

Our Ref: FOI ID 37999

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**NHS South Sefton CCG**

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## Re: Freedom of Information Request

Please find below the response to your recent Freedom of Information request regarding Promotional Evidence within NHS South Sefton CCG.

### Request/[Response](#):

I refer to Health and Social Care Act 2012 sections placed underneath, please send me with some promotional evidence from up to 2014 that the below 6 duties were done by you - **(1) that you promoted NHS Constitution, (2) that you promoted patient choice, (3) that you promoted innovation, (4) that you promoted research, (5) that you promoted education / training and (6) that you promoted integration.**

#### 1. 4P Duty to promote NHS Constitution

(1) Each clinical commissioning group must, in the exercise of its functions—

(b) promote awareness of the NHS Constitution among patients, staff and members of the public.

#### 2. 14V Duty as to patient choice

Each clinical commissioning group must, in the exercise of its functions, act with a view to enabling patients to make choices with respect to aspects of health services provided to them.

#### 3. 14X Duty to promote innovation

Each clinical commissioning group must, in the exercise of its functions, promote innovation in the provision of health services (including innovation in the arrangements made for their provision).

For questions 1 – 3 please see the following link

<http://www.southseftonccg.nhs.uk/media/1154/ssccg-annual-report-and-accounts-2013-2014.pdf>

Information relating to the period from 2014 to 2016 is also available if required.

#### 4. 14Y Duty in respect of research

Each clinical commissioning group must, in the exercise of its functions, promote—

(a) research on matters relevant to the health service, and

NHS South Sefton CCG has a research strategy approved by CCG Quality Committee setting out the CCG duty on promotion and active involvement in research. The CCG joint quality committee provides oversight and assurance on research activity across the CCG.

(b) the use in the health service of evidence obtained from research.

Clinical commissioning decisions receive directions and support through the CCG Clinical QIPP Committee. The CCG undertakes evaluation of research to support decisions as well as undertake evaluation of commissioned services to determine outcomes are met.

#### 5. 14Z Duty as to promoting education and training

Each clinical commissioning group must, in exercising its functions, have regard to the need to promote education and training for the persons mentioned in section 1F(1) so as to assist the Secretary of State in the discharge of the duty under that section.

A learning and development policy for NHS South Sefton CCG is in place and records mandatory training and underpins personal development plans. The CCG Quality team supports practice development for medical and non-medical staff through monthly education meetings and via protected learning sessions. Learning is also promoted through continuing professional development courses funded via Health Education England and delivered through Higher Education Institutions.

#### 6. 14Z1 Duty as to promoting integration

(1) Each clinical commissioning group must exercise its functions with a view to securing that health services are provided in an integrated way where it considers that this would—

(a) improve the quality of those services (including the outcomes that are achieved from their provision),

NHS South Sefton CCG monitors quality and safety and quality improvement at respective Contract Quality and Performance Meetings (CQPGs) with the providers across the system. Collaborative commissioning groups with associate commissioners inform the agenda for CQPG, monitored through Key Performance Indicators. This allows for monitoring of integrated pathways of care.

The CCG is also working closely with other commissioners such as Sefton Council and neighbouring CCGs, and local providers to develop multi-agency, multi-disciplinary integrated teams. One example of this is the work to improve our intermediate care and re-ablement service in an integrated way across the health and social care system in North Mersey.

Please also see our Shaping Sefton Strategy – our vision for community centred health and care which highlights our high level approach to integrated care.

<http://www.southseftonccg.nhs.uk/media/1312/ssccg-shaping-sefton-september-2015.pdf>

(b)reduce inequalities between persons with respect to their ability to access those services, or

Work to improve improved health in the South Sefton area can be found in the following links:-

<http://www.southseftonccg.nhs.uk/media/1154/ssccg-annual-report-and-accounts-2013-2014.pdf>

Everyone Counts publication 2013-2014-

<http://www.southseftonccg.nhs.uk/media/1158/final-south-sefton-v-20-everyone-counts-draft.pdf>

Key element of promoting our work around health inequalities has included working closely with our public and community stakeholders at BIG and Mini Chat events see below.

<http://www.southseftonccg.nhs.uk/media/1181/big-chat-4-november-2014.pdf>

The CCG aims to commission services for all members of the local population including those who reside in areas of deprivation or deemed hard to reach due to their protected characteristics (Equality Act 2010). To address access and outcome issues associated with people who share protected characteristics. The CCG implemented the NHS England Equality Delivery systems Toolkit in 2014. It is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice. The EDS work was conducted in close partnership with Healthwatch Sefton.

All contracts with secondary care and Primary care providers (local primary care quality contract) require providers to be monitored against the NHS outcome framework (which covers a range of health inequality Key Performance Indicators).

(c)reduce inequalities between persons with respect to the outcomes achieved for them by the provision of those services.

Please see response to b) above

"Promote" is in the majority of the sections I quoted from Health and Social Care Act 2012, for example -

My paras -

1. "4P Duty to promote"

1(b) "promote awareness"

3. "14X Duty to promote innovation" and again "promote innovation"

4. "exercise of its functions, promote—"

5. "14Z Duty as to promoting education and training" and again "need to promote education and training"

6. "14Z1 Duty as to promoting integration"

Only my para 2 does not directly mention "promote" but the meaning is the same.