



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
15 MAY 2019**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors M T Fido, R J Kendrick, C Matthews, R A Renshaw, R Wootten, B Bilton and L Wootten.

Lincolnshire District Councils

Councillors 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

Dr B Wookey.

Also in attendance

Dr Dave Baker (GP Chair, South West Lincolnshire Clinical Commissioning Group), Katrina Cope (Senior Democratic Services Officer), Ruth Cumbers (Urgent Care Programme Director, Lincolnshire East CCG), Simon Evans (Health Scrutiny Officer), Wendy Martin (Executive Lead Nurse and Midwife Quality and Governance, Lincolnshire West CCG), Tony McGinty (Interim Director of Public Health), John Turner (Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership), Charley Blyth (Director of Communications and Engagement, Lincolnshire Sustainability & Transformation Partnership) and Dr Yvonne Owen (Medical Director, Lincolnshire Community Health Services NHS Trust).

County Councillor Dr M E Thompson (Executive Support Councillor for NHS Liaison & Community Engagement) attended the meeting as an observer.

106 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors K Cook, M A Whittington and Mrs R Kaberry-Brown (South 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 L Wootten to replace Councillor M A Whittington 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 & Community Engagement).

107 DECLARATIONS OF MEMBERS' INTEREST

No members' interest were declared at this stage of the meeting.

108 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE MEETING HELD ON 17 APRIL 2019

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 17 April 2019 be agreed and signed by the Chairman as a correct record.

109 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 the Renal Dialysis Services; United Lincolnshire Hospitals NHS Trust – Members' Forum – 9 May 2019; Membership of the Committee and Training for New Members; and the Quality Accounts Working Group.

During a short discussion, members highlighted the following:

- The ULHT Member Forums – Councillor R Wootten agreed to send notes from the meeting he had attended to the Health Scrutiny Officer to circulate to members of the Committee; and
- The possible closure of the Skellingthorpe Health Centre – Reassurance was given that this matter would be monitored and would receive further consideration by the Committee. The Committee was advised that the matter was due to be considered by the Lincolnshire West Clinical Commissioning Group Primary Care Commissioning Committee on Friday 17 May 2019.

RESOLVED

That the Chairman's Announcements presented as part of the agenda on pages 13 and 14; and the supplementary announcements circulated at the meeting be noted.

110 LINCOLNSHIRE NHS HEALTHY CONVERSATION 2019 - GENERAL
PROGRESS UPDATE

The Chairman welcomed to the meeting John Turner, Senior Responsible Officer, Lincolnshire Sustainability & Transformation Partnership (LSTP) and Charley Blyth, Director of Communications and Engagement LSTP.

The Senior Responsible Officer LSTP reminded the Committee that the Healthy Conversation 2019 campaign had gone live on 5 March 2019. The Committee was advised that during March 2019 four engagement events had been held at Boston, Louth, Skegness and Grantham and that these events had been attended by 233 people. Details of the main themes and issues raised at these events were shown on pages 20 and 21 of the report. It was highlighted that a further five events were planned and that these would be held at Sleaford, Gainsborough, Lincoln, Stamford and Spalding (a schedule of dates for these meeting was shown on page 21 of the report). It was highlighted that further waves of county-wide engagement activities were being planned, and that details of these were still being finalised.

The Committee noted that in addition to the public events work was also on-going on with The People Partnership to help obtain the views of hard to reach groups.

Page 19 of the report provided the Committee with an info graphic which captured the volume of activity up to the end of April 2019. It was highlighted that a monthly version of the information had been published on the website for the public to view.

Appendix A to the report provided details relating to the media coverage in the days following the 'Press Call'.

It was reported that a communication and engagement plan was in place as Healthy Conversation 2019 progressed into the autumn, which incorporated key learning from the first stage of activity. This feedback included: having more partners present at the engagement events, such as EMAS; promoting positive healthy lifestyle activities; and the need to develop and promote good news stories which focussed more on the patient point of view.

In conclusion, the Committee noted that the Healthy Conversation 2019 so far had been successful and had been an effective platform, at which key stakeholders had been able to share feedback with Lincolnshire's NHS.

The Committee was advised that the priorities moving forward were:-

- To ensure that the importance of prevention and self-care, community care, and mental health remained highlighted throughout the campaign;
- To engage with a broader and deeper section of Lincolnshire's public to ensure delivery of a fully representative engagement piece; and
- To provide evidence regarding the impact of public feedback upon continued transformation planning.

The Committee was advised that a further update would be provided later in the year.

During discussion, the Committee raised the following points:-

- One member enquired how many people were in the engagement team and what their budget for the exercise was. The Committee was advised that there was no additional team, as skilled professionals within the organisation were giving their time to make the events happen; and that this was in addition to their day job. It was noted further that staff with varied skill sets had also helped in delivery of the events;
- The need to ensure that more was being done concerning prevention. Reassurance was given that work was on-going;
- How to persuade members of the public to turn up at the engagement events and have their say. The Committee was advised that work was on-going with The People Partnership to help make contact with hard to reach groups. There was also acceptance that some of the general public did not realise how important their feedback was as they were not currently users of the service. Reassurance was given that the Communication team were looking at using different ways of getting the messages out to the wider public. It was noted that some of the feedback from earlier events had been that people had really appreciated the opportunity to engage with staff and to feel that their views were being listened to; and it was hoped that this would continue. There was an acknowledgment that there was more to do to improve participation and that all would be done that could be done to make sure that people were made more aware;
- One member felt that the publishing of feedback should be left until the end of the engagement events. The Committee was advised that publishing information on a weekly basis provided the public with a free flow of information, which was the intention of Healthy Conversation;
- One member expressed disappointment to the lack of attendance by different nationalities at the recent event held in Grantham. Confirmation was given that there had not been a big turnout, but reassurance was given that work was on-going to improve participation across all groups;
- The need to take into consideration the impact of loneliness as part of wellbeing. Reassurance was given that the issue of loneliness was being looked at as part of prevention and self-care; and that NHS partners and communities all had a role to play;
- The need to ensure that the public realised the difference between engagement and pre-consultation; and to ensure that the public were aware that at this stage no final decisions had been made; and that there was an opportunity for the public to have influence locally. Clarification was given that currently the engagement sessions were two way and that members of the public continued to experience it in that way; the engagement process provided the opportunity to build a relationship with the public by being open and listening to what they had to say. It was noted that when the consultation process commenced, it would be made clear that this was different from the engagement process;
- Some concern was expressed that there needed to be better information flow, as some messages that had been sent out had been out of context and had

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been contradictory. It was highlighted that if issues were raised these would be included in the Question and Answer section of the website; so that communities received continuous feedback on items as they arose;

- The need to ensure all partners would be included in the development of the preventative activities. Reassurance was given that all partners had been involved and that there was a range of actions allocated to partners; and that these activities would be promoted to the general public; and that this work was continuing alongside the Healthy Conversation 2019;
- One member suggested that the 'You Said, We Did' section of the Healthy Conversation website should be easier to find and that it should include responses to the issues and questions raised from the engagement exercise. The Committee was reassured that the information had been uploaded and that officers had checked before attending the meeting. The Committee was advised that in some instances a response had been required from a clinical expert, but reassurance was given that everyone had now received a response; and
- A question was raised as to whether areas of concern raised by residents on pages 20 and 21 of the report had been responded to, as there was nowhere in the report which indicated that this had happened, or whether the responses were being tracked. A request was made for the feedback information to be shared with the Committee. The Committee was advised that this information was available and would be shared.

The Committee welcomed the update.

RESOLVED

1. That the progress made on delivering of the Healthy Conversation 2019 campaign be noted and that a further general update be received at the 18 September 2019 meeting.
2. That a copy of the responses made to members of the public as part of the Healthy Conversation 2019 exercise, including how the comments made by the public are helping to shape future plans, be received by the Committee.
3. That the Healthy Conversation 2019 website be improved so the 'You Said, We Did' section provides more information, as well as being made more accessible.

111 CLINICAL COMMISSIONING GROUPS - DEVELOPING MANAGEMENT ARRANGEMENTS

The Committee gave consideration to a report from John Turner, Accountable Officer, Clinical Commissioning Groups, which enabled the Committee to consider the developing management and staffing arrangements for the four clinical commissioning groups in Lincolnshire.

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The Committee noted that John Turner had been successfully recruited to the post of Accountable Officer for the four Clinical Commissioning Groups, from 1 April 2019.

The Accountable Officer advised the Committee that a single combined executive had been created from the existing executive; and that the team were meeting on a weekly basis. It was also noted that staff from both the Lincoln and Sleaford sites were being brought together.

The Committee was advised that it was the right time for joint management arrangements as CCGs were required to reduce their administration costs by 20% by April 2020. It was highlighted there was still lots of work to be done to become an Integrated Care System by April 2021.

The Committee welcomed the proposed changes and requested a further update for April 2020.

RESOLVED

That the update on the Clinical Commissioning Groups development of Management Arrangements be received, and that a further progress report be received at the 22 April 2020 meeting.

112 HEALTHY CONVERSATION 2019 - URGENT AND EMERGENCY CARE

The Chairman welcomed to the meeting the following representatives from the Lincolnshire Sustainability and Transformation Partnership:-

- Dr David Baker, Chair, South West Lincolnshire Clinical Group;
- Dr Yvonne Owen, Medical Director, Lincolnshire Community Health Services NHS Trust;
- Ruth Cumbers, Urgent Care Programme Director, Lincolnshire Sustainability and Transformation Partnership; and
- John Turner, Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership.

The Committee was reminded of its decision from the 20 March 2019 meeting to focus over the coming months on items from the Healthy Conversation 2019.

The report presented provided the Committee with the national and local context regarding the vision and strategy to deliver an effective and accessible Urgent and Emergency Care System in Lincolnshire. It was noted that it had been estimated that between 1.5 and 3 million people nationally who arrived at A & E each year could have had their needs addressed elsewhere, for instance by contacting NHS111, visiting a local pharmacy or by visiting their GP.

Attached at Appendix A to the report was a copy of the Healthy Conversation 2019 leaflet; and Appendix B provided details relating to Accident and Emergency Department Classification.

The Committee was advised of the milestones for Urgent and Emergency Care in the Long Term Plan. Page 27 of the report provided details as what all hospitals with a major A & E department would provide.

The Committee was advised of the role of the Urgent Care Treatment Centres (UTCs); that the centres would be typically GP led; and that the development of UTCs was a logical step, as they would reduce duplication of provision, confusion and simplify access for members of the public, and provide a more consistent approach across the county. It was noted that the centres would be accessible at least twelve hours a day 365 days a year offering appointments that could be booked through NHS111, or via GP referral. It was noted further that the Urgent Treatment Centres had been designed to ease pressure on hospitals to allow Emergency Departments to treat the most serious cases, and that the UTCs would be staffed by multi-disciplinary teams of doctors, nurses, therapists and other professionals, with at least one person being trained in advanced life support for adults and children.

It was highlighted there had been a dedicated section in the Healthy Conversation 2019 on urgent and emergency care, including a description 'as is' and proposed 'to be'. Appendix A to the report provided the Committee with details of what was currently available in Lincolnshire; and like the rest of England what was proposed to simplify urgent and emergency care with the introduction of Urgent Treatment Centres and GP Extended Access Hubs.

The Committee was advised that the main concerns raised so far by the public were: transport to services for patients and family; NHS 111 and its effectiveness; East Midlands Ambulance Service; and issues of overburden on Lincoln County Hospital. Some of the comments raised from the events were shown on pages 30 to 32 of the report.

It was reported that a workforce model was being developed for the future delivery of Urgent Care, which involved getting the right skill mix, location of services and recruitment. The Committee noted that there was still a national and countywide shortage of NHS staff and that locally, providers and commissioners, in partnership, were responsible and would be working to make the expectations a reality.

During discussion, the Committee raised the following comments:-

- That the future of Grantham had still not been determined; and the need for 24/7 cover at Grantham. The Committee was advised that an emerging option for Grantham was to have 24/7 access to urgent care through the introduction of an Urgent Treatment Centre; and that the emerging option suggested that in the out of hours period, access would be made through NHS111 for the reasons of patient safety. It was highlighted that all feedback would be considered when assessing how the service could best be accessed. One member provided the Committee with a personal account of why the provision of an A & E at Grantham was so important. A further question was asked as to whether resuscitation would be available. Confirmation was given that resuscitation provision would be available at a UTC;

- The need to make sure that every effort was made to engage the difficult to reach groups across the county. Reassurance was given that every avenue was being explored to reach as many people as possible. The Committee was advised that awareness training had been provided to the Butlins Holiday Centre in Ingoldmells. This had involved the inclusion of a 'Z card' within the Butlins welcome pack. As a result of this action, the Committee was advised there had been a reduction in the number of ambulance calls to the site from 144 in 2017; to 24 in 2018. There was however, an acceptance that there was still more education on raising awareness on what the public should do when they needed urgent care;
- The need for better information flow; and for the information to be timed better, to coincide with what was current, and to be accurate;
- Some members welcomed the update and offered support to the principle of the Urgent Treatment Centres; but still felt there was some work to be done to sort out specific local issues that had not been resolved;
- Page 33 – The potential rise in workforce costs of 5%. The Committee noted that Lincolnshire had challenges financially; and that it would continue to be challenging, and that was why it was very important to get the design of the service and the quality of care right, which would then have an impact on the finances;
- The inability of members of the general public to get a GP appointment. It was highlighted to the Committee that there was an underutilisation of the GP service; if the NHS111 service was used out of hours there were appointments available elsewhere. Confirmation was given that there would be a publicity campaign to help give the public confidence in the NHS111 service. It was also noted that there was further education needed regarding accessing GPs, as sometimes patients were able to be seen by other professionals. It was accepted that there was a need to ensure that the public understood what was planned, and the facilities offered by a UTC, the NHS111 system and GPs;
- Clarity concerning access to medical records. Confirmation was given that clinicians had access to patients records;
- A question was asked as to how formal consultation might work for urgent treatment centres, for example urgent treatment centres in Boston and Lincoln were in effect a requirement, whereas, in Louth and Skegness, 24/7 urgent treatment centres were proposed in place of 24/7 urgent care centres. The Committee was advised that normally consultation would be carried out when there were plans for significant service changes; whereas other changes might just be an enhancement of existing services. It was concluded that a view would be taken, which would be based on law and guidance, and also influenced by a common sense approach;
- Whether lessons had been learnt from the implementation of urgent treatment centres in other areas. The Committee was advised that it was too early to gain intelligence from formal analysis; as it was the patient experience and expectation that would inform the findings. As the implementation of integrated care had been nationally mandated, it was crucial to get the right care, at the right time, in the right place. Confirmation was given that speaking to neighbouring authorities had been undertaken and would continue; and

more education of the public would improve the level of views on the services provided;

- Page 30 – A question was asked as to why UTC opening hours would be determined following public engagement as this was causing concern to those areas who currently had a 24/7 walk in service. The Committee was advised that there was no intention to reduce the existing opening hours of urgent care centres in Louth and Skegness;
- One member queried that page 29 of the report stated that Grantham would be returned to 24/7; and that access to services overnight would be via a booked appointment. A question was asked as to why the proposal for Grantham had not included a 24/7 walk in service. The Committee was advised that there would be a 24/7 service, just how it was to be delivered had not yet been agreed;
- Some concern was expressed that the report did not provide the Committee with the responses or answers to the questions that had been raised; and that no evidence had been provided to show how the responses received were going to help shape future plans;
- A question was asked relating to a previous capital funding bid for new UTCs, including expanded resuscitation at Pilgrim and Lincoln hospitals, and whether a further bid would be made; or whether there was a plan B, if no capital funding was received. The Committee was advised that an application would be made for more capital money as part of 'Wave Five'. The Committee was advised further that every effort would be made to deliver the project, if no capital funding was awarded;
- Clarification was sought as to what services were currently offered at Grantham as an A & E, in comparison to what was being offered as a UTC. The Committee was guided to the current designation of Grantham A & E as detailed in the report on page 30; and to the designation of urgent treatment centres as detailed on pages 27 and 28 of the report. It was noted that there was very little difference between the two services; and an 'exclusions protocol' was in place for Grantham A & E, listing conditions which could not be treated there; and
- A question asked as to how the proposals linked into neighbouring STP areas; and whether there was any expected impact on urgent/emergency care patient flows. Clarification was given that some patients would be expected to access emergency and urgent care outside Lincolnshire, but there was also some unexpected flow of patients outside Lincolnshire as a result of patient choice. The Committee also noted that it was proposed that North and North East Lincolnshire were going to adopt the same ASAPLincs website and app, so that patients received a consistent service. It was also noted that 70% of patients in the south of the county used services outside of Lincolnshire; and that more would be done to encourage more use of Lincolnshire services, where this was appropriate.

The Chairman on behalf of the Committee extended thanks to the representatives for their presentation and responses to questions; and for the open and frank way in which they had been delivered.

RESOLVED

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1. That the Healthy Conversation 2019 – Urgent and Emergency Care report presented, be noted.
2. That the Chairman be authorised to make a written response to the urgent and emergency care strand of Healthy Conversation 2019 on the basis of the Committee's discussion and to request evidence of the responses made to the public, with examples of how this has or is influencing the plans moving forward.

113 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 44 to 46 of the report presented.

The Chairman invited members of the Committee to volunteer for the Quality Accounts Working Group due to take place on 23 May 2019 at 10.00am. The Health Scrutiny Officer agreed to circulate details relating to the working group to volunteers following the meeting.

RESOLVED

That the work programme presented be agreed subject to the inclusion of the items highlighted in minute numbers: 110(2) and 111.

The meeting closed at 12.10 p.m.