

# Public Document Pack

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

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**A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 11 October 2017 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL**

## MEMBERS OF THE COMMITTEE

County Councillors: C S Macey (Chairman), Mrs K Cook, M T Fido, R J Kendrick, R A Renshaw, Dr M E Thompson, R H Trollope-Bellew and M A Whittington

District Councillors: P Gleeson (Boston Borough Council), Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council), T Boston (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and P Howitt-Cowan (West Lindsey District Council)

Healthwatch Lincolnshire: Dr B Wookey

## AGENDA

Item	Title	Pages
1	<b>Apologies for Absence/Replacement Members</b>	
2	<b>Declarations of Members' Interest</b>	
3	<b>Minutes of the Meeting of the Health Scrutiny Committee for Lincolnshire held on 13 September 2017</b>	3 - 14
4	<b>Chairman's Announcements</b>	15 - 18
5	<b>Lincolnshire Sustainability and Transformation Partnership Update</b> <i>To receive a report from Sarah Furley, Programme Director, Lincolnshire Sustainability and Transformation Partnership (STP), which provides the Committee with an update on the current position of the STP)</i>	19 - 26

Item	Title	Pages
6	<p><b>Learning Disabilities: Consultation on the Permanent Closure of Long Leys Court</b>  <i>(To receive a report from Annette Lumb, Head of Planning and Corporate Governance, Lincolnshire West Clinical Commissioning Group, which invites the Committee to consider the proposed consultation document and consultation plan)</i></p>	27 - 48
7	<p><b>Lincoln Walk-in-Centre - Decision of Lincolnshire West Clinical Commissioning Group</b>  <i>(To receive a report from Simon Evans, Health Scrutiny Officer, which advises the Committee of the decision of Lincolnshire West Clinical Commissioning Group in relation to the Lincoln Walk-in-Centre)</i></p>	49 - 76
8	<p><b>Health Scrutiny Committee for Lincolnshire - Work Programme</b>  <i>(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comment on its work programme)</i></p>	77 - 80

Tony McArdle  
Chief Executive  
3 October 2017



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
13 SEPTEMBER 2017**

**PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)**

Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R J Kendrick, R A Renshaw, Dr M E Thompson, M A Whittington and R H Woolley.

Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and P Howitt-Cowan (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals NHS Trust), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Richard Henderson (Chief Executive, East Midlands Ambulance Service), Dr Neil Hepburn (Medical Director, United Lincolnshire Hospitals NHS Trust), Martin Kay (Head of Commissioning, Lincolnshire West CCG), Neil Scott (Service Manager, East Midlands Ambulance Service) and David Williams (Interim General Manager for Lincolnshire Division of East Midlands Ambulance Service).

County Councillors A N Stokes, L Wootten and R Wootten attended the meeting as observers.

20 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

No apologies for absence were received from members of the Committee.

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

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21 DECLARATIONS OF MEMBERS' INTEREST

Councillor Mrs P F Watson advised the Committee that she was currently a patient of United Lincolnshire Hospitals NHS Trust.

Councillor C J T H Brewis advised the Committee that he had recently received cataract eye surgery from the Anglia Community Eye Service, Wisbech.

Councillor M T Fido advised the Committee that his partner was employed by East Midlands Ambulance Service, as an Emergency Dispatcher for 999 Calls.

22 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY COMMITTEE  
FOR LINCOLNSHIRE HELD ON 19 JULY 2017

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 19 July 2017 be approved and signed by the Chairman as a correct record.

23 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements contained within the agenda for the meeting, the Chairman made reference to the supplementary information circulated to all members of the Committee in advance of the meeting, which included the following:-

United Lincolnshire Hospitals NHS Trust – Financial Special Measures

That on 1 September 2017, NHS Improvement, the national NHS organisation which oversees all provider trusts, had announced that United Lincolnshire Hospitals NHS Trust had been placed in 'financial special measures'.

The Committee was advised that the Chairman was due to meet Karen Brown, the Trust's Director of Finance, Procurement and Corporate Affairs later in the day to gain further information on the Trust's deficit and how the special measures would operate.

Chair of United Lincolnshire Hospitals NHS Trust Board

That on 23 August 2017, Dean Fathers, the Chair of United Lincolnshire Hospitals NHS Trust Board, had announced that he was standing down. The Committee was advised that a recruitment process was underway; and that the Chairman would be attending a stakeholder engagement event on 3 October 2017, to meet and interact with potential candidates.

Re-ablement and Rehabilitation Services for People over 65

It was reported that at its last meeting, the County Council's Adults and Community Wellbeing Scrutiny Committee had considered the performance of re-ablement and rehabilitation services in Lincolnshire for people over 65.

The Scrutiny Committee had noted that in relation to the '91 day' indicator the performance of the provider of re-ablement commissioned by the County Council had exceeded the performance of the provider of intermediate care commissioned by the clinical commissioning groups. As a result, the Adults and Community Wellbeing Scrutiny Committee had asked for the matter to be considered by the Health Scrutiny Committee for Lincolnshire.

The Chairman drew the Committees attention to pages 15/16 concerning the item relating to Proposed GP Mergers in Louth. The Committee was invited to comment on how it wished to proceed with this matter.

The representative for East Lindsey District Council advised that in her capacity as the Mayor of Louth, she had had conversations with the practices concerned and from the information received; the Committee should record its support for the proposed mergers.

The Committee agreed that it would not formally respond to the proposed mergers at this stage, but would record its positive support, on the basis that there was no expected negative impact on the ability of patients to access primary care services from their practice.

The Chairman also drew the Committee's attention to the list of Annual General Meetings/Annual Public Meeting detailed on page 17 of the agenda. The Committee were invited to register any interest in attending the meetings.

The following members indicated that they would be attending the following meetings:-

- 14 September 2017 – Lincolnshire Partnership NHS Foundation Trust – Councillor K Cook;
- 19 September 2017 – South West Lincolnshire CCG – Councillors R J Kendrick;
- 19 September 2017 – Lincolnshire Community Health Services NHS Trust – Councillor J Kirk;
- 22 September 2017 – United Lincolnshire Hospitals Trust- Councillor M A Whittington;
- 28 September 2017 – Lincolnshire East CCG – Councillor P F Watson;
- 28 September 2017 – South Lincolnshire CCG – Councillors C J T H Brewis and S Woolley; and
- 25 October 2017 – Lincolnshire West CCG – Councillor J Kirk.

**24 GRANTHAM HOSPITAL ACCIDENT AND EMERGENCY DEPARTMENT:  
OUTCOME OF REFERRAL TO THE SECRETARY OF STATE FOR  
HEALTH**

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

The report presented advised the Committee that on 2 August 2017, the Secretary of State for Health had issued his decision on the referral of the overnight closure of Grantham Accident and Emergency Department, which had been submitted by the Health Scrutiny Committee for Lincolnshire in December 2016. It was reported that the Secretary of State for Health had accepted the advice of the Independent Reconfiguration Panel (IRP) that the referral did not merit a full review and should be resolved locally.

Detailed at Appendix A to the report was a copy of the advice received from the IRP; and Appendix B provided a copy of the letter from the Secretary of State for Health to the Chairman of the Health Scrutiny Committee for Lincolnshire, dated 2 August 2017.

The Committee was asked to consider the determination of the Secretary of State for Health and consider what next steps should be taken with regard to 'further local action by the NHS with the Council to address the issues raised; and to consider the latest information from United Lincolnshire Hospitals NHS Trust, regarding their staffing levels for emergency care'.

The Chairman also welcomed to the meeting Councillors L Wootten (Grantham East County Councillor) and R Wootten (Grantham North County Councillor), who had made a request to the Chairman to address the Committee regarding this item.

The Chairman advised that he proposed to allocate the two Councillors three minutes each to address the meeting, following which the Committee would receive an address from the Trust. The Committee was advised further that the Chairman was then proposing to allow one representative from each of the patient groups present three minutes to address the Committee.

Both of the Grantham Councillors in their address to the Committee expressed the concerns of local people in and around Grantham who were furious about the down grading of the Accident and Emergency service they had been receiving, and to the fact that one year on, there was still no plan to reinstate overnight services at the Accident and Emergency Department. It was felt that the reduced service was causing local people extra stress and was also putting them at risk. Some concern was also expressed regarding the United Lincolnshire Hospitals NHS Trust being placed in 'financial special measures'. In conclusion, the Health Scrutiny Committee for Lincolnshire was asked to do all it could to help resolve the situation for Grantham residents.

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Some members of the Committee echoed the concerns of the two divisional councillors; and one member felt that there needed to be an open and honest conversation regarding the options for future emergency care delivery at Grantham Hospital; and that wider consultation needed to be undertaken with the Council.

The Chief Executive, United Lincolnshire Hospitals NHS Trust advised that the Independent Reconfiguration Panel report had stated that 'Commissioners must as a matter of urgency work with the local providers (including mental health care and community providers as well as ULHT) and the HSC to engage and consult the public across Lincolnshire on current services and what might be achievable and sustainable in the future'. It was stressed that ULHT had a role to play, to support the CCGs.

The Committee was advised that ULHT had not recruited sufficient staff during the year, and at the moment the service was very fragile. Appendix C to the report presented provided the Committee with details of the current position with regard to the Emergency Care Service.

The Medical Director, United Lincolnshire Hospitals NHS Trust advised the Committee that hospital emergency departments were staffed by a combination of consultants, middle grade doctors, doctors in training, A & E nurses and emergency care practitioners. The Committee was advised further that current guidance was for there to be an onsite presence, by a consultant, for 16 hours per day. Tables 3 and 4 on pages 41/42 of the report provided information relating to the number of funded medical posts, the numbers in place in August 2016 and the rostered presence of senior medical staff for the three A & Es.

It was highlighted that an agreement with commissioners, NHS Improvement and NHS England was that the A & E Department at Grantham and District Hospital would return to 24/7 opening hours when the required middle grade establishment had been reached, and that there had not been any deterioration in the number of consultants. The number of middle grade doctors had been set at 21 substantives/and or long term locums, against an establishment of 28. It was highlighted that middle grade staff were the back bone of the service. The model of provision would enable three 24/7 rotas to be staffed consistently and safely, however, there would still be a requirement for agency staff support to fulfil all duties within the rotas. Table 4 on page 42 summarised to the Committee the medical presence required for each of the ULHT Emergency Departments.

The Committee was advised that nationally, there was a shortage of A & E staff. It was reported that two more middles grades had been appointed, but they would need four months on the junior rota before they could participate on the middle grade rota.

It was reported that the total number of substantive consultants in A & E, had been increased to five from August 2017, with a new appointment. However, due to some ill health, this had reduced the expected consultant staffing numbers for ULHT from 15 wte to 14 wte during May – June. It was highlighted that the A & E Department at Grantham Hospital had 2.5 registered nursing vacancies. Table 5 provided the

Committee with a summary of recruitment to medical middle grade posts for the three ULHT Emergency Departments.

The Committee was advised that the Trust was coming up with initiatives to train and upskill middle grade staff to consultant level. It was highlighted that the Trust was also looking at changing the way A & E worked as data had suggested that A & E was mainly being used by elderly and frail patients, needing assessments and not a traditional A & E service.

The Chairman invited the Patient Group representative to address the Committee for a period of three minutes. The Patient Group representative echoed what had already been said by the two Grantham Councillors and expressed concern that the ULHT had not taken on board the impact on the residents of Grantham. A request was also made for an honest and open discussion with ULHT and the CCG concerning future provision for Grantham.

During discussion, the Committee raised the following points:-

- What proposals were going to be taken forward by the Trust to offer a solution to the problem of providing 24/7 provision; whilst maintaining patient safety. The Committee was advised that the starting point was how to get back to 24/7 provision. To do this discussion would be had with the CCGs and then consideration would be given to changes to the type of staff needed within A & E, for example having an 'in-reach' approach of general surgeons and orthopaedic surgeons, supporting the core staff; this would be more responsive to the health care needs in the community, such as more frail elderly patients.
- Better communication with the general public on what was proposed across Lincolnshire as a whole; and how the general public access health services, whether that be GPs, Out of hours, and the 111 provision. It was felt that communication was key to ensuring success; and also to building up trust within the community. It was also felt that it was essential to ensure that sincere consultation with the wider public was ongoing to ensure that they had input into any proposed changes going forward;
- Encouraging patients to use GPs and Pharmacies more;
- The need to encourage young people to look for careers in the health service at an earlier age, by using career guidance through schools;
- One member advised that Louth had previously experienced a similar situation to that of Grantham, as Louth Hospital no longer had an A & E Department;
- One comment made suggested that evidence had suggested that there had not been a problem with the overflow to Lincoln. It was felt that the model across all three sites was important to Lincolnshire as a whole. Confirmation was given that prior to 2016, trauma cases had not been taken to Grantham A & E, and most had gone to Nottingham. It was further highlighted that a whole system solution was required to change the way services operated to ensure that the patient was dealt with at the right time and at the right place. It was essential to get services joined up in their thinking and operating;

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- One member expressed concern of the long waiting times for ambulances in some instances. It was felt that the ambulance service needed to be included within the joined up thinking approach;
- Confirmation was given that until staffing levels were at the required levels, health and safety prevented the 24/7 opening at Grantham; as the Trust needed three teams to operate in rotas. The Committee was advised that work was ongoing with a number of other Trusts regarding the staffing of A & E Departments;
- One member felt that the using the skills of local GPs would help alleviate some of the pressure at Grantham Hospital. Confirmation was given that an 'Out of Hours Service' was provided on site by nurses and that signage on site pointed patients in that direction. It was again confirmed that it had been a decision based on the safety of patients that prevented the opening of Grantham A & E 24/7, as there was insufficient staff as defined by the threshold figures to adequately provide a service. It was noted that Grantham A & E was less attractive, probably because Doctors generally work in larger teams which enables them to develop specialist skills;
- It was noted further that the changes to the HMRC IR35 taxation system implemented from April 2017, had required public sector employers to deduct tax and national insurance contributions from contractors' pay at source, rather than allowing them to defer and claim expenses; this had also had a profound effect on many NHS organisations that employ locum medical staff; and
- Reference was also made to the success of the Heart Centre, at Lincoln County Hospital. The Committee noted that this was an example of an excellent service in Lincolnshire, and one that the Trust wanted to replicate, ensuring that the patient received care and treatment at the right place.

It was Proposed and Seconded:-

That recommendation 2 should be amended to reflect the views of the Committee with regard to the addition of the words 'meaningful consultation' and that issues raised should be made to the 'appropriate sections of the NHS'

**RESOLVED**

1. That the determination of the Secretary of State for Health on the referral of the overnight closure of Accident and Emergency Department at Grantham A & E, and the content of the advice from the Independent Reconfiguration Panel be noted.
2. That pursuant to the advice of the Independent Reconfiguration Panel, the Committee put on record its position that full, meaningful and transparent public consultation be undertaken on the future of A & E services across Lincolnshire by all appropriate sections of the NHS, to address the issues raised in the report of the Independent Reconfiguration Panel.
3. That the latest information from the United Lincolnshire Hospitals NHS Trust, regarding their staffing levels for emergency care be noted.

Note: Councillors M A Whittington and R H Woolley wished it to be recorded that they did not support the resolution in 1 above.

## 25 EMERGENCY AMBULANCE COMMISSIONING

The Committee gave consideration to a report on behalf of Lincolnshire West Clinical Commissioning Group (CCG), Lead Commissioner of Emergency Ambulance Services in Lincolnshire, which provided an overview on how emergency ambulances were commissioned from the East Midlands Ambulance Service (EMAS) NHS Trust.

The Chairman welcomed to the meeting Martin Kay, Head of Commissioning, Lincolnshire West CCG who provided the Committee with some background information to commissioning arrangements.

The Committee noted that the four CCGs commissioned emergency ambulances as part of a collaborative commissioning arrangement across East Midlands, along with further 18 CCGs, to make 22 CCGs in total. The emergency ambulances commissioned from East Midlands Ambulance Service covered five counties comprising of Derbyshire, Leicestershire, Lincolnshire, Northamptonshire and Nottinghamshire. It was noted that the commissioning meetings were held at EMAS Trust level and at divisional level. For Lincolnshire this involved the four County CCGs; and North and North East Lincolnshire CCG (Six CCGs in total who constituted the EMAS Lincolnshire Division). Full details as to the meeting arrangements were shown on page 54 of the report presented.

It was reported that there was a single contract across the 22 CCGs and EMAS, which was managed by Hardwick CCG. It was highlighted that additional local requirements could be added to the contract.

The Committee was advised that the contract currency with EMAS was activity-based using four counts: calls; hear and treat; see and treat; and see and convey; and that contracted activity was based on a three-year rolling analysis, which was then adjusted for system changes that would have an impact on any of the four counts. The Committee was advised further that the contract value across the four Lincolnshire County CCGs was £25.5m.

It was brought to the Committees attention that the majority of commissioning decisions were managed at Trust level, as these were largely determined by national requirements, which both local commissioners and the provider were obliged to follow. Regional application of the contract was determined through meetings between the commissioners (Hardwick CCG and County Leads) and EMAS through negotiation. In Lincolnshire County decisions involved all CCGs, but at times could be CCG specific. It was noted that there was clear communication between Lincolnshire West CCG, as the lead commissioner and the other three Lincolnshire County CCGs. It was noted further that having a local approach was important to identify and meet the needs of local people; and that local working had delivered changes which had benefitted the local population. An example of this was EMAS being a partner in the Lincolnshire Clinical Assessment Service (CAS). The CAS provided additional clinical support to paramedic's on-scene, which had reduced the

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number of people taken to hospital, as these people had been better cared for within other community-based services.

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

- In response to a question on emergency ambulance cost adjustments, it was confirmed that any adjustment in national funding would be passed to the CCGs in the first instance;
- The situation regarding EMAS Ambulances being delayed at hospitals outside the EMAS region. The Committee was advised that in the past Lincolnshire had lost significant ambulance resources to other counties in the region; but the numbers of ambulances from Lincolnshire leaving the county had now reduced. This had been helped by improved hand overs at A & E; and by reducing the number of patients being taken to A & E;
- The Joint Ambulance Conveyance Project - It was confirmed that the joint arrangement between EMAS and Lincolnshire Fire and Rescue had been a success; and that there had been a lot of interest from other councils;
- Confirmation was given that at commissioning level, the support from LIVES co-responders was valued by EMAS;
- The Committee was advised that the contract was a three year contract based on activity, which was negotiated every year; an explanation was also provided relating to the discrepancies. It was noted that the contract was front loaded and that all the CCGs paid the same rate for activity; and that the County did get penalised due to the rurality of Lincolnshire. It was highlighted that discussions were underway to recognise the need for an adjustment and that a case could be made for Lincolnshire on the grounds of sparsity;
- A request was made for information relating to the activity agreed between Hardwick CCG; and the 21 other CCGs; and that any discrepancies were managed locally through Hardwick CCG and EMAS. The Committee was advised that this information was evidence based;
- How risk was managed year on year – The Committee was advised that each CCG paid one twelfth of their overall annual commitment to EMAs directly each month; and that the financial risk sat with each individual CCGs; and
- A tribute was paid to EMAS and their responses to 999 calls as a job well done within limited resources.

**RESOLVED**

That the information presented on the commissioning arrangements for the East Midlands Ambulance Service be noted.

**26      EAST MIDLANDS AMBULANCE SERVICE: OUTCOMES OF CARE  
QUALITY COMMISSION INSPECTION AND AMBULANCE RESPONSE  
PROGRAMME**

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which invited the Committee to consider information from the East Midlands Ambulance Service, following the publication of the inspection report by the Care

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Quality Commission; and to also consider information relating to the Ambulance Response Programme.

The Chairman welcomed to the meeting Richard Henderson, Acting Chief Executive, EMAS, David Williams, Interim General Manager for Lincolnshire Division of EMAS and Neil Scott, Service Manager, EMAS.

Appended to the report were the following Appendices:-

Appendix A – EMAS Lincolnshire Division Update;  
Appendix B – Information relating to Ambulance Response Programme Pilot;  
and  
Appendix C – EMAS – Lincolnshire Overview and Scrutiny Committee Briefing Paper.

The Committee was advised that on 13 June 2017, the Care Quality Commission (CQC) had published its report on the East Midlands Service NHS Trust, following inspection visits conducted between 21 - 23 February 2017; and on 3 March 2017. The overall finding for the Trust was "Requires Improvement" for both emergency and urgent care services". Details of the CQC's key finding were shown on pages 58 to 60 of the report presented.

Appendix A provided the Committee with an update concerning EMAS and Lincolnshire Division with regard to improvements to ratings applicable to:-

- Safe – It was highlighted that enhanced arrangements would be put in place to ensure that lessons learnt were captured and addressed. There would be better integration of complaints and investigations teams; and better effective leadership of resolution of hospital handover delays, delivering system-wide changes and improvement;
- Effective – There would be a revised Capacity Management Plan focussing on patient safety and patient acuity; there would be continued improvement of Medicines Management; a roll-out of pre-hospital antibiotics for Sepsis patients; improvement to survival to discharge from cardiac arrest from 5.9 to 6.9%; and direct access to Primary Percutaneous Coronary Intervention laboratories for stroke patients;
- Well-led – The Committee was advised that leadership would be strengthened and stabilised; Vision and strategic objectives would be realigned; investment in frontline staffing and equipment; reviewing of long term activity, price and strategic reviews with commissioners; and engagement with the broader health community including A & E Delivery and Escalation Boards and Sustainability Transformation Partnership;
- Caring – Ensuring best practice in staff support and wellbeing; reducing sickness absence; improving appraisal rates; improving statutory and mandatory training rates; improving staff engagement; and being sector lead in mental health training; and
- Responsive – Continue to recruit staff; improve skill mix of frontline staff; reduce staff turnover for 11% to 9%; ensure career progression opportunities

are offered; review and strengthened emergency resilience, following the devastating and tragic attacks in Manchester and London; financial stability allowing for long-term investment; provision of 57 double crewed ambulances; provision of 164 new defibrillators on vehicles in 2016/17 and a further 127 for coming year; introduction of new electronic patient report from solution (ePRF); and to agree plans with commissioners for long-term strategic review to support greater care focus and sustainability & transformation plans alignment.

It was also highlighted that NHS England was implementing new performance standards for emergency ambulance services; and that the new system would provide a stronger foundation for the future by prioritising the patients in most need to ensure that they received the fastest response and by driving efficient behaviours to give the patient greater opportunity to get a response in a clinically appropriate time. It was highlighted further that EMAS had implemented the Ambulance Response Programme on 19 July 2017. Appendix B provided the Committee with information as to how EMAS was implementing the Ambulance Response Programme; and details of the new Ambulance Response Time Standards were shown on page 63 of the report presented.

During discussion, the following issues were raised:-

- Ambulance delays – The Committee was advised one example of a delay in Leicester, when 25 ambulances were seen outside a hospital; as a result, ambulances had offered to help other local areas. It was also reported that handovers at Lincoln and Boston had significantly improved;
- Improvements to Safety – The Committee was advised that the Trust was confident of getting a 'good' safety rating from the CQC; as a result the of improvements made;
- Reassurance was given that going forward plans would be monitored on a regular basis;
- Investment in technology – It was noted that investment had been made as a result of receiving capital receipts from selling estate etc.; It was felt information relating to the impact of joint funding would be useful to receive;
- How response times would be achieved in Lincolnshire – It was reported that the response times would be met for those patients with life-threatening conditions; and being able to dispatch the right clinical resources to meet the needs of patients based on presenting conditions;
- A request was made for an update on response times and also further information as to who sits on the EMAS Trust Board. It was agreed that information would be circulated to the Committee on the Trust Board membership; and
- Pre-hospital administration of antibiotics. The Committee was advised that following a successful trial in Northern Lincolnshire, this was now going to be rolled out to paramedics across greater Lincolnshire. The Committee was advised further that Lincolnshire was the first part of the Ambulance Service to undertake the pilot; which had proved to be a success.

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RESOLVED

1. That the outcomes of the Care Quality Commission Report of the East Midlands Ambulance Service and their response to the report be received.
2. That the information on the Ambulance Response Programme, in which East Midlands Ambulance Service had been participating since 19 July 2017 be received.
3. That information submitted by the East Midlands Service be noted.

27 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which enabled the Committee to consider and comment on the content of its work programme to ensure that scrutiny activity was focussed where it could be of greatest benefit.

Appendix A to the report provided the work programme from 13 September 2017 to April 2018 for the Committee's consideration.

The Committee was invited to highlight any additional scrutiny activity which could be included for consideration in the work programme.

One item suggested was to include as an item for a future agenda United Lincolnshire Hospitals NHS Trust – Progress in Response to Special Measures.

RESOLVED

That the work programme as detailed in Appendix A be received, subject to the inclusion of United Lincolnshire Hospitals NHS Trust – Progress in Response to Special Measures as an item on the agenda for the next meeting.

The meeting closed at 1.05 p.m.

# Agenda Item 4

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>11 October 2017</b>
Subject:	<b>Chairman's Announcements</b>

## 1. **Briefing Meeting on Financial Position of United Lincolnshire Hospitals NHS Trust**

On 13 September 2017, I met Karen Brown, the Director of Finance, Procurement and Corporate Affairs at United Lincolnshire Hospitals NHS Trust to receive a briefing on the Trust's overall financial position and the impact of financial special measures. As a result of this meeting, the Committee will be considering an update from the Trust on 8 November from Jan Sobieraj, the Trust's Chief Executive, and his senior management colleagues. The update will cover the Trust's progress on its care and financial special measures, as well as other pertinent issues.

## 2. **United Lincolnshire Hospitals NHS Trust: Recruitment of Nurses**

On 14 September 2017, United Lincolnshire Hospitals NHS Trust announced that 83 newly qualified nurses would be starting work in hospitals in Lincolnshire. The nurses had recently graduated with a nursing degree at the University of Lincoln.

In total, 49 of the new recruits would be based at Lincoln County Hospital, with a further 28 at Pilgrim Hospital, five at Grantham and one at Louth. The nurses would significantly boost nursing numbers in Lincolnshire's hospitals, where there were currently 240 vacancies for registered nurses.

Dr Sharon Black, Director of Nurse Education at the University of Lincoln, stated that the start of these nursing roles within one of our local NHS Trusts represented the culmination of three years' hard work in the complex, demanding and rewarding area of adult nursing.

Lincoln University worked very closely with its NHS partners to help shape the course content while the trainees are at the University or on placements in hospitals, GP surgeries, care homes or community settings. This helped the newly-registered nurses to be able to jump straight into the field when they graduate.

As part of the update from the Trust in November, the Committee can request information on the overall recruitment and retention position.

### **3. Care Quality Commission – The State of General Practice 2014 to 2017**

On 21 September 2017, the Care Quality Commission (CQC) published a national report, entitled: *The State of General Practice 2014 to 2017*. The report is available at the following link: <http://www.cqc.org.uk/publications/major-report/state-care-general-practice-2014-2017>

The CQC states that the report provides this gives the most detailed analysis yet of the quality and safety of general medical practice in England. At the end of its first inspection programme of general practices, the CQC had found that 4% were rated outstanding, 86% were good, 8% required improvement and 2% were inadequate overall.

The CQC has also stated that regulation is supporting people to receive better care in general practice by setting clear standards of quality and safety, ensuring providers meet these standards and sharing examples of what is working well. It also encourages extra support for the sector through the *Five Year Forward View for General Practice*.

The national report does not include information on a county-by-county basis, but this can be compiled from the CQC's website. The CQC website includes reports on current and 'archived' GP practices. 'Archived' practices include those practices with a new provider or practices which for various reasons no longer exist. The website indicates that there are three GP practices in Lincolnshire rated as outstanding; three practices are listed in the 'requires improvement' category; and two existing practices are listed as inadequate, where the provider has not changed. All the remaining GP practices have a good rating.

### **4. Cliff House Medical Practice, Lincoln – Procurement Exercise**

Lincolnshire West Clinical Commissioning Group (LWCCG) has begun a procurement exercise to find a permanent provider to operate the Cliff House Medical Practice in Lincoln, which is currently managed by Lincolnshire Community Health Services NHS Trust on a caretaker basis, with its contract running until 31 March 2018.

As part of the procurement process LWCCG will be reviewing the current provision of services by the Cliff House Medical Practice as part of the new contract. This review also include a proposal to relocate services currently provided at the Gresham Street branch site to the main site on Burton Road with the intention of closing the branch site as part of the new contract.

The CCG has issued a letter to all patients registered at the practice together with a short questionnaire, which the CCG is asking to have returned by 13 October 2017. Two patient engagement events have taken place on 26 September and 3 October, with a further event planned for 10 October.

**5. Recruitment of Chair of United Lincolnshire Hospitals NHS Trust**

As reported at the last meeting of the Committee (Minute 23), I was due to attend a stakeholder event on 3 October 2017, to meet potential candidates for the role of Chair of the Trust. NHS Improvement has advised me that the event would not now be going ahead on this date and a further date would be arranged.

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# Agenda Item 5

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Sustainability and Transformation Partnership

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>11 October 2017</b>
Subject:	<b>Lincolnshire Sustainability and Transformation Partnership Update</b>

## **Summary:**

This report provides information on the development of the Lincolnshire Sustainability and Transformation Partnership (STP) and the current position of the STP.

## **Actions Required:**

To note the progress on the delivery of the STP.

## **1. Background**

### **1.1 National Context**

Nationally Sustainability and Transformation Plans (STPs) began life in 2015/16 as pragmatic vehicles for enabling health and care organisations within an area to chart their own way to keeping people healthier for longer, improving care, reducing health inequalities and managing their money, working jointly on behalf of the people they serve. In Lincolnshire, the Lincolnshire Health and Care Programme (LHAC) has been absorbed within the STP and is the clinical service redesign element of the Lincolnshire STP.

STPs are now considered to have moved from a set of proposals (submitted to NHS England [NHSE] in October 2016) to more concrete plans (Two Year Operational Plans submitted in December 2016) and now the ambition is to accelerate these plans to go further and more fully integrate their services and funding through partnerships of care providers and commissioners in an area (Sustainability and Transformation Partnerships - STPs).

The 'Next Steps On the NHS Five Year Forward View' published in March 2017 by NHS England started to evolve thinking on STPs. This document concentrates on what will be achieved over the next two years and focuses on improving urgent and emergency care, cancer performance, mental health services and access to primary care. In addition how to help frail and older people stay healthy and independent, avoiding hospital stays where possible.

## **1.2 Lincolnshire Context**

The Lincolnshire STP is one of 44 "footprints" established in England. The Lincolnshire "footprint" has the advantage that it incorporates historical geographic boundaries whereas other STPs in some parts of the country have drawn together constituent organisations that have not previously worked closely together nor shared patient pathways.

The Lincolnshire STP sets out an ambitious five year programme of work to be undertaken to 2021. The plan is aimed at working with a wide range of stakeholders and partners to redefine how care and support is delivered across Lincolnshire to ensure sustainable, accessible services are available for people in the future. The overarching vision for the STP is:

*To achieve really good health for the people of Lincolnshire with support from an excellent and accessible health and care service delivered within our financial allocation.*

## **1.3 Case for Change**

There is a strong case for change which is shared by the collective leadership, partner organisations and stakeholders in Lincolnshire. The Case for Change was published in June 2016 and today, the case remains. Key areas in our case for change are as follows;

- Our current NHS care model does not always deliver high quality, safe services, despite best efforts of staff. It is out of date as a result of incremental service changes over two decades and has not fully embraced digital solutions.
- Demand for services are increasing as a result of the Lincolnshire population profile (an ageing population, many with long term conditions and multiple needs).
- It is difficult to recruit a skilled workforce to sustain services which is as a result of national shortages of key staff. As a consequence, we continue to rely on expensive temporary staff or have unfilled vacancies which puts an added strain on existing staff.

- We can no longer afford to sustain what is an outdated system of care. In 2016/17, our system was in financial deficit of £54m and this year, one organisation is in CQC and financial special measures.
- The public still feel our services are fragmented which is detrimental to patients and is a poor use of staff time and leads to a duplication of work.

There is shared acceptance that Lincolnshire is a challenged health economy and the status quo is neither safe nor sustainable. This understanding was the driver behind creating the STP vision.

## **1.4 Implementation of Seven Priorities**

Lincolnshire has been working on seven key priorities since April 2017.

### **1.4.1 Mental Health**

The aim is to improve the quality of care for people with severe and enduring mental health problems by providing a clear pathway from community to crisis care through to inpatient and rehabilitation care then back into community care. The objective is to reduce the number of adult patients admitted out of county for mental health inpatient care when the service is delivered locally. The following services are contributing to the aim;

- The psychiatric intensive care unit opened in July 2017, enabling male patients with the most intensive mental health needs to be cared for locally without the need to travel out of the county. Discussions are taking place regarding a similar unit for women with the focus being on a building that can be used flexibly for delivering a range of bed based services such as acute, high dependency or intensive care.
- In addition, recruitment has started for three other services which are;
  - Psychiatric Clinical Decisions Unit - This is a new service with an anticipated service start date of January 2018. The benefits of the proposed service will contribute to reducing out of area placements and to the wider system in terms of taking patients for mental health assessment that have presented to A&E departments.
  - Enhancement of Crisis Resolution and Home Treatment teams – With an increase in the number of staff in these teams, there will be an increase in home treatment episodes, avoided admissions and facilitated discharges from the inpatient wards. Service expansion expected from January 2018.
  - Bed Managers - It is expected that the introduction of the bed managers will have an immediate effect on the number of patients travelling out of area and more importantly the average length of stay of those patients out of area. Service expansion will be to a seven day service that operates outside of core hours.

### **1.4.2 Neighbourhood Teams**

The aim is to implement Integrated Neighbourhood Care Teams including 'self care' networks across Lincolnshire, which brings together health and care professionals, the third sector, local authority and independent organisations. Each team will serve

a local population of 30-50,000 people. The key outcome is to enable individuals to remain / supported as fit and well and at home for as long as possible.

This work stream continues to be one of the main priorities for the STP and work is well underway, supported by the Better Care Fund, to deliver at least 4 fully operational teams by April 2018, with countywide coverage by April 2019.

- Gainsborough – the integrated neighbourhood team has passed the half way point in its 100 day improvement programme and evaluation of impact to date has been collected and learning is now being shared with the next wave of implementer sites.
- The next wave of implementer sites has been identified and they are all preparing to start their 100 day programme of improvement from October 2017. The five sites are; Spalding and area, Grantham – Rural and Town, Boston, Lincoln South Federation area and Stamford.
- Work has taken place to identify the impact on reducing non-elective admissions for each of the 6 current teams. Work to agree an outcome framework for Neighbourhood Working is on-going.

#### **1.4.3 Implementation of GP Forward View**

The aim is to ensure sustainable, accessible, high quality primary care services are available across Lincolnshire in line with the GP Forward View. GP services are the bedrock of the NHS delivering over 90% of our patient contacts, skilfully assessing undifferentiated patient presentations. In the last three months, the following impact has been seen;

- 26 additional GPs in post via International recruitment.
- 3 Clinical Fellows in place across the county.
- Changes to primary care delivery model are underway, with a number of practice mergers across the county.
- There have been successful applications to deliver clinical pharmacists to work with both GP Practices and the wider Neighbourhood Teams.

#### **1.4.4 Acute Care Reconfiguration**

The STP has been looking at the potential reconfiguration of a small number of vitally important services to ensure sustainability into the future. Work continues to finalise the preferred options that will be consulted on with the public. The services being considered are learning disabilities, hyper acute stroke services, breast care services, Grantham A&E services and women and children services.

- Learning Disabilities – the preferred option and the consultation plan is being considered by the Committee on 11 October 2017, with a regional NHSE Assurance Check Point meeting on 26 October 2017.
- Grantham Hospital A&E – Following the Secretary of States letter to the Committee in August, work continues with local stakeholders to identify a short term solution to extend access to Grantham A&E during this winter and also to agree a sustainable model for the Town in the future.

- In relation to the other three services, work remains ongoing in terms of options for the sustainability of these services into the future.
- In the event of any significant service changes being proposed, full public consultation will be required which would also be subject to scrutiny by the Health Scrutiny Committee in line with its duties.

#### **1.4.5 Urgent and Emergency Care Transformation**

A&E Constitutional Standards are not currently being met within the county and all partners are focused on improving performance to meet these standards over the coming winter. A range of actions are being undertaken for this winter and include;

- Implementing the Urgent Care Streaming Service at Lincoln County and Pilgrim A&Es
- Strengthening the Clinical Assessment Service
- Developing direct admissions to community beds
- Reducing delayed transfers of care
- Implementing a falls pathway
- Enhancing the Transitional Care Service; this new “Quick Response” Service will enable more people to be supported at home rather than conveyed to hospital
- Increasing seven day access to primary care
- The Ambulance Response Programme will assist the East Midlands Ambulance Service to drive efficient behaviours so that the patient gets the right response in a clinically appropriate timeframe.

The NHS will also in the coming months be working hard on flu programmes for patients and staff including proactively communicating with the population about preparing for winter.

#### **1.4.6 Operational Efficiencies**

The aim is to improve operational efficiency and value for money across the system, contributing £60 million savings by 2021. This priority programme is currently focused on the following area;

- Prescribing Programme – progressing well, ten projects identified with savings against plan, including the introduction of clinical pharmacists in the community which supports the GP Forward View.
- Estates Rationalisation – a review of the use of non-clinical estate has been commissioned to develop recommendations for rationalisation; the review is on track to be delivered by the end of this fiscal year. The scope of the review will include exploring the potential for estates efficiencies with non-NHS partners.
- Back Office – the methodical review has started of the potential to merge/collaborate back office functions, initially concentrating on the estates functions and ICT services in the provider trusts.
- Procurement – a number of schemes are progressing; including a system-wide review of the commissioning of pathology services, as well as schemes to maximise the benefit of procuring the more traditional supplies and services.

- Workforce Efficiencies – a significant area of work for which joint discussions are now being co-ordinated through the seven NHS organisations as the operational efficiency opportunities are intrinsically linked to the deployment and development of the workforce, and to the supporting enablers such as IM & T solutions.

#### **1.4.7 Planned Care**

The aim is to manage demand and growth to achieve the best outcomes for patients. There will be an increasing emphasis on self care, closer clinical integration to deliver advice and support plus deliver treatment closer to home. This programme is currently focused on;

- Transformation of Musculo-skeletal services across Lincolnshire – this will be a significant 18 month programme of work, CCGs have given approval to proceed with this development.
- Demand management – this includes four projects; Referral Management Service (RMS), Peer to Peer Review (GP to GP), Advice and Guidance (GP to Consultant) and Prior Approval. These four elements will work together to ensure people are seen quickly and by the right service, this may not be in a hospital setting but a local community service.
- 100 day improvement programme – Lincolnshire has successfully bid to NHSE to become “Wave 2” of the national Elective Care Transformation Programme. The 100 day methodology is a structured, facilitated programme working with front line clinicians to implement transformation at speed. Three specialties have been identified to go through the 100 day programme; dermatology, diabetes and ophthalmology with the work commencing in November 2017.

#### **1.5 Other enabling programmes**

The seven priorities are all supported by a number of enabling work streams covering:

- Technology – this includes various technological and technical solutions such as technological infrastructure (e.g. networks) and telehealth solutions.
- Estates – ensuring the estate is able to support the delivery of the service reconfiguration agenda and the new care models whilst keeping the fabric of the hospitals and care facilities safe.
- Workforce and organisational development – ensuring that the workforce has the right skills, in the right place, at the right time to provide the appropriate care. The workforce plans are being developed to ensure that the recruitment and training of staff will allow the appropriate roles to be filled.
- Finance – ensuring system financial leadership and utilising collective available financial resources to support the delivery of the system-wide priorities.
- Communication and engagement – ensuring robust and meaningful engagement with patients, carers, staff and stakeholders to support the successful implementation of the STP.

### **1.5.1 Capital**

It is currently estimated that a sum of £205 million may be required to meet service redesign needs. This is dependent on a number of issues to be addressed including but not exclusive to the outcome of the acute care (service) reconfiguration.

This year, NHSE requested bids from across the country for national capital funding; Lincolnshire submitted 2 bids as part of this process. The bids are for acute services at United Lincolnshire Hospitals NHS Trust (ULHT) and mental health services.

In parallel to these bids, seven Outline Business Cases are being developed, with a completion date of end of March 2018, for community services such as primary care hubs and / or redesign of community buildings. These Outline Business Cases will be used when / if there are further requests from NHSE for bids for further national capital funding.

In addition, an eighth outline business case is being developed to address the reconfiguration (rationalisation) of non-clinical buildings. All work is being done in conjunction with One Public Estate. One Public Estate is a national programme delivered by the Cabinet Office Government Property Unit and the Local Government Association. It provides practical and technical support and funding to public sector organisations to deliver property-focused programmes.

Lincolnshire STP has formed a Capital & Estates working group that is collaboratively working together to ascertain future capital and estate requirements, having both scoped short and medium term future need against current estate.

ULHT are working on the required back log maintenance and fire risk issues as well as modelling the impact of the changes in provision of both the STP plan and its own internal 20/21 transformation project.

The STP is fully committed to developing the role of community hospitals across the county. We are working with stakeholders to identify the role of these sites in the future. It is expected that there will be a network of community hospitals to work with our developing neighbourhood teams, providing support for tests and x-rays, outpatient appointments with doctors and other health professionals, and a limited number of beds. These sites will provide essential infrastructure from which to deliver more care closer to local communities.

We are concerned about the quality of estate at both Louth and Skegness Hospitals and know we need to address this issue. The Outline Business Case for Louth Hospital will support this work and whilst there are currently no specific plans, we look forward to engaging with the public and their representatives about this in the future.

### **1.5.2 Information Management & Technology (IM&T)**

In the last two years, Lincolnshire has been successful in securing £5 million to support transformation of services using IM&T. One example of this type of transformation is the Care Portal: the vision is to deliver a single integrated

electronic view of the patient, embed self-help and signposting as a core part of the NHS, and to provide an integrated view of demand, capacity and availability of services.

## **2. Consultation**

This is not a consultation item at this stage. As stated in paragraph 1.4.4 above, where there is a requirement to consult on major service reconfigurations, the Health Scrutiny Committee will be invited to consider proposals as required.

At this stage it is not expected that there will be any consultation on significant changes prior to the spring of 2018.

## **3. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy**

The Sustainability and Transformation Partnership plan utilised the Joint Strategic Needs Assessment as a key source of demographic information upon which to build the Case for Change and identify the key priorities.

The seven key priorities identified above are linked to, and align with, the Health and Wellbeing Strategy and work is currently taking place to ensure even closer working with the Health and Wellbeing Board as its revised priorities are confirmed.

## **4. Conclusion**

The report outlines the background to the evolution of the STP, highlights the main priorities, and articulates the work areas that are progressing and developing to address those priorities.

It is presented to inform the Health Scrutiny Committee of current progress in delivering the STP.

## **5. Appendices**

There are no appendices attached to this report.

## **6. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Sarah Furley, who can be contacted on 01522 307315 or [sarah.furley@lincolnshireeastccg.nhs.uk](mailto:sarah.furley@lincolnshireeastccg.nhs.uk)

# Agenda Item 6

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of John Turner, Accountable Officer South and South West Lincolnshire Clinical Commissioning Groups/Lincolnshire STP Senior Responsible Officer

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>11 October 2017</b>
Subject:	<b>Learning Disabilities: Consultation on the Permanent Closure of Long Leys Court</b>

**Summary:**

The Health Scrutiny Committee for Lincolnshire is requested to consider the proposed consultation document and consultation plan.

**Actions Required:**

The Health Scrutiny Committee for Lincolnshire is requested to consider and comment on the proposed consultation plan.

## 1. Background

*Planning, Assuring and Delivering Service Change for Patients*, published by NHS England / Operations and Delivery 1 November 2015, sets out the required assurance process commissioners follow when conducting service reconfiguration. Its purpose is to provide support and assurance to ensure reconfiguration can progress, with due consideration for the four tests of service change which the Government mandate requires NHS England to test against. There must be clear and early confidence that a proposal satisfies the four tests and is affordable in capital and revenue terms.

The Government's four tests of service reconfiguration are:

- Test One: Strong public and patient engagement
- Test Two: Consistency with current and prospective need for patient choice
- Test Three: A clear clinical evidence base
- Test Four: Support for proposals from clinical commissioners

Test Five was introduced in 2017 where significant hospital bed closures will result from proposed service reconfigurations, NHS England will in future require Sustainability and Transformation Partnerships to meet a 'fifth' new test in addition to the four.

**The guidance highlights formal consultation may not be required in every case, and this decision should be made in collaboration with the local Overview and Scrutiny Committee.**

### Background

Prior to 2015, learning disabilities services in Lincolnshire consisted of Long Leys Court (Lincoln), a unit of 16 beds, with eight assessment and treatment beds and eight rehabilitation beds. Community services included a dispersed range of health professionals located across the county.

Long Leys Court was temporarily closed in June 2015 due to quality and safety concerns. Following a period of engagement with people with learning disability and autism, staff and stakeholders, an interim community service was launched in April 2016 as an alternative to admission to a specialist learning disability bed. By exception where a specialist learning disability bed is still the most appropriate intervention this is commissioned from private quality assured providers (there is one provider in county all other providers are out of county).

Commissioning the interim service model as a permanent/ substantive replacement for specialist learning disability beds at Long Leys Court has been assessed against the five tests and is the preferred option.

- **Test 1** The new service model was developed using feedback from engagement events held in autumn/ winter 2015 and joint working with the Learning Disability Partnership Board and Autism Partnership Board. People with lived experience were employed to inform ongoing engagement and service development.
- **Test 2** Service choice has been increased through: the Crisis Home Assessment and Treatment (CHAT) Team providing an alternative to hospital admission; the community service offering better access to integrated care closer to home; and the liaison service facilitating improved access to mental health and general health services. For the first time a diagnostic service is available to adults with autistic spectrum conditions. In the exception where a specialist bed is the only option, there are a number of quality assured providers including a provider in county. The equality analysis has also highlighted positive benefits for the protected characteristics; disability, age and sex with no significant negative impact on protected characteristics overall.

- **Test 3** The temporary closure meant that the progress with the national Transforming Care programme was accelerated to enable a new model of care to be introduced. Returning to the status quo is not an option as it contravenes national policy outlined in 'Transforming Care'. Having a learning disability /and or autism is not a reason for admission to hospital and there is a need to ensure those experiencing poor mental health or behaviours of concern are enabled, as far as possible to be treated and supported in their own communities with access to the same range of mental health services as the rest of the population.

Evaluation of the Interim service has been positive e.g. only 10% of those using CHAT team were eventually admitted to hospital and in 2 of those cases admission was because they were referred at a too late (severe) stage for admission to be prevented. Results of satisfaction surveys (17 to date) report a 96% satisfaction rate.

There has been a net STP footprint saving of £635,000.

- **Test 4** Commissioning the interim service model as a permanent/substantive replacement for specialist learning disability beds at Long Leys Court is supported by Lincolnshire CCGs as the preferred option to engage with patients and public.
- **Test 5** There has been a significant reduction in use of specialist learning disability beds from 21 in 2014/15 -21 to 2 to date in 2017/18. The Clinical Senate reviewed proposals in February 2017 and said: *"There did not appear to be a strong argument for maintaining inpatient beds as there is evidence that effective community working will reduce the need for such beds to the point they cannot be effectively or safely provided and where needed in a crisis can be offered out of county by a private provider."*

## 2. Consultation

On 5 February 2017 the Health Scrutiny Committee reviewed the proposals and recommended a 13 week public consultation in line with the wider STP Consultation on service change.

On 2 August 2017 the Lincolnshire Joint (Shadow) Commissioning Committee noted the consultation on the permanent closure of Long Leys Court would be delayed if it continued to run in parallel to the consultation on the STP acute hospital reconfiguration and recommended that the learning disability consultation is run as a separate consultation to acute hospital reconfiguration options for Lincolnshire.

The Health Scrutiny Committee is being consulted on the proposed consultation plan. The dates for the consultation will be informed by discussion with the Health Scrutiny Committee.

### 3. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

The services change described in the report supports the Joint Strategic Needs Assessment as highlighted below.

**Learning Disabilities:** *Transforming Care should be and is a key driver informing the design of local services. Mental health and health liaison is already having a positive impact on improving access to wider health services and longer term we expect health liaison services to increasingly impact on improving access in primary care and health outcomes.*

**Autism:** *In addition to impacting on health inequalities as described above, the service proposal specifically enables identification and diagnosis of autism in adulthood.*

**Carers:** *In exception, when a hospital admission cannot be avoided a very small number of carers may need to travel further. This is far outweighed by the additional care and support provided to carers closer to home.*

### 4. Conclusion

The proposed service meets the 5 tests for service change, has been well received by those using services and has universal support across commissioners, the provider and clinical community.

In February 2017 the Clinical Senate said:

*“Overall a fantastic example of good practice and culture change and the Clinical Senate were in support of their preferred option.”*

### 5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Draft Learning Disabilities Consultation Document – Lincolnshire Sustainability and Transformation Partnership
Appendix B	Learning Disabilities: Permanent Closure of Long Leys Court – Consultation Plan

### 6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Annette Lumb, Head of Planning and Corporate Governance, Lincolnshire West Clinical Commissioning Group (Sustainability and Transformation Partnership Lead for Service Reconfiguration), who can be contacted on 01522 307315 or [annette.lumb@lincolnshirewestccg.nhs.uk](mailto:annette.lumb@lincolnshirewestccg.nhs.uk)

DRAFT

## **Learning Disabilities Consultation**

**We would like your views on the future of the  
Learning Disabilities Service in Lincolnshire**

**[insert dates of consultation here,  
e.g. 13 November 2017 – 28 February 2018]**

## **What this consultation is about**

This consultation is to find out what people who use our services, families, people caring for others, the wider public and other stakeholders think about our proposals for health services for people with learning disabilities across Lincolnshire.

We want to find out what people think, before the Clinical Commissioning Group Council makes a final decision in 2018.

## **Our vision**

We want people with learning disabilities (LD) and/or autistic spectrum disorder (ASD) living anywhere in Lincolnshire to live well in their communities and to have access to the best possible care whenever they need it, especially when they are very ill.

We think that people should not be admitted to stay in hospital unless it is absolutely necessary. We think that by creating accessible, safe, community services we can serve people with learning disabilities better, closer to where they live and closer to their families and people who support them.

We want to ensure that people with a learning disability and/or autistic spectrum disorder have the same access to health and social care services as those who do not have a learning disability and/or autistic spectrum disorder.

Our ambition is for people to receive care and treatment in the community, and should only go to hospital when absolutely necessary and that any stay in hospital is as short as possible.

## **Background**

It is widely recognised that general health is often poorer for people with a learning disability, much of which is avoidable. It is also the case that often the health need, whether mental health or physical health, will not be recognised as early, and as such is often not treated early enough. Additionally, sometimes symptoms of an illness are incorrectly associated with a learning disability or autistic spectrum disorder, and so may not be recognised at all, or early enough.

The impact of these health inequalities is serious, because as well as potentially having a poorer quality of life, on average, people with learning disabilities tend to die at a younger age than people without a learning disability.

### **The situation until 2015**

Until 2015, learning disabilities services in Lincolnshire involved a dedicated inpatient unit as well as services in the community. These were provided by a range of different health professionals around the county employed by Lincolnshire Partnership NHS Foundation Trust (LPFT).

Inpatient services were provided at Long Leys Court in Lincoln, a unit with 16 beds: eight assessment and treatment beds, and eight rehabilitation beds.

People using services and their families told us that the community services were fragmented, and access, availability and quality varied widely in different parts of the county.

## **The national Transforming Care Programme**

In 2015, a new national agenda was set for learning disabilities services called Transforming Care. This new agenda called for:

- Greater empowerment for people and families
- Less reliance on inpatient care
- Greater emphasis on community services
- Stronger emphasis on personalised care.

Working with clinical colleagues and people using the existing service, we undertook a review of the way community services worked and began to think about what we needed to do to develop services that met these new standards.

## **Temporary closure of the inpatient learning disability service**

In June 2015 a decision was made to close Long Leys Court, Lincoln on a temporary basis, following reports of a number of incidents which had occurred in the unit.

These incidents caused LPFT and commissioners in Clinical Commissioning Groups in Lincolnshire to have serious concerns about the care provided at the unit.

Alternative placements were required for a small number of people and the final person left Long Leys Court in November 2015.

Everyone who was in the unit was found an appropriate place for their care – and time was taken to do this properly. This involved the families of those people who were affected.

The unit has remained subject to temporary closure since this date whilst the incidents were investigated. There is a set of learning points from these investigations that we are working on and taking very seriously.

As part of this difficult situation and to make sure services were available whilst the inpatient unit was temporarily closed, we moved the people and the investment into community services.

As a result of this change, we believe that a better community based service has been developed, that also delivers the national Transforming Care programme objectives.

This new, community based, service has been well received by service users and their families and people who care for and support them.

We protected the investment in learning disability services in Lincolnshire and simply transferred the money from the inpatient service into the enhanced community service. Most of the investment is used for the staff who deliver the service – nurses, doctors, psychologists, occupational therapists, liaison nurses and support staff.

## **The current learning disabilities service**

Following the temporary closure of the inpatient service at Long Leys Court and the need to design a new service, extensive engagement was undertaken with patients, family members, staff and the wider public to explore what already worked well in learning disabilities services in Lincolnshire, and what could be better.

To engage with people, a number of staff events, away days, steering groups and meetings, and four external stakeholder events were held with around 90% service user carer attendance.

During this engagement, people we spoke with told us that: -

- The existing learning disability service was found to be helpful, however knowing what was available and navigating services was really difficult
- Access to the service is difficult. Families told us that they would like “hubs” and someone available to talk to close to where they live.
- Many people/professionals do not understand Autism and the needs of people living with this condition.
- There were gaps in services. Criteria to get into services were very tight and often it was difficult to refer people for ongoing support as there is no one else to refer to. This meant that people were “held” in health services as nothing else was available.
- The teams delivering services were concerned that sometimes services were too reactive and that reactive interventions could overshadow the proactive work done with families and people.
- That intensive specialist support needed to be separate from the community teams and available for when people had a crisis.

This feedback was used to inform the development of a new integrated community service, which has been in place since 1<sup>st</sup> April 2016.

The service is now delivered across Lincolnshire by a total of five teams. Each multi-disciplinary team comprises different professionals specifically trained to specialise in learning difficulties and ASD. Teams include professionals such as doctors, nurses, psychologists and social workers. Four teams are based in communities, one in each of the four Clinical Commissioning Groups in Lincolnshire, covering the whole of Lincolnshire to reduce travel and ensure local service delivery for service users.

The four community teams provide support for people with learning disabilities to access mainstream physical and mental health services, as well as specialist proactive behavioural support, psychiatry, psychology, speech and language therapy, occupational therapy and physiotherapy assessment and care planning for people with a learning disability. The service also offers autism spectrum disorder (ASD) diagnosis pathways, and support to help people with autism, access mental health and physical health. The teams are operational through the hours of 9am – 5pm Monday to Friday.

The fifth team is a countywide Crisis Home Assessment and Treatment (CHAT) team, which operates 24 hours a day, seven days a week, to provide intensive support in service users’ homes. This can sometimes be needed in order to support a person or a family or when there is an unexpected event or crisis in a person’s life. This is an important part of the service response as it is available 24/7 and accessed through a single route in.

On rare occasions when people need more than the community service, we provide more intensive support into the person's home environment. Sometimes a person will need to have inpatient care in specialist care homes or hospital, with the CHAT team providing support.

Service users with a learning disability, who are able to access mainstream mental health crisis and inpatient services, can use these services whilst receiving support from specialist liaison staff to facilitate the necessary adjustments and assistance.

This is particularly important when a person with a learning disability is admitted to any hospital. The specialist liaison staff are very important in supporting people with a learning disability who make have to go to either a general hospital for treatment or be admitted into a mental health bed.

On rare occasions there are some patients with a learning disability who also present an immediate risk to self or others, requiring detention under the Mental Health Act and admission to a specialist learning disability hospital. We have never had such highly specialist beds in Lincolnshire and so for these patients a specialist inpatient bed is sought outside of the county. Since 1 April 2016, when the new community model became fully operational, only three service users have needed to be admitted into a specialist learning disability hospital.

Before any admission to a mental health or learning disability hospital outside of Lincolnshire is agreed, a care and treatment review is held involving the person and their family. This aims to ensure the person's immediate safety, that appropriate care needs are in place, and that a plan is developed to manage the transition out of hospital and rehabilitation.

The care and treatment review is undertaken by a specialist team, including clinicians, and is an important way of making sure that people receive the right care for their needs.

Only a small number of people are placed out of Lincolnshire each year when it is needed under the Mental Health Act.

There may always be a small number of people who go out of Lincolnshire in the future – however we are working together to try to reduce this because some of the units are a distance away and this affects families who wish to visit.

## **Benefits and drawbacks of the current service**

We believe the new community-based learning disabilities service has improved health services for the people that it serves, and has the following key benefits:

- A more holistic, integrated service that provides fair and equal access to mainstream physical and mental health services wherever possible.
- Provision of support and training for carers and care providers to ensure service users receive support 24/7 within their home environment whenever possible.
- Greater joint working opportunities with other local organisations so that knowledge and skills are shared, leading to more joined-up packages of care and a reduction in multiple assessments.
- Intensive crisis support and home treatment in the community to prevent unnecessary admissions to hospital and help prevent admission into specialist care homes.
- Protection of all of the investment that was made into the service from when the inpatient unit was open at Long Leys Court. We are still spending the same amount of money (approximately £5 million pounds) but in a different way (by investing that money in community services).

## **In Summary**

Overall, we believe that the new, community based, learning disabilities service has been a major improvement, and this is supported by feedback from users and staff.

We have put this new community service in place whilst the inpatient unit was temporarily closed.

The current community service has significantly reduced or eliminated the delays that often occurred between different teams of professionals, and ensures that most patients are treated in their own home.

Access to, and quality of, community services is now much more equal across Lincolnshire.

The four team hubs are in Boston, Lincoln, Spalding and Grantham.

In addition the Crisis Home Assessment and Treatment (CHAT) team is in place, which operates 24 hours a day, seven days a week, to provide intensive support in service users' homes. This was not available before and gives people round the clock access when they most need it.

The CHAT team and the hub teams work together.

The investment in learning disability services is the same with the new community based service as it was with the old inpatient service – this is approximately £5 million pounds per year.

We believe we have added to what is available for people – rather than taking any services away. We know that thinking about closing a building is difficult and also closing beds. However we also believe we are using the money in a better way that is not wrapped up in bricks and mortar and is more about supporting people closer to home and at home in order to support them and their families to live well.

## **Where we are now**

As part of the changes we made when the inpatient unit in Lincolnshire (Long Leys Court) was temporarily closed, we talked to a lot of people about what they wanted the future service to look like.

Some people told us that they liked having the inpatient service and some people told us that the service was difficult to get into – so views were mixed.

From the difficult decision to close the inpatient service at Long Leys Court in Lincoln in July 2015, we have worked to create a community based service with specialist teams providing care close to where people live. Our aim is to support people to live well and to provide specialist care reaching in to communities.

We have put in place community teams to do this – and protected the investment in the learning disability service for people in Lincolnshire.

We believe this is a better model of care and this fits with best practice nationally as set out in Transforming Care.

There has been a lot of learning, both nationally and locally about how best to provide care for people with a learning disability and we believe community services give a better service to people and their families.

We now need to consult with stakeholders on the future of the current community service and to ask for as many views as possible in this important debate.

## **Proposal to retain the current community service**

We believe that the current community service has proved very successful and we believe that it should be retained in its current form.

We also believe that there is no longer a requirement for a dedicated inpatient unit in Lincolnshire.

## Tell us what you think

We want as many people as possible to get involved and tell us what they think, your views are important to us.

You can find out more about learning disabilities services and this consultation at [www.xxx.org.uk](http://www.xxx.org.uk). Here you can also find out what events and activities are planned in your area for us to speak about this consultation and to hear views.

Please give your feedback using the online questionnaire at [www.xxx.org.uk](http://www.xxx.org.uk) or by completing the questionnaire at the end of consultation document. Please cut out the questionnaire, complete and send it to: **To be confirmed**

If you would like to contact us direct you can call the **to be confirmed** Team on **To be confirmed** or email **To be confirmed**

This document and the questionnaire are available in easy read format. If you would like an easy read copy please contact: **to be confirmed**. Should you require a copy of this document in another language or format, please contact: **to be confirmed**.

We will take your feedback and put it all together and share it openly. We want the decision making around this important service to be as open and transparent as possible. We want as many people as possible to give us their views. Ultimately a decision will have to be made about the shape of the services that are available in Lincolnshire for people with a learning disability. This will be taken by the Clinical Commissioning Group Council – however we would like as much information and debate as possible to inform this decision.

Thank you.

## Who we are

In Lincolnshire we have four Clinical Commissioning Groups (CCGs) that bring together local GPs and health professionals to commission (plan, buy and quality monitor) health services locally on behalf of our patients. CCGs aim to ensure health services – including community health, mental health and hospitals – deliver safe, effective care and treatment when you need them.

South West Lincolnshire CCG is the lead commissioner for planning, organising and buying mental health and learning disability services in Lincolnshire on behalf of all four CCGs in the county.



The four CCGs in Lincolnshire are:

### **NHS Lincolnshire East CCG -**

consists of 30 GP member practices, who serve 240,000+ people living in Boston, East Lindsey, Skegness and Coast

### **NHS Lincolnshire West CCG -**

consists of 37 GP member practices, who serve 230,000+ people living in Lincoln, Gainsborough and surrounding villages

### **NHS South Lincolnshire CCG -**

consists of 15 GP member practices, who serve 134,531 people living in Welland and South Holland

### **NHS South West Lincolnshire**

**CCG -** consists of 19 GP practices, who service 128,000 + people living in Grantham, Sleaford and surrounding villages.

South West Lincolnshire CCG commissions Lincolnshire Partnership NHS Foundation Trust (LPFT) as the principal provider of NHS mental health and learning disability services in Lincolnshire.

LPFT is committed to working in partnership with staff, patients and carers to continuously improve the quality of care it provides, delivering safe services with a focus on recovery and ensuring service users are at the heart of everything it does. The organisation recognises the importance of ensuring its services are fair and equitable to all and it celebrates the diversity of its service users, carers and staff.

The four CCGs and LPFT are committed to involving patients, the public, partners and key stakeholders in the development of future services, identifying priorities and understanding the health needs of their population.

# Learnings Disabilities Consultation Questionnaire

Please read the consultation document or go online for information about our proposals. Please complete this questionnaire and return it **FREEPOST by 28 x date 2018**; or give your feedback online at [www.xxx.org.uk](http://www.xxx.org.uk)

*We believe people with learning disabilities (LD) and/or autistic spectrum disorder (ASD) living anywhere in Lincolnshire should have access to the best possible care whenever they need it.*

*We think that people should not need to stay in hospital unless it is absolutely necessary.*

*Our ambition is for people with a learning disability and/or autistic spectrum disorder to receive care and treatment in the community, and to only to go to hospital when absolutely necessary and for as short a stay as possible.*

**Q1. To what extent do you agree or disagree with our ambition for caring for people with a learning disability and/or autistic spectrum disorder?**

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*In June 2015 a decision was made to temporarily close the inpatient unit. The unit has remained closed and a new community based service has been developed, aligned to the national Transforming Care programme. The new service is delivered across Lincolnshire by five multi-disciplinary teams made up of professionals specifically trained to specialise in learning difficulties and ASD.*

**Q2A. Have you used or had any experience of the new community service?**

Yes – as a service user with LD and/or ASD	<input type="checkbox"/>
Yes – as a family member/carer for somebody with LD and/or ASD	<input type="checkbox"/>
Yes – as a member of NHS staff/healthcare professional	<input type="checkbox"/>
Yes – in some other capacity (please specify)	<input type="checkbox"/>
<div style="border: 1px solid black; width: 200px; height: 30px; margin: 0 auto;"></div>	
No	<input type="checkbox"/>

**Q2B. Based on any experience or awareness you have, how satisfied or dissatisfied are you with the new service?**

Very satisfied <input type="checkbox"/>	Fairly satisfied <input type="checkbox"/>	Neither satisfied nor dissatisfied <input type="checkbox"/>	Fairly dissatisfied <input type="checkbox"/>	Very dissatisfied <input type="checkbox"/>	Don't know <input type="checkbox"/>
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**Q2C. If you have any feedback about the new community service, please use the box below to tell us:**

*We believe that the current community service has proved very successful in:*

- *Ensuring that most patients are treated in their own home*
- *Reducing the delays that often occurred between different teams of professionals.*
- *Making the accessibility and quality of community services much more equal across Lincolnshire*

*On that basis, we believe the current community service should be retained into the future.*

**Q3. To what extent do you agree or disagree with our proposal to retain the existing community service in its current form?**

Strongly agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree nor disagree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>	Don't know <input type="checkbox"/>
--	---	--	--	---	--

**Q4. To what extent do you agree or disagree that learning disabilities services can be sufficiently delivered across Lincolnshire without the need for a specialist inpatient unit?**

Strongly agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree nor disagree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>	Don't know <input type="checkbox"/>
--	---	--	--	---	--

**Q5. Are there any comments that you would like to make about any aspect of the proposal, or are there any alternatives that you think should be considered?**

DRAFT

# INFORMATION ABOUT YOU

What is your full postcode?

This will help us understand views in different areas

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If you are responding on behalf of an ORGANISATION, which organisation do you represent?

Please give us the name of the organisation and any specific group or department.

Please also tell us who the organisation represents, what area the organisation covers and how you gathered the views of members.

PLEASE ANSWER IN THE BOX BELOW

If you are providing your own PERSONAL RESPONSE, please answer the questions below...

The CCGs have a duty to promote equality and we want to make sure that we include all parts of the community in our consultation, but these questions are optional. We will take all consultation responses fully into account when making decisions, regardless of whether you provide your details.

PLEASE TICK ✓ ONLY ONE BOX FOR EACH QUESTION

What was your age on your last birthday?

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Under 16          | <input type="checkbox"/> 55 to 64   |
| <input type="checkbox"/> 16 to 24          | <input type="checkbox"/> 65 to 74   |
| <input type="checkbox"/> 25 to 34          | <input type="checkbox"/> 75 to 84   |
| <input type="checkbox"/> 35 to 44          | <input type="checkbox"/> 85 or over |
| <input type="checkbox"/> 45 to 54          |                                     |
| <input type="checkbox"/> Prefer not to say |                                     |

What is your gender?

- Male  
 Female  
 Prefer not to say

What is your ethnic group?

- White  
 Mixed or multiple ethnic groups  
 Asian or Asian British  
 Black, African, Caribbean or Black British  
 Any other ethnic group  
 Prefer not to say

Do you consider yourself to have a learning disability and/or ASD?

- Yes  
 No  
 Prefer not to say

Do you consider yourself to have any other kind of disability or long term condition?

- Yes  
 No  
 Prefer not to say

Do you look after, or give any help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health/disability or problems relating to old age?

- Yes  
 No  
 Prefer not to say

Are you employed by the NHS?

- Yes  
 No  
 Prefer not to say

**THANK YOU FOR YOUR TIME**

Please return the questionnaire by 28 February 2018 to XXXXXXXXXXXXXXXX to:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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# Learning Disabilities: Permanent closure of Long Leys Court - Consultation Plan

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Version: 0.1 DRAFT

Prepared by: Diane Hansen, Head of Engagement & Inclusion, South West Lincolnshire CCG

## Version history

Version	Date	Comments
0.1	19 <sup>th</sup> September 2017	First draft

## Circulation list/document approval

Title/Group	Name, title	Signature/reference to evidence approval	Date

## Introduction

This documents sets out how we intend to meet our statutory duties as both CCGs and NHS Trusts in relation to the proposed permanent closure of Long Leys Court. The legalisation is set out in:

- NHS Act 2006, s.242 – for NHS trusts
- NHS Act 2006, s.14Z2 – for CCGs

It is our intention to meet these duties by involving key stakeholders in a series of events across the county and provide an opportunity for service users, families and carers to respond to this consultation.

## Background

In June 2015 a decision was made to close Long Leys Court on a temporary basis, following initial reports of a number of incidents which had occurred in the unit. These incidents caused the Trust and commissioners to have serious concerns about the care provided at the unit. Alternative placements were required for a small number of people and the final person left Long Leys Court in November 2015. The unit has remained subject to temporary closure since this date and a community based service has been developed, aligned to the national Transforming Care programme. This new service has been well received by service users and their families and carers.

The unit has remained closed and the new community based service has continued to be developed and is now delivered across Lincolnshire by five multi-disciplinary teams made up of professionals specifically trained to specialise in learning difficulties and ASD. Our proposal is to continue the community service and therefore permanently close Long Leys Court inpatient unit.

A number of events were held in 2015 to hear views from service users following the temporary closure of Long Leys court. Countywide events were held with service users to ensure that we communicated the reasons for the closure and how the new model would be implemented. Further events were held 2016 where we invited service users to review the Transforming Care plan (easy read version) and to hear about patient experiences. These have been fed into the continuing development of the service through the Transforming Care Board, lead commissioner South West Lincolnshire Clinical Commissioning Group and lead provider Lincolnshire Partnership Foundation Trust.

## Engagement approach

To enable meaningful engagement with patients, carers, staff and stakeholders we intend to a number of roadshow events across the county. We will visits local groups and have media coverage to increase participation and give patients and key stakeholders an opportunity to share their views and experiences.

We will work with partners such as Lincolnshire Autism Partnership Board and Lincolnshire's Learning Disability Partnership Boards and HealthWatch Lincolnshire to understand the best way of involving service users and to encourage participation.

For those stakeholders, patients, carers and families who are unable to attend a roadshow event we will have a survey available to complete. This will be available in a number of formats to encourage participation and will be available online and in paper.

An activity planner is available below which indicates the activities which will be required to ensure that a robust consultation is completed.

## Evaluation

The consultation activity and survey results will be evaluated and presented to the Transforming Care Board and the Governing Bodies of the four CCGs.

The results will be communicated with the stakeholder boards and published in a number of formats.



# Agenda Item 7

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Richard Wills, the Director Responsible for Democratic Services

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>11 October 2017</b>
Subject:	<b>Lincoln Walk-in-Centre – Decision of Lincolnshire West Clinical Commissioning Group</b>

**Summary:**

On 27 September 2017, Lincolnshire West Clinical Commissioning Group (LWCCG) Governing Body decided: *"To continue to implement plans to enhance primary care services and raise awareness of the public as to the alternative provisions available and subject to evidence-based reviews by the Governing Body in November 2017 and January 2018 in the key areas of: university students; children under-five; additional primary care appointments; and access for patients requiring treatment at weekends, to close the Lincoln Walk-in-Centre at the end of the winter period."*

The Committee is requested to consider the next steps.

**Actions Required:**

The Health Scrutiny Committee is recommended: -

(1) To note the decision of the Lincolnshire West Clinical Commissioning Group Governing Body on 27 September 2017 on the Lincoln Walk-in-Centre, which is set out below: -

*"To continue to implement plans to enhance primary care services and raise awareness of the public as to the alternative provisions available and subject to evidence-based reviews by the Governing Body in November 2017 and January 2018 in the key areas of:*

- *university students;*
- *children under-five;*
- *additional primary care appointments; and*
- *access for patients requiring treatment at weekends*

*to close the Lincoln Walk-in-Centre at the end of the winter period."*

- (2) To seek updates from the Lincolnshire West Clinical Commissioning Group on 13 December 2017 and 21 February 2018 (following each Governing Body meeting of the CCG) as to the progress made on providing alternatives to the Lincoln Walk-in-Centre, including the four items listed in the Governing Body's decision.
- (3) To seek assurances and evidence as part of the updates that alternatives to the Lincoln Walk-in-Centre are in place, before the Committee will make a decision on whether it can support the closure or decide any other future action.

## **1. Consultation on the Lincoln Walk-in-Centre**

On 12 June 2017, Lincolnshire West Clinical Commissioning Group (LWCCG) launched a consultation on the future of the Lincoln Walk-in-Centre. Initially the closing date for the consultation period was set at 6 August, but was extended by LWCCG to 18 August 2017.

### Content of the Consultation Document

LWCCG stated the following reasons in the consultation document for proposing the closure of the Walk-in-Centre:

- The majority of patients using the Walk-in-Centre can be seen more appropriately by alternative NHS services or by treating conditions themselves through self-care.
- There is a need to ensure NHS resources are being spent in the most effective way.
- There is public confusion about which NHS services to use depending on the condition or treatment required.
- The Walk-in-Centre is not being used by all people in Lincolnshire, creating inequality within the county.

LWCCG also stated in the consultation document that most people who use the Walk-in-Centre are either students and/or patients registered with central Lincoln GP surgeries. Research indicates 95 per cent are discharged following minor treatment or receiving guidance and advice. 50 per cent of these patients received guidance and advice only and would therefore benefit from access to self-care support initiatives. The remaining 50 per cent received 'minor treatment' which includes treatment of minor ailments such as a cold or conjunctivitis which could be treated using over the counter medicines from local pharmacies with a smaller number of patients needing to be seen by their GP.

LWCCG stated that many patients who use the Walk-in-Centre do not need to do so, and can be treated more appropriately elsewhere. There are various reasons for this:

- Real or perceived difficulties in getting an appointment with a GP, and seeing a doctor 'out of hours';
- Some patients don't know their pharmacists have been specifically trained to deal with minor health conditions;
- A lack of awareness that some conditions do not need to be seen by a medical professional and can instead be treated through self-care;
- Patients can currently choose between their GP, the Walk-in-Centre, NHS 111, pharmacies, and self-care support initiatives. Choice is important, but can often be confusing and cause unnecessary duplication in services.

LWCCG also indicated there was a need for the NHS to communicate better with the public about the services on offer. The NHS must make choice and access simple, to ensure that patients are going to the right place, first time.

## **2. Responses to the Consultation**

### Responses from the Public

The report to CCG Governing Body indicated that 2,765 responses were received to the consultation, including formal responses. Of the responses received, 94% did not support the proposal to close the Walk-in-Centre. The reasons given in the consultation responses were summarised as concerns relating to the availability of GP appointments and the potential impact on local A&E and urgent care services.

### Response of the Health Scrutiny Committee to the Consultation

The Health Scrutiny Committee for Lincolnshire formed a working group to consider the detail of the consultation, which met on 14 July and 1 August. The consultation was also considered by the Committee on 19 July 2017. Following these meetings, a response was prepared and submitted on 17 August 2017. The Committee's response is attached at Appendix A to this report.

### Other Official Responses

In accordance with the decision of Lincolnshire County Council on 12 July 2017, Councillor Sue Woolley, the Executive Councillor for Health and Community Engagement, submitted a response to the consultation on 17 August 2017 on behalf of Lincolnshire County Council.

According to the papers submitted to LWCCG's Governing Body, official responses also included submissions by Healthwatch Lincolnshire, Lincoln City Council, Lincolnshire Community Health Services NHS Trust, and United Lincolnshire Hospitals NHS Trust.

### Summary of Key Issues Raised During Consultation

In addition to the 2,765 survey responses received as part of the public consultation, LWCCG spoke to 466 people at 50 engagement events, including the five public meetings organised by LWCCG, pre-planned drop in sessions at various locations,

including the Walk-in-Centre and GP practices, and meetings organised by key stakeholders, such as the Lincoln City Council Neighbourhood Board meetings.

The engagement events gave LWCCG the opportunity to speak face to face to groups of people who were identified as being potentially the most affected by our proposals, such as parents of children under 12, homeless/vulnerable adults, students, and migrant communities. From the events LWCCG was able to get a better understanding of people's view but also explain in more detail some of the key information regarding our proposals.

A brief summary of the key themes reported to LWCCG's governing body is set out below:

### GP Access

There is clearly a real or perceived view that there is significant variation in people's ability to access services at their GP practice. Some people feel they can get appointments when they want them, some don't, some practices offer walk-in-clinics, some don't, some practices offer some form of extended access, some don't, some practices have a higher ratio of GP to patients, others have a lower ratio, and so on and so forth. Many see the Walk-in-Centre as a safety net for when they think they are unable to see someone at their own GP practice in a timely manner. People also have high expectations and a demand for convenience which needs to be managed carefully going forward.

### Alternative Services

A lot of people are confused about what services are available and where to go for help. Similarly to GP practices, there seems to be huge variation in what services and support is being offered at pharmacies. Whilst there has been some really positive feedback on NHS 111, there is clearly a lack of confidence in the service and a lot of work needs to happen to restore people's confidence if we are to expect people to see NHS 111 as a viable alternative to the Walk-in-Centre if it were to close. There was also a lack of awareness of the GP Out of Hours service in Lincoln, and once they knew about it, many people felt reassured that extra support was already available when their own GP practice is closed. A lot of people were already concerned about capacity at A&E and that more pressure would be put on the service if the Walk-in-Centre was to close.

### Self-Care

There is a general lack of knowledge and confidence in people's ability to self-care. Parents with young children no longer feel that advice and support is available since health visitors have become less accessible. Organisations who support homeless people and vulnerable adults feel this cohort of people will simply not be able to self-care. Students, many who are living away from home for the first time need better access to information on how minor illnesses and conditions should be treated, and where to go for advice and support. People who are from migrant communities or people who are deaf, hard of hearing, blind or partially sighted, need information on self-care in more accessible formats, such as easy read and translated versions. Any

education and engagement with stakeholders in relation to self-care must be aligned with and led by the team delivering the self-care strategy for Lincolnshire.

### **3. Decision of Lincolnshire West Clinical Commissioning Group**

On 27 September 2017, Lincolnshire West Clinical Commissioning Group Governing Body decided:

*"To continue to implement plans to enhance primary care services and raise awareness of the public as to the alternative provisions available and subject to evidence-based reviews by the Governing Body in November 2017 and January 2018 in the key areas of:*

- *university students;*
- *children under-five;*
- *additional primary care appointments; and*
- *access for patients requiring treatment at weekends*

*to close the Lincoln Walk-in-Centre at the end of the winter period."*

The full decision paper, including all appendices, considered by the Governing Body is available at the following link:

<http://www.lincolnshirewestccg.nhs.uk/library/governing-body-meeting-papers/>

Appended to this report (Appendices B to E) are extracts from the report to the Governing Body. These appendices include the covering report, which summarises the rationale for the decision. Also included are appendices covering the provisions plan and alternatives, which LWCCG is planning to introduce.

Also attached at Appendix E is information on the finance and contract arrangements for the Walk-in-Centre.

### **4. Conclusion**

The Committee is requested to note the decision of the Lincolnshire West Clinical Commissioning Group on 27 September 2017.

The Committee may also wish to seek updates from the Lincolnshire West Clinical Commissioning Group on 13 December 2017 and 21 February 2018 (following each Governing Body meeting of LWCCG) as to the progress made on providing alternatives to the Lincoln Walk-in-Centre, including the four items listed in the Governing Body's decision.

As part of its consideration, the Committee may wish to seek assurances and evidence as part of the updates that alternatives to the Lincoln Walk-in-Centre are in place, before the Committee will make a decision on whether it can support the closure or decide any other future action.

5. Appendices – These are listed below and set out at the end of this report

Appendix A	Response of the Health Scrutiny Committee for Lincolnshire to the Lincoln Walk-in-Centre Consultation – 17 August 2017
Appendix B	Report to Lincolnshire West Clinical Commissioning Group Governing Body – 27 September 2017: The Lincoln Walk-in Centre: <ul style="list-style-type: none"> <li>• Outcome of the Consultation on Proposed Closure of the Walk-in Centre for Alternative Provision</li> <li>• Recommended Next Steps</li> </ul>
Appendix C	Lincolnshire West Clinical Commissioning Group Provisions Plan ( <i>Appendix 4 of Report to Lincolnshire West Clinical Commissioning Group Governing Body – 27 September 2017 on The Lincoln Walk-in Centre</i> )
Appendix D	Summary of Extended Hours by Practice - Lincolnshire West Clinical Commissioning Group ( <i>Part 1 of Appendix 6 of Report to Lincolnshire West Clinical Commissioning Group Governing Body – 27 September 2017 on The Lincoln Walk-in Centre</i> )
Appendix E	Finance and Contract for Lincoln Walk-in-Centre ( <i>Parts 1 and 2 of Appendix 5 of Report to Lincolnshire West Clinical Commissioning Group Governing Body – 27 September 2017 on The Lincoln Walk-in Centre</i> )

6. Background Papers - None

This report was written by Simon Evans, Health Scrutiny Officer,  
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[Simon.Evans@lincolnshire.gov.uk](mailto:Simon.Evans@lincolnshire.gov.uk)

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

### LINCOLN WALK-IN-CENTRE - CONSULTATION RESPONSE OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

#### Introduction / Basis for Response

The Lincoln Walk-in-Centre is open from 8am to 8pm seven days each week (closed only on Easter and Christmas Days). These opening hours provide a unique level of direct and immediate access to urgent primary care in Lincoln and the surrounding areas of North Kesteven and West Lindsey. During 2016/17 there were 38,424 patient attendances, on average 105 patient attendances at the Walk-in-Centre each day.

#### Alternative Provision

The key principle for the Health Scrutiny Committee for Lincolnshire is that it would like to see equivalent alternative provision, which not only provides the same level of access in terms of opening hours, but also is readily accessible to patients.

In accordance with this key principle, the Health Scrutiny Committee would like to see reassurance on the following points: -

- GP General Accessibility – The Health Scrutiny Committee has concerns on the level of access to GP appointments and would like to be re-assured that local GPs are able to absorb up to 105 additional appointments per day from Walk-in-Centre patients.
- GP Extended Opening Hours – Extending GP opening hours is a national policy initiative, and extended hours have been introduced in other parts of England. The Health Scrutiny Committee would like information on when these extended hours will be introduced in Lincoln and the surrounding area. The Committee understands that GP practices will work collaboratively or in federations to deliver extended hours provision. There is an absence of information on when these services are going to be introduced.
- GP Recruitment and Retention – GP recruitment is both a national and a local issue. Whilst the Health Scrutiny Committee understands that seven GPs will be arriving in the Lincoln area as part of the international recruitment scheme, the impact of the additional GPs can only be measured against the number of vacancies in the Lincoln area.

- 111 Service - The NHS also need to provide some re-assurance with the 111 Service, as previous negative publicity does not inspire confidence in all its users. Without confidence in the advice received from 111, patients are likely to look at alternatives or fail to receive treatment. The NHS continually needs to publicise the 111 Service, for example providing information on how out-of-hours primary care services can be accessed via 111.
- Same-Day GP Appointments for Children - Some parents find it difficult to get same day GP appointments for their children. The Health Scrutiny Committee accepts that training for GP reception staff is being undertaken, to enable them to deal with parents (as well as all other patients) sympathetically. The Committee would like re-assurance that same-day appointments will be available for children, and an indication of the likely implementation date for dedicated access to phone lines providing same day appointments for children.
- Self Care and Pharmacies - The reliance on advice from pharmacists is being promoted, but it might be inconsistent, as there is some evidence that pharmacists are not prepared to give this advice. Furthermore, there is some uncertainty over the future of some pharmacies, as a result of reductions in their level of funding. Consistency of service provision from pharmacists is important.
- Online Advice – Referring patients to advice online is a concern for the Committee. Whilst the content of websites such as NHS Choices ([www.nhs.uk](http://www.nhs.uk)) would be expected to be reliable, patients may stray to other less reliable sites. However, the person-to-person advice and reassurance provided by a clinician is unique and cannot be provided by information on a website. Directing patients to online services has its limits, as patients might decide to seek make use of online prescription services, which is opposed by the CCG.

### Contract Expiry Date

Clarification has been received that the contract between Lincolnshire West CCG and the provider of the Walk-in-Centre service (Lincolnshire Community Health Services NHS Trust) is due to expire on 30 September 2017. The CCG has provided further clarification that this contract can be extended for up to six months. In the event of the CCG deciding to close the Walk-in-Centre, the Health Scrutiny Committee urges that the contract is extended for this six month period, so that equivalent alternative provision is available.

### Increased Impact on Accident and Emergency

The *Frequently Asked Questions* document states that there is no evidence to suggest pressure on A&E will be increased. The Health Scrutiny Committee is not convinced by this statement. For example, Lincoln Walk-in-Centre is less than one mile from the Lincoln County Hospital and its A&E department, and certainly in the short term, patients may simply redirect themselves to Lincoln County A&E. Most of this impact would be expected at weekends when the Walk-in-Centre has the highest attendances.

The Committee would also like to refer to the publicity campaign launched by United Lincolnshire Hospitals NHS Trust on the weekend of 29-30 July, which in effect discouraged people from attending A&E at Lincoln County Hospital. The Committee believes that if the Walk-in-Centre had been closed during this weekend, it would have exacerbated the position at A&E.

### Financial Assessment

The first question in the *Frequently Asked Questions*, issued as part of the consultation, relates to finances and the need for the CCG to save £16.5 million in order to balance its budget for 2017/18. Closing the Walk-in-Centre could save approximately £1 million. The Committee has received some information on the tariffs that would apply to an attendance at Lincoln County Hospital, which are significantly higher than the cost for each patient attendance at the Walk-in-Centre.

### Urgent Care – What Does the Public Understand?

There needs to be clarity on the names used by the NHS for its services, for example: 'urgent care facilities' and 'minor injury units', as well as clear guidance on how to access them.

The Committee also notes that NHS England indicated in March 2017 in the *Next Steps on the NHS - Five Year Forward View* that it expects newly designated 'urgent treatment centres' to be open twelve hours a day, seven days a week. The centres would offer patients who do not need hospital accident and emergency care, treatment by clinicians with access to diagnostic facilities that will usually include an X-ray machine. NHS England anticipates around 150 designated urgent treatment centres, offering appointments that are bookable through 111 as well as GP referral, operating by the spring of 2018.

### Consultation Content

The Committee acknowledges that the CCG has held a series of drop-in events and has extended the consultation period from 6 August to 18 August, making it a ten week consultation period in total. The Health Scrutiny Committee notes that the CCG has stated that it is taking account of all the comments received and is grateful to the CCG for attending two meetings to provide additional information to the Committee's members.

However, a key problem with the consultation has been the availability of information; and its format. For example, the *Frequently Asked Questions* document has not been available on the CCG's website. For many people accessing only the website, the only source of information on the consultation is the consultation document itself. The Committee does not believe that this has been adequate. The Committee would like to have seen a publicly-available document along the lines of a business case or a 'case for change' document, with more details for those, not just the Committee, who may wish to seek additional information.

The Committee's working group, which has been considering the details, also received additional information on 28 July 2017, which included a detailed

breakdown of attendances. It has not been helpful that important information was not prepared or available until three weeks before the consultation deadline.

### Role of GPs

GPs have a role in educating patients on what services are available for urgent primary care, both at their own surgeries or elsewhere, for example via 111. This would build the confidence of patients in the services available and potentially reduce demand, when alternatives are available, on the A&E service.

### Decision Making and Conclusion

The Committee anticipates that the decision by the CCG will be made at its governing body on 27 September 2017. The Committee would expect the CCG's decision to be reported to the Health Scrutiny Committee on 11 October 2017. The Committee would like to see a full rationale for any decision taken by the CCG.

The Health Scrutiny Committee opposes the proposed closure of the Lincoln Walk-in-Centre, on the basis that the Committee is not convinced that there is evidence of plans for alternative provision. The Committee would like to see seamless replacement alternatives for the services provided at the Walk-in-Centre, which would allow equivalent and available access to urgent primary care. The Committee believes that the contract for the Walk-in-Centre should be extended until such time that equivalent alternative provision is in place; and it may be necessary for a transition period, during which alternative provision is established and promoted, and patients become confident in alternative provision. This could lead to the potential for reducing the opening hours of the Walk-in-Centre, for example to weekends only.

The Committee would like to reiterate its view that the matter may need to be referred to the Secretary of State for Health.

**Councillor Carl Macey**  
**Chairman of the Health Scrutiny Committee for Lincolnshire**  
**17 August 2017**

#### Note on the Health Scrutiny Committee for Lincolnshire

Lincolnshire County Council has delegated its health scrutiny functions, as set out in section 244 of the National Health Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, to the Health Scrutiny Committee for Lincolnshire.

There are 16 members of the Health Scrutiny Committee for Lincolnshire. Eight of these are Lincolnshire County Councillors. Seven are Lincolnshire District Councillors, representing each of the seven district council areas in Lincolnshire. One member of the Committee represents Healthwatch Lincolnshire.



## LINCOLNSHIRE WEST CCG GOVERNING BODY

DATE OF MEETING	Wednesday 27 September 2017				
TITLE	The Lincoln Walk-in Centre <ul style="list-style-type: none"> <li>• Outcome of the consultation on proposed closure of the Walk-in Centre for alternative provision</li> <li>• Recommended next steps</li> </ul>				
FOR (please tick)	Decision	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Information
EXECUTIVE LEAD AND JOB TITLE	Wendy Martin, Executive Lead Nurse / Midwife & Quality				
AUTHOR AND JOB TITLE	Lisa Foyster, Project Manager				

### Executive Summary

The Five Year Forward view confirms that a strengthened version of general practice is essential to the wider sustainability of the NHS. The General Practice Forward View (GPFV), published in April 2016, detailed a programme of investment and reform that will enhance primary care services and improve access so that patients receive care that reflects their individual need. This improved GP services provision provides extended access to appointments, use of technology to provide e-consultations and easier access to advice and guidance. In addition, Lincolnshire West CCG has commissioned a comprehensive out of hours service and a nationally commended Clinical Assessment Services (CAS). The CAS is provided by local clinicians who complete a clinical assessment and then provide advice or arrange access to treatment for patients calling NHS 111.

The Walk-in Centre (WIC) on Monks Road was established in 2009. Since this time primary care and urgent care services have developed and primary care provision in the Lincoln city area is more stable. The utilisation of this service was reviewed by Public Health in 2016. Following the analysis of a range of data, the review identified that the use of the WIC was probably largely driven by convenience rather than by needs in the user population that could not be met from other mainstream services.

The utilisation review was refreshed using attendance data for the last two years. This analysis was consistent with the findings outlined in the 2016 Public Health review.

In addition, the CCG gathered further data with regards the capacity of primary care and urgent care services that might experience an increase in demand should the decision be made to close the service.

The analysis of Lincoln Walk-in Centre attendance data suggested that there are a number of groups of the population who may be impacted by any changes to the existing model. These groups include:

- Attendees who live in the area immediately surrounding the Walk-in Centre who are registered at a local practice.
- Students from University of Lincoln, who are either registered with local practices or elsewhere, including Chinese students (low in number but a higher proportion of the ethnic minority mix in Lincolnshire).

- Children under 5.
- Unregistered (homeless <0.5%, tourists and eastern Europeans unfamiliar with the NHS systems).

These groups are not using the Lincoln Walk-in Centre for illness that is beyond the scope of primary care services and could have been treated and/or triaged through general practice.

The Governing Body considered the future of the WIC should be reviewed in order to determine which of the following options would best meet the needs of all the residents within the Lincolnshire West area.

1. Do nothing – re-procure a like for like service
2. Close the service
3. Revise the service specification and re-procure the service
4. Continue to implement plans to enhance primary care services with a view to closing the Walk-in Centre at the end of the winter period

There have been 2765 responders to the consultation survey and approximately 50 engagement and consultation events, reaching 466 people.

Every survey response and comment received has been analysed. There were 10 key themes that emerged from these responses. The main concerns related to access to GP appointments and concern regarding the impact on local A&E and urgent care services.

The CCG has reviewed the concerns raised within these 10 key themes and is confident that services are in place to support the majority of patients who use the Walk-in Centre. In addition to our existing primary care improvement plans, initiatives to strengthen service provision for university students, children under 5, additional primary care appointments and patients requiring treatment at weekends have been accelerated.

Given the evidence that the Clinical Assessment Service has reduced the number of people attending A&E for minor illness, it is anticipated that the increase in demand at A & E associated to the closure of the walk in centre would be minimal.

**Recommendation**

The CCG is confident that the needs of patients attending the Walk-in Centre can be met by mainstream primary care services, but given A&E performance and that we are entering the winter period, when the demand for urgent care services increases, the CCG considers that in the interest of patient assurance the timing of any closure should be deferred.

Subject to review in November and January of progress of the actions identified to strengthen primary care services in the key areas e.g. university students, children under 5, additional primary care appointments and access for patients requiring treatment at weekends, the Governing Body is asked to support Option 4 – “Continue to implement plans to enhance primary care services with a view to closing the Walk-in Centre at the end of the winter period.”

**PATIENT, PUBLIC AND STAKEHOLDER INVOLVEMENT**

Yes (Details Below)	X	Not Applicable	

Listening to the patient voice is of paramount importance to the CCG. Section 242 of the Health and Social Care Act 2006 places a statutory duty on NHS organisations to involve patients and members of the public in the planning and provision of services; proposals for changes in the way services are provided and decisions affecting the operation of those services. Any significant service change of NHS services must demonstrate that an open and transparent process for engagement and consultation has been undertaken.

The CCG's process of consultation and engagement on the future of delivery of services from the Lincoln Walk-in Centre (WIC) began in 2014 with a service utilisation review, member general practice survey and patient survey of attendees of the WIC. In 2016 and 2017 there have been further utilisation reviews of use of the WIC.

Following the Governing Body decision in March 2017, the CCG prepared to complete a full public consultation on the proposed closure of the WIC and proposals for alternative provision. This consultation was delayed by over a month because of the general election but commenced on the 12<sup>th</sup> June 2017. The consultation period was extended by 10 days following feedback from stakeholders that the foreign national population, who were assessed as being high users of the Walk-in Centre, were unable to access information due to a delay in the publication of consultation information in other languages. The consultation ended on the 18<sup>th</sup> August 2017.

During the 10 weeks, the CCG received 2765 completed surveys and formal responses from the Lincolnshire public, health and care partners and key stakeholders. During the consultation we met with 466 people at more than 50 events including with the public, public organisations and bodies, third sector, patients and patient groups.

The respondent rate to the survey is **1.2%** of LWCCG patient population and **0.35%** of Lincolnshire CCGs' patient population. The outcome of the survey responses has been a majority, 94%, not supporting the proposal to close the WIC. The primary reasons given were concerns relating to access to GP appointments and the potential impact on local A&E and urgent care services.

6% of respondents agreed with the proposed closure. 6% of those who did not support the proposal to close qualified this with a statement that they would support closure if the alternatives and strengthened primary care services were in place.

Every survey response and comment received has been analysed. There were 10 key themes that emerged from these responses. A document outlining these 10 key themes includes further detail of specific concerns raised.

Actions to mitigate these concerns have been developed and are outlined in the supporting documentation.

#### LINK TO BOARD ASSURANCE FRAMEWORK/RISK REGISTER & DELIVERY OF KEY OBJECTIVES

PC2 Seven Day Primary Care Provision; PC3 Primary Care Workload; OP Stakeholder Engagement in CCG Strategic Plans; F2 Delivery of the STP; F6 Financial Balance

#### WHY IS THE GOVERNING BODY BEING ASKED TO CONSIDER THIS (PURPOSE)?

Following thorough consideration of the utilisation and effectiveness of the Lincoln Walk in Centre (WIC) a decision was reached by the Governing Body in March 2017 to fully consult with stakeholders and the public on alternative provision to the service provided by the Walk-in Centre.

Key determinants of the decision to consult on the proposed closure and alternative provision were:

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- Ensuring access to clinically effective unscheduled primary care delivered in the most appropriate setting.
- The outcome of surveys, pre-consultation engagement and utilisation reviews of the WIC.
- Alignment with the Lincolnshire Sustainability and Transformation Partnership, STP (2016).
- Alignment with the GP Five Year Forward View, the national direction for urgent care provision and the CCG Primary Care Strategy.
- A requirement to provide the most cost-effective NHS care provision in a financially challenged health economy with a requirement to restrict inappropriate demand in order to be sustainable. (ref: STP 2016)

The Governing Body is now required to consider the outcome of the public consultation and all other supporting evidence both previously considered and attached to reach conclusion on the next steps for care provision from the Lincoln Walk-in Centre.

#### WHAT WILL NEED TO BE CONSIDERED IN MAKING A DECISION/DISCUSSION OR GIVING INFORMATION?

The Governing Body will need to consider :

- The information provided as part of the stage 1 review.
- The responses from the formal consultation and engagement events.
- Additional information provided with regards capacity and access to local GP appointments.
- Refreshed equality impact assessment and whether the needs of identified vulnerable have been addressed.
- The resilience of the urgent care service at Lincoln County and whether changes to the Walk-in Centre provision will negatively impact on this service.
- Actions identified to strengthen primary care services in the key areas e.g. university students, children under 5, additional primary care appointments and access for patients requiring treatment at weekends.
- The timing of any major service change, given A&E performance and that we are entering the winter period.
- The financial sustainability of health care provision and whether the impact of continuing to invest in the Walk-in Centre service represents best value when considering the CCG's responsibility to get the best possible outcomes for the entire population.

EQUALITY AND DIVERSITY IMPACT	Yes (Details Below)	X	Not Applicable	
Utilisation Reviews x 3 plus Full Equality Impact Assessment Undertaken before and during public consultation				
HEALTH INEQUALITIES IMPACT	Yes (Details Below)	x	Not Applicable	X
Full consideration of Health Inequalities via utilisation reviews and impact assessments				
SERVICE DELIVERY IMPACT	Yes (Details Below)	X	Not Applicable	X

The Walk-in Centre treats minor illness. Ensuring good accessibility to general practice provision for routine appointments and for more urgent same day access is central to effective healthcare provision.

The main population using this service are patients registered with central Lincoln General Practices. The recommendation is that service provision for practices in the city centre is refreshed and extended to accommodate patients who are currently accessing the Walk-in Centre. On average this is approximately 3-10 additional appointments per practice per day.

To ensure unregistered patients in Lincoln city centre (e.g. homeless patients (<0.5%) and out of county visitors) are able to access appropriate primary care provision.

FINANCIAL IMPLICATIONS	Yes (Details Below)	X	Not Applicable	
See financial considerations				
Approved by Rob Croot/Emma Frost				
QIPP IMPLICATIONS	Yes (Details Below)	X	Not Applicable	
<p>Quality implications: improved continuity of care provider if Walk-in Centre patients attend their own GP Practices for Primary Care provision including urgent, same day appointments.</p> <p>Potential cost savings as a result of no longer needing to deliver additional non-essential NHS services from the Walk-in Centre.</p>				
HR IMPLICATIONS	Yes (Details Below)	X	Not Applicable	
<p>If the decision is to close the Walk-in Centre, current Lincolnshire Community Health Service staff working at the Walk in Centre will need to be re-deployed elsewhere within the NHS e.g. to staff existing urgent care/ OOH provision, extended routine Primary Care services or telephony Clinical Assessment Services. LCHS have confirmed that there are vacancies to accommodate all staff currently employed at the Walk-in Centre.</p>				
LEGAL CONSIDERATIONS	Yes (Details Below)	x	Not Applicable	
<p>The requirement for open and transparent consultation particularly with groups of patients/members of the public likely to be most affected by the service change.</p> <p>The Equality Act.</p> <p>Contractual considerations with the current provider who will need to comply with employment legislation.</p>				
<b>KEYWORDS FOR INDEXING PURPOSES</b>				
Lincoln Walk in Centre General Practice Consultation Primary Care Strategy Lincolnshire Sustainability and Transformation Plan				
<b>ATTACHMENTS</b>				
Appendices 1 - 7				
<b>ADDITIONAL READING/REFERENCE</b>				
Please refer to Appendix 7  LWCCG Primary Care Strategy GP Five Year Forward View Lincolnshire Sustainability & Transformation Plan				
<b>FURTHER INFORMATION (DETAILS TO INCLUDE OFFICE TELEPHONE CONTACT DETAILS)</b>				
Wendy Martin Executive Lead Nurse / Midwife & Quality Tel: 01522 51335501522 513355				

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## Lincoln Walk-In Centre Consultation 2017 PROVISIONS PLAN

EXISTING, NEW, IMPROVED & ENHANCED SERVICES		DESCRIPTION	CURRENT STATUS
<b>1. GP Appointments and Access</b>			
1.1	GP Optimisation	Reduce GP admin time; create up to 6 GP appointment per day	Planned; Timescale TBC
1.2	Access to Routine Appointments	Skype (pilot at University Practice), e-consultation (Diabetes pilot)	Pilots in progress
1.3	Extending clinical skills in PC team	Includes Utilising community pharmacists for medical issues; nurse led minor injury clinics	Planned with one federation with funding, more planned
1.4	Care Navigation Training	Ensure practices are signposting patients to the most appropriate help and support. Could free up appointments by avoiding unnecessary ones.	Planned
1.5	Promoting the availability and use of online booking	See Comms and Engagement plans	Ongoing
1.6	Practice development	Development and sharing and best practice models	Planned
1.7	Repeat and Urgent Prescriptions		In place
1.8	Treatment Room Service	Practices are commissioned to provide a treatment room service which includes treatment for wound care. Potential to develop further local integrated services via Neighbourhood Team Model.	Planned; Further development TBC
1.9	City Centre Provision	Refresh GP boundaries to take account of changes in demographics, local demand and service capacity	Planned
1.9	Existing GP Surgery Extended Hours	Detailed provided in Appendix 6	In place
2.0	8-8 - 7 days a week	GP Surgery: Hub: Group of Hubs	Planned Apr-18 - Apr-19
2.1	Comms and Engagement Plans		Ongoing
<b>2. Urgent Primary Care / GP Out of Hours</b>			
2.1	OOH demand stocktake	Stock take capacity and demand in GP OOH and PCS	From Nov-17 to Apr-18
2.2	GP Out of Hours Service	Provides Urgent medical care outside normal GP hours (evenings, weekends and bank holiday)	In place
2.3	Urgent Care Streaming Service at A&E	Primary Care Streaming at A&E to divert patients with primary care needs to GP led service	Planned
<b>3. University of Lincoln Practice Plans</b>			
3.1	Additional capacity	Plans to develop the GP practice premises, Skype and drop-in opportunities	In development
3.2	Clinic in Bishop Grosseteste	Deliver services at BGU campus	In development

<b>EXISTING, NEW, IMPROVED &amp; ENHANCED SERVICES</b>		<b>DESCRIPTION</b>	<b>CURRENT STATUS</b>
	University		
3.3	Comms and Engagement Plans	Including Freshers week proactive campaign to encourage register with a GP and self-care information at University and Lincoln College	Ongoing
<b>4. Clinical Advice and GP Access for Children</b>			
4.1	Triage Arrangements	Ensure triage arrangement for Same day access for Children (and Urgent)	In place
4.2	Clinical Assessment Service (via 111)	Current service capacity with paediatric resources	In place
4.3	Children's Centres	Local hubs for family support; health visitors appointments	Planned
<b>5. Emergency Contraception</b>			
5.1	Access to Emergency Contraception	GP's, The Lincoln Sexual Health Clinic, Pharmacies, and via 111 (CAS and OOH))	In place
<b>6. 111/Clinical Assessment Service</b>			
6.1	Current Capacity to direct to urgent, routine or advice and guidance	Current service capacity with additional capacity available, supporting admission and attendance avoidance	In place
6.2	Mental Health Single Point of Access	Implemented Apr 17 allows patients dialing 111 with Mental Health need to quickly access a Mental Health practitioner	In place
6.3	NHS Urgent Medical Supply Advanced Services (NUMSAS)	Urgent Repeat prescriptions	Roll out in progress
6.4	Online access	111 online access via portal from Dec-17	Planned
<b>7. Federation Led Community Clinic</b>			
7.1	Violent Patients	Opportunity to link the services provided at Nomad Trust with Primary Care	In development
7.2	Community Clinic for Homeless	Enable "homeless patients" and those supported by local third sector to better access primary care	In development
<b>8. Neighbourhood Teams</b>			
8.1	Neighbourhood Teams	NT at each (4) localities including community nurses, mental health professionals and clinical pharmacy	Roll out in progress
8.2	Attendance avoidance schemes	Including Home First; EMAS Pathfinder & See and Treat capability; CAS (Care Home Support - Advanced Care Planning; Star 6 and Pharmacist and Consultant Geriatrician support	In Progress
<b>9. Community Pharmacy</b>			
9.1	CAS (Via 111)	Community pharmacy supports CAS (via 111). See NUMSAS above	In place
9.2	PGD's	For minor ailments - impetigo, ear infections	In development

	<b>EXISTING, NEW, IMPROVED &amp; ENHANCED SERVICES</b>	<b>DESCRIPTION</b>	<b>CURRENT STATUS</b>
9.3	Comms and Engagement Plans	and uncomplicated	Ongoing
10. Self-care Education and Engagement			
10.1	Comms Plans	using media, GP practices; social media channels; targeting high users, vulnerable	Ongoing
10.2	Engagement Plans	Including social prescribing; making every contact count (MECC); targeting high users, vulnerable	Ongoing

**Lincoln Walk-In Centre Consultation 2017**  
PROVISION DESCRIPTION 1 TO 10

**PROVISION 1 : ROUTINE GP APPOINTMENTS**

We are utilising funding through the GP forward view to release capacity in primary care for more appointments. Some examples are:

- Skype consultations (currently piloted with the University practice)
- E-consultations (being piloted for Diabetes)
- Workflow Optimisation – this aims to reduce GP admin time and in an average practice can reduce GP admin time from 1 hour per day per GP to 10 minutes
- Care navigation training at every practice– this will enable practices to signpost patients to the most appropriate help/support and could free up appointments by avoiding unnecessary ones
- Extending clinical skill mix in the primary care team – e.g. utilising community pharmacists to deal with medication issues. One federation has been successful in obtaining funding for this and other federations are also looking at this.
- Promoting the availability and use of online booking

Resource development plans include:

- International recruitment for GP's
- A new course has started at the University in the last 2 years for Advanced Care Practitioner training at Lincoln University. Course has been adapted to ensure training individuals suited to new models of care delivery. Now need to ensure continuous stream of experienced nurses undertaking this training to include non-medical prescribing module.
- There are also several new courses starting at the University this year and next to ensure we are training staff in Lincolnshire and then more likely to stay in Lincolnshire. These courses include Paramedic Training, Midwifery Training, Children's Nurse Training, etc.
- Make better use of the GP Multi-disciplinary team including Clinical Pharmacists. Latter have already started to work within Practices. E.g. nurse led minor illness clinics.
- Most practices are commissioned to provide a treatment room service which includes treatment for wound care. Wound care is also provided by the Community Nursing Service. Potential for further development of local integrated services via the Neighbourhood Team models.
- Practice development – sharing best practice models.
- Repeat & Urgent Prescriptions are available from GP Practices

**Lincoln Walk-In Centre Consultation 2017**  
PROVISION DESCRIPTION 1 TO 10

Several GP Practices offer currently extended GP hours and will continue to do so – see Appendix 6.1 of list of GP extended hours.

GP Extended Hours – recurrent funding is available from 17/18 from national funding streams. This could be delivered on a population basis either through GP surgeries, a hub (group of GP surgeries) or Group of Hubs. The LW CCG has to have 100% population access to services 8am - 8pm Monday – Sunday by March 2019 as per national 5 year GP forward view. Our planned roll-out from April 2018.

Review of primary care capacity for residents in the Monks road area would consider the benefit of refreshing GP practice boundaries to take account of changes in demographics, local demand and available capacity.

**PROVISION 2 : URGENT PRIMARY CARE / GP OUT OF HOURS**

**GP Out of Hours Service (NB. Service already in place)**

This service is provided by Lincolnshire Community Health Services. It provides urgent medical care outside normal GP hours, which is during evenings, weekends and bank holidays.

The Out of Hours Service is accessed by calling 111, which is the national recommended route for accessing urgent medical care. 111 is the number to call when medical help is required urgently, but it is not an emergency. This is sensible because it ensures the appropriate telephone triage of calls to the right service and reduces unnecessary NHS demand.

In Lincolnshire the Out of Hours Service is provided from bases in Lincoln, Gainsborough, Grantham, Boston, Louth, Skegness and Spalding. The Out of Hours Service also provides for home visiting where this is indicated by the clinical need.

If the walk in centre were to close the capacity of the OOH provision at weekends would be reviewed to ensure that there are the facilities to support any additional demand that is assessed as requiring face to face treatment by the Clinical Assessment Service

The 111 service will be the back-up to filter and re-direct any patient requiring non-urgent Primary Care. The Lincolnshire Clinical Assessment Service also provides additional filter and clinical management into this 111 process.

**Urgent Care Streaming Service at Accident and Emergency (A&E)**

**(NB. New service to be in place by 1 November 2017)**

From October 2017 if patients present to Accident and Emergency with a perceived A&E need, which is actually a Primary Care need, they will be streamed into an Urgent Care Service. This service will provide the treatment required but will also give education on the more appropriate routes into Primary Care provision for subsequent presentations. The advice to patients continues to be that they should not be presenting to A&E unless their condition is a true accident or emergency.

Only 3% of patients currently using the Lincoln WIC have an actual A&E need and are diverted on to A&E.

## Lincoln Walk-In Centre Consultation 2017 PROVISION DESCRIPTION 1 TO 10

With a continued communication campaign about the inappropriateness of A&E for anything other than life threatening conditions and serious injury the numbers of current WIC users that would be expected to use A&E instead if the WIC was closed is therefore minimal. Based on the evidence provided by Monitor (2014) the capacity modelling for the new urgent care streaming service included the need to accommodate an additional 20 - 30 patients who might use A & E if the walk in centre was not available. Whilst this is not based on actual impact it reflects the worse case scenario described in the Monitor report.

### PROVISION 3 : UNIVERSITY OF LINCOLN PRACTICE PLANS

There is convenient student access to GP practices close to Lincoln College and Lincoln University. Anyone can register with the Lincoln University Practice provided they reside within the practice boundary. You also don't have to be a university student to register at their practice. Students from Lincoln College can also register there, as can non students. The University GP practice is run by a provider judged outstanding by the CQC and it works closely with the adjacent student wellbeing centre.

The University practice currently offers extended hours DES and has ongoing initiatives to enhance their services including: working closely with the adjacent Student Wellbeing Centre, providing travel and workplace medicals, contraceptive services and self-care education initiatives.

LWCCG are currently developing a plan with the University practice for services to students to be delivered at the Bishop Grosseteste University campus. This could be as a branch or a specific clinic and will depend on the demand identified during development of this initiative.

Extended hours including Skype consultations and drop-in opportunities.

Fresher's week and ongoing promotion to encourage students to register with a GP.

### PROVISION 4 : CHILDREN'S CLINICAL ADVICE AND GP ACCESS

Urgent Primary Care Provision for children is already in place through GP same day access, NHS 111 and the Lincolnshire CAS and through the GP Out of Hours Service.

All GP Practices have provided assurance that parents with children who have an urgent primary healthcare need will be given a same day appointment. As back-up to this, parents also have the option to ring NHS 111 where advice, guidance and treatment can be provided by the CAS, including referral on to other services where indicated.

Children's Centres are also currently under further development to ensure they are the local hubs for family support, children's health advice, health visitor appointments and signposting to other appropriate health and social care services.

**Lincoln Walk-In Centre Consultation 2017**  
PROVISION DESCRIPTION 1 TO 10

**PROVISION 5 : EMERGENCY CONTRACEPTION**

Emergency contraception is also available from all General Practices, the Lincoln Sexual Health Clinic and many pharmacies and via CAS and OOHs. It is available free of charge to all who qualify for free prescriptions. Notably there are at least three pharmacies in the centre of Lincoln that provide emergency contraception seven days a week (Lloyds, Boots, Co-op). Therefore if the WIC is closed, emergency contraception will still be readily available through many other avenues.

**PROVISION 6 : LINCOLNSHIRE CLINICAL ASSESSMENT SERVICE**

**SERVICE NHS 111 (NB. New Service Provider and already in place)**

NHS 111 was launched in Lincolnshire in 2010 and has been in operation since that time. It is a free-to-call [single non-emergency number](#) medical [helpline](#) operating in England and Scotland. The service is part of each country's [National Health Service](#). The service is available 24 hours a day, every day of the year and is intended for 'urgent but not life-threatening' health issues and complements the long-established [999 emergency telephone number](#) for more serious matters.

There is a continued national drive to have NHS 111 as the route into urgent care provision. This is sensible because it ensures the appropriate telephone triage of calls to the right service and reduces unnecessary NHS demand. 111 was actually introduced in order to prevent public confusion about which healthcare service to access and when.

111 is the number to call if a patient needs urgent medical advice or treatment in and out of hours but the health issue is not serious enough to attend accident and emergency. General Health advice can also be accessed through 111 and advice on which health service is needed and how to access that service. So the national 111 service is very important for helping people access the right care and treatment for their needs at times when the traditional routes such as GP surgeries are closed.

We have had a new provider for the NHS 111 Service in Lincolnshire since October 2016: Derbyshire Health United (DHU). DHU provides NHS 111 services across the East Midlands region. The calls picked up through this service are subject to regular clinical audit, demonstrating a consistently good quality of response to calls answered.

When a patient rings 111, the call picked up by a trained health advisor, who is often not a clinician but is supported by a team of clinicians. The health advisor will take the caller through a series of questions to determine what the best service is for that patient's needs. The algorithm of questions has been carefully designed by expert clinicians and is called NHS Pathways. This ensures navigation to the most appropriate level of care, supported by a comprehensive Directory of Services. For non-English speaking patients there is also a translation service that supports 111.

From this initial call, if a patient needs to speak to a clinician the health advisor will arrange for this by either transferring the call (warm transfer) directly over to a clinician or will arrange for a clinician to call the patient back in a time frame suitable to the clinical urgency. In Lincolnshire the clinical response is provided by the Lincolnshire Clinical Assessment Service (CAS – see CAS information).

## Lincoln Walk-In Centre Consultation 2017 PROVISION DESCRIPTION 1 TO 10

In addition to telephoning 111 there is also the intention for the public to have access to an online 111 service from December 2017. There are already pilots of this new service underway across the country. Using an established national website, patients will be able to type in their concern, answer relevant questions and then receive advice on which service to access and when. There will also be the ability for the patient to access a clinician for advice if the response to the questions (a public version of NHS pathways) indicates this to be necessary.

### **Lincolnshire Clinical Assessment Service (NB. New service already in place)**

The Lincolnshire Clinical Assessment Service (CAS) has been fully operational since April 2017. It is an Alliance arrangement between Lincolnshire Community Health Services and East Midlands Ambulance which provides clinical assessment into 111 calls. When someone calls 111 and the health advisor picking up the initial call concludes the caller needs clinical advice and/or treatment, the call is re-directed to this service. The CAS is staffed by Lincolnshire Clinicians who will give health advice, arrange treatment if needed or refer the patient on to another required service. CAS calls are also subject to regular clinical audit and also demonstrate good quality clinical care provision. Both NHS 111 and the supporting CAS are able to arrange ambulance dispatches through EMAS when this is indicated.

Supplementary to NHS 111 and the Lincolnshire Clinical Assessment Service are two new initiatives that are now in place:

### **NHS Urgent Medical Supply Advanced Service (NUMSAS) (NB. New service already in place)**

Urgent Repeat Prescriptions are now available through the NHS Urgent Medical Supply Advanced Service (NUMSAS). This service integrates with the NHS 111 service and CAS to manage requests from patients for urgent medicine supply. At least 50 pharmacies are signed up to provide this service in Lincolnshire.

### **Mental Health Single Point of Access (NB. New service already in place)**

Also integrated with NHS 111 and CAS is this new Mental Health service which was implemented as part of the CAS in April 2017. It allows patients dialling 111 with a Mental Health rather than Physical Health Need to quickly be put through to a Mental Health Practitioner who is best placed to give Mental Health advice and treatment, with capability to refer on to other Mental Health Services.

### **PROVISION 7 : FEDERATION BASED ACCESS TO HEALTHCARE FOR THE HOMELESS**

The CCG is working with local community groups in the third sector including the Nomad trust, YMCA, Framework, P3, and Addaction and local communities where there tend to be high numbers of unregistered patients to give information about this consultation and how to access primary care.

We currently have a Violent Patient Scheme which requires review. This is currently delivered by Ingham Surgery however a number of patients on the scheme are

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homeless and city centre based so access is limiting. We are looking at the services provided by the Nomad Trust and whether we can link Primary Care into this.

**PROVISION 8 : COMMUNITY& NEIGHBOURHOOD TEAMS AT 4 LOCALITIES**

**Neighbourhood Teams (NB. New way of working to improve patient care)**

Across Lincolnshire groups of GP Practices are working together with community health and social care partners as Neighbourhood Teams to deliver more integrated care for the population of patients that they serve. Typically the Neighbourhood Teams serve patient populations of between 30,000 to 50,000.

One of the priorities for the neighbourhood teams is to ensure the most vulnerable patients in their patient population have robust care plans and an integrated team of professionals supporting and providing care. This team will act quickly to give the most appropriate help and support if the patient's condition deteriorates. The continued development of these neighbourhood services have positive implications for reducing urgent care need for vulnerable patients. This approach reduces urgent care presentations in general, but should specifically reduce frequent attenders accessing urgent care services or same day access services such as the Walk-in Centre. However it should be noted that from CQUIN (quality improvement) work in 2016/17 it was not noted that the Walk-in Centre had frequent attenders with frailty or mental health conditions. Frequent attenders are patients that are regularly visiting urgent or emergency healthcare services, suggesting potentially poor control of their underlying medical or mental health condition.

All 4 LWCCG GP localities will commence initial delivery to this model through their federations from the autumn. (BCF Neighbourhood Team funding (2017) & extended access funding (2018).

Neighbourhood Teams will include community nurses, mental health professionals and clinical pharmacists.

Other Community Admission support initiatives include: Home First, EMAS Pathfinder & See & Treat capability; CAS; Care Home support including as relates to Advanced Care Planning. Further support to Care Homes being rolled out from September through the Star 6 project & Pharmacist & Consultant Geriatrician support directly into Care Homes

**PROVISION 9 : COMMUNITY PHARMACY**

Pharmacists are keen to ensure all local pharmacies are viewed by the public as mini walk-in centres where health advice and treatment for minor illnesses and injuries can be accessed. This is being promoted by the CCG Communications campaign. The CCG will also work with the Local Pharmaceutical Committee to establish what other processes can be put in place by December 2017 to ensure patients can access as much minor illness / treatment support from their pharmacies as is available. This may include additional Patient Group Directives for uncomplicated urinary tract infections, eye and ear infections and impetigo.

The Clinical Assessment Service (CAS) (accessed via 111) and the GP OOHs service can also arrange for urgent and repeat prescriptions see 111/CAS provision detail on NUMSAS.

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**PROVISION 10 : SELF CARE EDUCATION & ENGAGEMENTS**

The CCG is actively promoting key information regarding self-care across its social media channels and website, reaching a total audience of 50,000 people to date. These include signposting to the NHS Choices website Health A-Z topics pages for information on how to treat specific minor illnesses and condition. A recent publication of the CCG's "Your Health" magazine was dedicated to self-care, with 1000 copies of the magazine distributed across GP practices, pharmacies, libraries, and other venues accessed by the general public. There has also been publicity on local radio from senior members of the CCG giving advice on where to go for support, and when it is appropriate to access specific services. The CCG also actively supports GP practices and their respective Patient Participation Groups to promote self-care within each practice, including encouraging patients to contact Lincs2Advice who are able to signpost people to a wide range of local support services, as well as take part in the wide range of Public Health initiatives currently available.

Going forward to CCG will be actively contributing towards the self-care strategy for Lincolnshire, and supporting other healthcare partner organisations across the county to develop a wide range of self-care information, education and promotional materials, and engagement events to speak directly to patients and the public about how as a local population we can all improve our ability to self-care and support others in doing so.

Other self-care initiatives include social prescribing and Making Every Contact Count.

Social prescribing is about enabling General practitioners, community nurses and other primary care professionals to be able to refer people directly into a full range of non clinical services. In Lincolnshire the ability to do this is being expanded but there are already several initiatives with the following a few examples: eg. to enable referral to smoking cessation support; weight management groups; exercise and rehabilitation support groups; peer support cafes for specific conditions like dementia for example.

In tandem and symbiotic to this many health workers across healthcare providers have been receiving training in Making Every Contact Count for the last 4 years. The latter is an initiative which is set to continue, that encourages and trains health professionals undertaking any consultation with a patient for a specific issue to also give advice on health promotion and ill health prevention, with specific guidance on how patients can access lifestyle support.

General Health advice can also be accessed through 111 and advice on which health service is needed and how to access that service

## SUMMARY OF EXTENDED HOURS BY PRACTICE

PracticeName	Address1	Town	Postcode	EnhancedService	Session	Minimum Hours Required	Hours Provided (Plan)
Portland Medical Practice	60 Portland Street	Lincoln	LN5 7LB	Extended Hours Access Scheme 16/17	Mon 1830 - 1910	4h30	4h30
					Thur 1830 - 2025		
Navenby Cliff Villages Surgery	Grantham Road	Navenby	LN5 0JJ	Extended Hours Access Scheme 16/17	Tue 1830 - 2030	4h	4h
Lindum Medical Practice	1 Cabourne Court	Lincoln	LN2 2JP	Extended Hours Access Scheme 16/17	Mon 1830 - 2015	4h15	4h30
					Tue 0730 - 0800		
					Sat 0930 - 1115		
Boultham Park Medical Practice	Boultham Park Road	Lincoln	LN6 7SS	Extended Hours Access Scheme 16/17	Sat 0800 - 1245	4h45	4h45
Cleveland Surgery	Vanessa Drive	Gainsborough	DN21 2UQ	Extended Hours Access Scheme 16/17	Thur 1830 - 2015	5h	5h15
Richmond Medical Centre	Moor Lane	North Hykeham	LN6 9AY	Extended Hours Access Scheme 16/17	Mon 1830 - 1945	4h30	5h15
Nettleham Medical Practice	14 Lodge Lane	Nettleham	LN2 2RS	Extended Hours Access Scheme 16/17	Thur 1830 - 2000	5h45	5h
					Sat 0900 - 1200		
Welton Family Health Centre	4 Cliff Road	Welton	LN2 3JH	Extended Hours Access Scheme 16/17	Mon 1830 - 2000	4h45	5h30
					Wed 1830 - 1900		
Woodland Medical Practice	Jasmin Road	Lincoln	LN6 0QQ	Extended Hours Access Scheme 16/17	Wed 1830 - 2030	3h45	4h
The Heath Surgery	London Road	Bracebridge Heath	LN4 2LA	Extended Hours Access Scheme 16/17	Wed 1830 - 2000	3h	3h
The Ingham Surgery	Lincoln Road	Ingham	LN1 2XF	Extended Hours Access Scheme 16/17	Tue 1830 - 1900	1h45	2h
					Wed 0730 - 0800		
The Surgery	School Lane	Washingborough	LN4 1BN	Extended Hours Access Scheme 16/17	Mon 1830 - 2000	3h30	4h30
Newark Road Surgery	501A Newark Road	Lincoln	LN6 8RT	Extended Hours Access Scheme 16/17	Wed 0630 - 0800	3h45	5h
					Fri 0700 - 0800		
Cliff House Medical Practice	32 Burton Road	Lincoln	LN1 3LJ	Extended Hours Access Scheme 16/17	Mon 1830 - 2000	2h45	3h
Brant Road Surgery	291 Brant Road	Lincoln	LN5 9AB	Extended Hours Access Scheme 16/17	Tue 1830 - 2000	3h30	3h30
					Wed 1830 - 2000		
Birchwood Medical Practice	Jasmin Road	Lincoln	LN6 0QQ	Extended Hours Access Scheme 16/17	Mon 1830 - 2000	4h45	5h
					Wed 0700 - 0800		
Bassingham Surgery	20 Torgate Lane	Bassingham	LN5 9HF	Extended Hours Access Scheme 16/17	Mon 1830 - 2000	3h	4h30
Brayford Medical Practice	Newland Health Centre	Lincoln	LN1 1XP	Extended Hours Access Scheme 16/17	Wed 0700 - 0800	3h15	3h30
					Wed 1830 - 2100		
The Witham Practice	Newland Health Centre	Lincoln	LN1 1XP	Extended Hours Access Scheme 16/17	Mon 0730 - 0750	1h	1h20
					Wed 0730 - 0750		
					Thur 0730 - 0750		
					Fri 0730 - 0750		
University Health Centre	Lincoln University	Lincoln	LN6 7GA	Extended Hours Access Scheme 16/17	Mon 0730 - 0800	3h45	3h45
					Tue 0730 - 0800		
					Wed 0730 - 0800		
					Thur 0730 - 0800		
					Thur 1830 - 1945		
					Fri 0730 - 0800		

## FINANCE AND CONTRACT

### Financial Assessment

The full cost to Lincolnshire is £1,094,089. The cost is apportioned to the 4 Lincolnshire CCGs on an activity basis, which results in LWCCG funding £1,026,953 (93.9%) of the contract. These costs include the following, Staff costs, accommodation costs, and other costs. The Lincoln Walk in Centre provides convenient same day access to primary care services, which are predominantly nurse led.

The CCG has delegated authority for the co-commissioning of primary care services. However, the scope of this delegated authority does not include responsibility for the GP national contract, (GMS & PMS) which remains a national NHSE matter.

The national GP contract requires GP Surgeries to provide primary care services, including same day access for urgent conditions, to all patients registered with them. Thus, there is a fundamental duplication with the services offered by the Walk in Centre.

The CCG has limited financial resources and is significantly challenged financially, in the same way as most NHS organisations nationally. The CCG has a statutory duty to commission the best value healthcare services for the population that it serves, but without exceeding the annual financial allocation that it receives.

In order to fulfil this duty, the CCG must tackle any and all inefficiency in services that it commissions. The national GP contract may not be flexed locally, as such the CCG must address the duplicated service currently provided by the Lincoln Walk in Centre (which it alone is responsible for).

Whilst the principal rationale for consulting on a potential closure of the Lincoln Walk in Centre is a clinical one, including the ability for the local health system to resource duplicated services, there is a financial imperative for the CCG to secure the best value for every £1 that it invests for the benefit of the population of Western Lincolnshire.

### LCCHS Contract Arrangements

The current contract for the Walk in Centre held between NHS Lincolnshire West CCG and Lincolnshire Community Services NHS Trust (LCCHS) commenced on 1 July 2016 and expires on 30 September 2017. The contract value (15 months) is £1,367.6k.

In discussion with the CCG, LCCHS have provided their agreement to have in place a new contract commencing on 1 October 2017 on substantially the same terms and conditions as the current contract. Contract documentation is currently being developed in readiness for signature with the new contract duration consistent with the expected timing of implementation of planned developments providing alternative services for patient who would otherwise access services at the Walk in Centre: for example extended primary care access.

The premises occupied by the Walk in Centre service are leased by LCCHS with the lease ending on 16 March 2021. LCCHS have flagged to the CCG a number of issues associated with a potential exit of the premises prior to March 2021 including the commitment to pay the lease costs and dilapidation charges to the landlord at estimated values of £171k and £75k respectively. Whilst the CCG has stated to LCCHS that it is unable to underwrite any costs associated with the lease, the CCG will work constructively with LCCHS to explore options for the premises on any vacation by the Walk in Centre service that occurs between now and the date of the end of the lease.

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# Agenda Item 8

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Richard Wills, the Director Responsible for Democratic Services

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>11 October 2017</b>
Subject:	<b>Health Scrutiny Committee for Lincolnshire - Work Programme</b>

## **Summary:**

This item enables the Committee to consider and comment on the content of its work programme, which is reviewed at each meeting of the Committee so that its content is relevant and will add value to the work of the Council and its partners in the NHS. Members are encouraged to highlight items that could be included for consideration in the work programme.

## **Actions Required:**

The Health Scrutiny Committee is invited to:

- (1) review, consider and comment on the work programme set out in the report; and
- (2) highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

## **1. Work Programme**

Set out below are the items covered on this meeting's agenda: -

- Lincolnshire Sustainability and Transformation Partnership Update
- Learning Disabilities: Consultation on the Permanent Closure of Long Leys Court
- NHS Dental Services Overview for Lincolnshire
- Lincoln Walk-in-Centre – Report of Decision Made by Lincolnshire West Clinical Commissioning Group

Planned items for the Health Scrutiny Committee are set out below:

<b>8 November 2017 – 10 am</b>
United Lincolnshire Hospitals NHS Trust – General Update
Lincolnshire Pharmaceutical Needs Assessment – Introduction and Consultation Arrangements
NHS Immunisation and Screening for Patients in Lincolnshire – Response to Issues Raised in Report by Healthwatch Lincolnshire
North West Anglia Foundation Trust – Update on Peterborough City Hospital and Stamford and Rutland Hospital

<b>13 December 2017 – 10 am</b>
Lincolnshire West Clinical Commissioning Group Update
Joint Health and Wellbeing Strategy Update
Non-Emergency Patient Transport – Thames Ambulance Service
Outcomes of NHS England Consultation on Congenital Heart Disease – Report of Decision Made by NHS England on 30 November 2017

<b>17 January 2018 – 10 am</b>
Lincolnshire Pharmaceutical Needs Assessment – Finalisation of the Committee's Response to the Consultation

<b>21 February 2018 – 10 am</b>
East Midlands Ambulance Service Update

<b>21 March 2018 – 10 am</b>
Annual Report of the Director of Public Health
Arrangements for the Quality Accounts 2018-19
Pharmaceutical Needs Assessment – Final Approved Document

<b>18 April 2018 – 10 am</b>

**18 April 2018 – 10 am**

**16 May 2018 – 10 am**

### **Items to be Programmed**

- Lincolnshire Sustainability and Transformation Plan Consultation Elements:
  - Women's and Children's Services
  - Emergency and Urgent Care
  - Stroke Services
  - Cancer Care
- Specialised Commissioning
- Lincolnshire East Clinical Commissioning Group Update
- South Lincolnshire Clinical Commissioning Group Update
- South West Lincolnshire Clinical Commissioning Group Update
- Commissioning of Continuing Health Care

## **2. Conclusion**

The Committee's work programme for the coming year is set out above. The Committee is invited to review, consider and comment on the work programme and highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

## **3. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 01522 553607 or by e-mail at [Simon.Evans@lincolnshire.gov.uk](mailto:Simon.Evans@lincolnshire.gov.uk)

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