ongoing listening to communities was highlighted as key, and people wanted to know what happens to their views about things that are important to them as opposed to what we want to know to inform a specific project or plan.

What can we do to make this better?

Organisations actually listening was important with many not seeing the point of getting involved if nothing changes because of it.

Holding events at times so that repetitive life activities such as work and childcare, or safety concerns about leaving the house on a dark evening are no-longer a barrier to people having their say.

Categories	Count	% of Responses	% of Respondents
Listen	4	14.3	2.2
Different times for engagement	4	14.3	2.2
You said we did	3	10.7	1.6
Open questions	2	7.1	1.1
Sensitive opportunities	2	7.1	1.1
Group sessions	2	7.1	1.1
Email options	2	7.1	1.1
Staff training	2	7.1	1.1
Website	2	7.1	1.1

Challenging us on the way we do things

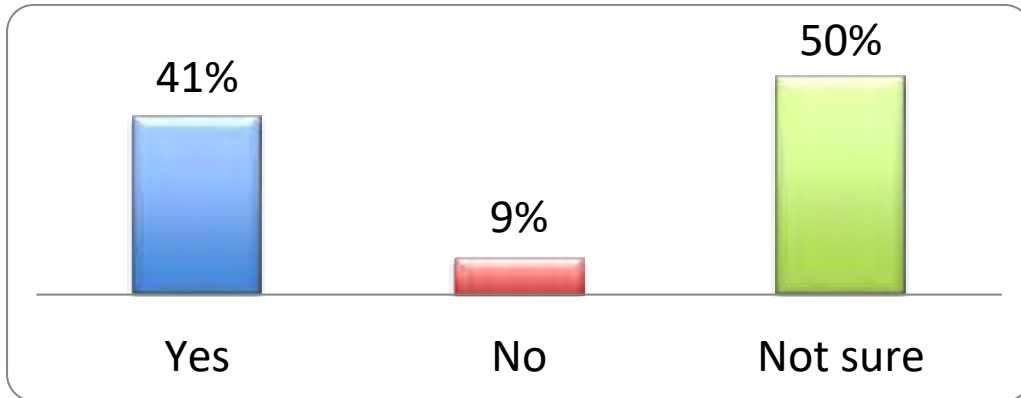
Survey respondent’s preferences for telling us when we get things wrong were email, an online feedback form and over the phone. The current complaints process was referenced and fits well with the way respondents want to register their complaints. People appear to value a dedicated contact to handle their concern before it gets to the complaints stage and to have their query passed on to the relevant department.

What people told us about – working together

When we work together to develop solutions, we want to be confident that none of our diverse communities in North East Lincolnshire are left out of the conversation.

We intend to do this by coming to the places people already use and working to develop links with our lesser heard groups. We asked:

Are there any communities, in North East Lincolnshire, you think we should speak to more?



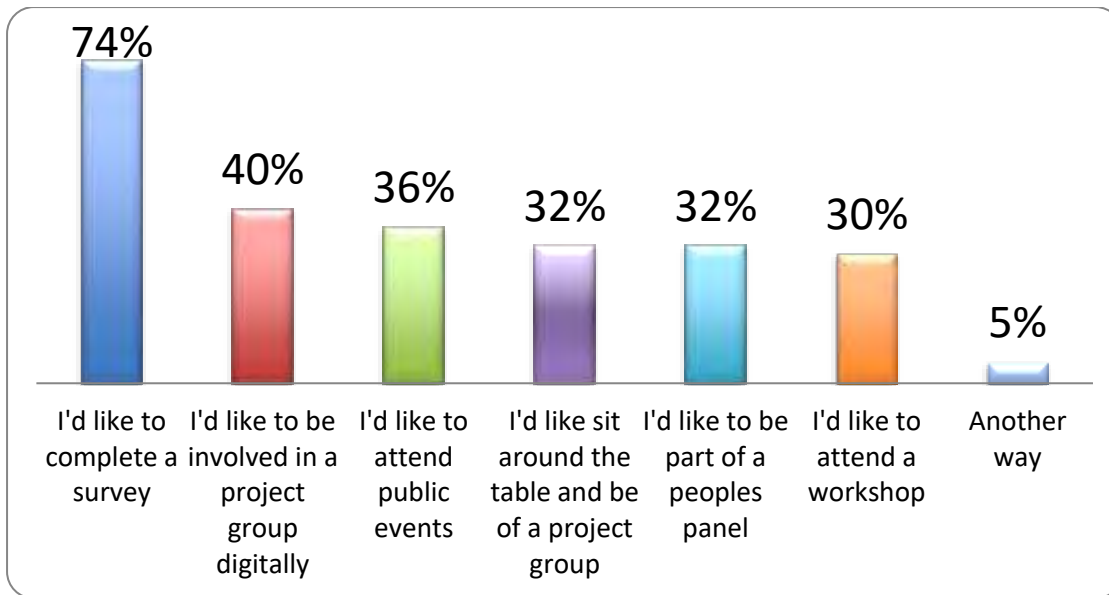
Disadvantaged wards, existing community groups and seldom heard groups are the most commonly referenced communities that respondents think we should be engaging with.

Supporting people to take part by covering travel expenses and holding meetings at appropriate times and venues were seen as ways to reach more diverse audiences.

Examples of engagement opportunities:

- Libraries
- Halls
- Churches
- Public Houses
- Notices in public places
- Posting paper copies
- Interactive social media
- Face-to-face on-street helpdesk
- Attend neighbourhood forums

We wanted to know how people wanted to be involved in working to solve a community issue that affected them.



At the workshops with members of the VCSE Forum participants we discussed what was needed in order to work together effectively for the benefit of our communities. Feedback included:

- Doing 'with' – engaging on what the community want – more local
- Right people and partners involved in developing projects
- Co-ordinated approach
- Union has to understand VCSE organisations
- VCSE organisations have a role in identifying issues and solutions.
- Community led initiatives such as community researchers and organisers

We need to see the change in our day to day working; working with communities rather than just a strategy that says the right thing.

The first draft of the Commitment included the line – *We will be clear and honest about - what is possible.*

Participants felt strongly that this was not appropriate and that the Union should not be determining 'what is possible' as the VCSE sector may have access to opportunities that public sector organisations do not. Removing this will enable communities to explore what is possible. Talking, Listening and Working Together is about working at Place and its right that this should be removed. Working as equal partners throughout this process the NEL Commitment is our shared statement of intent to work in partnership and improve community engagement in North East Lincolnshire.

When looking at what the strategy was missing a number of suggestions are already included. How we conduct our engagement and provide our feedback were the most important referenced areas. There was some concern expressed that the strategy placed too much emphasis on engagement with groups as opposed to individuals and questioned how accurately a group could represent the views of individuals.

We did receive some feedback that the language used has been difficult to understand in some places however most people were very comfortable with the understanding of this.

Recommendations and next steps

Talking, Listening and Working Together provides an opportunity to transform the way the Union works with people and communities to improve lives in North East Lincolnshire.

There is clear support for both the commitment and the strategy with an acknowledgement that the 'proof will be in the pudding'.

A significant number of the people we have engaged with out in the community were not aware that they could have a say in local developments and issues and more needs to be done to raise awareness of involvement opportunities.

The VCSE sector is a key partner moving forward to drive inclusive and meaningful community engagement.

This engagement has been an opportunity to open the conversation, now we need to move ahead to deliver the commitments of Talking, Listening and Working Together. The next steps to achieve this will be:

- To develop an implementation plan which will be owned by the Engagement Strategy Steering group consisting of members of the community, council and CCG staff and representatives from the VCSE.
- Publish You Said – We Did feedback showing how what people have told us influenced the development of this strategy
- Implement the actions arising from the Equality Impact Assessment specifically targeted work with seldom heard communities to ensure we can be confident that none of our diverse communities in North East Lincolnshire are left out of the conversation.
- Reach out to strategic providers to seek to embed Talking, Listening and Working Together Commitment as the Place approach to engagement in North East Lincolnshire.

Report authors: Sally Czabaniuk, Andrew Dulieu and Jonathan Brooks.

November 4th, 2019

Equality Impact Risk Analysis: Insert title of service/function here

Policy / Project / Function/Service:	Community Engagement Strategy		
Date of Analysis:	October 2019		
Analysis Rating: (Please Tick ✓) (See Completion Notes)			x
	Red	Red /Amber	Amber x
Type of Analysis Performed: Please Tick ✓	Systematic Policy Analysis		✓
	Consultation		✓
	Meeting		✓
	Service Proposal		
	Other		
Please list any other policies that are related to or referred to as part of this analysis	Volunteer Expenses Policy This strategy will inform future commissioning policies		
Who does the policy, project function or service affect ? Please Tick ✓	Employees		✓
	Service Users		✓
	Applicants		✓
	Members of the Public		✓
	Other (List Below)		✓ Providers/strategic partners

Equality Impact Risk Analysis:

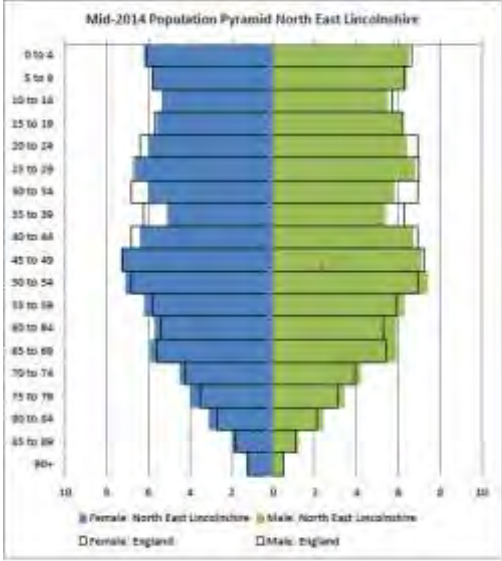
<p>What are the aims and intended effects of this policy, project or function ?</p>	<p>We want to get better at how we talk, listen and work together with our communities and:</p> <ul style="list-style-type: none"> • talk to the public as early as possible so we can all work together to develop solutions; • make sure everything we do is informed by what local people share with us about their experiences, concerns and aspirations; • be confident that none of our communities are left out of the conversation. <p>We have adopted the 'North East Lincolnshire Commitment' (see attached) and the strategy sets out how the council and the CCG will work to meet this.</p> <p>This is a first step towards a clear and more consistently applied approach to developing an 'on the ground' understanding of North East Lincolnshire and its communities. This will build mutual trust and sincere relationships to inform strategic decision-making and support community-led change.</p>	
<p>Is any Equality Data available relating to the use or implementation of this policy, project or function ?</p> <p>(See Completion notes)</p>	<p>Yes</p> <p>No</p>	<p>Yes</p>
<p>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</p>	<p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document).</p> <p>This strategy has been co-produced by community members, and representatives from the Voluntary, Community and Social Enterprise (VCSE) sector working as equal partners with the CCG and council.</p> <p>During the course of the consultation and engagement we have carried out visits to local groups including MS Society, Voluntary, Community and Social Enterprise (VCSE) Sector forum, Carers Forum, Friendship at Home, ADDACTION, local markets, GP surgeries, Centre4, staff and students at Grimsby Institute, Accord members, PPG Chairs group, Older People's Forum, SEND Executive Board, Healthwatch NEL.</p> <p>As part of the consultation we asked people to complete an online or paper copy survey which also asked people to provide demographic information. The information provided tells us that the following protected characteristic groups took part</p>	

	<ul style="list-style-type: none"> • Sex • Age • Disabilities • Sexual orientation (LGB) • Religion or belief <p>We have also engaged with council and CCG staff, elected members and the Health and Care Executive.</p> <p>We have also shared the online survey with members of the Hidden Heritage Group and the Equality Practice Independent Advisory Group.</p>
<p>Financial Analysis</p> <p>If applicable, state any relevant cost implications (e.g. expenses, returns or savings) as a direct result of the implementation of this policy, project or function</p>	<p>Costs (£m) * <input data-bbox="1166 674 1358 712" type="text"/></p> <p>Implementation £ <input data-bbox="1166 748 1394 819" type="text"/></p> <p>Projected Returns £ <input data-bbox="1166 748 1394 819" type="text"/></p> <p>Projected Savings £ <input data-bbox="1161 869 1385 940" type="text"/></p>

Equality Impact Risk Assessment Test:

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	Neutral Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)		x		<p>Currently the CCG gathers data on our Engagement activity via</p> <ul style="list-style-type: none"> • Surveys - 'About you' section • Equality monitoring forms from events, workshops and focus groups • Accord membership equality searches <p>We maintain a stakeholder database of local stakeholders, groups and organisations, including those representing groups with protected characteristics under the Equality & Diversity Act, and other membership schemes has been developed. This database is utilised to identify other people / groups that may have an interest in being involved in engagement activities with the CCG.</p> <p>The Accord Database is regularly analysed to ensure that the membership is representative of the local population. Where diverse groups appear to be underrepresented, work should be carried out to ensure that they are being communicated and engaged with effectively.</p>

				<p>Population pyramid for North East Lincolnshire by 5 year age group, Mid-2014</p>  <p>Source: Office for National Statistics 2015</p>	<p>Currently the the gender split for NEL is 49% male, 51% female. The Accord membership is 31% male, 68% female- with similar rates of participation.</p> <p>This strategy seeks to actively promote or improve equality of opportunity to ensure none of our communities are left out of the conversation.</p>
<p>Race (All Racial Groups)</p>		<p>x</p>		<p>95.4% of the resident population of NEL are White British. The largest ethnic group in NEL is Other White, with 1.7% of the overall population. The proportion of ethnic minorities in NEL (4.6%) is significantly lower than seen in the Yorkshire and Humber region (14.2%) and in England as a whole (20.2%). The Accord database is reflective of the local picture in terms of race.</p> <p>As part of the implementation plan for the strategy we will develop an Engagement Toolkit with methods of ensuring that diverse groups are communicated with effectively. For example, distributing posters and leaflets in locations where diverse groups congregate (social clubs for ethnic minority groups/shops aimed at diverse ethnic groups). When engaging in the community we will ensure that diverse groups are included and suitable support such as interpreters are employed.</p>	

<p>Disability (Mental and Physical, Sensory impairment, Autism, mental health issues)</p>		x		<p>The 2012/13 Annual Population Survey indicates that 20.1% of the working age (16 to 64) population of North East Lincolnshire have a known disability. More women have a disability (22%) than men (18.2%). This is broadly in line with national and below Yorkshire and Humber comparator groups.</p> <p>An estimated 14,786 residents (9.3% of the population) felt that their daily activities were significantly limited due to a health condition or disability at the time of the 2011 census.</p> <p>An estimated 26.8% of all households in North East Lincolnshire had at least one person with a long-term health problem or disability at the time of the 2011 census.</p> <p>Figures for November 2014 show 7430 people claiming benefits equivalent equates to 7.48% of the working age population, compared to 6.66% in Yorkshire and the Humber and 6.05% in England. The rate has increased from 7.34% in November 2010.</p> <p>17% of Accord members report that they have a disability with between 10 to 20% of attendees at Way Forward and Accord annual engagement meetings identifying as having a disability.</p> <p>29% of the people completing the survey (who opted to provide demographic information) told us they had a disability/long term health condition.</p> <p>The Strategy will ensure that <i>our communication and engagement materials should be accessible and where appropriate provide information in other formats such as paper copies, audio and Easy Read.</i></p>
<p>Religion or Belief</p>	x			<p>The 2011 Census indicates that 60.7% of North East Lincolnshire residents are Christian. Of those estimated under another religion the highest percentage was Muslim at 0.8%.</p> <p>30.4% of residents were indicated as having no religion. This is above comparator groups in England (24.7%) and the Yorkshire and Humber region (25.9%).</p> <p>We do not record this equality strand on the Accord database.</p> <p>Of the survey participants providing the information 55% reported as Christian, 6% Buddhist, 32% no religion and 7% other. Building better connection with faith groups has been identified in the action plan</p>

<p>Sexual Orientation (Heterosexual, Homosexual and Bisexual)</p>		<p>x</p>	<p>Public Health Observatory information on sexual orientation is limited. Consultation on the content of the 2011 Census questionnaire established a strong user requirement for information on sexual orientation, for the purposes of equality monitoring, providing and targeting services in relation to the LGBT community. However a number of issues were taken into consideration in arriving at the final decision to not collect information on this equality strand.</p> <p>However, a question on sexual identity was developed and tested as part of a number of the Integrated Household Surveys held since 2009. The question was asked of respondents aged 16 and over. Data is not published at local authority level.</p> <p>Latest survey results estimate that the proportion of the population who have a gay or lesbian identity in the Yorkshire and the Humber region is 0.9% compared with 1.3% in England as a whole.</p> <p>This information is not collected on the Accord database however it is on surveys and at meetings/events. The strategy seeks to actively promote or improve equality of opportunity and there will be specific targeting work identified in the Action plan to strengthen links with LGBT groups.</p>
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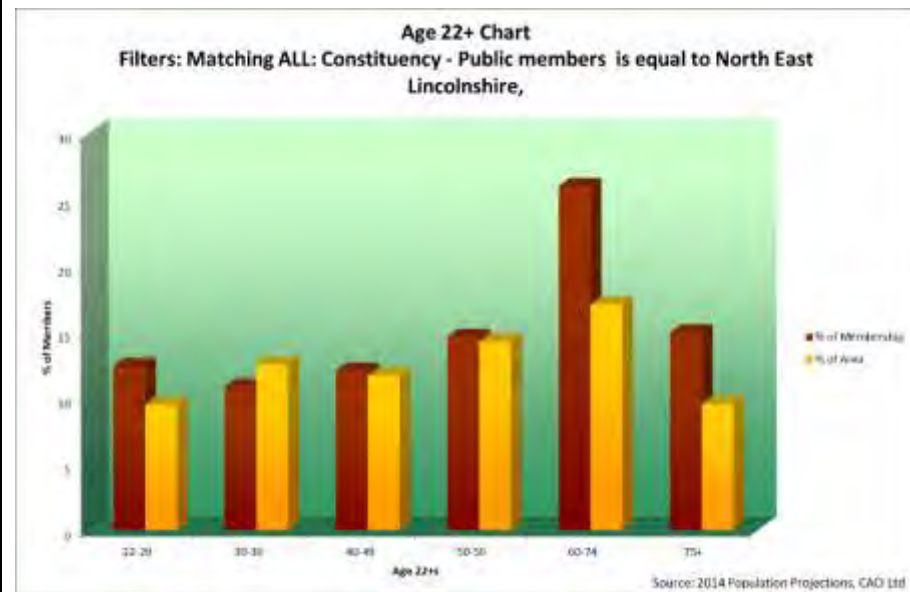
Equality Impact Risk Assessment Test:

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	Neutral Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Pregnancy and Maternity	x			The CCG stakeholder database of local stakeholders, groups and organisations, including those representing groups with protected characteristics under the Equality & Diversity Act includes groups with a focus on this characteristic who receive regular information about engagement opportunities.
Transgender		x		<p>Data in relation to this protected characteristic is limited.</p> <p>In 2015, the Government Equalities Office (GEO) commissioned the National Institute of Economic and Social Research (NIESR) to conduct a wide-ranging, critical assessment of the evidence base regarding inequality experienced by LGBT people in the UK. The NIESR review found that <i>“the evidence base for an effective assessment of inequality and relative disadvantage by sexual orientation and gender identity is deficient and has major gaps.”</i> Further, it found there was a lack of research involving robust sample sizes that could look at different sexual orientations and gender identities at a more granular level. It also noted that national and administrative datasets tend not to hold LGBT-related data, limiting the government’s ability to understand how LGBT people were accessing public services and what their experiences were. Yet despite the above, NIESR noted that the research tended to point in one direction – continued inequality for LGBT people in many areas of public life.</p> <p>The strategy seeks to actively promote or improve equality of opportunity and there will be specific targeting work identified in the Action plan to strengthen links with LGBT groups.</p>
Marital Status	x			At the time of the 2011 Census there were 129377 people aged 16 and over living in North East Lincolnshire, 45.2% of whom were married and 33.1% were single (and never married). The proportion of married people (45.2%) in North East Lincolnshire is slightly lower than in the average for the

			<p>Yorkshire and the Humber region (46.8%) and in England as a whole (46.6%). The proportion of the population of married status in North East Lincolnshire decreased by 6.6% from 51.8% in the 2001 census to 45.2% in the 2011 census.</p> <p>11.2% of the population aged 16 and over in the area were divorced at the time of the 2011 census compared with 9.3% in the Yorkshire and Humber region and 9.0% in England as a whole. The percentage of divorced residents has increased by 0.7% on the 10.5% reported in the 2001 census.</p> <p>The Civil Partnership Act 2004 came into force in England on 21 December 2005. The 2010 Census estimated 8 persons in a registered same-sex civil partnership. The rate of partnerships formations taking place in North East Lincolnshire has followed the national and regional trends but a lower level.</p> <p>The strategy seeks to actively promote or improve equality of opportunity for all groups that share a protected characteristic.</p>
Age		x	<p>This strategy seeks to overcome barriers to participation and provide accessible engagement opportunities for all age groups for example digital, audio and paper copy information and holding meetings at different times of the day and at accessible locations.</p>

Accord membership breakdown by age



Broad age band estimates for 2018 indicate the proportion of population in North East Lincolnshire, who are of working age (60.3 %) was lower than in Yorkshire and the Humber (62.4 %) and lower than England (62.6 %) as a whole. Currently around 20% of the NEL population are over 65 compared with 18% nationally.

Currently 90% of the current Accord membership are over 22 years of age (41% over 60 years), this trend has continued since the scheme was introduced. The membership does cover a wide spectrum of ages, however, when we look at the ages of the people who attend CCG engagement events (Way Forward & Accord Annual Members Meeting) and who take part in consultations etc, it is often the case that we receive limited responses/attendance from people of college & working age.

Part of our implementation plan to deliver this strategy will be to continue to strengthen our links with schools and colleges and increase participation by young people.

<p>Deprivation</p>		<p>x</p>		<p>North East Lincolnshire is ranked as the 31st most deprived local authority in England, out of 326 (increased from 46th in the ID 2010). 32,567 residents, which is approximately 20% of the population are classed as income deprived.</p> <p>25% of LSOAs are in the 10% most deprived for income nationally. 15,140 residents are classed as employment deprived.</p> <p>49% of the 106 LSOAs in North East Lincolnshire are ranked within the top 30% most deprived LSOAs in England. Of these, 29% of the 106 are ranked within the top 10% and 7% in the top 1%.</p> <p>There are a higher number of Accord members from more affluent wards in NEL than there are from less affluent areas. The strategy seeks to actively promote or improve equality of opportunity by reaching out into community <i>'We will come to the places where you are'</i>.</p> <p>The strategy also references our Volunteer Reimbursement policy which sets out how we will ensure people can afford to take part and engage with us.</p>

This Equality Impact Risk Analysis was completed by: (Name and Department) Sally Czabaniuk, Communications and Engagement

Action Planning:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
Under representation of men in Accord membership scheme and other engagement activities (survey's)	Carry our targeted work to community and membership groups such as 'Men in Sheds' and sports organisations to increase awareness of engagement opportunities	Joint Engagement Strategy Steering Group	December 2020	
Lack of engagement with 'seldom heard' groups	Targeted outreach work with BME/LGBT and faith groups, Ethnic minority groups	Joint Engagement Strategy Steering Group	December 2020	
Young people not being engaged/involved	Targeted work to strengthen our links with schools and colleges and increase participation by young people.	Joint Engagement Strategy Steering Group	December 2020	
Lack of engagement with 'seldom heard' disabilities groups/individuals (LD/MH)	Targetted work to build links with people/groups with disabilities such as Mental Health and Learning Disability	Joint Engagement Strategy Steering Group	December 2020	
Disproportionate number of members of Accord from less affluent areas	Target more deprived wards to have a more balanced view	Joint Engagement Strategy Steering Group		



Completion Notes:	
Analysis Ratings:	<p>After completing this document, rate the overall analysis as follows:</p> <p>Red: As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. It is recommended that the use of the policy be suspended until further work or analysis is performed.</p> <p>Red Amber: As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.</p> <p>Amber: As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p> <p>Green: As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>
Equality Data:	<p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as ‘<i>Equality Groups</i>’.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> 1: Application success rates <i>Equality Groups</i> 2: Complaints by <i>Equality Groups</i> 3: Service usage and withdrawal of services by <i>Equality Groups</i> 4: Grievances or decisions upheld and dismissed by <i>Equality Groups</i>
Legal Status:	<p>This document is designed to assist organisations in “<i>Identifying and eliminating unlawful Discrimination, Harassment and Victimisation</i>” as required by <i>The Equality Act Public Sector Duty 2011</i>. An Equality Impact Analysis is not, in itself, legally binding and should not be used as a substitute for legal or other professional advice.</p>
Genuine Determining Reason	<p>Certain discrimination may be capable of being justified on the grounds that:</p> <ul style="list-style-type: none"> (i) <i>A genuine determining reason exists</i> (ii) <i>The action is proportionate to the legitimate aims of the organisation</i> <p>Where this is identified, it is recommended that professional and legal advice is sought prior to completing an Equality Impact Analysis.</p>

UNION BOARD

Agenda Item 8

Date of Meeting: 12 November 2019

Subject: Quarter 2 Union Finance Report

Presented by: Sharon Wroot / Laura Whitton

STATUS OF THE REPORT (*auto check relevant box*)

- For Information
- For Discussion
- Report Exempt from Public Disclosure No Yes

EXEC SUMMARY:

This report provides key information and analysis of the Union's financial performance.

The second quarter of the 2019/20 financial year has continued in the same vein as the first quarter, with increasing service demand being experienced in a number of areas.

The transformation schemes within the Health & Care system have moved at a slower pace than originally planned, reflecting the complexity and scale of the system change required. This has placed additional strain on the Union's available financial resources.

The Union is currently forecasting a revenue overspend of £2.5 Million against its approved budget. Pressures are being faced across a range of areas but in particular within :-

- Children's Services, where demand continues to exceed available resources
- Acute Healthcare, where activity with independent sector providers is greater than plan and the pace at which the system transformation schemes are being delivered is slower than planned.

Recommendations:	Notes the reported position at Quarter 2 and the actions being taken to bring spending back in line with budget.
Implications:	
Risks and Opportunities:	The Union Leadership Team continue to challenge and monitor financial performance to ensure that spending is brought in line with budget and a range of actions are being explored to reduce the overspend position.
Finance Implications:	The Union is currently forecasting a revenue overspend of £2.5M against its approved net budget.
Legal Implications:	There are no legal issues immediately arising from the content of this report given that it is a vehicle to advise and update as to current position.
Quality Implications:	Value for money principles are embedded into all key decisions relating to resource allocation.
Engagement Implications:	Ongoing updates are provided to key stakeholders on the financial position and performance of the Council, CCG and wider Union on a periodic basis. Further engagement will take place as part of budget setting processes for the coming period.
Conflicts of Interest	<i>Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Supporting papers	None

UNION

CONSOLIDATED FINANCIAL REPORT

QUARTER 2 – 2019/20

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INTRODUCTION AND OVERVIEW

The second quarter of the 2019/20 financial year has continued in the same vein as the first quarter, with increasing service demand being experienced in a number of areas.

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- Acute Healthcare, where activity with independent sector providers is greater than plan and the pace at which the system transformation schemes are being delivered is slower than planned.

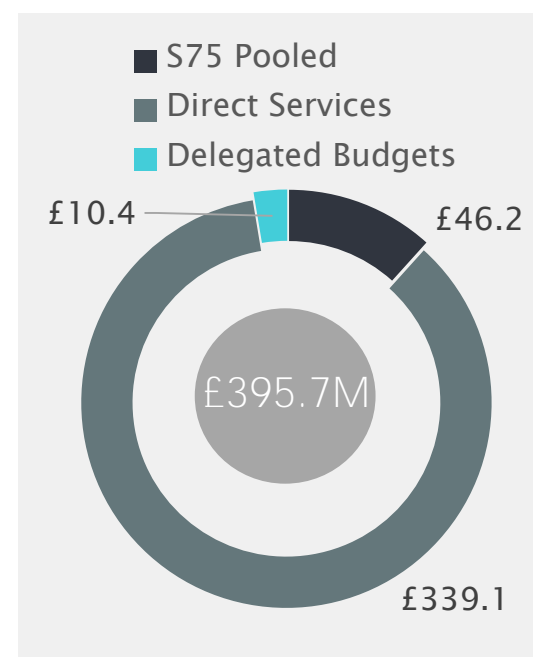
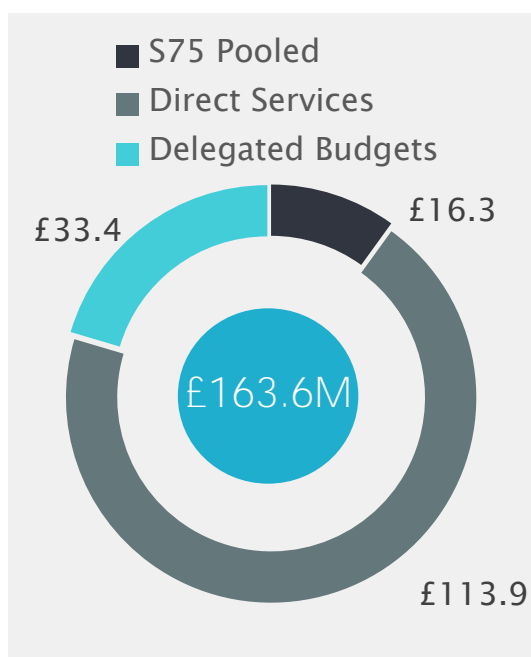
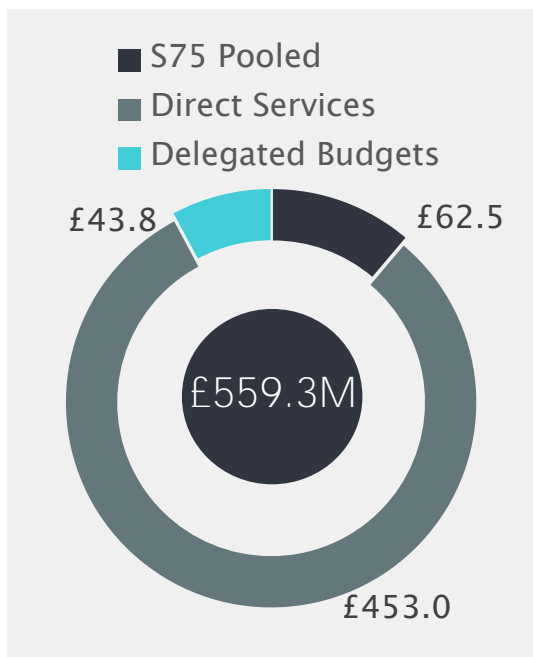
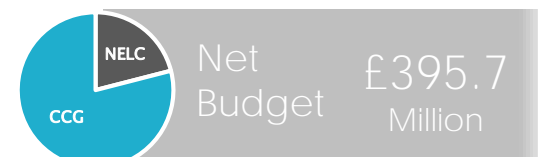
The Union Leadership Team continue to challenge and monitor financial performance to ensure that spending is brought in line with budget and a range of actions are being explored to reduce the overspend position.

Sharon Wroot
Director of Resources and Governance (NELC)

Laura Whitton
Chief Finance Officer (NELCCG)

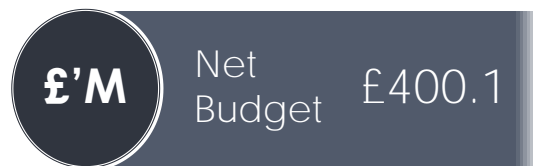
OPENING BUDGET PROFILE

The union 2019/20 opening budgets have been analysed below, showing the % split between CCG and Council budgets along with spread distribution over S75 Pooled, Direct Services and Delegated Budgets.



* Please note these are the original budgets for 2019/20 and exclude drawdown of reserves

SERVICE OUTTURN ANALYSIS



The Union is currently forecasting a revenue overspend of £2.5M against its approved net budget.

Service pressures are being faced across a range of areas but in particular within acute healthcare and children's services where demand continues to exceed available resources.

The Union Leadership Team continue to challenge and monitor financial performance to ensure that spending is brought in line with budget and a range of actions are being explored to reduce the overspend position.

	2019/20 Net Budget £'M	2019/20 Forecast Outturn £'M	2019/20 Forecast Variance £'M
Childrens & Family Services	38.2	41.6	3.4
Corporate & Democratic Core	6.0	6.3	0.3
Environmental Services	14.4	14.5	0.1
Economy & Growth	18.3	18.1	(0.2)
Public Health & Leisure	5.3	5.3	0.0
Adult Social Care	50.0	50.0	(0.0)
Corporate & Other Budgets	5.4	1.7	(3.7)
Primary Care Services	62.2	62.7	0.5
Acute Healthcare	141.2	143.8	2.6
Mental Health & Community Services	59.1	58.6	(0.5)
	400.1	402.6	2.5

RISKS & MITIGATIONS

The key variances within the service analysis above mainly relate to areas where demand continues to outstrip available resource.

Service Area	Variance £'M	Risk	Mitigation
Corporate & Democratic Services	0.5	Review of the union combined operating model does not deliver planned savings target	Further plans are being made to ensure an overall balanced budget position before the end of the financial year. Recurrent savings will still be delivered in 2020/21
Children & Family Services	3.4	<p>Increasing demand both in terms of numbers and complexity of need in respect of children requiring statutory protection.</p> <p>Foster Carer payments, Special Guardianships and Residency Orders continue to offer financial challenges due to an increase in the numbers of looked Children Looked After, which now stand at 496 (479 end of June 2019). The increasing trend in the number of applications for Special Guardianships Orders has also been affected by changing legislation.</p>	<p>A clear action plan is in place, supported by capacity and resources to improve outcomes for children and young people.</p> <p>Targeted actions are in place to review and challenge high value placement costs.</p>

RISKS & MITIGATIONS

The key variances within the service analysis above mainly relate to areas where demand continues to outstrip available resource.

Service Area	£M	Risk	Mitigation
Adult services	-	Although a net nil budget outturn is projected at this stage, as per last year a draw down of reserves in year will be required to achieve this.	The amount is not yet certain but current estimates indicate that draw down of reserves will be in the region of £1.5M. Additional resources available in 2020/21 as part of 2019 Spending Review.
Acute Health	2.6	Activity levels are higher than planned forecast.	Release of contingency funding, non recurrent measures, further savings schemes
Prescribing	0.4	A risk that planned savings not delivered and the impact of cat M (generic drugs) is higher than planned	Release of contingency funding, non recurrent measures, further savings schemes

CAPITAL PROGRAMME

A number of capital schemes are in place to support and enable delivery and transformation within Adults and Children's services, which make up 12.7% of the total capital programme.

Capital investment including investment into supporting systems and processes is a key element of achieving outcomes for patients and residents.

SCHEME	2019/20 Revised Capital Programme £000's	2020/21 Revised Capital Programme £000's	2021/22 Revised Capital Programme £000's
Adult Services:			
Disabled Facilities Grants	2,188	2,725	2,725
Housing Assistance Grants and Loans	581	350	155
Community Housing	170	33	0
Social Care - BCF	635	0	0
Childrens Services			
Schools - Devolved Formula Cap Grant	82	90	90
Schools - Backlog Maintenance	429	500	500
Schools - Basic Need Sufficiency of Places	535	705	0
Childcare Management	215	0	0
SEND special prov fund	49	166	0
Replacement Childrens home	268	0	0
Looked After Children	688	0	0
Staying Close	0	0	0
Lincs2 Portal	18	0	0
Environment	4,340	3,722	679
Resources	1,945	1,117	3,639
Shared Services	822	1,379	869
Public Health	130	2,708	2,000
Economy and Growth	32,122	36,864	3,869
Corporate and Democratic	752	500	500
	45,969	50,859	15,026

GLOSSARY

A glossary of key terms included within the report is detailed below:

Terminology	Description
S75 pooled	Budgets under the joint control of the Local authority and CCG. Currently relating to adult social care and children's.
Direct services	Service budgets managed by Council and CCG which do not sit under formal S75 pooling arrangement.
Delegated budgets	Funding allocated to third parties at the beginning of each financial year. Including schools and GPs
BCF	Better Care Fund
SEND	Special Educational Needs

UNION BOARD

Agenda Item 9

Date of Meeting: 12 th November
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Subject: Adult social care local account
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Presented by: Bev Compton

STATUS OF THE REPORT <i>(auto check relevant box)</i>
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For Information <input checked="" type="checkbox"/>

For Discussion <input type="checkbox"/>

Report Exempt from Public Disclosure <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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EXEC SUMMARY:	<p>The local account is produced annually to provide a public statement about the delivery of adult social services in North East Lincolnshire. It forms part of the requirements “sector led improvement” which has been developed by the association of directors of adult social services (ADASS). Councils are not required by law to produce a local account but it is considered good practice to do so. This year’s local account has been developed in a more user friendly format than in previous years. In future years we hope that the local account can be aligned to the delivery of the adult strategy.</p>
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Recommendations:	<p>Union board to note the 2018/19 local account</p>
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Implications:	
Risks and Opportunities:	There are no significant risks arising from the production of a local account. It is however a valuable opportunity to share publicly the work that is done locally to shape and improve services for adults.
Finance Implications:	None arising directly from the local account
Legal Implications:	The council is not required by law to produce a local account but may do so as a way of transparently reporting on the delivery of adult services
Quality Implications:	There is an expectation that councils use the local account process as a mechanism for reflecting on local developments and reporting on progress towards improvements for the benefit of service users and carers. Therefore there is an expectation of improved quality.
Engagement Implications:	Community members and providers have been involved in the development of the content and style of the local account to ensure that it is user friendly and accessible.
Conflicts of Interest	<i>Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No N/A
Supporting papers	2018/19 Local account  Local account interactive document

Your local account 2018/19

**Integrated adult care in
North East Lincolnshire
01472 256 256**



NHS
North East Lincolnshire
Clinical Commissioning Group

**NORTH
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LINCOLNSHIRE
COUNCIL**
www.nelincs.gov.uk

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Foreword

Welcome to our local account of adult social care in North East Lincolnshire. In the past year we have located CCG staff and council staff in the same offices to further enhance our working relationships across the health and care system and to ensure that we can improve our focus on what is best for the local population. We have created a single leadership team helping to create a stronger strategic focus and make better decisions about how we use our resources – people, money and buildings - to best effect.

In 2019 we conducted a review of adult services and in response to that we have developed a new strategy. We know that we have to be better at involving people in the design of services as well as being more focused on ensuring those services deliver real value and improve people’s enjoyment of life in North East Lincolnshire.

We have been working hard to improve how we deliver care at home and in the next year will be ensuring that our new service offers greater flexibility for service users, focused on what is most important to them. Construction work on our second extra care housing scheme at Winchester Avenue, Grimsby started on site in January of this year and this will open in June 2020.

In this local account we hope to provide a shorter summary of key achievements and improvements in the past year. We do hope you enjoy reading it.

Beverley Compton
Director of Adult Services

Rob Walsh
Chief Executive North East Lincolnshire Council





What is the local account?

Our local account aims to tell the story of how well we are supporting adults in North East Lincolnshire when they have health or care needs. This year we have changed the way we are presenting our story to make it easier to understand. We would welcome your feedback on the local account.

Please use the following link to contact us:

NELCCG.AdultSocialCare@nhs.net



“Adults in North East Lincolnshire have healthy and independent lives with easy access to joined up advice and support which helps them to help themselves”.



What are we trying to achieve?

We want to achieve five key outcomes (results) for local people so that they:

- Enjoy and benefit from a strong economy
- Feel safe and are safe
- Enjoy good health and wellbeing
- Benefit from sustainable communities
- Fulfil their potential through skills and learning

We call our efforts to achieve this combination of outcomes ‘place shaping’. This means trying to create opportunities for people to thrive through jobs, education and leisure, to stay safe and connected, and able to access services and support when needed. Achieving these outcomes will help our population to live the best lives they can in North East Lincolnshire.

In this Local Account, we are focusing on how we are working together to make sure that local people enjoy good health and wellbeing. Our vision is that: “Adults in North East Lincolnshire have healthy and independent lives with easy access to joined-up advice and support which help them to help themselves”.

We are rewriting our adult social care strategy to set out how health, care and wider services can help us realise our vision. Our strategy will be based on a ‘promoting independence model’. This means that our support offer is designed to work alongside the person, to find ways of helping them that maximises opportunities for greater health and independence, and minimises the need for help. Support for adults will be re-ablement based, challenging people to do more for themselves, and consistently reassessing their ability to maintain, gain or regain skills wherever possible.

We define our success by how far people have been re-abled (helped to maintain, gain or regain their health and independence, as much as this is possible for them). Focusing on maintaining, gaining or regaining skills will help everyone to maximise their potential and help us to target our resources (money and support) where most needed.



Preventing and reducing the need for care and support

Our Single Point of Access (SPA) offers a first telephone point of contact for adults 24 hours a day 365 days per year. This year it received around 150,000 calls, and feedback from callers was consistently good. The SPA's multi-disciplinary teams (staff from social care, health care, mental health and therapies) offer advice and information on self-care and independence. They also refer callers for more in-depth assessments, and offer crisis response, where necessary.

Our online directory of local support, Services for Me (S4M), receives around 4,000 hits per month. S4M offers an online self-assessment to enable people to identify areas in which they may need help. The assessment offers self-help recommendations (including for example, locally accessible equipment and aids to daily living), self-purchase care options from local providers, and referral to SPA for follow-up support. We are reviewing how we can improve our online offer.

We work closely with voluntary and community partners to promote self-help and independence. For example, the Red Cross offers lower level practical and emotional support such as help with shopping and accessing benefits, to enable people to remain at home. We also work with Friendship at Home which offers a range of social events and wellbeing activities to reduce risks of isolation.

Local organisations can apply to the "preventative services market development board" ("the board") for funding to meet gaps in service provision where they have sustainable ideas for promoting independence. For instance, the board heard that local people were unable to access foot care, and that this might be partly responsible for reduced mobility and falls. Using funding from the board, Foresight has trained and equipped a staff member to visit individuals' homes and hold regular clinics providing foot care at reasonable prices. The scheme has been so successful that an extra staff member has been recruited. The board wants to work with more organisations and individuals to identify opportunities for promoting independence: www.northeastlincolnshireccg.nhs.uk/deliver-sustainable-services/community-based-care/



Maintaining and regaining independence

There is a continuing increasing focus on ensuring that health and care services are provided in North East Lincolnshire to maximise the independence of residents. As such, a raft of well-established services exist within the area to support people to maintain or regain independence, i.e. aids for daily living, adaptations, assistive technology, housing support, care at home, podiatry, therapy provision and support for informal carers.

We have been working to develop the following services:

Aids for daily living

The assisted living centre provides equipment and wheelchairs to support people's daily lives. We have revised the list of equipment and services to ensure it meets local needs.

Telecare services

Telecare services enable people to feel supported in their own homes through a monitoring device they wear. Additional specially designed equipment is also used. These devices (i.e. falls pendant, door sensors, gas detectors) alert a 24/7 call centre when assistance is required. The service has been recently remodelled to ensure a more efficient process for those using the service at all levels. In addition there is a greater focus on prevention and wellbeing support within the service and a higher number of welfare and courtesy calls.

Minor and major housing adaptations

To support someone with a disability it is often necessary to make adaptations to their home to ensure that they can continue to live there. This can be simple alterations such as grab rails or ramps through to major adjustments such as stair lifts, wet rooms and extensions. People can be offered a disabled facilities grant (DFG) to help with the cost of the work based on a professional assessment of what is needed. Some people may be expected to contribute to the cost of the work.

We have improved the way in which we assess and deliver these grants and have looked to see how funds can be used more flexibly to meet needs more efficiently and effectively.

Over **798** people visited the assisted living centre in **2018/2019** to access equipment to help them live at home

The assisted living centre has processed **9,061** orders for pieces of equipment in 2018-2019



Your local account 2018/19

There have been **163,360** calls in **2018/19** to Carelink from the **3,746** people who have a telecare service

148 people received a disabled facilities grant in **2018/2019**

Carers Support Services

Carers are people who provide unpaid support to a loved one (such as a family member or friend). In North East Lincolnshire we have prioritised services for carers to ensure they can continue caring and still have a life of their own.

We have changed the service to ensure a range of new training opportunities to equip carers with the skills and knowledge to continue to care. The revised service now includes a carers' service for all ages through co-location of the council's young carers' team within the same building.

North East Lincolnshire Council also provides dedicated carer support workers and carer wellbeing workers for those who care for a person with a disability, an older person or someone who has dementia. These workers provide a range of one to one support and advocacy, practical advice and opportunities for carers to socialise.

Access to the wellbeing workers has been widened to include self-referrals from carers and include carers of those who reside in residential or nursing care.

We have been undertaking other programmes of work to improve the hospital discharge process and also to better support people within care homes. For example, trusted assessors (TA) are now included in the hospital discharge team. The TA works with patients on hospital wards, their families, medical professionals and care home staff to ensure the patient has a good move back to their care home (or to their nursing home, when there are palliative or end of life care needs). The project will expand to include new admissions to care homes from hospital in the coming months.

A programme of "moving and handling, train the trainer" courses have been developed for care home staff to ensure the safest, least restrictive and most appropriate moving and handling techniques are used to support individuals to do as much for themselves as possible.

As we move into 2019/20 there will be an even greater emphasis on re-ablement, independence and wellbeing with a review of re-ablement principles, provision and practice.



2,529 people are registered as carers at the North East Lincolnshire Carers Support Service

There are an estimated **16,000** carers in North East Lincolnshire



Long term care

The vision for long-term care has been developed following the adult services review: Adults in North East Lincolnshire have healthy & independent lives with easy access to joined-up advice and support which gives them the control they need to help themselves.

When a person has care and support needs we want help them to live in their own home for as long as possible and, when they do need residential care, ensure that there is a choice available to meet their needs.

We want to develop a care at home service that works in local communities and has the ability to be flexible to meet clients' needs. To do this we are changing how care is given to make it more appropriate to the individual's requirements and not just the delivery of tasks at given times. We want the new service to allow service users to tell us what they think about the care they receive and what would improve it.

When a person's care needs cannot be met in their own home the CCG ensures there is a choice on where to live. This includes supported living (a tenancy with a package of care), extra care housing (a tenancy where additional care can be delivered) and residential care (care homes & nursing homes).

When a person's care needs to be given in a residential home we also want that care to be delivered by highly trained staff who know when to seek support from other health and social care colleagues. Residents tell us that they don't want to be admitted to a hospital unless it's necessary and when this happens we want that to be as supported as possible. To help we have introduced a "red bag scheme"; a red bag that contains personal items such as clothes, toiletries, medication as well as essential paperwork including plans of care and a person's wants and wishes regarding treatment.

Sometimes a person's health needs become a priority and this may make them eligible for a continuing health care assessment.

Continuing health care

Some people with long-term complex health needs qualify for free social care arranged and funded solely by the NHS. This is known as NHS Continuing Healthcare (CHC). To be eligible for NHS continuing healthcare, you must be assessed by a team of healthcare professionals. The team will look at all your care needs and is usually lead by a nurse skilled to carry out healthcare assessments. The nurses will work with social care colleagues to identify needs and develop with the service user a plan to meet their requirements. This can involve care being delivered in the person's home or in a care or nursing home environment.

Our CHC team works with social care colleagues and where necessary the hospital discharge team, to make the process as quick and straight forward as possible.

To help us understand a person's needs and wishes we are developing a range of tools to allow people to plan for their future health and social care needs and to tell us how they would prefer to be delivered. We know from the adult services review that we ask people too many times for information about themselves: we will develop a simple, single document that informs staff of a person's wishes and can be shared electronically with health and social care services when needed.



Mental health and mental capacity

All care must be delivered in line with the law. A sound understanding of the Mental Capacity Act 2005 (MCA) is crucial to delivering lawful and respectful care. The CCG has provided a new programme of MCA training delivered by nationally respected trainers and legal advisors, and refreshed the 'core offer' delivered through focus CIC. This has increased the amount of training offered free of charge to staff across health and care system to improve practice overall.

Sometimes to receive the care or treatment a person needs they have to be "deprived of their liberty". A person can only be deprived of their liberty by use of the correct legal process.

The CCG has been working with key partners to ensure that staff are trained to recognise when a deprivation of liberty may be taking place and what legal process must be followed. This includes being able to understand when to apply either the Mental Health Act (MHA) or the MCA to authorise a deprivation of liberty. Working with DAC Beechcrofts, we have developed a memorandum of understanding to ensure that the correct piece of law is used to authorise a deprivation of liberty and protect each individual's rights.

The CCG is already planning for the legal changes to the MCA which will alter the way in which deprivation of liberty is authorised. These changes are expected to come into force in October 2020. It is expected that the changes will speed up applications for some service users but will not reduce the overall demand for authorisation.



Safeguarding

North East Lincolnshire’s safeguarding adults board (NELSAB), established in 2013, became a statutory requirement for all councils in 2015. The overarching purpose of the NELSAB is to make North East Lincolnshire (NEL) a safer place for all people, but specifically for those adults within our community who are most at risk of experiencing abuse and or neglect.

Adults can be at risk of abuse and neglect in all walks of life and within all social classes. They may be at risk for a number of reasons such as disability, age, lacking mental capacity to make decisions, and may be at risk due to being susceptible to radicalisation, subject to domestic abuse or because of substance misuse.

The NELSAB is a multi-agency board required by law to comprise of, as a minimum, three partners – the council, the police and the NHS. In North East Lincolnshire we have established a much broader multi-agency membership to ensure representation and provision from all sectors and areas across the North East Lincolnshire community to enable adults’ needs to be fully recognised and met.

This year the board has continued to develop and it has restructured, streamlining its work groups in order to ensure the board have more direct sight of issues as they become evident. The board is driven by a strategic plan that provides clarity of intent in its approach to safeguarding, embedding the ‘Making Safeguarding Personal’ doctrine and ensuring the voice of the service user is heard.

The SAB conducts safeguarding adult reviews in serious cases where abuse or neglect is suspected drawing learning from these cases to improve practice. The learning from these reviews help identify the SAB’s priorities.

The Board chair, Jan Haxby (Director of Quality for North East Lincolnshire Clinical Commissioning Group), is in her third year as chair. She ensures the Board maintains focus on its priorities and fulfils its statutory responsibilities.

The SAB links with other boards and partnerships including the North East Lincolnshire safeguarding children partnership and community safety partnership, combining resources in those areas of shared interest such as modern day slavery, female genital mutilation and prevent (safeguarding against radicalisation). The board continues to engage with other organisations regionally and nationally to improve practice.

Some innovative ways to identify risk within North East Lincolnshire are now fully embedded in practice, such as the market intelligence and failing service group (MIFS). This group identifies and tracks the early signs and symptoms of failing services. The designated adult safeguarding manager (DASM) role was established in January 2018 to monitor allegations against people in a position of trust (PiPoT) and ensures high standards within the workforce are maintained.

The SAB, although now firmly established, continues to evolve as it strives for continuous improvement. Like many SAB’s, it must develop and adapt in the ever changing and challenging arena of adult safeguarding.

Further information on the SAB can be found at www.safernel.co.uk



Adult social care select committee findings

Over the past year we have worked hard to identify areas for improving services. We have carried out two pieces of work to help us. These are called the adult services review and the adult social care select committee. Both pieces of work involved conversations with services user and professionals about their experiences of using and providing adult services.

From this work we have learned that we can:

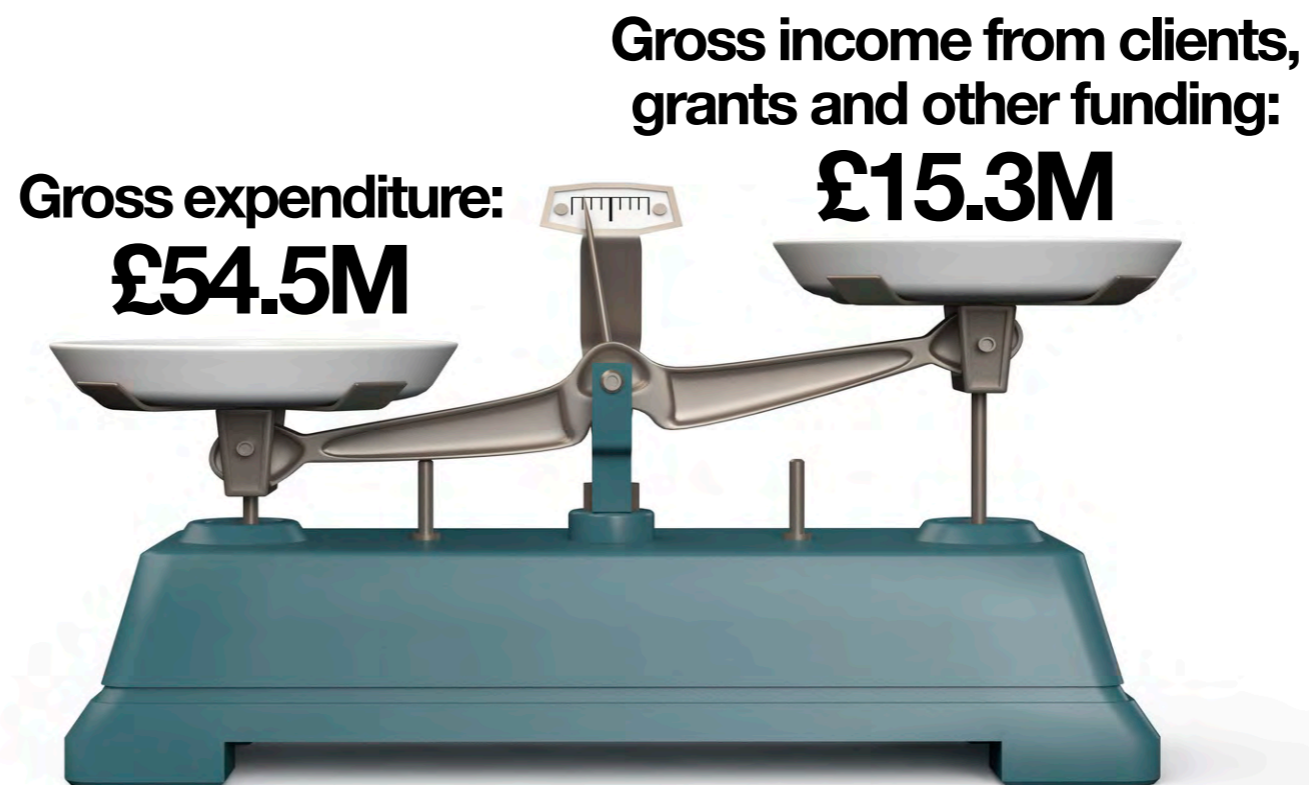
- deliver much better support with the money we have available
- make it easier for people to get the services they need without having to tell their stories many times
- improve how services are delivered by involving people in the way we design them
- be clearer about what services are available and improve how services work together to support people
- provide services that enable people to live better lives

We have spent some time preparing our future work plans and you can read [here](#) how we want to work in the future.



How we spend our money

The council funds a wide range of local services, which include adult social care. It receives income from council tax, business rates, central government support (including education) and other grants. It also relies on service users contributing towards the cost of their care, where possible. Charges are only passed on to those who are considered able to afford it, and this contributes to the funding of adult care and support within our local area.



Your local account 2018/19

£39.5M was allocated to adult social care to support the service objectives outlined within this local account

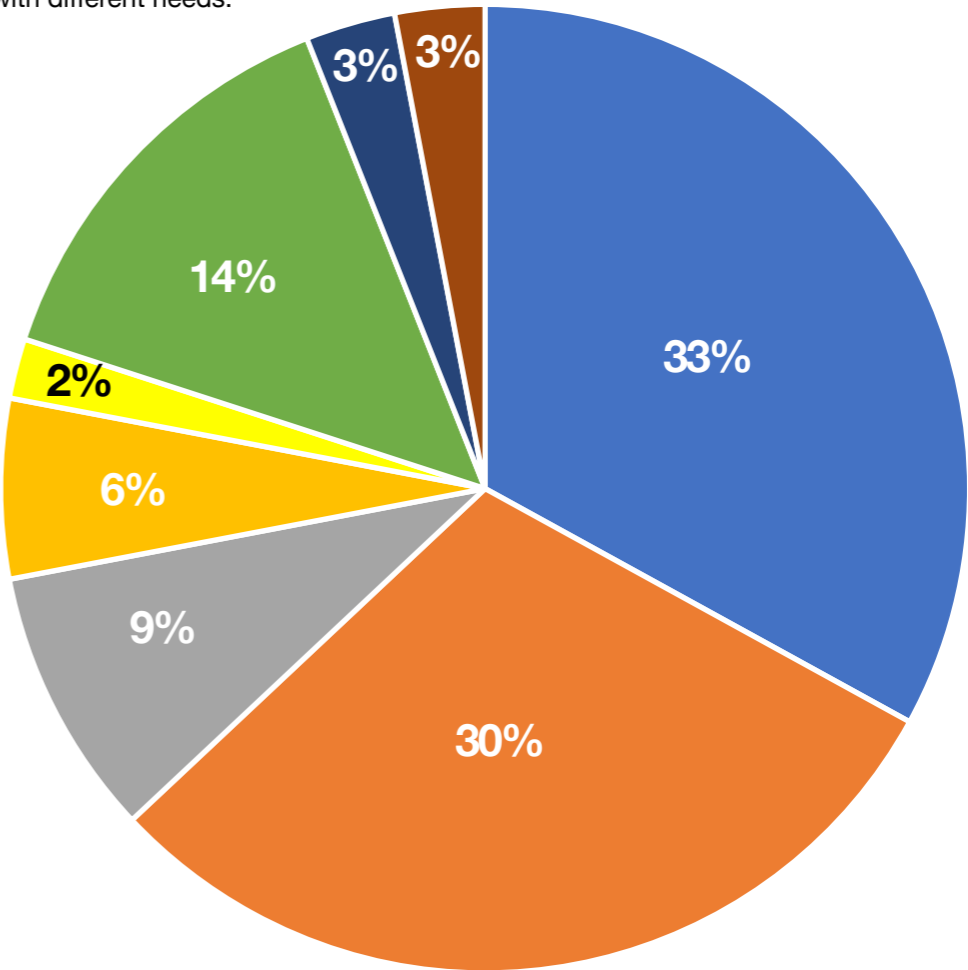
During **2018/19** **6,000** people with a variety of needs received information and advice or adult social care services in North East Lincolnshire



Over all spend

The amount we spend is shared between services that help people with different needs.

- Physical support
- Learning disability and sensory support
- Social care activities
- Mental health needs
- Information and early Intervention
- Service delivery and other social care support
- Support for carers
- Support with memory and cognition

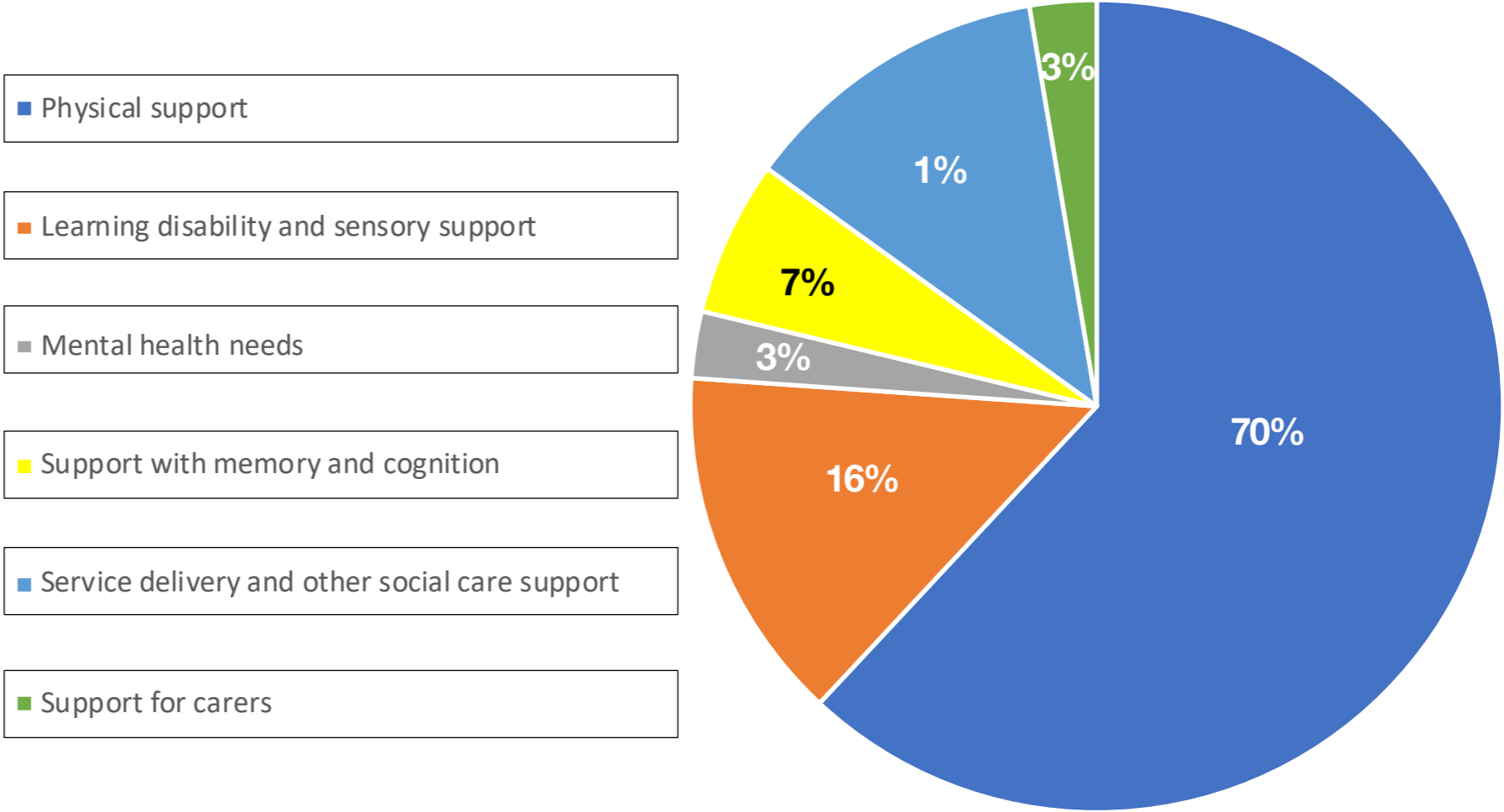


Your local account 2018/19

£9.3M of income was due to be paid by service users to support services provided to them during **2018/19**. Of that income **£753k** remained unpaid at the end of the year

Any income not paid means there is less money available to support people with their care and support needs; therefore we do take appropriate legal steps to recover all money due

Income from our service users



Sustainability is important to us and we do not routinely produce large printed documents. This document is available on our website. A printed copy of this document can be provided on request or made available in other languages and formats such as audio, large print and Braille. You can request a printed copy, or a copy in another language or format by

Writing to us: NHS North East Lincolnshire CCG, Municipal Offices, Town Hall Square, Grimsby, North East Lincolnshire DN31 1HU

Ringling us: 0300 3000 400

Emailing us: nelccg.askus@nhs.net



NHS
North East Lincolnshire
Clinical Commissioning Group

**NORTH
EAST
LINCOLNSHIRE
COUNCIL**
www.nelincs.gov.uk

UNION BOARD

Agenda Item 10

Date of Meeting: 12th November 2019

Subject: Annual complaints report
Presented by: Bev Compton and Jan Haxby

STATUS OF THE REPORT (*auto check relevant box*)

For Information

For Discussion

Report Exempt from Public Disclosure No Yes

EXEC SUMMARY:	The adult social services and health statutory complaints annual report provides an overview of the activity and analysis of complaints and representations for the period 1 st April 2018 to 31 st March 2019. This report also includes activity from informal complaints, referred to as 'concerns', which progress as patient advice and liaison (PALS) enquiries and concerns raised by professionals through the CCG portal intelligence system.
Recommendations:	For union board members to receive and note the contents of the report and the lessons learned from the adult social services and health statutory complaints annual report for 2018/2019.
Implications:	
Risks and Opportunities:	The adult social services and health statutory complaints procedure aims to treat all members of the community equally. The procedure for the handling of complaints is an important contributor to customer perceptions and informs service improvement. This, in turn, ensures that an individual's diversity and human rights are promoted through an efficient and effective complaints process. The arrangements for dealing with adult social services and health services complaints are critical in ensuring that customer views on services are recognised and that feedback is acted upon. Adult social services and health statutory complaints comply with the corporate policy framework which includes confidentiality for complainants








	<p>and keeping the complaints fully informed about the progress of their complaint.</p> <p>The report is providing information on complaints, concerns, comments and compliments regarding commissioned services. It is essential to monitor and review the intelligence received to determine whether there are positive or negative exceptions in the data to assess the health and social care market in our locality.</p>
Finance Implications:	<p>The matters raised in the report do not require additional revenue or capital or the use of earmarked reserves over and above those expended through normal day to day operations.</p> <p>It is important that learning takes place from any complaint received wherever possible to mitigate the chances of further cost and resource pressures arising in the future, and equally that where compliments are received such learning is spread across the sector</p>
Legal Implications:	<p>It is a requirement of the Local Authority Social Services and National Health Service Complaints (England) regulations 2009 to produce an annual report regarding all representations made about social care and health services. The purpose of the attached report is to inform the general public, CCG officers, elected members and council officers about the effectiveness of the statutory complaints procedure and to ensure that feedback is incorporated into service improvement.</p> <p>The report being one of updating union board by way of the Adult Social Services and Health Statutory Complaints Annual Report for 2018/2019 raises no direct legal implications.</p>
Quality Implications:	<p>The ability to seek and receive feedback from service users in the form of complaints, comments and compliments enables the CCG and council to develop insight into the quality of the services commissioned and to learn from feedback. Mechanisms are in place to ensure that feedback is acted upon. Comments in relation to services can provide an insight into lower level issues which helps to monitor service provider performance and improvement.</p>
Engagement Implications:	N/A
	<p><i>Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No N/A</p>
Supporting papers	<p>Report enclosed below;</p> <p>The Local Authority Social Services and National Health Service Complaints (England) regulations 2009.</p> <p>Complaints, Feedback and Compliments Policy for North East Lincolnshire CCG and any Adult Health and Social Care Commissioned Services – ‘Making Experience Count’</p>

BACKGROUND AND ISSUES

- 1.1 North East Lincolnshire Clinical Commissioning Group (CCG) was formed on the 1st April 2013 as part of the government changes to the National Health Service. The arrangements previously in place as part of the merger in 2007 between the primary care trust and parts of the council's directorate of community care, including adult social care services, remained. The CCG complaints policy therefore still forms a schedule to the partnership agreement between North East Lincolnshire Council and the CCG and is binding between both organisations.
- 1.2 Since the 1st September 2013, 'focus' independent adult social work became a freestanding social enterprise providing adult social care assessment and case management services. A service level agreement exists between focus and the CCG for the customer care team to provide the complaints service.
- 1.3 The statutory complaints procedure covering adult social services and health services is administered by the customer care team within the CCG. This report covers both adult social services and health related service complaints, reported separately, to reflect the new legislation introduced on 1st April 2009. The customer care team provides a complaints, concerns, compliments and an advice and liaison service which administers public enquiries in relation to the services we commission. This service is open to our population and those which access the services we commission.
- 1.4 In April 2013, as part of national changes, the care trust plus ceased existence and the clinical commissioning group was established. In line with these national changes the handling of primary care health complaints was transferred from local primary care trusts and care trust plus's to NHS England.
- 1.5 The patient advice and liaison service (PALS) function continues to be provided by the customer care team within the clinical commissioning group and deals with informal concerns and enquiries for both primary health and adult social care.
- 1.6 The information discerned from the customer care functions may be used to inform commissioning decisions, provide an early warning system where services may be failing and remedial action is required and recognises good practice which can be shared.
- 1.7 The attached report "adult social services and health statutory complaints annual report" provides a breakdown of the complaints activity for 2018/2019 and the service improvements implemented as a result of any complaints and representations received.

Annual statutory health and social care complaints report 2018/19

1. Activity summary

Function	Total Number 2017/18	Total Number 2018/19	Direction of Travel
Patient advice and liaison service (PALS)	726	679	
Adult social care complaints	53	35	
Corporate/CCG/health complaint	58	37	
Complaints responded to within agreed timescale	100%	100%	
Ombudsman requests	9	6	
Compliments	147	86	
Portal (concerns)	1076	923	

2. What is a complaint?

A complaint may be generally defined as “an expression of dissatisfaction or disquiet about a service that is being delivered or failure to deliver a service”.

The complaints procedure gives those denied a service or dissatisfied with the proposed level or type of service an accepted means of formally challenging the decision made.

3. Who can make a complaint?

The statutory complaints procedure is available for service users/patients or their representatives who wish to make any sort of comment. Some service users/patients may wish to make their views known by raising a concern, but not have them dealt with as complaints. Anyone who expresses a view, verbally or in writing, which can reasonably be interpreted as a representation of their views will have those views acknowledged.

People can make a complaint or representation about the actions, decisions or apparent failings covering Adult Social Services and Health Services commissioned by the clinical commissioning group.

4. Complaints procedure

The complaints procedure puts the patient/service user, and/or their representative, at the centre of efforts to resolve the issues they have raised. The clinical commissioning group recognises the importance of listening to the experiences and views from the public about our services – particularly if they are unhappy – and want to make it as easy as possible for them to let us know their views. The procedure ensures that representations are dealt with in a way that is:

- Open – information gathered about the issues raised and the way in which they have been handled is shared in full.
- Clear – the representation and the way in which it will be handled is agreed at the start with the complainant.
- Responsive – the needs of the complainant and/or patient/service user is taken into account in determining the method of addressing their concerns.
- Flexible – the complaint/representation handling is determined by the nature of the complaint and views of the complainant.
- Proportionate – the efforts to resolve and time taken in addressing the issues raised reflects the significance of those issues.
- Accessible – the procedure is easy to get access to and to use.
- Timely – complaint handling is conducted in a timely way – rather than subject to predetermined timescales.
- Focussed on resolution – at all points through the process we look to using our best efforts to achieve resolution.

Complaints will be dealt with in a way that is most suitable to the issues raised rather than according to a set procedure. The means of addressing the complaint takes into account:

- The complainant's views.
- The nature of the complaint.
- The potential implications for the complainant.
- The potential implications for the organisation.

We want everyone who is involved to feel confident in the process and will achieve this through a procedure that ensures:

- Concerns are taken seriously.
- Complaints are dealt with promptly and effectively.
- There is a full response and a clear outcome for complainants.
- Complaints are dealt with fairly and even-handedly.
- All those involved in the process are treated with dignity and respect.
- There is equality of access and standard of service for all complainants, with particular consideration for those people who may find it more difficult to use the process e.g. people with disabilities, those whose first language is not English.
- Using the outcomes from complaints and concerns to improve services.

5. Response times

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, introduced in April 2009, removed previous timescales for responses to complaints and replaced this with timescales agreed with the complainant or their representative. In 2018-2019 100% of timescales agreed with the complainant, or their representative, were met. The average time for a complaint to be responded to from start to finish was 71 days. This compares with 55 days last year. The length of time to investigate and respond to a complaint has increased from last year, due to a number of complex

longstanding multiagency complaints, which were completed during 2018/19. As a result of the time taken to respond to these complaints, the Director of Quality and Nursing now reviews complaints in a regular forum in conjunction with the complaints officers, with the aim of earlier sign off.

6. Involvement of the Ombudsman

A further option for complainants if they remain dissatisfied is either the local government and social care ombudsman (LGO) if the complaint is about adult social services or the parliamentary health service ombudsman (PHSO) if the complaint is about health services. There is now an LGO / PHSO team who now handle joint complaints against health and social care. The ombudsman is empowered to investigate where it appears that an organisation's own investigations have not resolved the complaint. Complainants can refer the complaint to the ombudsman at any time, although the ombudsman normally refers the complaint back to the clinical commissioning group if it has not been considered under the local complaints procedure first. In 2018/2019 the ombudsman reviewed 6 complaints and upheld one, which was against a care home. The CCG's contracts officer worked closely with the home to develop an action plan to address the faults found by the LGO and the CCG was required to pay £300 redress to the patient and her daughter. The actions from this are discussed within the lessons learned section.

7. Concerns

A concern is an expression of dissatisfaction where the service user, or their representative, does not wish to make a formal complaint but wishes the incident/failure in service to be logged.

The clinical commissioning group has an established process to feedback any concerns regarding contracted homecare and residential services to the clinical commissioning group contracts team. This process, covers concerns identified by adult social care services professionals and incorporates all professionals from general practitioners (GPs) and district nurses (DNs) to social workers and case managers.

The customer care team has responsibility for monitoring and logging the concerns, recognising that they are available to take action on anything urgent during office hours. The customer care team refer to the contracts team to inform contract monitoring visits to ensure improvements have been made and implemented in response to concerns raised. They will also refer to adult safeguarding where needed and liaise directly with the patients and service users should they wish to take any concerns further. A quality lead from a clinical background has oversight of this process.

8. Compliments

A compliment is recorded when a member of the public expresses their gratitude for a member of staff performing well, often above the person's expectations. The majority of these compliments are received in writing but a few are relayed through a line manager or to the customer care team verbally. Adult social care compliments are also received via comments left when a service user completes a survey at the end of a call to single point of access.

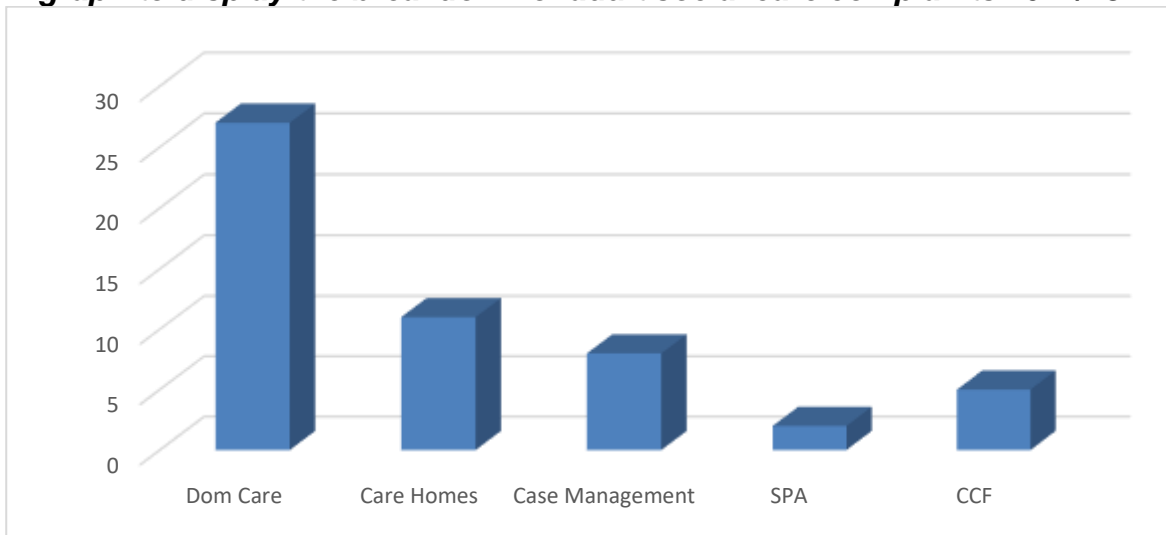
9. Activity in adult social care

9.1 Complaints

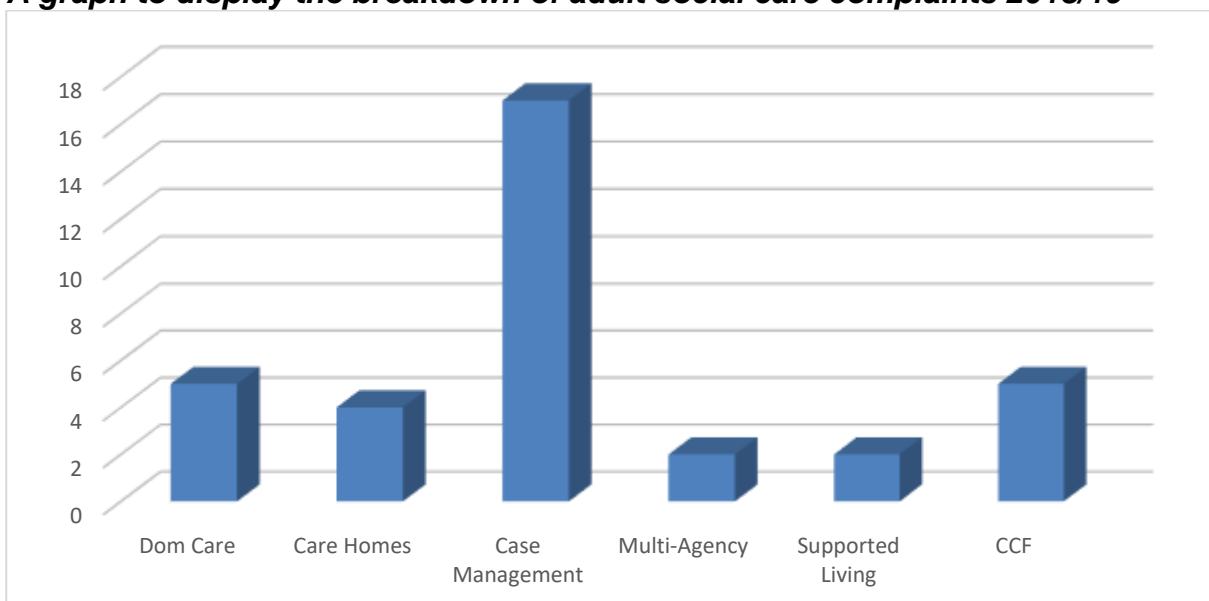
Between 1st April 2018 and 31st March 2019, the complaints service recorded 35 Adult Social Care complaints, compared with 53 last year. This indicates a decrease of 32%.

A breakdown of the adult social care complaints activity is shown below for 2017/18 and 2018/19 as shown in the two graphs below. The highest number of complaints received, relate to focus (22) which was split between case management (17) and community care finance (5). The lessons learned as a result of these complaints are listed below and these relate to complaints that were either fully or partially upheld. Care homes accounted for 4 complaints and home care services 5. There were also 2 complaints about supported living, 2 multi-agency complains which included elements of adult social care.

A graph to display the breakdown of adult social care complaints 2017/18



A graph to display the breakdown of adult social care complaints 2018/19



Lessons learned from adult social care complaints

Out of the total of 35 adult social care complaints, 18 were either fully or partially upheld complaints. It must be noted that some of the upheld complaints cover more than one area:-

7 upheld / partially upheld complaints from home care providers (Hales, Willows, HICA and LQCS).

As a result of these complaints several changes in practice were implemented and there were a number of lessons learned. These include:-

- Staff being reminded of the importance of checking use by dates on food when preparing food for service users to ensure out of date food is not given.
- Where a service user declines care, this will be flagged up to the home care provider and relevant healthcare professionals for action
- Staff at one home care agency undertaking competency assessments for administering medication and if necessary, further training is being provided.
- Staff being reminded that if care calls are required for medication purposes, they must be made at the required time intervals for the medication e.g. every 4 hours.
- Staff being reminded of the need to document what the service user has eaten and if they encountered any difficulties with getting service users to eat hot food as opposed to sandwiches.
- Where an agency's staff have caused damage to a service user's property, there is now a policy in place to ensure this is dealt with in a timely way.

4 Upheld / partially upheld in respect of adult social care (focus) and the lessons learned were:-

- Care and support plans to be clear about what direct payment monies can be used for
- Better communication and record keeping to take place between focus CCF and support agencies.
- When a service user starts on direct payments, a 12 week audit has been introduced to ensure new issues are picked up and dealt with quickly.
- Deceased accounts to be audited in a more timely way to prevent upset and distress to bereaved families.
- If services are to be cancelled, SPA staff will discuss the request with the duty triage team who will fully consider any implications of the service being cancelled
- A thorough case handover to occur when a case passes from one social worker to another.
- To ensure that where inaccuracies are highlighted in records, there is a mechanism to correct this.
- Staff have been reminded to ensure individuals and their families are given adequate information regarding the DoLS process (Deprivation of Liberty Safeguards) at the time of the assessment.

7 upheld complaints in respect of residential homes/supported living and the following learning took place:-

- All referrals to the community dentist from one home are now emailed to ensure the referrals are received and actioned
- Due to the strained relationship that developed between one family and staff, a home has agreed that mediation will be offered in such situations, thereby avoiding potential conflict in the future.
- It was acknowledged that it would be beneficial for residents to be sure which staff members were on shift and who were there to help them. As a result a staff profile file

was developed to contain information on each member of staff who works there and held in an accessible area. In addition, a staffing notice board was introduced and displayed in a communal area to include a photo of each staff member to act as a visual aid as to which staff members were on site each day.

- Reminders were issued to care home staff about the following;
 - The need to complete both the MAR chart and the fluid balance chart when administering medication via a peg
 - The importance of ensuring hourly checks are completed on a timely basis
 - The importance of completing care records appropriately
 - All personal mobility equipment and aids brought in by residents on their admission is labelled with the residents name

The lessons learned as a result of these complaints are fed into existing systems within the CCG aimed at reviewing potential risks and to provide quality assurance.

All the complaints were responded to in the timescales mutually agreed with the complainant (on average 60 days).

9.2 Concerns

During 2018/19 the customer care team received 923 concerns via the portal regarding contracted homecare and residential services. A breakdown of these is overleaf.

	Domiciliary Care	Residential Care	Supported Living	Other
Quarter One	69	63	8	56
Quarter Two	55	89	8	62
Quarter Three	82	76	8	88
Quarter Four	63	103	1	92
Totals	269	331	25	298

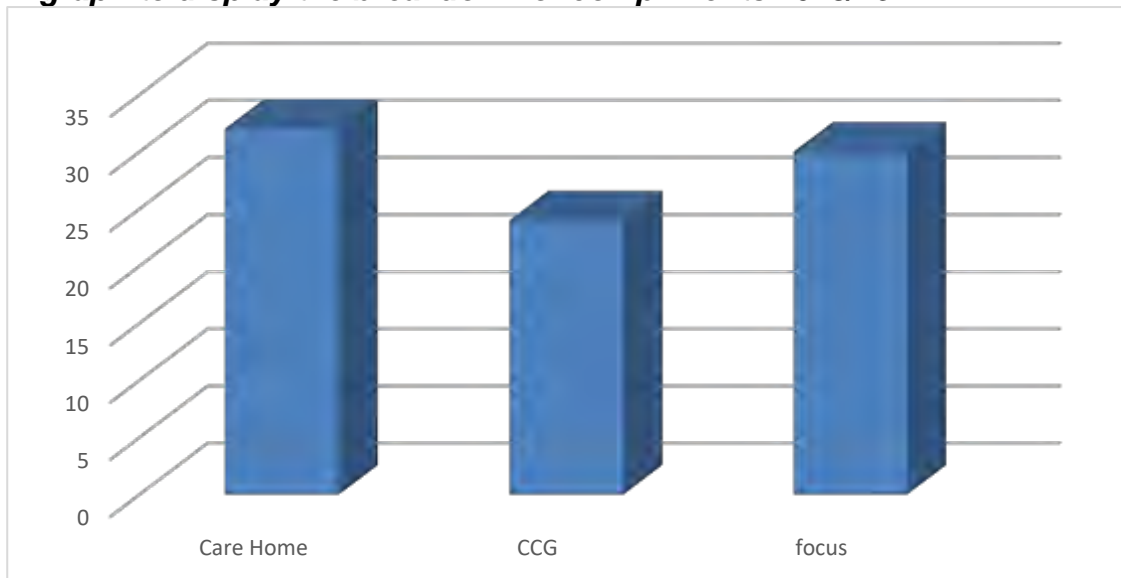
This is a slight decrease, compared with 1076 the year before, of 13%. The themes emerging are in relation to quality of care provision. Concerns regarding our commissioned services are alerted to clinical commissioning group contracts officers and the quality lead and action is taken to address any themes or trends with the service provider.

9.3 Compliments

During the year 2018/19 86 compliments were recorded for adult social care, Health Services and the clinical commissioning group.

It is essential that all teams delivering services (including contracted services) formally capture and record compliments. This is one way of ensuring that the commissioned service are meeting the needs and also gives staff an added bonus to know that they are doing a good job and a reminder has been issued for all staff to share any compliments they receive with the customer care team.

A graph to display the breakdown of compliments 2018/19



9.4 Ombudsman referrals

As far as the customer care team has been made aware, for adult social care / health complaints six referrals were made to the local government and social care ombudsman (LGO) / parliamentary health services ombudsman (PHSO) or the joint team. Of the six referrals made, two were accepted for investigation, one is still ongoing and one was upheld. The ruling found that:-

As a result of the Ombudsman's decision:

The CCG's contract officer worked with the care home to address the faults identified in the Ombudsman's report. This included;

- Improvements made to the in-house pre admission documents and training given to staff on how to complete the new documentation.
- Supplementary charts have been reviewed and reduced in number, with completion of the revised charts is being audited on a 4 week cycle.
- A keyworker is being allocated to each resident regardless of how short they are staying in the home.
- The home's admission process has been reviewed to include full documentation of each individual's property.
- Personal and assessed equipment is now tagged and labelled and only used by and for that named resident.

In addition, the CCG is developing a checklist crib sheet for professional staff visiting care homes to ensure there are "eyes and ears" on the care market on a daily basis to report on any of the identified issues they encounter.

10. Health care and clinical commissioning group

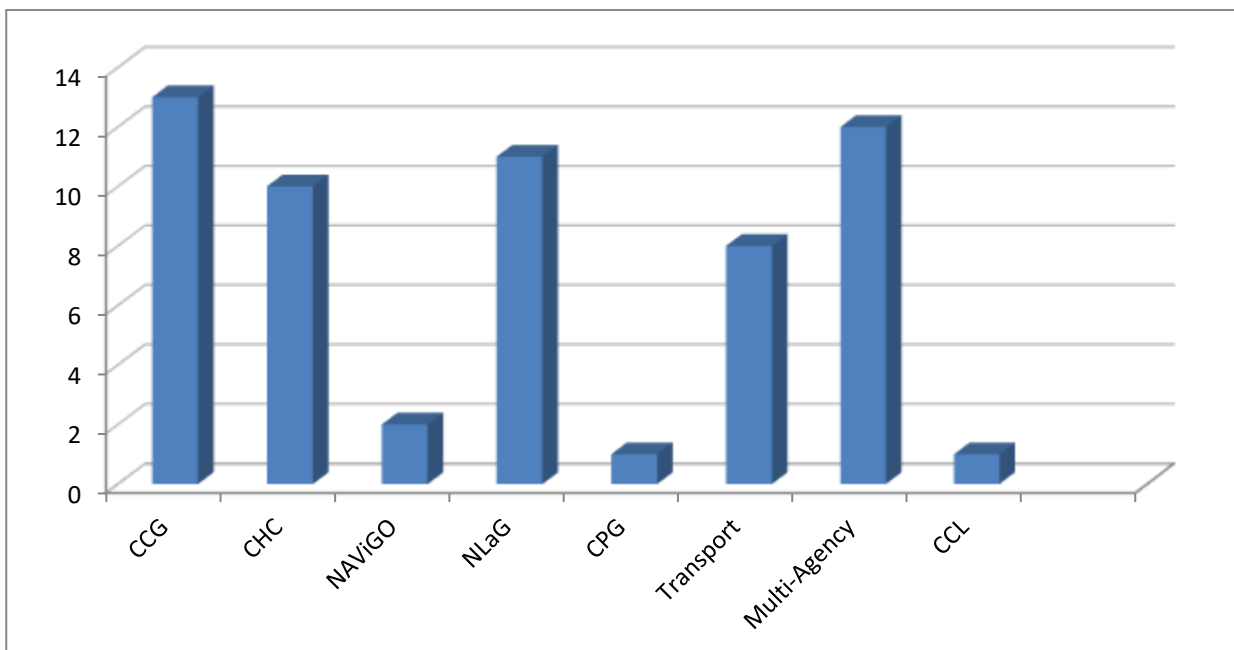
10.1 Complaints

As advised previously, in April 2013, the handling of primary care health complaints was transferred to NHS England.

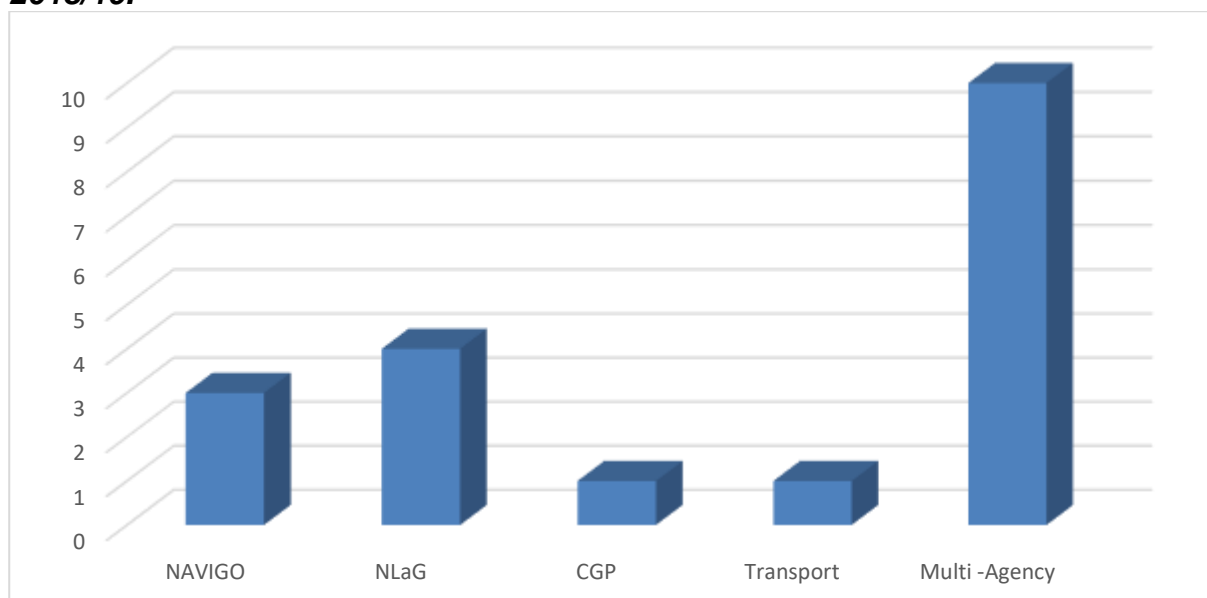
This report includes complaints in relation to the services that the clinical commissioning group CCG commissions or provides (continuing health care team). Complainants have the right to make their complaint to the provider or the commissioner of a service but not both. Between 1st April 2018 and 31st March 2019, the complaints service recorded 37 health and corporate complaints, compared with 58 last year. This indicates a decrease of 36%. Although the overall number of complaints has fallen, the complexity of the complaints received has increased, with a number of them spanning several health and social care organisations.

A breakdown of the health and corporate complaints activity is shown below for 2018/19 and 2017/18 as shown in the two graphs below. From the graph it can be seen that there has been a fall in the number of complaints about patient transport and also about Northern Lincolnshire and Goole Hospitals NHS Trust, otherwise the numbers against the other providers have remained fairly constant.

A graph to depict the breakdown of the corporate and provider health complaints in 2017/18



A graph to depict the breakdown of the corporate and provide health complaints in 2018/19.



Lessons learned from health and corporate complaints

Of the total of 37 Health complaints, 15 were either fully and partially upheld and were in relation to health and corporate complaints and the breakdown was as follows:-

NHS trusts.

- NLaG have made staff aware of the importance of booking ambulance transfers as early as possible to enable the transport service to make the necessary arrangements in a timely manner.
- Review of infection control procedures as a result of a blood spillage which had not been cleared away in a timely manner and an issue with a dirty blanket.
- A mechanism put in place to monitor the completion of the checklist used when a patient is admitted onto a ward.

Continuing health care (CHC)

- A review was undertaken of how phone calls and correspondence, including emails, are logged and actioned to ensure they are responded to in a timely manner.
- The team are developing an easy read guidance document regarding the interpretation of Personal Health Budget's (PHB's) and what items and services a PHB can be used for.
- A review has taken place of the correspondence sent out from the CHC team to ensure it is clear that if the person undergoing the assessment wishes to have a family member present, to let the CHC team know and also if the time/date/venue are not convenient, to contact the CHC team for alternative arrangements to be made.

Care Plus Group

- As a result of a complaint, it was identified that the Single Point of Access' triage telephone system was not set up to record the triage nurse advisors calls, and this has now been rectified. As a result, regular audits are now being undertaken of calls to look at response times and the prioritisation of cases.

North East Lincolnshire Clinical Commissioning Group (CCG)

- Improvements have been made to the Access Pathway, which is a multi-agency panel who make recommendations of further support or refer onwards to specialist services where further screening or assessment (for ASD/ADHD) maybe appropriate. These include the timely gathering of information, improved professional awareness of pathways for communication and interaction difficulties and better information for parents and carers regarding the pathway and its processes.
- The Quality Team at the CCG now produces and circulates a monthly bulletin, which includes lessons learnt as a result of complaints made to the CCG. Some of the lessons shared with providers through the bulletin include:
 - The CCG advised all providers that when a patient's treatment is changed on the day, the patient needs to be provided with written information about the new treatment and given time to consider fully the new treatment before going ahead.
 - All providers were asked to remind their staff that records should be clear, accurate and contemporaneous.
 - The GPs across NE Lincolnshire have been advised by the CCG that where couples are registered with different practices and both practices provide fertility investigations to the couple, they should (with the consent of the couple) share the information with the other practice and both practices should ensure the couple are fully aware of the different options that could be explored through the NHS.
 - The CCG requested that where patients from North or North East Lincolnshire are being seen at Hull, staff there are aware that any recent scans will need to be requested as they may well have been taken by an external radiography service.

The lessons learned as a result of these complaints are fed into existing systems within the CCG aimed at reviewing potential risks and to provide quality assurance.

11. Patient advice and liaison service (PALS)

The PALS is a public enquiry service which provides an informal and impartial service that helps service users/patients, carers, relatives or staff who use the services provided, or commissioned, by the clinical commissioning group. Due to the local arrangements between the CCG and the council the PALS service within the CCG covers both primary care and adult social care enquiries.

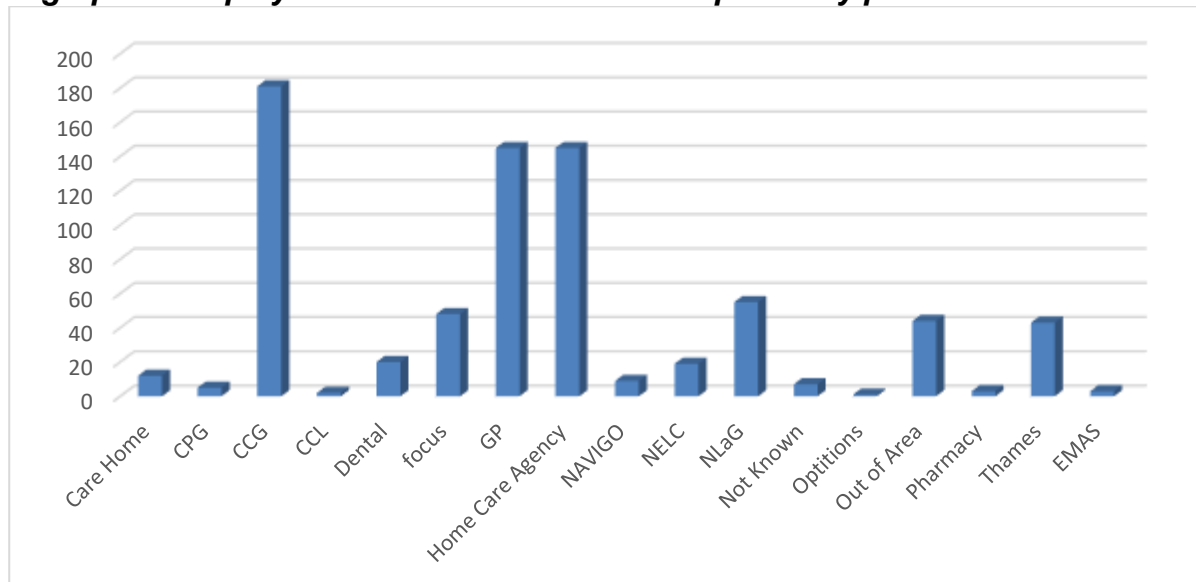
As a core service, PALS provides a focal point to enable the organisation to learn from service users' and patients' experiences of using services. PALS also provide feedback to commissioners on common themes and concerns which service users and patients, their carer's and families bring to our attention.

Where trends are identified PALS, with service users, patients and other staff, where appropriate, explore solutions and make recommendations for improvements to service

delivery. This can include the receipt of timely and suitable information to enable the patient to be an active partner in their care and treatment.

During 2018/2019 the clinical commissioning group received 679 PALS enquiries compared with 726 during 2017/2018. The more complex enquiries requiring investigation and feedback are detailed overleaf in the data table. It was anticipated that a move to the Municipal Offices in the town centre may have resulted in an increase in PALS enquiries due to drop ins, but instead, the service has seen a slight decrease of 6% in activity.

A graph to display the breakdown of PALS enquiries by provider in 2018/19



Developments

The priorities for the NELCCG Customer Care Team, during 2018/19 are listed below, with the associated updates:

The customer care team continues to demonstrate that they are providing an open and accessible service to the patients and provide a service embodied with professionalism. The customer care team has and will continue to work within the local community to raise awareness of the services available, to ensure that people are aware they can raise concerns and complaints within the clinical commissioning group for commissioned services.

The team has also undertaken a number of site visits with the quality assurance lead to Thames Ambulance Service Ltd, NLaG and Lincolnshire Partnership Foundation NHS Trust. Promotion activity continues, and the team are continuing with their awareness visits, providing information and advice on the services and support they can offer. Visits have taken place at community events throughout the year.

The priorities for 2019/20 are to ensure that a new database to record all patient intelligence (Respond) is successfully introduced. The introduction of this new feedback management system should assist greatly in the recording and management of the wide range of feedback received by the Team and make triangulation of intelligence easier than it is currently.

The complaints policy has also been updated to ensure a more timely response system is in place and action plan monitoring has been introduced. This allows the quality leads to monitor complaints through the quality / contract meetings with the various provider organisations.

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