



HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE 14 NOVEMBER 2018

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R J Kendrick, C Matthews, R A Renshaw 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)) and P Howitt-Cowan (West Lindsey District Council).

Healthwatch Lincolnshire

John Bains.

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Katrina Cope (Senior Democratic Services Officer), Ruth Cumbers (Urgent Care Programme Director, Lincolnshire East CCG), Simon Evans (Health Scrutiny Officer), Dr Neill Hepburn (Medical Director, United Lincolnshire Hospitals NHS Trust), Dr Sunil Hindocha (Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group (LWCCG)), Samantha Milbank (Accountable Officer, Lincolnshire East CCG), Sarah-Jane Mills (Chief Operating Officer, Lincolnshire West CCG), Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals NHS Trust), Chris Weston (Consultant in Public Health (Wider Determinants)), Kirsteen Redmile (Lead Change Manager, Integrated Care, STP System Delivery Unit) and Louise Jeanes (Cancer Programme Manager).

County Councillors Dr M E Thompson (Executive Support Councillor for NHS Liaison & Community Engagement) and Mrs Penny West (Member of the Public) attended the meeting as observers.

50 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors R H Trollope-Bellew, Mrs R Kaberry-Brown (South Kesteven District Council) and Dr B Wookey (Healthwatch).

The Committee was advised that John Bains (Healthwatch) was the replacement member for Dr B Wookey (Healthwatch) for this meeting only.

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

51 DECLARATIONS OF MEMBERS' INTEREST

Councillor Mrs K Cook advised the Committee that she was a patient; and on the governing body of Lincolnshire Partnership NHS Foundation Trust.

Councillor C J T H Brewis advised that he was a patient of Addenbrooke's Hospital, Cambridge.

**52 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE MEETING HELD ON 17 OCTOBER 2018****RESOLVED**

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 17 October 2018 be agreed and signed by the Chairman as a correct record, subject to Councillor T Boston (North Kesteven District Council) name being added to the list of apologies for absence received.

53 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:

- Grantham and District Hospital: Overnight Closure of the Accident and Emergency Department – Correspondence from the Department of Health and Social Care;
- An update on the Ambulance Service in Lincolnshire Summit Meeting held on 7 November 2018;
- That information relating to the Bi-Polar Support Group; workforce plan; and the locations of the physical health care clinics would be circulated to members of the Committee once received; and
- Non-Emergency Patient Transport – Thames Ambulance Service Ltd (TASL) Performance Figures – A copy of the performance report for September/October was provided for the Committee to consider.

One member referred to a statement made by BBC Look North that two options had been developed for Grantham and District Hospital A & E Department; and that concerns had been expressed that the public had not been involved in the development of these options. Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust advised that options were being developed by the Lincolnshire Sustainability and Transformation Partnership; and that any consultation would be led

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by the Lincolnshire Clinical Commissioning Groups, as commissioners of accident and emergency services during 2019.

RESOLVED

That the Chairman's Announcements presented as part of the agenda on pages 17 and 18; and the supplementary announcements circulated at the meeting be noted.

54 CHILDREN AND YOUNG PERSONS SERVICES AT UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - UPDATE

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

As agreed at the 12 September 2018 meeting, the Committee received an update on Children and Young Persons Services at United Lincolnshire Hospitals NHS Trust.

The Committee were reminded of the temporary model of care that had been implemented on 6 August 2018; which included an enhanced paediatric presence in the Pilgrim Hospital Emergency Department; and an acute paediatric assessment unit with a twelve-hour length of stay. Attached to the report were the following Appendices:-

- Appendix A - Children & Young Persons Services at United Lincolnshire Hospitals NHS Trust (ULHT) – Risk to the sustainability of the Service (26 October 2018);
- Appendix B – Contingency Plan – Proposed Relocation Plan;
- Appendix C – Health Scrutiny Committee – Questions on Contingency Plan – September 2018; and
- Appendix D – Communications and Engagement Plan Update – United Lincolnshire Hospitals NHS Trust (29 October 2018).

The Committee was advised that the interim service model remained in place and that services were still fragile. The Committee was advised further that the workforce was still heavily dependent on locums and agency doctors; and that there was now one substantive middle grade doctor and six agency locum middle grade doctors within the current rota. It was highlighted that the Women's and Children's Clinical Directorate were continuing with national and international recruitment. Other areas reported on included:-

- The Committee was advised that following the analysis of the first six weeks' data, the dedicated transport provision that began with two ambulances being available 24 hours a day had now been reduced; and the contract had been extended until 31 December 2018;
- It was also reported that in the first six weeks of operation up to 31 October 2018, 674 patients had been seen in the Paediatric Assessment Unit; with 99 children being transferred. It was highlighted that no issues had been

experienced or reported, however, there was an acknowledgment that the transfers of patients had caused some disruption to the patients and their families. It was noted that each transfer direct from Pilgrim Hospital, Boston to Lincoln County Hospital had taken on average 90 minutes;

- The Committee was also advised that there had been six in-utero transfers of pregnant ladies during the period up to the end of October 2018;
- The Committee was advised that the risks would continue to be managed through the project risk register. It was highlighted that no incidents of patient harm had been reported;
- The Committee was advised that if needed the contingency plan would be to centralise paediatric services from the Pilgrim site onto the Lincoln County Hospital site, if services could not be maintained at the Pilgrim site. Details of the proposed Relocation were shown in Appendix B to the report. The report highlighted the Trust's three incremental plans for the next six months. These were detailed on page 22 of the report; and
- Feedback from Engagement Events and the Communications Plan – Further to the Committee's request at the September meeting, a summary of responses received on each of the three themes were shown on page 23 of the report. It was highlighted that full feedback notes had been shared with the Trust's Women's and Children's Managers, and that this feedback would be used in the development of the service going forward to ensure that current and future service models were able to meet the needs of the patients.

During discussion, the Committee raised the following points:-

- One member highlighted a recent British Medical Association report, which made reference to bullying with regard to medical training and how this impacted on ULHT staff. The Trust reassured the Committee that bullying was not acceptable and would not be tolerated. It was accepted that bullying could occur as a result of poor training; and that this was an issue the Trust was working on to ensure that staff were adequately trained and supported. It was also highlighted that on occasions change could be perceived as bullying; and that this was a further area that the Trust was aware needed improvement;
- Page 23 – Higher Level Neonatal Unit at Pilgrim Hospital, Boston – The Committee was advised that the Trust did not determine what was provided, that was the responsibility of the commissioners. It was highlighted that provision of such a unit would be balanced between actually staffing the unit; and to whether staff would be kept busy enough to maintain their skill levels. It was highlighted further that babies with a higher need than that provided at Lincoln had always been transported to Nottingham;
- Page 24 - Births - The report highlighted that three babies from the Pilgrim Hospital, Boston area (Under the 34 week's gestation) had been born in Lincoln County Hospital. A question was asked as to whether any of these women had been transported mid-labour. Confirmation was given that no woman would be transferred in labour. Confirmation was given that all transfer journeys took around 90 minutes from ward to ward;
- Page 44(8) - A question was asked as to whether women were getting a full range of choices at Pilgrim Hospital Boston. An explanation was given that

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choice was a discussion that was had between the doctor and the patient, to best meet the needs of the patient. It was highlighted that there were benefits to having a mid-wifery unit and that this was an alternative it was hoped would be developed at a later date;

- Ambulance provision – Confirmation was given that the ambulances used for patient transfers was by a private provider, and that EMAS had been approached but unfortunately did not have the capacity to provide the service;
- Shortage of staff at the Lincoln and Boston site – The Committee was advised that there had been long term recruitment issues which were starting to be addressed. The Committee was advised that young people looking for careers seemed to gravitate to large cities; whereas some more mature staff seemed to prefer Lincolnshire for a better quality of life;
- Bullying – One member highlighted to the Committee that he had been saddened whilst waiting in the A & E at Pilgrim Hospital Boston recently to hear bullying language being used by a doctor to a nurse. The Committee was advised that the Trust had been working very hard with the medical team to improve behaviour. The Trust staff were also saddened to hear of the incident;
- Page 23 – Children's Ward/Paediatric Assessment Unit – A question was asked whether children would be able to stay longer than the twelve hours. The Committee was reassured that the time frame was for guidance only;
- Page 29 - Progress of the STP - Confirmation was given that the plan was moving forward; and that the plan would be out for consultation in the new year;
- The need to look for initiatives to get people into the NHS; and the need for the creation of a centre of excellence. The Committee was advised that relationships between doctors and senior nurses were changing so that there was a more blended workforce;
- A question was asked as to whether NHS Improvement (NHSI) was still providing assistance to ULHT. The Committee was advised that they were still receiving support from NHSI; and that quarterly meetings were still taking place;
- Whether the interim model was adding an additional cost on an already constrained budget, and whether there was confidence that finances would remain in place. It was noted that the interim model was costing extra and that there was a worsening of the deficit position.

RESOLVED

1. That the update by United Lincolnshire Hospitals NHS Trust on Children and Young Persons Services be noted.
2. That a further update on Children and Young Persons Services be received at 23 January 2019 meeting.
3. That consideration be given by the Committee to a report by the Royal College of Paediatrics on the Trust's women and children's services.

**55 LINCOLNSHIRE URGENT AND EMERGENCY CARE - PROGRESS WITH
THE DEVELOPMENT OF URGENT TREATMENT CENTRES**

The Chairman welcomed to the meeting Ruth Cumbers, Urgent Care Programme Director, Lincolnshire East Clinical Commissioning Group.

The Urgent Care Programme Director provided the Committee with an update on the delivery of transformation of Urgent and Emergency Care in Lincolnshire.

The Committee was advised that in response to the Keogh Review, the Lincolnshire Urgent and Emergency Care system had introduced an Urgent and Emergency Care Strategy (which had been presented to the Committee on 21 March 2018), which set out a vision for Urgent and Emergency Care in line with nationally mandated actions and local STP priorities. It was highlighted that the strategy would help with the standardisation of services across the County; and would ensure that patients got the right care in the right place when they needed it.

It was highlighted that the ambition was to transform urgent and emergency care to ensure that it served those patients with serious or life threatening emergencies, as well as those with urgent care needs better. The report highlighted that it was estimated that nationally up to 3 million people who used A & E each year could have had their needs addressed elsewhere in the urgent care system. It was highlighted further that patients were confused as to what alternatives were available to them.

The Committee was advised that the principal aim of creating urgent treatment centres was to increase public confidence in where to go if they had urgent, non-emergency care needs by removing different titles such as urgent care centres, minor illness/injury units and walk in centres. It was noted that there was also an aim to extend the remit of urgent treatment centres clinical assessment capability, to manage an increased range of lower acuity cases currently managed in A & E departments. Details of the December 2019 national targets for patients and public to access were shown on page 51 of the report presented.

It was highlighted that in Lincolnshire there were two urgent care centres at Louth County Hospital and Skegness Hospital; and Minor Injury/Illness Units at the Gainsborough John Coupland Hospital, Spalding Johnson Hospital; and Sleaford Medical Group. It was noted further that the North West Anglia NHS Foundation Trust also ran a Minor Injuries Unit at Stamford Hospital.

Page 52 of the report provided the Committee with information relating to recommended sites for Urgent Treatment Centres. The report highlighted that a full and open public consultation would take place to inform any final decisions on the configuration of services through the Acute Services Review and that this would happen during the spring of 2019. Details relating to the programme implementation, service Type Classification; and Timescale for implementation were shown on pages 53 and 54 of the report.

It was highlighted that other transformation projects particular digital technology were key enablers to helping to deliver the national and local Urgent and Emergency Care

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Strategy. Particular reference was made to the ASAPLincs website and app, the NHS 111 online; and the Integrated Dashboard.

In conclusion, the Committee was advised that this was an exciting opportunity to ensure that the public had access to quality services, at the right place and at the right time and for there to be improved accessibility across the County.

Attached at Appendix A to the report was a copy of the Urgent Treatment Centres – Principles and Standards 2017, issued by NHS England, for the Committee's consideration.

During discussion, the Committee raised the following points:-

- Some concern was expressed that Grantham A & E remained out of scope for the Lincolnshire Urgent Emergency Care Strategy. The Committee was advised that the future of Grantham and District Hospital was a separate issue; and that nothing had yet been decided with regard to this matter. It was highlighted that as the Committee was looking at services across the County; there was a lack of understanding as to why Grantham had been omitted. Some members felt that Grantham and District Hospital should be offered an Urgent Treatment Centre;
- Clarification was sought as to the classification of the Louth County Hospital site. The Committee was advised that services at Louth would be no less than at present; and would most likely be enhanced, as Louth was likely to become an Urgent Treatment Centre;
- One member expressed disappointment to the proposals and to the lack of provision in the south of the County. The Urgent Care Programme Director based at Lincolnshire East Clinical Commissioning Group, agreed to feedback the views expressed to the South and South West CCG's;
- GP Extended Access Hubs – The Committee was advised that 90% of urgent cases could be dealt with by a GP; and that the Federation Teams and Hubs would allow GP's to respond. It was confirmed that the Hubs would be open for up to 12 hours Monday to Friday, and also provide weekend cover. GP's at surgeries could then concentrate on long term conditions, which would then increase the number of on the day non-urgent appointments;
- Some concern was expressed to the proposed opening times for Louth County Hospital and Skegness Hospital; as currently provision at the Louth and Skegness urgent care centres was 24 hour; and it was felt that this provision needed to be maintained. Confirmation was given that GP Access Hubs would be open for 12 hours and that Urgent Treatment Centres would be open 24 hours;
- Effect of the summer period – It was confirmed that there would be a greater offer at the Louth and Skegness sites;
- The impact of the closure of the Lincoln Walk-in Centre. The Committee was advised that there had been little impact on the Lincoln A & E following the closure of the Lincoln Walk-in Centre;
- The effect on the public as a result of reclassification. It was reported that proposed provision across the County had been based on information from

CCGs. It was highlighted that GP Access Hubs could provide more enhanced services. It was highlighted that the plans were still at an early stage and that comments would be fed back to the CCGs;

- Some members advised that they had little faith in the NHS 111 service in ensuring that patients received the appropriate treatment. The Committee noted that 111 was the first point of access and that this had been driven by a national directive. The Committee noted further that Lincolnshire had a clinical assessment service, which ensured that patients were signposted to the appropriate service;
- Functions of the App – It was noted that the ASAP Lincs website and App had been designed to allow residents to identify their symptoms or condition(s) from some of the most commonly seen in emergency departments, before displaying the most appropriate treatment service suitable for them;
- Concern was expressed as to whether there would be issues with regard to recruitment and retention of staff at the centres. The Committee was advised that there was confidence that there would be few problems in staffing the new centres; as most staff were community based;
- One member felt that if Minor Injuries Units were to be discontinued, there would be decrease in the service provided. It was felt that an enhanced service would also be dependent on the geographical area; and
- Consultation for Urgent Care – Confirmation was given that there would be a consultation in the spring of 2019; separate to any consultation on the acute services review; and that decisions taken would be based on the outcomes of the consultation. The Committee was reminded that at the moment changes to provision were only proposals; and that the Committee would receive a further detailed report when available.

The Chairman on behalf of the Committee expressed disappointment that Grantham and District Hospital was out of the Lincolnshire Urgent and Emergency Care Review; and a request was made for an in-depth report for the Committee to consider at the 23 January 2019 meeting.

The Chairman on behalf of the Committee extended thanks to the Urgent Care Programme Director, Lincolnshire East Clinical Commissioning Group for her presentation.

RESOLVED

1. That the update on the progress with the development of Urgent Treatment Centres be noted.
2. That the Committee receive an update on the outcome of the capital bid submitted to NHS England with regard to establishing urgent treatment centres at Pilgrim Hospital Boston and Lincoln County Hospital.
3. That a further report be received by the Committee at its 23 January 2019 meeting prior to the commencement of the consultation on urgent

treatment centres, and if appropriate as early as the 23 January 2019 meeting.

56 ANNUAL REPORT OF LINCOLNSHIRE EAST CLINICAL COMMISSIONING GROUP

The Chairman welcomed to the meeting Samantha Milbank, Accountable Officer, Lincolnshire East Clinical Commissioning Group (LECCG).

In guiding the Committee through the report the Accountable Officer LECCG advised of the statutory duty of each clinical commissioning group to produce an annual report and accounts. Appendix A to the report provided the Committee with a copy of the Annual Report and Accounts 2017/18 of Lincolnshire East CCG (Pages 1 – 37 only) for their consideration.

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

- Why a consultation event had been held outside of Boston. The Committee was advised that nine events had been held across Lincolnshire; The Committee was reassured that comments raised would be taken on board when arranging future events;
- The impact of 'hidden' residents on future services and finances. It was highlighted that this problem was not just restricted to health services;
- Clarification was given regarding the CQC inspection outcomes as detailed on pages 88/89;
- Page 97 – Reference was made to the fact that to transform health services, consideration needed to be taken of the public's views;
- The availability of information on CCG websites – Some members highlighted that information need to be more readily available on CCG websites for members of the public to view;
- Waiting times – The Committee was advised that waiting times were set nationally. It was highlighted that work was ongoing with GPs to improve waiting times;
- Mixed sex accommodation breaches at Northern Lincolnshire and Goole NHS Foundation Trust. The Committee was advised that this was being addressed;
- Page 81 – Clarification was sought as to what 'Other' referred to. The Committee was advised this information would have to be provided after the meeting, as the figure was not known;
- CQC classification, 'requires improvement' would mean that not every item had been completed but there was still some work to be done. It was highlighted processes and measures that led to the the CQC ratings were very detailed;
- One member requested that documents where appropriate should be made available to the Committee in colour. Officers agreed to look into this matter; and
- Some reassurance was sought regarding the provision of services provided at Louth County Hospital and Skegness Hospital. A further question asked was when the outcomes of the recent engagement exercise concerning in-patient

services at Louth would be published. The LECCG acknowledged the provision of services at each of the two sites; and that these would be looked at to ensure the right services at the right time were made available to patients. The Committee was advised that with regard to in-patient services at Louth, steps would be taken to ensure that there was sufficient capacity going forward.

RESOLVED

That the Annual Report of the Lincolnshire East Clinical Commissioning Group be received and that a performance summary update be received by the Committee before the March 2019 meeting.

The Committee adjourned at 12.55pm and re-convened at 2.00pm.

Additional apologies for absence for the afternoon part of the meeting were received from Councillors M T Fido, P Gleeson (Boston Borough Council) and R J Kendrick.

A further apology was also received from Councillor Dr M E Thompson (Executive Support Councillor for NHS Liaison and Community Engagement).

57 DELIVERY OF THE NHS ENGLAND NATIONAL CANCER STRATEGY IN LINCOLNSHIRE

The Chairman welcomed to the meeting Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West CCG, Dr Sunil Hindocha, Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group and Louise Jeanes, Cancer Programme Manager.

The Chairman also advised that a member of the public, Mrs Penny West had made a request to address the Committee with regard to the report. The Chairman invited Mrs West to speak for a period of 3 minutes to address the issues set out in the report.

In her short statement to the meeting, Mrs West expressed concern relating to the de-skilling of the workforce; and as a result of the de-skilling how many wrong decisions had been made; the need to diagnose faster; whether complaint processes were fit for purpose; and that each patient needed to have their own individual pathway; and what methods of quality control were in place to monitor performance.

The Chairman invited the representatives to respond to the matter raised by Mrs West.

Reassurance was given that pathways were put in place by a clinician when a patient was thought to have cancer and that Lincolnshire was working to reach the constitutional standards and thus improve referral times. The report presented made reference to workforce challenges. It also highlighted that performance was monitored through the various CCG governing bodies.

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The report presented advised the Committee of the progress made in delivery the NHS England National Cancer Strategy across Lincolnshire, as part of the Lincolnshire Sustainability and Transformation Partnership. The Chief Operating Officer, Lincolnshire West CCG thanked Mrs West for her questions; and advised that she would meet her after the meeting to discuss some of the issues further.

Councillor Mrs P F Watson (East Lindsey District Council) advised that she was currently a patient of United Lincolnshire Hospitals NHS Trust.

The Committee was advised that in January 2017, Lincolnshire had held its first ever Cancer Summit, which had brought colleagues from across the Lincolnshire health and care system together with colleagues from the East Midlands Cancer Care Alliance, patients and members of the public together to consider a Case for Change. It was noted that work was ongoing with public health colleagues to encourage people to change their lifestyle to minimise risks to certain cancers. It was noted further that making the public aware of how they can help themselves, for example by taking up screening programmes. It was highlighted that screening programmes were well attended across Lincolnshire. As part of the screening, it was highlighted that steps were being taken to look at the way the tests were being carried out, to quicken up the process of receiving results.

The Committee was advised of the priorities that had been developed and agreed at the Lincolnshire Cancer Summit. These were:-

- Improve delivery of the 62 day constitutional standard (details of the changes made were shown on pages 111/112 of the report presented). There was an understanding that there was more to do to reduce delays. It was reported that an independent audit of the Trust's review had been arranged to ensure that processes in place were robust enough. Details of the key findings of the independent audit were show in bullet points 1 to 3 on page 113 of the report;
- Improve the patient experience. The Committee was advised that support had been given from patients, support groups and Healthwatch to understand how the patient and family experience could be improved. Details of specific changes were shown on page 113 of the report; and
- Improve the service in the community for people living with and beyond cancer. It was highlighted that until recently the focus for cancer services had been on providing a prompt diagnosis and treatment for cancer. This emphasis would remain, but it was highlighted that the programme aimed to transform the way people with cancer were supported, by providing support to people throughout each phase of their illness.

During discussion, the following points were raised:-

- Members personal experience of local services, which highlighted the need for professionals to explain processes and procedures better; and to ensure that patients were aware of who to contact if they had any issues or needed any further support or guidance;
- Some members expressed their support to the proposals for treating people as being on individual pathways;

- That there needed to be an understanding of the distress the diagnosis of cancer had on the patient and their family;
- The need for a consistent approach for tests, particular reference was made to the availability of PSA tests;
- The need to do more prevention work across all areas, one member enquired as to whether smoking cessation was still being promoted. The Committee was advised that smoking cessation was still being promoted. Some concern was also expressed to the risks of vaping;
- One member enquired whether the gap was closing. The Committee was advised that this was dependent of the type of cancer; as some were doing better than others. It was highlighted that lifestyle changes were a key driver; as was how services were designed around patient;
- The need to make sure that every contact with a patient counted; which was part of the public health message;
- One member enquired as to what learning had been taken from the five breaches flagged in the independent audit; and whether there was any move to increase the level of cancer trials in Lincolnshire. The Committee was advised that processes were being reviewed to reduce the time that patients had to wait throughout their journey; and
- Page 116 – A question was asked if the results of the recovery package test had been received; and what the outcome had been? The Committee was advised that the results were due to be out by January 2019.

RESOLVED

That the progress made on implementing the National Cancer Strategy in Lincolnshire be noted; and that a further update be received by the Committee in six months' time.

58 INTEGRATED COMMUNITY CARE PORTFOLIO

The Chairman welcomed to the meeting Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group and Kirsteen Redmile, Lead Change Manager, Integrated Care, STP System Delivery Unit.

The report circulated provided the Committee with an update on the implementation of the Integrated Community Care portfolio; and the progress that had been made in four of the key programme areas: Neighbourhood Working, GP Forward View, the Integrated Accelerator programme; and the KPMG and Optum commissioned work.

The Committee was advised that the ambition for the Lincolnshire system was for care to be provided in the community unless there was a clinical need or value for money reason that care and treatment should be provided in an acute hospital setting. It was noted that Neighbourhood working was an essential element of the Lincolnshire Sustainability and Transformation Partnership, as it allowed equity of services to meet the demographic needs of the residents of Lincolnshire. It was noted further that the Neighbourhood working approach was now being implemented across the whole of the County with 10 Neighbourhood leads having been appointed.

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The Committee was advised that over the last six months the Neighbourhood leads and GP practices had been working closely with their communities and staff working in the area to agree key areas of focus which would have the greatest impact. Page 125 of the report provided the Committee with details of the key focus area of the individual Neighbourhood Teams.

The Committee was also advised that during the last year other key pieces of work had been progressing which would provide the foundation for integrated community care, these included: Library of information and Services; Local Area Coordination; and Personalised Care and Support Planning.

During discussion, the Committee raised the following points:-

Councillor C L Burke advised the meeting that he was a Board Member of the YMCA; and had also been a former housing manager for young people.

- That more needed to be done to integrate mental health services with other health services;
- Extended GP Services - Confirmation was given that extended access to GPs had been rolled out across Lincolnshire from 1 October 2018. It was further highlighted that there had been good usage of the service and that patients had been happy to travel to other GP practices for their appointment as part of the extended access;
- A question was asked as to whether the system had good working relationships with other organisations such as the YMCA and homelessness charities. The Committee was advised that the Lincoln City South, Lincoln South and Lincoln North Neighbourhood Teams all had good working relationships with key partners; and
- One member enquired whether there was adequate capacity to cope with the holistic approach. Confirmation was given that there were adequate resources, these just needed to be used in a different ways.

The Chairman extended his thanks to the presenters for their attendance.

RESOLVED

1. That the update on the Integrated Community Care Portfolio be noted and that further updates be received in due course.
2. That details of the planned workshops be circulated to members of the Committee.

59 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 137 to 139 of the report presented.

The Committee was advised that the Dental Services item would be consider at the 20 March 2019 meeting.

During a short discussion the following suggestion were put forward for consideration at future meetings:

- North West Anglia NHS Foundation Trust Update;
- The NHS Long Term Plan;
- Community Pain Management; and
- And the items put forward for further consideration from the meeting at minute numbers 54 (2) & (3), 55(2) & (3) 56, 57, & 58(1).

RESOLVED

That the work programme presented be agreed subject to the changes as detailed above.

The meeting closed at 3.40 pm