



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
19 NOVEMBER 2014**

**PRESENT: COUNCILLOR MRS C A TALBOT (CHAIRMAN)**

Lincolnshire County Council

Councillors R C Kirk, S L W Palmer, Miss E L Ransome, Mrs S Ransome and T M Trollope-Bellew.

Lincolnshire District Councils

Councillors Dr G Samra (Boston Borough Council), C Macey (East Lindsey District Council), C Burke (City of Lincoln Council), Miss J Frost (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and G Wiseman (West Lindsey District Council).

Healthwatch Lincolnshire

John Rose.

County Councillors B W Keimach (Executive Support Councillor for NHS Liaison and Community Engagement) and Mrs J M Renshaw attended the meeting as observers.

Also in attendance

Elizabeth Ball (Deputy Director of Nursing and Safeguarding, United Lincolnshire Hospitals NHS Trust), Ron Buchanan (Chairman, United Lincolnshire Hospitals NHS Trust), Richard Childs (Chairman, Lincolnshire West Clinical Commissioning Group), Simon Evans (Health Scrutiny Officer), Cheryl Hall (Democratic Services Officer), Dr Sunil Hindocha (Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group), John Holden (Director of System Policy, NHS England), Gary James (Accountable Officer, Lincolnshire East Clinical Commissioning Group), Jane Lewington (Chief Executive, United Lincolnshire Hospitals NHS Trust), Tony McGinty (Consultant Public Health Children's), Lynne Moody (Executive Nurse and Quality Lead, South Lincolnshire Clinical Commissioning Group), Andrew Morgan (Chief Executive, Lincolnshire Community Health Services NHS Trust), Sarah Newton (Chief Operating Officer, Lincolnshire West Clinical Commissioning Group), Michelle Rhodes (Director of Operations, United Lincolnshire Hospitals NHS Trust) and Sara Webb (Acute Supplier Manager, Leicestershire and Lincolnshire Area Team, NHS England).

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Apologies for absence were received from County Councillors C E H Marfleet and Mrs S M Wray.

It was noted that Councillor G Wiseman was attending on behalf of Councillor M Leaning, West Lindsey District Council, for this meeting only.

It was also noted that John Rose was attending on behalf of Dr B Wookey, Healthwatch Lincolnshire, for this meeting only.

**51     DECLARATION OF MEMBERS' INTEREST**

Councillor Dr G Samra declared an interest in Minute 54 – 'Lincolnshire West Clinical Commissioning Group', as an Intensive Care Consultant at United Lincolnshire Hospitals NHS Trust.

Councillor Dr G Samra also declared an interest in Minute 55 – 'United Lincolnshire Hospitals NHS Trust – Quality Improvement Journey and Other Issues', as an employee of United Lincolnshire Hospitals NHS Trust and, therefore, would not partake in any discussions regarding the Trust.

**52     CHAIRMAN'S ANNOUNCEMENTS**

The Chairman welcomed everyone to the meeting and advised the Committee of the following items: -

**i)     Five Year Forward View**

On 23 October 2014, NHS England had published the 'Five Year Forward View', which set the overall direction of travel of the National Health Service for the next five years. The Chairman emphasised how important the document would be for the development of the NHS in the future. The document referred to prevention of illness and the promotion of public health; breaking down the barriers between health services; and keeping small local hospitals viable. The Chairman advised that the Committee would need to revisit the themes in the 'Five Year Forward View' in the future.

**ii)    Health Summit – East Midlands All Party Parliamentary Group**

On 30 October 2014, the Chairman had attended an East Midlands All Party Parliamentary Group Health Summit in Westminster, which had focused on the health needs of the region. A number of Members of Parliament and Local Authority representatives had participated. The summit included a presentation from Shona MacLeod (Postgraduate Dean from the East Midlands Healthcare Workforce Deanery), which had highlighted that 40% of GP training vacancies in the region remained unfilled. Copies of the report of the Summit, together with the presentation would be circulated with the Chairman's announcements after the meeting.

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iii) Peterborough and Stamford Hospitals NHS Foundation Trust – Chief Nurse

Peterborough and Stamford Hospitals NHS Foundation Trust had appointed Joanne Bennis, as its new Chief Nurse to replace Chris Wilkinson, who was retiring in January 2015.

iv) Healthy Lives, Healthy Futures – Hyperacute Stroke Services and Ear, Nose and Throat Services

On 17 September 2014, the Committee had approved its response to a consultation on proposals to make permanent the transfer of Hyperacute Stroke Services from Diana Princess of Wales Hospital in Grimsby to Scunthorpe General Hospital; and to move Ear, Nose and Throat inpatient services from Scunthorpe General Hospital to Diana Princess of Wales Hospital, Grimsby. The proposals formed part of the Healthy Lives, Healthy Futures programme, which was being undertaken by North Lincolnshire and North East Lincolnshire Clinical Commissioning Groups.

The Chairman advised that she had received formal notification of the outcome of the consultation, which had confirmed that the two proposals had been approved. The full decision letter would be circulated after the meeting.

v) Healthy Lives, Healthy Futures – Workshop 17 November 2014

On 17 November 2014, the Vice Chairman, Councillor C J T H Brewis, and Councillor C Burke had attended a workshop at Grimsby Town Hall on the Healthy Lives, Healthy Futures programme. The workshop had provided an update on the challenges facing North Lincolnshire and North East Lincolnshire, but which may also impact on Lincolnshire, as £35 million of NHS money from Lincolnshire was spent on services provided at Scunthorpe General Hospital and the Diana Princess of Wales Hospital, Grimsby. It was noted that there would be a short report on the event for consideration at a future meeting.

vi) Greater East Midlands Commissioning Support Unit

On 18 November 2014, the Chairman had received notification that the Greater East Midlands Commissioning Support Unit and the Arden Commissioning Support Unit would be merging with effect from 1 April 2015 to form one of the largest commissioning support units in the country.

The Chairman reminded Members that commissioning support units provided 'back office' functions to Clinical Commissioning Groups, such as commissioning intelligence; contract management; procurement support; finance; human resources; information technology; and communications.

vii) Healthwatch Lincolnshire Event – 1 December 2014

The Chairman reminded Members that they had all received an invitation from Healthwatch Lincolnshire to attend the Healthwatch Lincolnshire Event on Monday 1 December 2014 at the New Life Centre in Sleaford from 10.00 am to 4.00 pm. The

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Event would see the presentation of four reports, which encapsulated the research undertaken by Healthwatch into four areas: Mental Health Services; Young People Services; Pharmacy Services; and the Impact of Patients not Attending GP Appointments.

The Chairman also reminded Members that if they were going to attend the event, they would need to confirm their place by Friday, 21 November 2014.

viii) Briefing Meetings

On 28 October 2014, the Chairman had met Jane Lewington (Chief Executive) and Ron Buchanan (Chairman) of United Lincolnshire Hospitals NHS Trust.

On 18 November 2014, the Chairman had also met with Mark Wightman, Director of Marketing and Communications at University Hospitals of Leicester NHS Trust, who had confirmed that the Board of the University Hospitals of Leicester NHS Trust was supportive of the continued provision of congenital heart surgery services by the Trust.

ix) Correspondence with the NHS Trust Development Authority

The Chairman reminded Members that she had written a letter to the NHS Trust Development Authority on 16 October 2014, seeking their views on the involvement of United Lincolnshire Hospitals NHS Trust with the Health Scrutiny Committee for Lincolnshire.

The Chairman advised Members that she had received a response on 18 November 2014, which had confirmed the importance of the Trust participating in the overview and scrutiny process and the wider political environment within Lincolnshire. The Chairman advised Members that the Committee would continue to work closely with the Trust on their participation and involvement at the Committee's meetings.

x) Care Quality Commission Report on Health of Looked After Children Safeguarding

The Chairman advised that, as reported at the Committee's meeting on 16 October 2014, there had been an intention to bring forward an item to this meeting on the response of the Lincolnshire Clinical Commissioning Groups to the Care Quality Commission's Report on the Health of Looked After Children. The Chairman had written to Allan Kitt (Chief Officer of South West Lincolnshire Clinical Commissioning Group), to express her disappointment that this had not been the case for this meeting and she awaited a response from him. It was hoped that the Committee would consider this item at its meeting on 14 January 2015.

53 MINUTES OF THE MEETING HELD ON 22 OCTOBER 2014

During consideration of the minutes of the meeting held on 22 October 2014, it was suggested that further to Minute 45 – 'Healthwatch Lincolnshire', it was suggested that the Chairman of the Committee would write a letter to the Chairman of the

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Lincolnshire Health and Wellbeing Board requesting that the Board consider promoting a trial to weigh school children in Year Three, in addition to Reception and Year Six.

RESOLVED

- (1) That the minutes of the meeting held on 22 October 2014 be agreed as a correct record and signed by the Chairman, subject to the following amendment being made to Minute 46:

'NOTE: At this stage in the proceedings, Councillor Dr G Samra declared an interest as a Consultant at United Lincolnshire Hospitals NHS Trust, and therefore, would not partake in any discussions regarding the Trust.'

- (2) That the Chairman be requested to write a letter to the Chairman of the Lincolnshire Health and Wellbeing Board requesting that the Board consider whether it was prepared to trial the weighing of primary school children in Year Three, in addition to Reception and Year Six.

54 LINCOLNSHIRE WEST CLINICAL COMMISSIONING GROUP

Consideration was given to a report by Sarah Newton (Chief Operating Officer, Lincolnshire West Clinical Commissioning Group) which described the progress that Lincolnshire West Clinical Commissioning Group had made since its creation in April 2013. In particular, it highlighted the work undertaken to improve access to services including Ear, Nose and Throat; Dermatology; Dementia; and the development of Neighbourhood Teams.

Sarah Newton (Chief Operating Officer), Dr Sunil Hindocha (Chief Clinical Officer) and Richard Childs (Chairman) of Lincolnshire West Clinical Commissioning Group were in attendance and provided Members with detailed information by way of a presentation, which covered the following areas: -

- Background;
- Key Achievements; and
- Future Opportunities.

Members were reminded that Lincolnshire West Clinical Commissioning Group (CCG) was formed in April 2013 following the abolition of the Lincolnshire Primary Care Trust. It was one of four Clinical Commissioning Groups in Lincolnshire and commissioned health services for a population of 23,000, with a budget of £267.8million. The CCG had responsibility for the commissioning of hospital, community and mental health services, but currently excluded primary care and highly specialised services. Those latter services were commissioned by the NHS England, largely through the Leicestershire and Lincolnshire Area Team.

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A number of successful initiatives had been undertaken in partnership with other local health commissioners, health providers, social care and the voluntary sector, which included: -

- Creation of Neighbourhood Teams;
- Ear, Nose and Throat Pathway Redesign;
- Paediatric Audiology;
- Tele dermatology pilot; and
- Memory Assessment and Management Service.

### Creation of Neighbourhood Teams

Members were advised that as part of the CCG's approach to managing an increasingly old and frail population, the CCG was developing and implementing a total of four Neighbourhood Teams (South of Lincoln; Lincoln City South; North Lincoln; and Gainsborough Locality).

The Teams had been formed around geographical groups of GP Practices. The Teams worked with GP Practices; Mental Health workers; Community Nursing; and Social Workers to deliver integrated working in support of those people with increasing frailty, to help them remain well, independent and safe at home for as long as possible, and to avoid unnecessary hospital admissions.

This worked had started to demonstrate a real impact and at the end of June 2014, 443 fewer people had been admitted to hospital when compared to the end of June 2013 and 345 fewer people over 65 had been admitted to hospital.

### Ear, Nose and Throat Pathway Redesign

The CCG had been working with Lincoln County Hospital clinicians and local GPs to review the way that Ear, Nose and Throat conditions were treated in the area. The review included providing clear guidelines for GPs to enable them to treat more conditions in the community and better communication with the hospital to ensure the patient saw the correct hospital clinician each time. A new specification for a community based service had been jointly developed and was currently out to tender. It was hoped that the new improved services would be in place by the spring 2015.

### Paediatric Audiology

The CCG had led on work with United Lincolnshire Hospitals NHS Trust to redesign the Paediatric Audiology pathway, in order to ensure children with suspected hearing problems were seen promptly. This had resulted in a reduction of the waiting time for a hearing test for the under 5's from 33 weeks to 8 weeks.

### Tele Dermatology Pilot

Due to increased awareness of skin cancer, there had been a steady increase in the number of patients being referred to hospital. To help manage the increase in

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demand, new ways of working had been explored, with the result that a Tele-Dermatology pilot had been set up in 19 local GP surgeries across the CCG, and new clinical pathways introduced. The pilot worked by enabling the GP to send photos of skin lesions to a consultant to review and advise on the most appropriate treatment pathway.

Memory Assessment and Management Service

In Lincolnshire West, dementia diagnosis rates were lower than expected, with just over 50% of expected cases currently being diagnosed. The CCG had commissioned a new service designed to increase the early identification of dementia, so those diagnosed and their carers could be appropriately supported. Pilots were currently running in Nettleham, Welton and Saxilby, with the aim of rolling out the service across the CCG area by the end of February 2015. The new service was led by community psychiatric nurses, working in primary care settings.

Members were provided with an opportunity to ask questions, where the following points were noted: -

- It was noted that the NHS England had recently published a document called 'Five Year Forward View'. This document had set out how health services would need to change to take advantage of the new technology and science, to promote wellbeing and prevent ill-health; and to meet new challenges associated with an aging population and increasingly complex health issues. The document also described a number of potential future care models, which local communities would need to consider over the coming months. It also signalled that the CCG would be given new responsibilities for co-commissioning certain aspects of primary care (including General Practice) and specialist health services, which were currently the responsibility of NHS England;
- Members raised concerns over CCGs being given responsibility for the commissioning of General Practice, as it was felt that there could potentially be a conflict of interest. In response to this, Members were advised the CCGs would be unable to change the nationally arranged contract for GPs and robust governance arrangements would be introduced;
- Members were also concerned that CCGs would not be given funding to cover the additional administrative costs arising from the additional commissioning duties relating to Primary Care;
- Lincolnshire West Clinical Commissioning Group already operated with a high degree of transparency as the interests of the Governing Body Members were readily available on the website and this transparency would continue under co-commissioning;
- It was noted that it had recently been announced that following a review of the NHS Area Teams, the number would reduce from twenty-seven to twelve, outside London. The expectation was that the Leicestershire and Lincolnshire Area Team would be merged with the existing Area Team covering Bedfordshire, Hertfordshire and Northamptonshire;
- More emphasis was being placed on early-intervention services;

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- It was likely that the highly specialised services would still be commissioned on an East Midlands level;
- The CCG was currently considering extending its GP Practices' opening hours to address any forthcoming winter pressures;
- It was suggested that the Committee received a further update in 2015 to update Members on the latest position with regard to the Ear, Nose and Throat Pathway; the Memory Assessment and Management Service pilots; and further information on co-commissioning; and
- It was also suggested that the CCG should actively promote that it had seen a reduction in the number of hospital admissions, following the introduction of Neighbourhood Teams.

The Chairman thanked those officers present for their detailed report and presentation.

**RESOLVED**

- (1) That the report, presentation and comments made be noted.
- (2) That a further update be provided to the Committee after May 2015 on the Ear, Nose and Throat Pathway; the Memory Assessment and Management Service pilots; and further information on co-commissioning.

**55 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - QUALITY IMPROVEMENT JOURNEY AND OTHER ISSUES**

A report by Jane Lewington (Chief Executive, United Lincolnshire Hospitals NHS Trust) was considered, which set out the Quality Improvement Journey of United Lincolnshire Hospitals NHS Trust, in response to the reports published by the Care Quality Commission in June 2014. The report also provided information on five other areas, as follows: -

- Financial Update 2014/15;
- Waiting Times;
- Cancer Care;
- Breast Services; and
- Recruitment and Retention.

Jane Lewington (Chief Executive), Ron Buchanan (Chairman) Michelle Rhodes (Director of Operations), Elizabeth Ball (Deputy Director of Nursing and Safeguarding) of United Lincolnshire Hospitals NHS Trust were all in attendance and provided Members with a detailed presentation, which covered the following areas: -

- Achievements since July 2013;
- The CQC Inspection key findings;
- Trust wide ratings;
- Areas of good practice;



- Progress the Trust had made since Keogh;
- Quality Improvement Plan;
- Outpatients;
- Performance;
- Financial Performance;
- Staffing levels; and
- Next steps.

### Quality Improvement Journey

Overall, the Care Quality Commission (CQC) had found that the Trust required improvement and the overall domain ratings were:

Safe:	Requires Improvement
Effective:	Requires Improvement
Caring:	Good
Responsive:	Requires Improvement
Well-Led:	Requires Improvement

The Trust had not received any compliance actions; however, there were a number of essential areas where the Trust needed to make further improvements. Those further improvements were set out as 'Must Do' recommendations. The report also identified a number of 'Should Do' recommendations for each hospital site. The Committee's report detailed the Trust Level 'Must Do' actions, page 20 refers.

In addition, the CQC had rated the Lincoln Outpatients Department as inadequate and Safety in Surgery (Lincoln) was also inadequate. The Safety in Surgery finding had related to Stow Ward where immediate action was taken by the Trust and, at the CQC's later unannounced inspection, the CQC had confirmed those improvements.

Members were reassured that the Trust had set up a weekly Quality Improvement Programme Board, which was chaired by the Chief Executive, and a Quality Improvement Plan had been developed setting out the key milestones for each of its nineteen Improvement Projects. Three outstanding Keogh Actions were also included in the Plan. Detailed delivery plans had been developed for each project/work area.

### Financial Update 2014/15

As at 30 September 2014, the Trust had a deficit of £13.4 million on turnover of £207.3 million. This was £2.4 million behind the year to date target in the Trust's full year £25.4 million deficit plan. The adverse position was due to underperformance in receiving income from NHS contracts.

Members were reassured that the Trust was working on actions to recover the current financial position, although it was anticipated that this would be challenging within the context of the CQC inspection requirements.

Waiting Times

Members were advised that throughout 2013/14, there was a growth in demand which had resulted in an increase in waiting times across all specialities. This had subsequently impacted upon the Trust's ability to meet the 18 week wait target.

Members were reassured that recovery plans were in place and there had been a focus on releasing capacity through the use of pathways and the recruitment of additional staff, where appropriate. In the short term, patients were being offered alternative providers in line with the NHS Constitution. The majority of patients were being referred to Nottingham Circle; Nottingham BMI; Fitzwilliam Ramsay; Peterborough and Lincoln BMI.

It was noted that the introduction of Medway (the Trust's new patient administration system) in June 2014 had created significant challenges in both the management and reporting of activity.

Cancer Care

The Trust was not meeting the following national cancer targets: -

- 14 Day Suspect Cancer;
- 2 Week Wait Symptomatic Breast;
- 31 Day First Treatment;
- 31 Day Subsequent Treatment – Radiotherapy; and
- 62 Day Screening.

The Committee was advised that there had been a noticeable increase in the two week wait referrals since April 2014. Quarterly demand and capacity work was being undertaken to ensure that the Trust could meet the levels being referred and, where suitable capacity could not be found, allow early notification to the CCGs of the challenged areas.

With regards to the '31 Day First Treatment' target, the Trust had consistently been meeting this standard; however for August, September and October 2014 this target would not be met. This was due to a large number of patients not being treated within 31 days, particularly in Urology. It was anticipated that this standard would be achieved in November 2014.

In relation to the '31 Day Subsequent – Radiotherapy' target, this had been a standard that the Trust had consistently met between 2011 and 2013, however, due to the unreliability of its ageing Linear Accelerator equipment, this standard would be at risk until the Linear Accelerator equipment replacement programme was completed in June 2015. The Radiotherapy Service was also facing significant staffing pressures in medical physics.

Members were advised that the '62 Day Classic' target was the Trust's most challenging cancer standard due to multiple issues along the entire cancer pathway.

This had been identified in the Cancer Improvement Plan, which was reviewed on a fortnightly basis.

### Breast Services

Members were also advised that the Trust was currently facing a number of challenges regarding the provision of Breast Services, particularly in respect of activity and workforce.

The Service had seen a significant growth in demand over the last 18 months, with a 17% increase in referrals. There were currently vacancies at both Boston and Grantham due to the shortage of Breast Radiologists; the two week fast track clinic at Grantham had been suspended. Members were reassured that the recruitment process was on-going.

To match capacity within the limits of the Radiological workforce, the Trust had an agreement in place with the Lincolnshire CCGs that demand would be capped at 100 referrals per week. There was a 20% tolerance and the CCG referrals over the tolerance level were escalated to the CCG. The CCGs had notified neighbouring providers that demand for Breast Services may increase temporarily.

Members were reassured that a longer term solution was being worked on, and Macmillan was supporting the Trust to undertake a full breast service review, which would make recommendations on a sustainable service. It was anticipated that this review would be completed within six months.

### Recruitment and Retention

Following a Nursing Workforce Review in May 2013, the Trust Board had agreed to invest £3 million in additional nursing posts across the Trust as part of Phase 1 staffing review; 129 whole time equivalent posts were added to the establishments from this funding.

The fill rates provided an indication of how each individual ward was performing against its agreed staffing template. Staffing below 80% was considered to be unsatisfactory. The table on page 25 of the report, provided details of each hospital's performance in September 2014, and demonstrated that all hospital sites were above the 80% standard.

The Trust had undertaken a safer staffing review. Further to this, the Trust had set up a Recruitment and Retention Group for the non-Medical Workforce. This Group was developing a similar process to the methodology that had been used with the Medical recruitment in that each vacant post was being reviewed, and a plan was being put into place to fill the vacancy.

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Members were provided with an opportunity to ask questions, where the following points were noted: -

- Members were advised that the Trust's immediate action with regards to Stow Ward, had included the removal of four beds out of the system to ensure there were safe levels of staffing on the ward;
- It was noted that the CQC's re-inspection would not take place now until February 2015. Members felt that this was not satisfactory as the CQC's inspection report would now be published during the Purdah period (the pre-election period, specifically the time between an announced election and the final election results);
- Members were advised that a higher tariff was not being paid for those patients receiving treatment from neighbouring trusts;
- It was queried what the current cost of the locums was to the Trust and it was agreed that this information would be sent to the Health Scrutiny Officer for circulation. However, Members were advised that this figure was on a downward trend;
- Members were advised that the Trust had been out to recruit 100 Nursing Staff from European countries that meet the Nursing and Midwifery standards for practising as a nurse in the United Kingdom. Members were reassured that very few of those European nurses had returned to the country of origin. There was approximately a 70% retention rate. The Committee requested details of the retention rates at each hospital;
- It was hoped that the on-site hospital Pharmacy Services would move to a seven-day service;
- The first cohort of nurses trained by the University of Lincoln would be recruited to the hospital in the coming year;
- The importance of generating the interest of local school pupils in medical and nursing professions was stressed, as a means of improving recruitment and retention in the longer term;
- Members were advised that the Trust had a backlog of 180,000 paper patient record files that required attention. For instance, there was a need for the documents in each file to be put back in order. The Trust was planning to deal with 9,000 of those paper patient record files by December 2014. As a result of the current quality of those records, some patient appointments had been cancelled. The Trust recognised that there was a need for an electronic patient records system to be implemented, however, this would cost the Trust approximately £35-40 million; and
- It was requested that a further update was provided to the Committee at its meeting scheduled to be held on 11 March 2015 on the Trust's financial position; waiting times; cancer care; breast services; recruitment and retention and care bundles.

The Chairman thanked those officers present for their detailed report and presentation.

## RESOLVED

- (1) That the report, presentation and comments made be noted.
- (2) That a further update be provided to the Committee at its meeting scheduled to be held on 11 March 2015 on the Trust's financial position; waiting times; cancer care; breast services; recruitment and retention and care bundles.

56     PROPOSED CONGENITAL HEART DISEASE STANDARDS AND SERVICE SPECIFICATIONS - A CONSULTATION

Consideration was given to a report by Simon Evans (Health Scrutiny Officer), which invited the Committee to consider NHS England's Consultation document on the Proposed Congenital Heart Disease Standards and Service Specification.

John Holden (Director of Systems Policy, NHS England) and Sara Webb (Acute Supplier Manager, Leicestershire and Lincolnshire Area Team, NHS England) were in attendance and provided Members with a detailed presentation, covering the following areas: -

- The 'New Congenital Heart Disease Review';
- Objectives;
- Standards;
- Areas covered;
- Next steps; and
- Member Engagement.

Members were reminded that on 15 September 2014, NHS England had launched a national consultation on the Proposed Congenital Heart Disease Standards and Service Specifications. The consultation document was attached at Appendix A to the Committee's report.

As part of its development of the standards and service specifications, NHS England had engaged widely with clinicians and service users. Its engagement had also included two engagement events aimed at Local Authority and local Healthwatch representatives. Those events took place on 8 January 2014 and 9 October 2014, both held in Birmingham. It was noted that the Chairman had attended both events.

There were twelve consultation questions in the consultation document, which were detailed on page 30 of the Committee's report.

Members' recalled that during the pre-consultation activity, there had been significant discussion on three particular issues: -

- the preference for four surgeons at each centre, to provide a one-in-four rota;
- the preference for each surgeon to undertake a minimum of 125 operations each year; and

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- the co-location of children's congenital heart services with other paediatric services.

Members raised concerns over the proposal for four surgeons at each centre, as some clinicians believed that three surgeons was a viable option and could safely deliver results. Members were reminded that NHS England had engaged widely with clinicians and service users in developing the service specifications and standards.

In answer to a question, Members were advised that Extra Corporeal Membrane Oxygenation (ECMO) had been excluded from the consultation at the recommendation of the Independent Reconfiguration Panel.

The Chairman suggested that the Committee established a working group to draft and finalise a response to the consultation, as the closing date for the consultation was 8 December 2014. Councillors Mrs C A Talbot, C J T H Brewis, Miss J Frost and Dr G Samra volunteered to sit on the working group. It was agreed that the working group would meet on 24 November 2014, at 10.00 am.

The Chairman thanked those officers present for their detailed report and presentation.

**RESOLVED**

- (1) That the report, presentation and comments made be noted.
- (2) That a working group be established and held on 24 November 2014 at 10.00am to form a response to NHS England's consultation on the Proposed Congenital Heart Disease Standards and Service Specifications.

At this stage in the proceedings, the Committee adjourned for lunch. On return, the following Members and officers were in attendance: -

County Councillors

Councillors Mrs C A Talbot (Chairman), R C Kirk, S L W Palmer, Miss E L Ransome, Mrs S Ransome and T M Trollope-Bellew.

District Councillors

Councillors C J T H Brewis ((Vice Chairman) South Holland District Council), C Burke (City of Lincoln Council), Miss J Frost (North Kesteven District Council), Mrs R Kaberry-Brown (South Kesteven District Council), C Macey (East Lindsey District Council) and G Wiseman (West Lindsey District Council).

Healthwatch Lincolnshire

John Rose.

Officers in attendance

Peter Aldrick (Chief Executive, Lincolnshire and Nottinghamshire Air Ambulance Charitable Trust), Simon Evans (Health Scrutiny Officer), Cheryl Hall (Democratic Services Officer), Nicole Hilton (Community Resilience and Assets Commissioning Manager) and Gary James (Accountable Officer, Lincolnshire East Clinical Commissioning Group).

57 LINCOLNSHIRE & NOTTINGHAMSHIRE AIR AMBULANCE CHARITABLE TRUST - AIR AMBULANCE SERVICE

A report by Peter Aldrick (Chief Executive Officer, Lincolnshire and Nottinghamshire Air Ambulance Charitable Trust) was considered, which provided Members with an outline of the Helicopter Emergency Medical Service. This Service was provided by the Lincolnshire and Nottinghamshire Air Ambulance Charitable Trust to the public within the designated areas of operation. The report also covered the establishment and the development of the service over the past twenty years and how this was financed. The close working relationship with the East Midlands Ambulance Service was explained and information was provided on the number and type of missions that were currently attended by the Air Ambulance.

The Chairman advised the Committee that Chief Pilot Captain Paul Smith from Lincolnshire and Nottinghamshire Air Ambulance had been named as Air Ambulance Pilot of the Year at the Association of Air Ambulances Awards of Excellence in London.

Gladys Tingle, 83 years old, who runs six miles every morning before breakfast, was also named Air Ambulance Volunteer of the Year with her extraordinary achievement of raising over £11,000 by completing two London Marathons, and several half marathons and 10k runs since turning 72 years old.

NOTE: At this stage in the proceedings, Councillor C J T H Brewis declared an interest as the Sutton Bridge Fund Raisers had recently raised £1,000 for the Lincolnshire and Nottinghamshire Air Ambulance Charitable Trust.

It was also noted that Councillor T M Trollope-Bellew had previously donated £500 from two businesses to the Lincolnshire and Nottinghamshire Air Ambulance Charitable Trust.

Peter Aldrick (Chief Executive Officer, Lincolnshire and Nottinghamshire Air Ambulance Charitable Trust) was in attendance at the meeting and provided Members with a detailed presentation, which covered the following areas: -

- Background history;
- Information on the Charitable Trust's current and previous aircraft;
- Medical Aviation Service;
- Air Ambulance Paramedics;
- Medical Crew;
- Support provided to the East Midlands Ambulance Service;

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- Support provided by East Midlands Ambulance Service;
- Response times;
- Benefits of an air ambulance over a land ambulance;
- Number of missions – 2013/14;
- Equipment available on an air ambulance;
- Rapid Response Vehicle;
- Costings;
- Charity Funding ; and
- Future Issues.

Members were advised that the Charitable Trust was established in 1993 as a result of concerns raised by a number of hospital consultants in Lincolnshire over the poor survival rates of seriously injured patients during their transportation to hospitals within the rural environment. The Lincolnshire Air Ambulance had commenced operations in May 1994, once sufficient funds had been raised to lease a suitable helicopter.

The Air Ambulance was currently based at RAF Waddington, which was considered to be positioned centrally in the Charitable Trust's area of operation, which totalled 3,000 square miles. The location provided secure facilities for the aircrew and helicopter and readily available support at the airbase.

Members were provided with an opportunity to ask questions, where the following points were noted: -

- It was confirmed that all calls were initially handled by the East Midlands Ambulance Service Emergency Control in Nottingham, where there was a dedicated Helicopter Emergency Medical Service Desk for air ambulance provision;
- Specific criteria were used by 999 dispatchers to determine which incidents warranted air ambulance involvement;
- If it was deemed that patient injuries did not require a rapid transfer by helicopter, the aircrew would treat the patient at scene until a land ambulance had arrived;
- The helicopter attended approximately 1,000 missions per annum across Lincolnshire and Nottinghamshire. This averaged out to approximately three call-outs per day. The main areas of operation were responses to Road Traffic Collisions (42%); Leisure/Sporting related accidents (17%); Medical Emergencies (17%); Falls (7%); Industrial/Farming Accidents (3%); and other various incidents (14%), which included hospital transfers, fire incidents, aviation accidents, railway incidents, and accidents involving water;
- The helicopter was currently leased from Medical Aviation Services Ltd, which provided similar craft to several other air ambulance services within the United Kingdom. The lease contract covered the supply of the helicopter, pilots, insurance and maintenance;
- The paramedic aircrew were seconded (at no cost) by the East Midlands Ambulance Service to work on the helicopter in line with the Department of Health Directive of January 2002;



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- The aircrew operated under twelve-hour shifts;
- The Lincolnshire and Nottinghamshire Air Ambulance Charitable Trust was now on its third generation helicopter, MD902 Explorer. The helicopter could fly up to 159 mph and could reach all areas of the operational area within a maximum of 19 minutes;
- The service operated 365 days per year, weather permitting, and a Rapid Response Vehicle was available for back-up support. The Rapid Response Vehicle had been gifted to the East Midlands Ambulance Service by the Charitable Trust;
- The service had introduced night flying since December 2013;
- It cost the Charitable Trust approximately £1.8 million to keep the air ambulance flying each year; £4,670 to keep the air ambulance running for a day; £1,000 for one full mission; and £200 in fuel for one mission;
- It was noted that all of Charitable Trust's funding was raised and donated by members of the public, unlike LIVES First Responders which was part NHS funded;

NOTE: At this stage in the proceedings, Councillor S L W Palmer declared an interest as a LIVES First Responder.

- The availability of helipads at hospitals was becoming an issue for the Charitable Trust. There was a specific need for a helipad at Nottingham's Queen Medical Centre, as this was a major trauma centre, but it was hoped that there would be plans for a helipad at the hospital in the near future;
- There was also an issue relating to the provision of lighting at helipads, as the intention was that more flights would be undertaken at night;
- The Charitable Trust performance monitored itself; and
- Replacement Air Ambulances were available through the lease contract with the Medical Aviation Service.

The Chairman thanked the Chief Executive Officer for his comprehensive report and presentation.

**RESOLVED**

- (1) That the information contained within the report and presented and comments made be noted.
- (2) That the Chairman be requested to write a letter to Chief Pilot Captain Paul Smith and Gladys Tingle congratulating them both for being presented with awards at the Association of Air Ambulances Awards of Excellence.

**58     ANNUAL REPORT ON SUICIDE AND SELF HARM IN LINCOLNSHIRE,  
AUTHORED BY PUBLIC HEALTH LINCOLNSHIRE**

Consideration was given to a report by Nicole Hilton (Community Resilience and Assets Commissioning Manager) which provided Members with an overview of suicide and self-harm in Lincolnshire, with the purpose of demonstrating findings from

the audit. The most up-to-date information was available from Health and Social Care Information Centre and Public Health Mortality Files on suicides registered during 2013. More detailed information had been accessed via patient records and relates to those suicides registered in the calendar year 2011.

The Community Resilience and Assets Commissioning Manager was in attendance at the meeting and presented the report to the Committee, making particular reference to the following points: -

- Lincolnshire had a higher rate of death from suicide for both males and females than in England;
- Nationally, the majority of suicides had continued to occur in adult males, accounting for approximately three quarters of all suicides. Latest information for Lincolnshire had shown that 64 deaths were registered in 2013, of which 52 were male;
- In Lincolnshire, the majority of male deaths were of those aged 35-44 and 45-54 years, which was consistent with recent years. Historically, the majority of female suicides had been within the 55+ age group, but for 2013, Lincolnshire data had shown a more even distribution across all age groups;
- Child suicides were uncommon in Lincolnshire, reflecting the national picture. However, there had been an increase in the number of suicides with four confirmed suicides in children and young people under 18 years old and two suspected suicides since September 2011. There had been an increase in the number of children admitted to hospital with self-harm. All of the confirmed and suspected suicides were male; aged between 11 and 17 years old;
- 2011 patient records had shown that 43% of males and 63% of females had some previous contact with mental health services. A history of depression was evident in 33% of males and 56% of female records. Lincolnshire Partnership NHS Foundation Trust had confirmed 33% of individuals were in contact with services within the 12 months prior to death;
- With adults, bereavement and relationship breakdown or difficulties had featured in more than a third of records, with 23% of records making reference to bereavement, which had included suicide and attempted suicide of family members;
- With children, an investigation had identified a number of common themes, including: death, abandonment or separation from parent; abuse; taken in to care or fostered; alcohol parent or parent with mental ill-health; and special educational needs. The majority of children had a history of self-harm;
- As there was a high rate of suicide within the City of Lincoln in 2008-2010, a further investigation of the risk factors for this population had been initiated, which had indicated the greatest number of deaths were of residents from Abbey, Park and Carholme wards; and a greater proportion of deaths within the 25-43 age group;
- There were a number of known risk factors and it was often a combination of those that had led to suicide. Many of those factors were known from research: being male; living alone; being unemployed; alcohol and drug misuse; and mental illness;

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- Up to 2013, access had been available to patient records to identify possible risk factors for Lincolnshire patients. However, since Public Health had transferred to the local authority, permission to access patient records had not been granted. Therefore, there was a clear need to develop information sharing agreements with partner organisations and explore alternative data sources, as collating numbers alone did not provide the quality of data to inform and target suicide prevention effectively;
- Public Health was currently providing 'SafeTalk and Asist Training' to individuals who were likely to come into contact with an individual having suicidal thoughts on a one-to-one basis, for instance hairdressers and taxi drivers. This training teaches individuals to recognise persons with thoughts of suicide and to connect them to suicide intervention resources. It had been designed for communities or organisations that already had Asist trained helpers in place to maximise intervention as the main suicide prevention focus;
- There were some concerns over the data on self-harm, as certain partner organisations had been incorrectly coding self-harm into the electronic systems. Those agencies concerned had been made aware;
- A suggestion was made for Public Health to engage with members of the Lincolnshire Youth Parliament; Young Men's Christian Association (YMCA); Lincolnshire Employment Accommodation Project (LEAP); and The Nomad Trust on information sharing and prevention;
- It was not clear that social media and cyber bullying had contributed to self-harm and suicide. However, it could impact upon self-esteem;
- It was queried whether that was a correlation between the decline in mental health services and suicide rates. Members were advised that had not yet been looked into. However, it was clear that a high number of those individuals who had committed suicide had recently been in contact with mental health services;
- It was suggested that for future reports, actual figures were used, rather than percentages;
- It was noted that one of the most positive partners for this service was the faith groups;

NOTE: At this stage in the proceedings, Councillor Mrs C A Talbot declared an interest as she supported the Lincolnshire Rural Support Network.

- It was agreed that the Committee's comments would be passed to Councillor Mrs P A Bradwell, Executive Councillor: Adult Care, Health Services and Children's Services, for her information;
- Further detail on Suicide and Self-Harm in Lincolnshire would be incorporated within the Director of Public Health's Annual Report 2014. It was suggested that the Committee would look at this topic further at this point.

**RESOLVED**

- (1) That the report and comments made be noted.

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- (2) That the Committee's comments be presented to the Executive Councillor: Adult Care, Health Services and Children's Services, for her information.

59 LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT (DRAFT) -  
FINALISING THE RESPONSE TO THE CONSULTATION

Consideration was given to a report by Simon Evans (Health Scrutiny Officer), which invited Members to consider the Committee's draft response to the Lincolnshire Pharmaceutical Needs Assessment, make any amendments as required; and to approve it for submission to the Lincolnshire Health and Wellbeing Board in response to the consultation.

Members were reminded that on 22 October 2014, the Committee had considered a report on the draft Lincolnshire Pharmaceutical Needs Assessment, on which the Lincolnshire Health and Wellbeing Board had launched a consultation from 6 October until 4 December 2014.

The Committee had appointed Councillors Mrs C A Talbot, C Burke, C J T H Brewis, R C Kirk and T M Trollope-Bellew to serve on the working group, which had met on 3 November 2014. The working group had received a presentation from several officers expert in this area. The Committee's draft response was attached at Appendix A to the report.

Members approved the content of the Committee's draft response, subject to the inclusion of a sentence on promotion of services. The Chairman thanked the Members of the Working Group for their contribution.

**RESOLVED**

That the Committee's draft response to the Lincolnshire Pharmaceutical Needs Assessment be approved, subject to the inclusion of a sentence on promotion of services.

60 WORK PROGRAMME

The Committee considered its work programme for its meetings over the coming months.

Members were reminded that an informal development workshop on the East Midlands Ambulance Service NHS Trust had been arranged for the afternoon of 14 January 2015.

**RESOLVED**

That the work programme and changes made therein be approved.

The meeting closed at 4.25 pm.