



HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE 8 NOVEMBER 2017

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R J Kendrick, R B Parker, Dr M E Thompson, R H Trollope-Bellew and M A Whittington.

Lincolnshire District Councils

Councillors 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), P Howitt-Cowan (West Lindsey District Council), Mrs P Whittaker (North Kesteven District Council) and S Woodliffe (Boston Borough Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals NHS Trust), Chris Weston (Consultant in Public Health (Wider Determinants)), Tony McGinty (Interim Director of Public Health), Karen Brown (Director of Finance, United Lincolnshire Hospitals NHS Trust), Dr Tim Davies (NHS England Screening and Immunisation Lead, Public Health England) and Dr Jarna Kumbang (Consultant in Communicable Disease Control Public Health England).

36 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors R A Renshaw, P Gleeson (Boston Borough Council), T Boston (North Kesteven District Council).

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, had appointed Councillor R B Parker to replace Councillor R A Renshaw on the Committee until further notice.

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It was noted further that Councillors S Woodliffe (Boston Borough Council) and Mrs P Whittaker (North Kesteven District Council) had attended the meeting on behalf of Councillors P Gleeson (Boston Borough Council) and T Boston (North Kesteven District Council) respectively, for this meeting only.

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

37 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 Stephen Woodliffe advised the Committee that he was currently a patient of United Lincolnshire Hospitals NHS Trust.

Councillor C J T H Brewis advised the Committee that he was currently a patient of the Anglia Community Eye Service, Wisbech.

38 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE HELD ON 11 OCTOBER 2017

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 11 October 2017, be approved and signed by the Chairman as a correct record, subject to a grammatical error, bullet point one, fifth sentence, the moving of the word 'in' to the following position in the sentence '*There was recognition that in the present*'.

39 CHAIRMAN'S ANNOUNCEMENTS

The Chairman advised that further to the announcements circulated as part of the agenda, an additional announcement had been received concerning the Grantham A & E Overnight Closure.

It was reported that at a meeting of the United Lincolnshire Hospitals NHS Trust Board held on 7 November 2017, the Board had decided to support the re-opening of the Grantham A & E 24 hours a day over the winter period. However, it was highlighted that NHS Improvement (NHSI) had requested that the final decision concerning the opening should be deferred by one month to allow for an independent review of staffing to be carried out. The Committee was advised that the review would look at the staffing model for all three A & E's, to ensure that before Grantham was reopened overnight, safe staffing levels could be maintained over the busy winter months. The Committee was advised further that the next Board meeting would be held on 15 December 2017 to consider the review findings.

The Health Scrutiny Officer advised that a copy of the report had been circulated to all members of the Committee prior to the meeting, but several members requested a hard copy of the report being made available to them at the end of the meeting.

RESOLVED

That the Chairman's update be noted.

40 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - FINANCIAL SPECIAL MEASURES UPDATE

The Committee gave consideration to a report from United Lincolnshire Hospitals NHS Trust, which provided information on the number of support packages that were in place to assist the Trust in developing a recovery plan to exit Financial Special Measures. It was reported that a draft recovery plan had been developed and submitted to NHS Improvement (NHSI). The plan's main aim was based on making current services more efficient and effective.

The Chairman welcomed to the meeting Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust and Karen Brown, Director of Finance, United Lincolnshire Hospitals NHS Trust.

The Committee was reminded that an additional paper entitled Quality and Safety Report for October 2017 had been circulated by email to all members of the Committee on 2 November 2017, a copy of the said document was tabled at the meeting.

The Committee received a joint update from the Chief Executive, United Lincolnshire Hospitals NHS Trust and the Director of Finance United Lincolnshire Hospitals NHS Trust, which brought the Committees attention to the table on page 21, paragraph 2.5 which described the main elements of the Trust's structural deficit of £70m; and provided a breakdown of the £70m as follows:-

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|---|------|
| • Duplication of services across multiple hospitals | £30m |
| • Use of agency staff | £13m |
| • Loss of elective (planned) work | £13m |
| • ULHT inefficiencies | £14m |

The Committee noted that the Trust had not achieved a breakeven position since 2011/12; and that the graph detailed on page 21 identified the levels of deficit since that time. Reference was made to the increased costs of delivering and investing in services over the Trust's three main sites; and that the large geographical area of Lincolnshire had not assisted the Trust in delivering the national efficiency agenda. It was noted that the projected budget deficit for 2017/18 of £75m allowed for investment for quality of care in the future.

It was reported that to exit financial special measures three elements were required, which included a robust recovery plan, which needed to be approved by the ULHT Board and NHSI within one month; and also the production of a detailed delivery plan

providing evidence of significant efficiencies within a further two months' timescale. It was highlighted that the NHSI might also require evidence of delivery over a further three month period; and the implementation of further actions as detailed at paragraph 4.2 of the report. It was highlighted further to the Committee that there was some recognition from the NHS and NHSI that there needed to be a more co-ordinated approach to commissioning services.

During discussion, the Committee raised the following issues:-

- One member asked for an explanation of the word 'structural deficit'. It was explained that the term structural deficit referred to a long-term mismatch between income and expenditure. The Committee was advised that there was a balance between exiting financial special measures and delivering quality; and as a result the recovery plan needed to be balanced so that it did not affect the quality of care being provided;
- One member enquired when the Trust's circumstances would improve. There was acknowledgement that more efficiencies could be delivered and that the Sustainability and Transformation Partnership would help reduce some of the inefficiencies by remodelling some services, for example by reducing the number of people unnecessarily admitted to hospital and the introduction of Neighbourhood Teams would assist in this. The implementation of the model would ensure that a better service was provided for patients within their communities. Remodelling would also help reduce the number of people attending A & E when it was not necessary, this would also help in attaining more efficiencies;
- A question was asked as to whether the Trust knew how much funding was required in order for it to deliver a quality service. The Committee was advised that the Trust's overall budget was £440m; and that the deficit was approximately 16% of that total – one of the highest in percentage terms in the country. It was noted that some work had been undertaken on zero based budgets, however, budgets in the NHS were not calculated in that manner, they were calculated on the basis of the tariff for a particular patient episode multiplied by the volume of patient episodes;
- A question was also asked as to whether there was a contingency for the Trust to remain within budget. The Committee was advised that United Lincolnshire Hospitals NHS Trust was contracted to provide care; and could not therefore refuse to provide that care to the residents of Lincolnshire;
- The Committee was advised that the loan to the Trust from the Treasury had been charged at a rate of interest between 1% and 1.5%. It was noted that as a result of financial special measures the loan rate automatically increased to a rate of 6% which had caused an extra cost pressure of £400,000. The Committee was advised that the reason for the increased rate was to encourage the Trust to move out of financial special measures more swiftly;
- The Committee noted further that fire safety had also been an issue, as the Trust had had been investing £2.5m a month to improve fire safety at its hospitals;
- One member asked whether any work had been undertaken on the estimated costs of reducing the services from three sites to two. The Committee was

advised that no work had been done to estimate the costs of reducing from three to two sites. It was noted that if there was a change in service, the Trust would have to decide where to replace the activity. It was confirmed that the three sites were required by the Trust, however, reconfiguration of some services might need to be considered;

- The impact of Brexit with regard to agency staffing – The Committee was advised there had been some impact on staffing numbers; it was noted that nationally the number of European workers had reduced. It was reported that the Trust's permanent staff rates had improved;
- The situation regarding Delayed Transfers of Care (DTOC) – The Committee was advised that as a result of close working between health and social care, DTOCs were not a significant issue; and that the current position was at 3.5%;
- The need for more positive communication – Some members of the Committee felt that the Trust needed to promote the services it provided successfully better. A further point raised was whether the NHS could promote locally and nationally the impact to the NHS of patients missing appointments. The Committee was advised that the Trust had a Communication Plan, but acknowledged that there was more that could be done;
- A suggestion was made for the Trust to join the campaign for Fairer Funding for Lincolnshire. The Committee was advised that the Trust was more than happy to support for Fairer Funding for Lincolnshire;
- Turnaround Programme – Page 23 of the report provided the Committee with details of a high level financial turnaround programme. It was highlighted that key themes of the plan were to reduce the costs of delivering services through several initiatives, and to ensure that the level of service provided to patients was not affected. The Committee was advised that the Trust had engaged with staff and the public regarding ideas to help the Trust reduce wastage and develop new service going forward. To date, the Trust had received over 1,200 savings ideas, all of which were being considered and would be included in the Trust's plans, as part of the 2021 vision. It was highlighted that anyone could make a suggestion through a generic email address. The Committee received a short explanation of some of the themes. Page 24 of the report provided a description of each of the themes;
- Quality Impact Assessment – The Committee was advised that all efficiency schemes were subject to a full quality impact assessment (QIA) signed by the Medical Director and the Director of Nursing to ensure that quality was not being reduced. It was noted that the QIA had not been yet been completed on all schemes, and that this might affect some of the content of the final plan. The Committee was advised that the reason for QIA was to ensure that any decision taken with regard to finances did not affect the quality of care provided by the Trust. It was noted that the Trust was in deficit each month by £6m. Out of the £18m (turnaround figure), £6m still had to be go through QIA;
- Role of the Modern Matron – The Committee was reassured that matrons were frontline staff. The Committee was advised that a golden hour had been introduced each day where heads of nursing and matrons set aside time to do structured checks of wards to check the care being provided to patients to ensure that each area of the hospital was providing the same high quality standard of care; and

- Catering provision – The Committee was advised that following an independent survey concerning catering provision; the level of satisfaction had increased.

In conclusion, the Committee agreed to receive the information presented on financial special measures and to updates being presented each quarter.

The Chief Executive United Lincolnshire Hospitals NHS Trust advised the Committee that owing to the levels of specialist nurses available, paediatric services were extremely fragile at the Lincoln and Boston sites. Reassurance was given that although the service was fragile it was operating safely at the moment.

RESOLVED

1. That the update from United Lincolnshire Hospitals NHS Trust concerning Financial Special Measures be received.
2. That quarterly progress reports be received by the Committee.

41 IMMUNISATION IN LINCOLNSHIRE

Consideration was given to a report from Dr Tim Davies, NHS England Screening and Immunisation Lead, Public Health England, which provided the Committee with details of the local arrangements for the delivery of immunisations to the population of Lincolnshire and its current performance with regard to vaccination programmes.

The Chairman welcome to the meeting Dr Tim Davies, NHS Screening and Immunisation Lead, Public Health England, Dr Jharna Kumbang, Consultant in Communicable Disease Control, Public Health and Tony McGinty, Interim Director of Public Health.

Tony McGinty, the Interim Director of Public Health provided a short presentation, which outlined to the Committee the Lincolnshire Health Protection Assurance Process; and provided details relating to the National Immunisation Programmes in Lincolnshire.

It was highlighted that as a result of concerns raised by the Lincolnshire Health and Wellbeing Board, the information provided to the Committee focussed on the vaccination programme for those under the age of five years of age.

Dr Tim Davis, NHS Screening and Immunisation Lead, Public Health England advised the Committee that immunisation programmes for children up to the age of five had uptake targets of 95%. It was noted that this uptake target needed to be high with diseases such as measles to ensure a good level of immunity.

Details pertaining to the routine immunisation schedule along with selective immunisation programmes; and additional vaccines for high risk individuals was detailed in Appendix A to the report. It was highlighted that NHS England was responsible for the commissioning and system management of the routine

immunisation programme through its local offices. It was highlighted further that local authorities through their Director of Public Health (DPH) had a duty to provide advice and advocacy to protect the population of Lincolnshire; and that NHS Clinical Commissioning Groups (CCGs) had delegated authority for co-commissioning primary care; and also needed to have oversight and scrutiny of the routine vaccination programmes.

Table one on page 31 of the report provided information relating to the uptake of immunisations by age group for 2015/16, 2016/17 and quarter one for 2017/18. The table highlighted that generally the performance of childhood immunisations measured at one year was good, with an uptake at or around the 95% target. The Committee noted that the uptake of vaccines at age two years and five years were areas where improvement could be made.

Figure 1 - Trend in the uptake of MMR by CCG - on page 32 of the report identified that Lincolnshire East CCG had had the lowest uptake. It was highlighted that this pattern was reflected in all of the under 5 vaccination programmes. It was noted further that in figure 3 - Uptake of immunisations at 1 year compared to peers and national average for 2013/14 and 2016/17 and figure 4 – Uptake of immunisations at 5 years compared to peers and national average for 2013/14 to 2016/17, Lincolnshire's performance was above the national average.

The Committee noted that immunisation was a parental choice; and that nationally there was a slow decline in uptake rates for childhood vaccinations. It was felt that the decline was as a result of a number of issues such as the complexity of the programme; problems accessing primary care; and the lack of visibility of some of the diseases that immunisations were given for; and also there was a small rise in the number of individuals who did not believe in the need for vaccinations.

Page 34 of the report detailed actions that were being taken to increase the uptake of childhood vaccinations in Lincolnshire.

In conclusion, the Committee was advised that there was a comprehensive programme of immunisations being delivered across Lincolnshire, which was minimising the risks of harm to the local population.

During discussion, the Committee raised the following points:-

- The need to ensure that working parents had the opportunity to take young children for their vaccinations. The Committee was advised that there needed to be easy access to primary care; and flexibility to attend immunisation sessions;
- Whether the provision of a record book for each child would help encourage parents to get their children immunised. The Committee was advised that the red book was still in existence; a copy of which was given to all new mothers, this was not welcomed by all mothers as it used to be. It was noted that there was good progress in developing an electronic immunisation record for Lincolnshire children;

- A suggestion was also made for the need to have a more informative approach to immunisation as this would help to alleviate any fears parents of young children might have. Clarification was given that repeat immunisations would not cause any harm. A further point raised was the impact of social media; an example given was that the MMR vaccine contained gelatine and it was confirmed that this was the case. There was agreement that there was a need to do more promotional work;
- Access to immunisation records – The Committee was advised that since 2013 efforts had been made to develop comprehensive immunisation records. Confirmation was given that Child Health Records now had all immunisations records for those practices on System-One in Lincolnshire. It was noted however, that there were 25 practices that were not on this system; and that work was ongoing with regard to this matter;
- Teenage Vaccination uptake in schools – The Committee was advised that the uptake of teenage vaccinations in schools had been in excess of 80%. It was reported that primary schools could not be used to help increase the immunisation rates for five year olds, as the vaccines needed to be given to the children prior to starting school;
- One member enquired as to what the potential risk was if the required numbers of children were not vaccinated. The Committee was advised that the overall objective of immunisation was to eradicate the disease; and therefore the target of 95% for a disease such as measles would be pursued. It was reported that actions were being taken to try to increase the uptake of children's vaccinations. A request was made for the inclusion of figures to accompany the percentages provided in future reports. The Committee noted that chicken pox was not part of the national immunisation programme, as some evidence had suggested that a chicken pox vaccine might cause more harm, particularly in relation to causing the onset of shingles;
- A question was asked as to why children in the Lincolnshire East CCG area had the lowest rates of immunisation compare to the rest of Lincolnshire. The Committee was advised that there was no documentary evidence available pertaining to ethnic minority groups. The Committee was advised that all practices had been visited to obtain information relating to how childhood immunisation services were organised. The outcomes of this exercise would then be used to inform development visits in Lincolnshire East CCG to focus on what was good and what could be done better drawing on the experience of peer practices within the county. The Healthwatch representative confirmed that the one issue the Healthwatch survey had established was that quite a few people had not been invited to attend routine vaccinations, but there had been insufficient information for NHS England to follow up on. A suggestion was made that invitations for immunisation should be sent out on practice headed paper. Confirmation was given that invitations should be sent from practices. Reference was also made to the fact that key members of practices were not now available. It was highlighted that previously Health Visitors had been instrumental in liaising with new mothers regarding immunisation. The survey had also identified that there was a lot of deprivation in the Lincolnshire East CCG area;

- Whooping cough vaccination – The Committee was advised that the whooping cough vaccine was given to pregnant women, to help protect their babies until they could be vaccinated; and
- One member enquired as to what elected members could do to help get the message out to the communities they represented. The Committee was advised that there was literature available in surgeries, which if members wished could be incorporated in to their newsletters. The Committee was advised further that more would be done on social media. A further suggestion was made for information to be sent to members of the Committee so that they could send it out to district councils through business brief.

The Chairman extended thanks to the presenters for their informative update.

RESOLVED

1. That the report presented be received.
2. That a report concerning Immunisation in Adults be presented to a future meeting. (For the said report to include figures to accompany percentages quoted).
3. That information relating to immunisation be circulated to all members of Committee.

42 LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2018

Consideration was given to a report from Chris Weston, Public Health Consultant, which asked the Committee to consider the project plan timelines from the 'Lincolnshire Pharmaceutical Needs Steering Group' on the production of the 2018 Lincolnshire Pharmaceutical Needs Assessment (PNA). The report also asked if the Committee wished to initiate a working group to comment on the draft Pharmaceutical Needs Assessment during the 60-day public consultation.

In guiding the Committee through the report presented, the Committee was advised that the Health and Social Care Act 2012 had transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWB). It was noted that the first PNA had been completed on behalf of Lincolnshire HWB and had been submitted to NHS England by the 1 April 2015, and the next PNA was due to be submitted to NHS England by 1 April 2018.

Appendix A to the report provided the Project Plan for Lincolnshire 2018 PNA for the Committee's consideration.

It was reported that a public questionnaire had been produced by the PNA Steering Group to seek views and comments on current pharmaceutical service provision. A total of 1145 responses had been received from all age groups above the age of 16 years. A summary of the responses received was detailed in Appendix B to the report presented. The Committee was advised that the next stage of the process was a 60-day mandatory consultation on the findings of the draft PNA, which would

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be approved by the Lincolnshire Health and Wellbeing Board at their 5 December 2017 meeting. The Committee was advised further that the planned dates for the consultation were from 11 December 2017 to 11 February 2018. The results of the consultation would then be considered by the Steering Group at its meeting on 27 February 2018. A final PNA would then be produced with a recommendation for the Lincolnshire Health and Wellbeing Board to publish, at its meeting on 27 March 2018. It was noted that the final PNA had to be published no later than 31 March 2018.

It was highlighted that regulations listed a range of stakeholders who needed to be consulted. The Health Scrutiny Committee was invited therefore to initiate a working group during the consultation period to feed into the consultation of the draft PNA.

The Committee was also advised that Regulation 9 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations required that Joint Health and Wellbeing Strategies, when carrying out assessments for the purpose of PNAs, had to have regard to:-

- The number of people in its area who require pharmaceutical services;
- The demography of its area; and
- The risks to the health or wellbeing of people in its area.

A short discussion ensued from which the following points were raised:-

- One member enquired in accordance with Regulation 9, whether the issue of Pharmacists being open seven days a week along the coast had been taken on board as part of the Strategy. Confirmation was given that this issue had been taken into consideration;
- A request was made for a further breakdown of information contained in Appendix B to show demographical areas and age groups. The Public Health Consultant agreed to circulate this information to members of the Committee;
- Page 56 – Question 13 – A concern was expressed regarding the disposal of needles and to the fact that due consideration needed to be taken regarding disposal in pharmacies;
- A question was asked as to how the PNA took account of proposed housing developments, which would lead to an increase in demand for pharmacy services in a particular area. The Committee was advised that information was obtained from all district councils on potential housing developments over the next 20 to 30 years, however, there was a slight mismatch between the three-year planning cycle of a PNA and housing development plans which could be up to thirty years in length;
- Whether the PNA took into account the physical capacity (storage and patient consultation) of an existing pharmacy or pharmacies, in cases of increased demand. The Committee was advised that it would;
- A request was made for a map showing the location of Pharmacies across the county. The Public Health Consultant advised that this would be included in the PNA, which would be made available to members of the Committee;
- A question was asked as to whether funding changes to pharmacists would have any effect on the PNA. The Committee was advised that as yet, no

details of the funding change had been published by the Department of Health. It was highlighted that as the PNA was a living document, and that the steering group met on a regular basis; any changes in need would be regularly monitored;

- A concern was raised regarding the presentation of the data on page 58, question 17. Officers agreed to look into this matter;
- Opening times – One member highlighted that there was a need to ensure that pharmacies in a location needed to make provision to stagger their opening times; and
- Page 56, question 13 reference to needle exchange. Some members felt that this was a service that needed to be included as a service being provided by a local pharmacy.

An invitation was extended to the members of Committee to participate in a working group to draft a response to the consultation on the Pharmaceutical Needs Assessment. The following members indicated that they wished to participate in the working group: - Councillors C J T H Brewis, J Kirk, C S Macey, and either R B Parker or R A Renshaw.

The Healthwatch representative advised that Healthwatch would be responding to the consultation; but confirmation would be sought as to whether Healthwatch would be responding separately, or whether comments would be included in the response from the Committee.

RESOLVED

1. That the process to produce a revised Pharmaceutical Needs Assessment (PNA) by 1 April 2018 be noted and that the comments raised by members of the Committee be considered by officers.
2. That the project plan timelines from the 'Lincolnshire Pharmaceutical Needs Assessment Steering Group' on the production of the 2018 Lincolnshire Pharmaceutical Needs Assessment be received.
3. That a working group be set up to draft a response to the consultation on the Pharmaceutical Needs Assessment, comprising of the following Councillors C J T H Brewis, J Kirk, C S Macey, and either R B Parker or R A Renshaw.

43 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 December 2017 to 16 May 2017.

The Health Scrutiny Officer enquired as to when the Committee wished to consider the previously identified four priorities from the Lincolnshire Sustainability and Transformation Partnership. It was agreed that the Committee would be consulted via email.

The items the Committee agreed should be considered at future meetings were highlighted as:-

- An update concerning Paediatric Nurses;
- Quarterly Update from United Lincolnshire Hospitals NHS Trust;
- Adult Immunisation; and
- Update on the Grantham A & E

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

One member requested whether the item concerning EMAS scheduled for the 21 February 2018 could be brought forward to an earlier meeting, due to information received that East Midlands Ambulance Service was withdrawing ambulances from ambulance stations in the West Lindsey area. The Chairman agreed to look into the matter and report back to members of the Committee.

RESOLVED

That the work programme as detailed in Appendix A be received, subject to the inclusion of the items listed above.

The meeting closed at 1.25 pm