



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
20 FEBRUARY 2019**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors M T Fido, R J Kendrick, C Matthews, R A Renshaw, R H Trollope-Bellew and R Wootten.

Lincolnshire District Councils

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

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Mike Casey (General Manager, TASL), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Andy Hill (Contract Manager Lincolnshire, TASL), Daniel Steel (Scrutiny Officer) and John Turner (Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership).

County Councillors Dr M E Thompson and Mrs S Woolley (Executive Councillor for NHS Liaison & Community Engagement) attended the meeting as observers.

78 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs K Cook and Mrs R Kaberry-Brown (South Kesteven District Council).

It was noted that Councillor L Wootten (South Kesteven District Council) had replaced Councillor Mrs R Kaberry-Brown (South Kesteven District Council) for this meeting only.

79 DECLARATIONS OF MEMBERS' INTEREST

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

80 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 23 JANUARY 2019

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 23 January 2019 be agreed and signed by the Chairman as a correct record.

81 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the Supplementary Chairman's announcements circulated at the meeting.

The Supplementary Chairman's announcements made reference to:

- Update from United Lincolnshire Hospitals NHS Trust on Trauma and Orthopaedic Services; and
- 2019 Local Government Elections.

RESOLVED

That the Chairman's Announcements presented as part of the agenda on pages 15 to 18; and the supplementary announcements circulated at the meeting be noted.

82 LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP: ENGAGEMENT AND THE NHS LONG TERM PLAN

The Chairman welcomed to the meeting John Turner, Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership (STP), who reminded the Committee that at the 23 January 2019 meeting, consideration had been given to a summary of the NHS Long Term Plan. At the said meeting, the Committee had agreed that the next steps for the NHS Long Term Plan included consideration of the engagement by the Lincolnshire Sustainability and Transformation Partnership (STP) on its plan to implement the NHS Local Plan; the Committee also indicated that it would like to consider proposals for the development of urgent treatment centres in Lincolnshire.

It was noted that the Long Term Plan (LTP) promoted that an integrated care system should be developed with NHS partners, public sector and third sector partners. It was noted that since the publication of the LTP, there had also been further changes to GP Contract arrangements.

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It was highlighted that the LTP set out requirements for the next five years and in certain instances for ten years; and that its objectives were consistent with the approach being undertaken in Lincolnshire, which would as a result help to accelerate the process. It was highlighted further that there was a requirement for a local LTP to be developed by the autumn, which would be the subject of wide and open engagement with partners and the public.

The Committee was advised that the local LTP was in its final stages; and that public engagement would be starting shortly. Confirmation was given that the engagement would be a comprehensive exercise across the county. It was highlighted that engagement would involve healthy conversations taking place where there would be sharing of NHS thinking; and the NHS listening to the views of partners and the public. It was noted that the engagement exercise would continue for the rest of the calendar year; and would cover areas such as: general health issues; self-care; mental health and learning disabilities; integrated care; hospital services including proposed reconfigurations; and urgent care. It was reported that there would be a number of engagement events across the county and suggestions were welcomed from county council and district council colleagues as to how this could be developed. The Committee was advised that there would also be material available on the website for people to view.

It was noted that proposals reflected work that had been done internally with senior clinicians; and that the proposals were a good reflection of the thinking of senior staff locally.

In conclusion, it was emphasised that the next stage was not a formal consultation exercise; it was open engagement; and that feedback from the said engagement would help shape the proposals going forward, prior to the public consultation, which would commence in due course.

During discussion, the Committee raised the following points:-

- The need for more emphasis on public health and preventative measures, rather than provision just being responsive. The Committee was advised that over the last few years, the focus had not been on public health and prevention. It was highlighted that public health was a complex area as it influenced a range of issues such as environment, employment, housing etc. It was hoped the exercise "Prevention better than Cure" would help the local population keep healthy. It was confirmed that conversations were moving forward between the County Council's public health service and partners to further move towards a healthier population in Lincolnshire. It was highlighted further that there was a vast amount of work still to be done concerning type 2 diabetes and obesity to develop an approach for Lincolnshire;
- Promotion of self-care; and encouraging people to be responsible for their own health;
- The need to reduce the number of missed appointments. The Committee was advised that this was a sensitive issue, which GPs were looking into. One member highlighted that the number of missed appointments quoted was not

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always as accurate as initially thought, as cancelled/rescheduled appointments were not always taken of the data base;

- The confusion caused as a result in the continual morphing of proposals (from a Health and Care Plan, to a STP; then to a LTP);
- It was highlighted that some districts had already taken on board the public health issues and were already encouraging people to get healthy and fit, and that this area was largely for the County Council's public health function to take forward; and that the Committee needed to be focusing on aspects of the LTP relating to NHS-funded health care. It was highlighted that residents just wanted to see some progress being made, rather than continual changes to plans;

Councillor Mrs P F Watson wished it to be noted that she was a representative of Magna Vitae.

- One member highlighted that mental health issues for young people under 25 years of age needed attention;
- The impact of increasing housing development on health services, particular reference was made for the need for a new hospital in Grantham. The Committee was advised that the issue of additional housing across the county was an issue; and that these factors were taken into consideration as part of the proposals. The Committee was advised that residents would have the opportunity to judge and assess if the local views had been listened to;
- One member welcomed the open engagement but queried what would the public have engagement on? The Committee was advised that it would be what had been done in the LTP, better prevention and self-care; and also the challenge and choice of how things were done in Lincolnshire;
- One member highlighted that the Boston Golf Course was not a good venue for an engagement event due to its distance from the town centre;
- A question was asked as to whether Lincolnshire would be adequately funded, to address the issues of rurality etc.; and whether Lincolnshire was being over ambitious. The Committee was advised that this would be part of the positive engagement. It was highlighted that there were significant issues to address in Lincolnshire. It was highlighted further that details relating to funding were still being received. The Committee noted that the four CCGs currently received £1.1bn for NHS services; and that this amount would be increased each year. It was confirmed that by the end of the five years the amount would be increased to £1.4bn. The Committee was advised further that details of the funding allocations were still to be received. It was highlighted that there was still a requirement to make efficiencies; and there was an acceptance that more could be done in Lincolnshire, i.e. the Trusts and the CCGs working more closely together. The Committee was advised that once financial allocation details had been received, these would be shared with members of the Committee. It was confirmed that early indications were that Lincolnshire would gain more than the average uplift. The Committee noted that one change had been that there was recognition of the needs of coastal communities;

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- It was highlighted that any proposals were dependent on increasing the numbers in the NHS workforce; changes in health education; and Lincolnshire being able to attract people to live and work in Lincolnshire;
- Clarification was sought as to when consultation would be commencing. The Committee was advised that no definite date for formal consultation could be stated at this stage;
- Concern was expressed that continued delays in going out to consultation had led to a fear factor amongst some residents; as some people were scared of getting ill; as a result of changes to service provision; and to the lack of staffing. One member felt that the engagement and consultation process needed momentum, as local people were getting very frustrated at not knowing what was going on;
- One member highlighted that prevention was key to everything that was being done in the NHS;
- One member enquired whether staff would be having any input. Clarification was given that all staff would be included in the process;
- That better digital communication was needed, particularly with the proposed integrated care system. Confirmation was given that better digital communication was necessary to help move any proposals forward; and
- Support was extended to the invitation to the Committee for a workshop concerning the NHS Long Term Plan.

In conclusion, the Chairman on behalf of the Committee welcomed the proposed open engagement events. Reassurance was sought as to whether timescales proposed would be adhered to, and whether any engagement would commence within the current year. Some indication was given to the Committee that engagement would be starting in a matter of weeks rather than months.

The Chairman extended thanks to the Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership (STP) for his update.

RESOLVED

1. That the update concerning the Lincolnshire Sustainability and Transformation Partnership; Engagement and the Long Term Plan be received; and that the local element of the plan be added to the work programme of the Health Scrutiny Committee for Lincolnshire for consideration at a future meeting.
2. That once the calendar of events has been compiled, a copy of the said document be circulated to all members of the Committee.
3. That the Health Scrutiny Officer makes arrangements for a workshop to be held during May 2019 to allow the Committee to consider the Long Term Plan further.

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The Chairman welcomed to the meeting Mike Casey, General Manager, Thames Ambulance Service Limited and Andy Hill, Contract Manager, Thames Ambulance Service Limited.

The Chairman invited the Committee to give consideration to the two reports circulated to members of the Committee before the meeting. It was highlighted that item 6a provided the Committee with an update from Thames Ambulance Service on their current status and service performance; and 6b provided the Committee with the findings of the Care Quality Commission report following its inspection of the Thames Ambulance Service Limited on 23 October 2018.

In an introductory update from the General Manager (TASL), the Committee was advised that TASL had now moved its Head Office to the Old Danwood Building, Lincoln.

Reassurance was given to the Committee that the data issues reported at the December 2018 meeting had now been resolved; and that the report (6a) that had been circulated previously provided the latest position in terms of Service Delivery Performance and organisational changes. It was noted that there had been significant improvements in all but two areas; these were renal patients and collection of renal patients.

In guiding the Committee through the Care Quality Inspection findings (6b), the Contract Manager made reference to the following points:-

- Completion of safeguarding/mandatory training. The Committee was advised that a programme was now in place; and 80% of staff had now received training;
- Meeting the needs of bariatric patients. Confirmation was given that 30% of staff had been trained;
- Cleanliness of ambulance stations/access to equipment. The Committee was advised that since the CQC inspection a private cleaning company had been contracted to complete the necessary cleaning. It was also highlighted new arrangements had been made with regard to oxygen bottles; these were now being stored at the hospital; to prevent staff having to carrying them. It was highlighted further that steps were being taken to make arrangements to have some staff moved;
- The non-availability of personal digital assistants (PDA). It was reported that a risk register was now available, which was now complete and up to date;
- Access to equipment for transporting children. The Committee was advised that every station now had car seats available to them; and 100% of training for fitting car seats had been completed;
- Completion of appraisals. The Committee was advised that now station managers were in place, a programme of work based training had been implemented; and there was now adequate resources available to deliver appraisals;
- Managers and ambulance staff not using performance data. It was highlighted that as the data was now accurate, staff now had access to view KPI data;

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- Leadership not being embedded throughout the service. The Committee was advised that now the new structure was in place, some signs of empowerment were already being seen; and
- Complaints – It was noted that the number of complaints had reduced, as a result of there now being corporate ownership.

During discussion, the Committee raised the following issues:-

- Some concern was expressed relating to the lack of sustainable improvement across all areas. The Committee was advised that shared reporting had been introduced in the previous month; and that staff now had access to view performance data. Due to changes in working practices; and better training of staff, it was hoped that performance going forward would now be more sustainable. A further concern was raised as to whether TASL was doing its own inspections, to ensure that things were being done as they should have been. Reassurance was given to the Committee that a full system was now in place and that everything would be done to ensure there were no outstanding issues. Representatives from TASL took on board comments raised with regard to external quality assurance;
- Staff feeling disconnected – The Committee was advised that the new structure was now in place; and that feedback received from staff had shown that Managers were more visible;
- Reassurance was given that TASL was working closely with the Lincolnshire West CCG; and that since the CQC report a lot of work had been done to ensure that going forward the level of service would be sustainable;
- Financial Sustainability of TASL. The Committee was advised that lots of investment had been made to provide the service in Lincolnshire. It was reported that no profit was currently being made from the contract;
- The importance of sharing feedback with the Committee – The Committee was advised that TASL was happy to share patient's feedback data, staff survey information and details of union engagement with members of the Committee. It was highlighted that once received, re-inspection data would also be shared with the Committee;
- Involvement of unions in the process – Reassurance was given that a union representative was on the joint committee; and that there were quarterly meetings of the joint committee;
- Staff recognition scheme – The Committee was advised that there were some reward schemes for staff i.e. attendance;
- Voluntary Car Drivers – Confirmation was given that in total, only five staff had been lost in the first instance. The Committee noted that a further 20 new members of staff had been recruited. It was highlighted that the voluntary car drivers contributions were greatly valued, as they provided flexibility in the system; and
- Eligibility criteria. The Committee noted that the eligibility criteria had been set by the commissioners. Some concern was expressed as to whether governance checks were in place. Reassurance was given that governance checks were in place.

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In conclusion, the Chairman thanked TASL representatives for their openness; and on behalf of the Committee expressed disappointment at the results of the CQC report. Going forward, the Committee agreed that monthly updates on the KPI's should be received; and that details should also be received concerning the improvement tracker; and that data relating to the staff survey, patients complaints data should also be made available to the Committee. The Committee also agreed that going forward TASL should attend future meetings on a quarterly basis.

RESOLVED

1. That the CQC report be noted.
2. That the disappointed of the Committee concerning the results of the CQC findings be recorded.
3. That monthly KPI performance information from TASL be received; and that this data be reported to the Committee by way of the Chairman's Announcements.
4. That details of the TASL improvement tracker, outcomes from the staff survey and patients complaints be made available to members of the Committee.
5. That TASL be invited to attend future meetings of the Committee on a quarterly basis (The next meeting being 15 May 2019).

84 GRANTHAM ACCIDENT AND EMERGENCY DEPARTMENT - REFERRAL TO THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which provided the Committee with a holding report with regard to the Grantham Accident and Emergency Department – Referral to the Secretary of State for Health and Social Care.

Daniel Steel, Scrutiny Officer introduced the report and invited the Committee to consider what steps it wished to take concerning the January 2018 referral to the Secretary of State for Health and Social Care.

A local member advised the Committee that South Kesteven District Council had sent a letter to the Secretary of State for Health and Social Care concerning the matter.

The Chairman expressed frustration to the fact that no response had yet been received from the Secretary of State for Health and Social Care.

RESOLVED

1. That the Committees frustration be recorded that some 31 months later, the Grantham A & E still remained closed overnight; and as no response

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has been received from the letter sent in January 2019 to the Secretary of State for Health and Social Care.

2. That the Chairman on behalf of the Committee should write directly to the Rt Hon Theresa May, the Prime Minister, with copies of the said letter being sent to the Secretary of State for Health and Social Care, and to all Lincolnshire MP's expressing the Committees concerns and the frustration for the people of Grantham.

85 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 scrutiny activity was focussed where it could be of greatest benefit.

The Committee gave consideration to the work programme as detailed on pages 28/39 of the report presented.

Items suggested for future meetings included:-

- Local element of the Long Term Plan;
- Quality Accounts;
- Prostate Cancer diagnosis/treatment; and
- Workforce and Education.

RESOLVED

That the work programme presented be agreed, subject to the inclusion of the suggested changes as detailed above.

The meeting closed at 12.30 pm