



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
16 SEPTEMBER 2015**

**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, Mrs J M Renshaw, T M Trollope-Bellew and Mrs S M Wray.

Lincolnshire District Councils

Councillors C J T H Brewis (South Holland District Council (Vice-Chairman)), D P Bond (West Lindsey District Council), T Boston (North Kesteven District Council), Dr G Gregory (Boston Borough Council), Mrs R Kaberry-Brown (South Kesteven District Council), J Kirk (City of Lincoln Council) and Mrs P F Watson (East Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

County Councillors Mrs S Woolley (Executive Councillor for NHS Liaison and Community Engagement and Chairman of the Lincolnshire Health and Wellbeing Board), B W Keimach (Executive Support Councillor for NHS Liaison and Community Engagement) and Mrs N J Smith attended the meeting as observers.

Also in attendance

Dr John Brewin (Chief Executive, Lincolnshire Partnership NHS Foundation Trust), Dr Kakoli Choudhury (Consultant Public Health - Adults and Public Health Care), Simon Evans (Health Scrutiny Officer), Cheryl Hall (Democratic Services Officer), Gary James (Accountable Officer, Lincolnshire East Clinical Commissioning Group), Ian Jerams (Director of Operations, Lincolnshire Partnership NHS Foundation Trust), Katy Thomas (Programme Manager - Health Intelligence), Cheryl Thomson (Emergency Planning Manager), Kevin Turner (Acting Chief Executive, United Lincolnshire Hospitals NHS Trust) and Chris Weston (Consultant in Public Health).

33 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Lynne Moody (Director of Quality and Executive Nurse, South Lincolnshire Clinical Commissioning Group).

**34 DECLARATION OF MEMBERS' INTERESTS**

Councillor Dr G Gregory declared a pecuniary interest in the item on *United Lincolnshire Hospitals NHS Trust – Financial Position*, as an employee of United Lincolnshire Hospitals NHS Trust and would therefore be leaving the meeting room for the consideration of this item of business.

**35 CHAIRMAN'S ANNOUNCEMENTS**

The Chairman welcomed everyone to the Committee and made the following announcements: -

**i) Care Quality Commission Report on Peterborough City Hospital**

On 22 July 2015, the Care Quality Commission (CQC) had published its inspection report on Peterborough City Hospital. The CQC had rated the Hospital as "good", as and as a result the overall rating for the Trust was also now "good". The July report was based on an inspection which took place in April 2015 and followed a previous inspection in May 2014, which had found the hospital required improvement.

**ii) Peterborough and Stamford Hospitals NHS Foundation Trust**

On 30 July 2015, Monitor had announced that it had agreed with Peterborough and Stamford NHS Foundation Trust further steps to improve the Trust's overall financial position and cut waiting times for Accident and Emergency patients. The Chairman advised that this would include cost savings of at least £13 million in 2015/2016.

**iii) Care Quality Commission Annual Report**

The Care Quality Commission had published its Annual Report for 2014-15 on 22 July 2015. The Chairman advised that in the report the CQC had made reference to Branston and Heighington Family Practice as an example of a GP practice that had demonstrated improvement in the quality of its care, following concerns in an earlier inspection. The CQC's Annual Report was available on its website:

[www.cqc.org.uk/content/annual-report-201415](http://www.cqc.org.uk/content/annual-report-201415)

**iv) East Midlands Ambulance Service Reputation Audit**

The East Midlands Ambulance Service NHS Trust (EMAS) had announced that it was undertaking its second reputation audit 'to gather a snapshot of stakeholder's thoughts, feelings and perceptions about EMAS to influence improvements.'

There were 3,071 responses to the 2014 reputation audit, which had included the following findings: 87% of respondents were satisfied with the level of care they received; 73% felt that EMAS had improved over the previous twelve months; 84% of staff were proud to work for EMAS.

v) Congenital Heart Disease Services

On 28 July 2015, the Chairman had written to John Holden (Director of System Policy at NHS England), seeking clarification on how NHS England was planning to engage with local authority overview and scrutiny committees on the implementation of the new standards and specification for Congenital Heart Disease Services. John Holden had replied to the Chairman on 5 August indicating that local authorities would continue to be involved as stakeholders. John Holden had also stated that providers would be submitting proposals on how they would deliver these services by October 2015. Decisions on the location of services would be taken as part of the commissioning process. John Holden's work on this activity was now complete and a separate directorate of NHS England would be undertaking the commissioning process.

The Chairman also advised that on 27 August 2015, University Hospitals of Leicester NHS Trust had announced that it was planning to invest over £1 million as part of a long term plan to bring all children's services together in an integrated children's hospital. In addition, the East Midlands Congenital Heart Network was working with Birmingham Children's Hospital to ensure that the whole Midlands region has sufficient capacity to deal with the expected increases in demand for congenital heart services over the next decade. The 'two surgical centres in one network model' had been welcomed by NHS England.

vi) Northern Lincolnshire and Goole NHS Foundation Trust

All NHS trusts had been asked to review their financial position for the current financial year 2015/16. As part of this, Northern Lincolnshire and Goole NHS Foundation had been asked by Monitor to limit its deficit to £19.8 million for 2015-16. The Trust has issued a letter to Monitor indicating that it could not feasibly deliver this level of deficit. The Chairman added that the CQC would be inspecting Northern Lincolnshire and Goole NHS Foundation Trust on 12 October 2015.

vii) Annual Public Meeting for South Lincolnshire Clinical Commissioning Group

On 3 September 2015, the Chairman had attended the Annual Public Meeting of South Lincolnshire Clinical Commissioning Group in Bourne.

viii) Meeting with John Brewin, Chief Executive of Lincolnshire Partnership NHS Foundation Trust

On 3 September 2015, the Chairman had met with John Brewin (Chief Executive of Lincolnshire Partnership NHS Foundation Trust).

The Chairman also added that the Care Quality Commission would be undertaking an inspection of the Trust in the week beginning 30 November 2015.

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- ix) Meeting with Kevin Turner, Acting Chief Executive, United Lincolnshire Hospitals NHS Trust

On 4 September 2015, the Chairman had met with Kevin Turner (Acting Chief Executive, of United Lincolnshire Hospitals NHS Trust).

- x) Meeting with Chairman of Health and Wellbeing Board and Chief Executive of Healthwatch Lincolnshire

On 7 September 2015, the Chairman had met the Chairman of the Lincolnshire Health and Wellbeing Board, Councillor Mrs Sue Woolley, and the Chief Executive of Healthwatch Lincolnshire, Sarah Fletcher. This meeting recognised the importance of strong working relationships between the Committee and the Health and Wellbeing Board and Healthwatch Lincolnshire. At the meeting it was agreed that Healthwatch Lincolnshire would be presenting their findings on the Child and Adolescent Mental Health Services to the meeting of the Committee on 16 December 2015.

- xi) South Lincolnshire CCG Stakeholder Event

On 10 September 2015, the Chairman had attended South Lincolnshire Clinical Commissioning Group's Stakeholder Engagement Event in Spalding. This event sought the views of stakeholders on what worked well and not so well in South Lincolnshire. Four topics were covered: dementia services; mental health services; end of life and cancer services; and care closer to home. The event was attended by a wide range of stakeholders from the voluntary sector, as well as interested NHS colleagues.

- xii) GP Surgeries in Stamford

On 11 September 2015, the three GP practices in Stamford (the Little Surgery, St. Mary's Medical Centre and the Sheepmarket Surgery) and Lakeside Healthcare, which operated GP practices in Northamptonshire, announced that they planned to merge in to a single 'super-practice' with over 100,000 patients. Lakeside Healthcare had stated that no existing clinics or premises would be closed and with more finance available, there would be plans for additional investment in premises, staff and technology and more home visiting for the housebound, all of which would benefit patients.

The Chairman advised that NHS England had stated that it had been made aware of the proposed merger between the GP practices across Northamptonshire and Lincolnshire, but had stressed a formal application for merger had not been submitted, either to NHS England or to South Lincolnshire Clinical Commissioning Group, which now had delegated responsibilities for commissioning GP services in South Lincolnshire. If an application was submitted, it would be considered appropriately.

The Chairman reiterated that the Health Scrutiny Committee for Lincolnshire's main concern was that patients should not be adversely affected by any merger, and should still be able to access their GP services as previously.

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xiii) Chief Executive - United Lincolnshire Hospitals NHS Trust

On 15 September 2015, United Lincolnshire Hospitals NHS Trust had announced that Jan Sobieraj had been appointed as their new Chief Executive. This appointment followed the retirement of Jane Lewington in August. Jan would take over from Kevin Turner who was Acting Chief Executive. Jan was currently managing director at the NHS Leadership Academy. He had over 24 years' experience in the NHS including a role as Chief Executive for South Lincolnshire Healthcare NHS Trust from 1997 – 2001.

xiv) South West Lincolnshire Clinical Commissioning Group

On 15 September 2015, the Chairman had met with Dr Vindi Bhandal (Chairman) and Allan Kitt (Chief Officer), of South Lincolnshire Clinical Commissioning Group.

xv) Lincolnshire Community Health Services NHS Trust - Celebrating Success Awards

On 15 September 2015, the Chairman would be attending the Celebrating Success Awards being held by Lincolnshire Community Services NHS Trust. It was noted that the Chairman would be presenting the Emily Jane Glen Memorial Award for Outstanding Volunteers at this event.

xvi) Lincolnshire Health and Care

The Chairman advised that it was originally planned to include an item on the Lincolnshire Health and Care Strategic Outline Case on its agenda for 16 September 2015. However, the Chairman had received and taken advice that the governing bodies of the four Clinical Commissioning Groups in Lincolnshire should consider this item before it appeared the Committee's agenda. The Chairman advised that she would raise this issue under the work programme (Minute 43 refers).

36 MINUTES OF THE MEETING OF THE COMMITTEE HELD ON 22 JULY 2015

RESOLVED

That the minutes of the meeting held on 22 July 2015 be approved and signed by the Chairman as a correct record, subject to the inclusion of the following wording to the end of Minute 25 – 'The Critical Path to Developing Options for Future Healthcare Delivery in Lincolnshire': -

"A concern was also raised on the benchmarking figure of one hour used for the transfer of mothers to maternity services referred to in the presentation, as this figure had been superseded by the figure of 25 minutes, which arose from two recent research papers."

**37 LINCOLNSHIRE'S JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) -  
UPDATE AND STAKEHOLDER ENGAGEMENT**

A report by Katy Thomas (Programme Manager – Health Intelligence) was considered, which provided the Committee with an update on the review of content, processes and methodologies underpinning the Joint Strategic Needs Assessment for Lincolnshire. The report particularly updated the Committee on the current stakeholder engagement phase of the work.

Councillor Mrs S Woolley (Chairman of the Lincolnshire Health and Wellbeing Board and Executive Councillor for NHS Liaison and Community Engagement), Chris Weston (Consultant in Public Health) and Katy Thomas (Programme Manager – Health Intelligence) were all in attendance.

NOTE: At this stage in the meeting, Councillor Mrs S M Wray declared an interest as the County Coordinator for the Lincolnshire Neurological Alliance.

Members were advised that the procedures by which the Joint Strategic Needs Assessment (JSNA) was created and maintained were currently under review, including an investigation of all elements of format, content and processes. The full review and implementation were taking place from 2015 to 2017, to feed into the production of the Joint Health and Wellbeing Strategy for 2018-2023, the publishing of which would coincide with the existing Joint Health and Wellbeing Strategy coming to an end on 31 March 2018.

The objectives of the review were to: -

- Undertake a thorough examination of the process, content and structure of the current JSNA;
- Capture stakeholder views on usefulness, format and content, including suggestions for improvement;
- Identify opportunities to refine information held within the JSNA and to fill gaps in knowledge;
- Encourage engagement and challenge;
- Further integrate an asset-based approach to health improvement, ensuring that Lincolnshire's asset information forms part of future JSNA;
- Provide an on-going opportunity for stakeholders to feed into the continuous improvement of the JSNA and to continue to encourage engagement, contribution and use;
- Ensure that engagement through the plan was aligned with the strategic framework for engagement agreed by the Lincolnshire Health and Wellbeing Board and the principles, as set out in the framework, were respected and adhered to;
- Ensure transparency and opportunity within the various engagement activities to allow all stakeholders to influence and engage in the process.

The current phase of the review was the Stakeholder Engagement phase, taking place until the end of December 2015. The purpose of this phase was to ensure that

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stakeholders in the JSNA had a shared understanding of the scope and purpose of the review, the opportunity to feed in their views on future content, format and processes and that they were able to become better engaged with the evidence base. The Engagement Plan takes account of statutory guidance and specifically puts in place mechanisms for engaging with statutory and recommended partners.

Members were advised that a range of activities had been carried out to date, including: -

- A Steering Group had been established to oversee the review on behalf of the Health and Wellbeing Board. The Membership of the group included representatives from Public Health, Healthwatch, District Councils, Children's Services, Adult Care, Lincolnshire's Clinical Commissioning Groups and Involving Lincolnshire;
- Beneath the Steering Group a project team had been established, meeting fortnightly, to deliver against the project plan;
- An Engagement Plan had been created to ensure all stakeholders in the JSNA had a shared understanding of the activities taking place and the opportunity to engage in the review process;
- Opportunities to engage with stakeholders through existing networks, meetings and partnerships had been mapped to produce a calendar of engagement events;
- Arrangements for reporting to the Lincolnshire Health and Wellbeing Board and Health Scrutiny Committee for Lincolnshire had been agreed;
- A vision statement and formal letter from the Chairman of the Lincolnshire Health and Wellbeing Board had been agreed and published on the Health and Wellbeing webpage, with the formal letter being additionally emailed to over 850 individuals previously expressing an interest in the JSNA;
- All relevant websites had been updated with information regarding the review;
- A risk register had been created to highlight and manage significant risks and issues;
- An engagement pack had been created to support work with stakeholders, allowing a consistent and structured approach, and shared through the Health and Wellbeing Board webpage to enable others to further promote the review and to gather feedback.

The Engagement Plan was attached at Appendix A to the report, which outlined the approach for consulting and communicating on the review and implementation of the JSNA.

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

- Concerns were raised over the district council representation on the Steering Group. In particular, that only one seat was allocated to represent all seven district councils and it was also queried whether it was appropriate for the district representative to be an officer from one of the districts. Further to this, Members were advised that the appointment of the representative was made

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at the Lincolnshire Leaders and Chief Executives' Meeting. However, it was agreed that the Committee's concerns would be taken away for consideration;

NOTE: At this stage in the proceedings, Councillor R C Kirk declared an interested as a portfolio holder at the City of Lincoln Council.

- A concern was also raised over the lack of engagement with district councils, as although the health and wellbeing boards or equivalent at each district council would be consulted, it was felt that each full council meeting should be engaged;
- A number of concerns were also raised as it was felt that certain medical professions were excluded from the exercise including: dentistry, optometrists, podiatry and physiotherapists.

The Chairman suggested that the Committee established a Working Group in order to provide an opportunity to feed directly into the Review. Further to this, it was suggested that any Member wish to sit on the Working Group advised the Health Scrutiny Officer.

**RESOLVED**

- (1) That the report and comments made be noted.
- (2) That a Working Group be established order to provide an opportunity to feed directly into the Review.
- (3) That any Member wishing to sit on the Working Group be requested to notify the Health Scrutiny Officer.

NOTE: At this stage in the proceedings, Councillor Dr G Gregory left the meeting for the following item (Minute 38).

**38 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - FINANCIAL POSITION**

A report by Kevin Turner (Acting Chief Executive, United Lincolnshire Hospitals NHS Trust) was considered, which provided the Committee with information on the financial position of United Lincolnshire Hospitals NHS Trust. It was reported to the Trust's Board on 1 September 2015 that the Trust had recorded a deficit of £21.679 million for the period of 1 April 2015 to 31 July 2015. The Board had previously approved a projected deficit for 2015/2016 of £40.3 million.

Kevin Turner (Acting Chief Executive) was in attendance at the meeting and presented the report to Members.

In response to a question, Members were advised that the Trust had recently appointed Jan Sobieraj as its new Chief Executive and it was hoped that he would commence his employment with the Trust towards the end of 2015 / beginning of 2016.



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Members were advised that on 1 September 2015, the Board of United Lincolnshire Hospitals NHS Trust, which meets every month, considered its standard report on its financial position. The report's highlights included the following: -

- A deficit for the year to date (ending 31 July 2015) of £21.679 million;
- The July 2015 position was £7.825 million worse than the planned position at this point in the year, and that was consistent with a £40.3 million deficit for 2015/2016.

The report to the Trust Board was attached at Appendix A to the Committee's report.

It was stressed to the Committee that the figure of £21.679 million was for the period to 31 July 2015. The in-month deficit was £4.140 million, as opposed to £4.993 million in June 2015, £6.255 million in May and £6.291 million in April 2015. The position at the end of July was £7.825 million worse than the planned budget.

Members were advised that the July financial position had seen a further substantial in month deficit, albeit lower than the previous three months, as detailed above. Overspending, particularly on medical and nursing staff, had continued to drive the in-month financial position. The in-month position in July had improved and this was because of a combination of reduced over spending and a higher income level.

Reference was made to elective activity being undertaken by other trusts, which would ordinarily be undertaken by ULHT. A further impact on the Lincolnshire economy was the Market Forces Factor of the Tariff Arrangements, which meant procedures undertaken by other local trusts were more expensive. It was explained that the Trust simply did not have enough beds for meeting all elective care, as there were too many beds being used for emergency admitted patients.

The Trust had acknowledge that the month four financial position was not acceptable and significant management and leadership time was being given to recover the in-year additional monthly run rate to return to the original plan for a projected deficit for 2015/2016 of £40.3 million. A full list of identified schemes could be found on page 41 of the report. However, the delivery of those schemes in full would still fall short of the requirement by circa £4 million and work was still on going to risk assess each scheme in terms of quality and safety impact and financial contribution.

The Committee was reminded that the Trust would again be recruiting nationally as there was a significant shortage of nurses in Lincolnshire and this reflected national and regional trends. The Trust was short by approximately 200 nurses. Members were advised that following the last overseas recruitment drive, over 50% of those nurses were retained within the Trust.

It was stressed by the Acting Chief Executive that patient safety and the care and treatment of patients were paramount considerations. Ensuring Safer Staffing on wards was a major consideration of the Trust.

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

- It was reiterated by the Acting Chief Executive that patient safety and the care and treatment of patients were paramount considerations for the Trust. Ensuring Safer Staffing on wards was a major consideration of the Trust and on occasion, the Trust may have to close beds to ensure this;
- The Trust recognised that it needed to see a continued reduction in agency costs and increase recruitment for permanent staff. Further to this, Members were advised that the Trust had secured 90 nursing staff through Lincoln University;
- The Trust recognised that it was not currently in a position to offer the same level of prompt access to services, nor did it have the capacity to see or treat patients, compared to that of neighbouring trusts. The Trust recognised that the rectifying of this issue was paramount in regaining trust with the local community. In response to this, it was acknowledged that in certain circumstances it would be easier for patients to go to neighbouring trusts for example, when a patient lived closer to a neighbouring trust's hospital;
- It was reiterated that the Trust was facing unprecedented levels of financial challenge, and this was similar to other acute trusts;
- The Trust had an ambition to improve what services were available at Louth Hospital, as this would remove pressure from other sites;
- The financial position for August 2015 had not yet been finalised. However, the Trust was not expecting any material improvement or decline;
- It was noted that individuals may prefer agency work, rather than permanent, as it provided more flexibility for the individual, with higher rates of pay;
- Members were advised that the Trust had its own internal 'Bank' of staff, which could at times be used instead of an Agency. The Trust was exploring whether it could use its Bank more efficiently;
- The Trust assured the Committee that it only used agency staff when it was absolutely necessary to do so;
- Reference was made to the Secretary of State's intention to reduce NHS expenditure on non-permanent staffing;
- The Trust indicated that it had made an application to Monitor for a Tariff Modification but the outcome of this was still pending;
- Members of the Committee were assured that none of the Trust's current plans would adversely affect patients, nor did the Trust plan to implement anything that would impact on patient care or safety;
- The Trust worked closely with clinical commissioning groups, as a whole-system approach was required to ensure recovery.

The Trust outlined its plans for controlling the deficit and these included re-emphasising basic financial controls and planning nurse rotas carefully; the Trust had finalised its Cost Improvement Plan for 2015/16; and was considering a selective vacancy freeze. In addition, the Trust was seeking commissioner involvement in plans to reduce the number of emergency admissions and reducing the average length of stay for patients, as well as plans for improving discharge. The Trust was

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also supportive of developments in the Lincolnshire Health and Care Programme, which might also improve its budgetary position in the longer term.

The Chairman thanked the Acting Chief Executive for his comprehensive update.

**RESOLVED**

- (1) That the report and comments made by the Committee on the actions proposed by United Lincolnshire Hospitals NHS Trust in response to their financial position for 2015/2016 be noted.
- (2) That a further update be presented to the Committee at its meeting on 20 January 2015.

NOTE: At this stage in the meeting, Councillor Dr G Gregory returned for the remainder of the meeting.

**39      LONG LEYS COURT, LINCOLN**

Consideration was given to a report by John Brewin (Chief Executive, Lincolnshire Partnership NHS Foundation Trust), which provided the Committee with an update on the Long Leys Court, Lincoln. The Chief Executive and Ian Jerams (Director of Operations, Lincolnshire Partnership NHS Foundation Trust) were both in attendance.

The Chief Executive reminded Members that Long Leys Court in Lincoln provided an assessment and treatment unit for adults with learning disabilities, who also had related healthcare needs, including mental health issues and challenging behaviours that may have an impact on their mental wellbeing.

It was reported to the Committee on 11 June 2015 that a number of serious incidents had occurred and the Unit had closed to new admissions. Members were advised that on 6 April 2015, two serious incidents involving patients at Long Leys Court were reported to the Lincolnshire Partnership NHS Trust Executive Team. Three further incidents had occurred from this time until 2 June 2015.

The Committee was advised that the Police were investigating the incidents, including whether the correct multi-agency safeguarding and incident procedures were followed, and until such times as they gave the Trust the 'go ahead', the Trust was unable to commence its internal conduct procedures. The Trust was not yet in a position to share specific details of the incidents.

At present, there were two remaining patients at Long Leys Court. Both were in process for moving but due to complex issues and legal restraints the time related to provision of appropriate services was difficult to ascertain. However, all efforts to do this both efficiently but also in line with the needs of the patient, were being made.

Members were assured that the Trust was also working closely with relatives and carers to keep them updated on progress. Further to this, Members were advised

that those patients who had already been moved to alternative service provision were still located within Lincolnshire.

Members were also assured that NHS England, Monitor, the Care Quality Commission and Clinical Commissioning Groups had been significantly involved with the Trust to oversee and monitor the development of a comprehensive improvement plan.

#### RESOLVED

That the information presented on the Long Leys Court, Lincoln, and comments made by the Committee be noted.

#### 40 EMERGENCY PLANNING - EXERCISE BLACK SWAN

A report from Cheryl Thomson (Emergency Planning Manager) was considered, which provided the Committee with information on the Council's emergency planning arrangements for 'Exercise Black Swan'.

The Emergency Planning Manager advised the Committee that following on from the cancellation of the national Tier 1 pandemic influenza exercise, Exercise Cygnus in October 2014, the Lincolnshire Resilience Forum Management Group agreed in March 2015 to support the delivery of a multi-agency exercise within the county focussing on a pandemic influenza scenario.

The exercise would take place on Thursday, 15 October 2015 and would allow the Emergency Planning Team to test not only health and social care resilience, but also to consider the wider business continuity aspects of a pandemic influenza. Members of the Committee were invited to observe the exercise and the Chairman advised that any Member wishing to attend should contact the Committee's Health Scrutiny Officer.

Members were provided with detailed information as part of a presentation, which covered the following points: -

- Influenza Pandemic;
- Exercise Aim;
- Exercise Objectives;
- Scenario;
- Exercise Design;
- Exercise Evaluation; and
- Conclusion.

The Chairman thanked the Emergency Planning Manager for her report and presentation.

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RESOLVED

- (1) That the report, presentation and comments made be noted.
- (2) That any Member wishing to observe the exercise on 15 October 2015 be requested to notify the Health Scrutiny Officer.
- (3) That the Committee be presented with an update report at a future meeting detailing the results of the exercise.

NOTE: At this stage in the proceedings, the Committee adjourned for luncheon and 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, Mrs J Renshaw, T M Trollope-Bellew and Mrs S M Wray.

District Councillors

Councillors C J T H Brewis ((Vice-Chairman) (South Holland District Council), T Boston (North Kesteven District Council), Dr G Gregory (Boston Borough Council), Mrs R Kaberry-Brown (South Kesteven District Council), J Kirk (City of Lincoln Council) and Mrs P F Watson (East Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Officers in attendance

Kakoli Choudhury (Consultant in Public Health), Sue Cousland (Chief Nurse and Director of Operations, Lincolnshire Community Health Services NHS Trust), Simon Evans (Health Scrutiny Officer), Cheryl Hall (Democratic Services Officer) and Andrew Morgan (Chief Executive, Lincolnshire Community Health Services NHS Trust).

41 UPDATE ON LINCOLNSHIRE COMMUNITY HEALTH SERVICES CLINICAL STRATEGY

Consideration was given to a report by Andrew Morgan (Chief Executive, Lincolnshire Community Health Services NHS Trust), which invited the Committee to comment on the content of the report and the associated Clinical Strategy, as detailed at Appendix A to the report.

Andrew Morgan (Chief Executive) and Sue Cousland (Chief Nurse / Director of Operations) of the Trust were both in attendance and provided Members with a detailed presentation, covering the following areas: -

- Background;
- Key Elements;
- How the Trust would achieve it;
- Intended Business model;
- Examples;
- Clinical Model;
- New Dynamics of Care;
- Key Outcomes;
- Challenges; and
- Summary.

The Committee was reminded that Lincolnshire Community Health Services NHS Trust Board had approved a five year Clinical Strategy, as detailed at Appendix A to the report, that encompassed the outline vision of Lincolnshire Health and Care and the five year Forward View of NHS England.

The key elements of the strategy were as follows: -

- 'To encourage people to self-care or co-manage their long term conditions;
- To focus on keeping the patients in their own home or as close to it for as long as possible;
- To ensure staff have the appropriate skills and knowledge to care for a diverse and complex group of patients in the community;
- To establish and support complex care pathways, using a variety of bed based environments outside of an acute hospital setting;
- To work with others locally and nationally to create new community models that are sustainable for the future by harnessing the power of the wider community;
- To work on the principle that in future patients will only be 'loaned' to an acute hospital for a defined period of time based on clinical need.'

The Strategy outlined that this would be achieved by further strengthening the access to services; building closer working relationships with other providers in the county; and by supporting patients to take a greater responsibility for their own health care needs.

The Trust had outlined in its Clinical Strategy an intention to act as a 'Care Navigator' in the community in order to manage a larger cohort of patients outside of the acute hospital setting. In order to achieve this, it would be working with patients and families to take greater ownership of their own health needs and were working with other local providers to 'harness' the power of the wider community.

The Committee was also advised that the Trust was also operating a policy called 'Making Every Contact Count'. Making Every Contact Count would ensure that any healthcare profession who came into contact with patients in their home would also consider the patients environment. For example, if a paramedic responded to a call to an elderly patient, they would ensure that the patient's surroundings were acceptable. Any concerns should be escalated to the relevant authorities. The Trust was also in

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conversations with local supermarket chains, as it was felt that supermarket delivery men could play an active role in highlighting any potential concerns to the NHS or local authorities.

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

- It was recognised that the wider community could play an active role and feed in any concerns to the relevant authority. However, it was queried whether there would be a requirement for DBS (Disclosure and Barring Service) checks to be completed for anyone coming into contact with patients;
- The Trust was continuing to work with Peterborough and Stamford Hospitals NHS Trust on the issue of community beds within Stamford Hospital;
- The Chief Nurse / Director of Operations advised the Committee that she had recently undertaken an observation with a Paramedic. Further to this, it was suggested by the Committee that Senior Officers on NHS Trust Boards should observe a Paramedic or a LIVES First Responder so they could experience first-hand the issues they were faced with on each shift;

NOTE: Councillor S L W Palmer declared an interest as a LIVES First Responder.

The Chief Nurse / Director of Operations also declared an interest as a Trustee of LIVES.

- Members were advised that work was being undertaken which would enable LIVES First Responders to cancel an East Midlands Ambulance Service paramedic call-out, if it was no longer required;
- Although in 2004 GPs were able to opt out of out of hours workings, this did not remove the ability for GPs to complete home visits during their working day. Members were also reminded that Lincolnshire Community Health Services NHS Trust operated an out of hours service via the Walk in Centre in Lincoln, and there was also an Out of Hours GP service located at certain hospital sites;
- The Committee supported the proposals around bed blocking being alleviated by patients being 'loaned' to Acute Hospital Trusts for acute hospital care, and then transferred back to Lincolnshire Community Hospital Services NHS Trust and into community beds. The Trust was exploring the possibility of block purchasing beds from nursing homes for this purpose. It was hoped that this system would be in operation prior to the winter period to alleviate winter pressures.

The Chairman, along with the Committee, welcomed the Trusts proposals and thanked those officers present for their detailed report and presentation.

RESOLVED

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

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- (2) That a further update be provided to the Committee at its meeting scheduled to be held on 20 April 2015.

**42 ANNUAL GENERAL / PUBLIC MEETINGS AND ANNUAL REPORTS**

Consideration was given to a report by Simon Evans (Health Scrutiny Officer), which invited the Committee to consider information on Annual General / Public Meetings and Annual Reports.

The Health Scrutiny Officer advised the Committee that Clinical Commissioning Groups, NHS Trusts, and NHS Foundation Trusts were required to prepare an annual report and accounts each year, and to hold an annual meeting in public. In terms of local NHS organisations, five such meetings had taken place by the date of the Committee meeting. Where it had been possible for a member of the Committee to attend, their reports had been included within the report to the Committee.

The Committee was advised of forthcoming Annual General / Public Meeting dates, and the following Members volunteered to attend those meetings: -

- 21 September at 12 noon – Lincolnshire Community Services NHS Trust – Councillor S L W Palmer;
- 22 September at 5.00 pm – South West Lincolnshire Clinical Commissioning Group – Apologies;
- 23 September at 4.00 pm – Lincolnshire West Clinical Commissioning Group – Councillor J Kirk;
- 24 September at 5.00 pm – Lincolnshire East Clinical Commissioning Group – Councillor Dr G Gregory;
- 29 September at 5.30 pm – United Lincolnshire Hospitals NHS Trust – Councillor C J T H Brewis.

The Chairman reminded those Councillors who had volunteered that they would be required to produce an update report from their attendance at a future meeting.

**RESOLVED**

- (1) That the content of the report be noted.
- (2) That the following Councillors be requested to attend the following meetings on behalf of the Committee: -
- 21 September at 12 noon – Lincolnshire Community Services NHS Trust – Councillor S L W Palmer;
  - 22 September at 5.00 pm – South West Lincolnshire Clinical Commissioning Group – Apologies;
  - 23 September at 4.00 pm – Lincolnshire West Clinical Commissioning Group – Councillor J Kirk;
  - 24 September at 5.00 pm – Lincolnshire East Clinical Commissioning Group – Councillor Dr G Gregory;



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- 29 September at 5.30 pm – United Lincolnshire Hospitals NHS Trust – Councillor C J T H Brewis.

43     WORK PROGRAMME

The Committee considered its work programme for the forthcoming meetings.

The Health Scrutiny Officer advised the Committee of the following changes to the work programme: -

21 October 2015

It was agreed that the item on *Lincolnshire Health and Care – Strategic Outline Case and Consultation Plan*, which was originally scheduled for the meeting on 21 September 2015 could potentially be an item for 21 October 2015. The Chairman advised the Committee that there was a possibility that this item could contain exempt information.

18 November 2015

It was noted that an item on *South West Lincolnshire Clinical Commissioning Group – General Update* had been added to the work programme for the meeting on 18 November 2015.

16 December 2015 and 20 January 2016

It was noted that the item on *Cancer Strategy in Lincolnshire* had been deferred from 16 December to 20 January.

It was also noted that an update from Healthwatch Lincolnshire had been added to the work programme for the meeting on 16 December 2015.

Further to Minute 38, as detailed above, it was noted that *United Lincolnshire Hospitals NHS Trust – Financial Position* had been added to the work programme for 20 January 2016.

Members of the Committee requested that the following items were added to the work programme: -

- It was requested that an item on the Queen Elizabeth Hospital, King's Lynn, was added to the work programme for a future meeting;
- A discussion took place regarding the infrastructure for new housing developments and it was agreed that this was a planning matter and not a matter for the Health Scrutiny Committee for Lincolnshire.

NOTE: At this stage in the proceedings, Councillor Mrs C A Talbot declared an interest as a reserve member on the Central Lincolnshire Joint Strategic Planning Committee.

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- It was queried whether the Committee could look into the issue of drug usage in Lincoln and in response to this, Members were advised that this was a matter for the Community and Public Safety Scrutiny Committee.

**RESOLVED**

That the contents of the work programme, subject to the above amendments being made, be approved.

The meeting closed at 3.35 pm.