


Public Document Pack

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

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A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 21 October 2015 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL

MEMBERS OF THE COMMITTEE

County Councillors: Mrs C A Talbot (Chairman), 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

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

Healthwatch Lincolnshire: Dr B Wookey

AGENDA

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declaration of Members' Interests	
3	Chairman's Announcements	
4	Minutes of the meeting of the Committee held on 16 September 2015	3 - 20
5	United Lincolnshire Hospitals NHS Trust (ULHT) - Improvement Portfolio <i>(To receive a report from Kevin Turner, Acting Chief Executive United Lincolnshire Hospitals NHS Trust, which provides an update on progress following the which establishment of an Improvement Portfolio to cover the four key recovery work streams – Quality Improvement, Workforce and Organisational Development, Constitutional Standards and Financial Recovery)</i>	21 - 28

Item	Title	Pages
6	<p>Pharmacy Services at United Lincolnshire Hospitals NHS Trust</p> <p><i>(To receive a report from Colin Costello, Chief Pharmacist of United Lincolnshire Hospitals NHS Trust, which provides details of the processes in place for the delivery of Specialist Hospital Pharmacy Services to provide services in accordance with nationally defined Department of Health and NHS England commissioner requirements. The Committee are asked to comment on the information presented and, in particular, the implementation of United Lincolnshire Hospitals NHS Trust's Constitutional Standards for discharge medication and the processes for development and implementation of the electronic prescribing and medicines administration system (ePMA))</i></p>	29 - 34
7	<p>Joint Health and Wellbeing Strategy Overview</p> <p><i>(To receive a report from Alison Christie, Programme Manager Health and Wellbeing, Lincolnshire County Council, which provides an overview of the strategy, including details of the Mid Term Review agreed by the Health and Wellbeing Board in June 2015 in addition to the assurance arrangements in place to assess the progress being made to deliver improving health and wellbeing outcomes)</i></p>	35 - 70
LUNCH – 1.00pm		
8	<p>Lincolnshire Partnership NHS Foundation Trust (LPFT) - Draft Clinical Strategy</p> <p><i>(To receive a report from Jane Marshall, Director for Strategy, Lincolnshire Partnership NHS Foundation Trust, which provides the draft clinical strategy for review and feedback. The Committee are also asked to consider holding a focus group to refine the draft priorities. Chris Higgins, Associate Director of Business Development, Lincolnshire Partnership NHS Foundation Trust, will also be in attendance)</i></p>	71 - 76
9	<p>Annual General/Public Meetings and Annual Reports</p> <p><i>(To receive a report by Simon Evans, Health Scrutiny Officer, which invites the Committee to consider information on Annual General/Public Meetings and Annual Reports)</i></p>	77 - 82
10	<p>Work Programme</p> <p><i>(To receive a report by Simon Evans, Health Scrutiny Officer, which invites the Committee to consider its work programme for the coming months)</i></p>	83 - 88

Tony McArdle
Chief Executive
13 October 2015



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

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.

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: -

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- 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

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

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.

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
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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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HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

16 SEPTEMBER 2015


- 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.

Agenda Item 5

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of United Lincolnshire Hospitals NHS Trust

Report to:	Health Scrutiny Committee for Lincolnshire
Date:	21 October 2015
Subject:	United Lincolnshire Hospitals NHS Trust - Improvement Portfolio

Summary:

At the United Lincolnshire Hospitals NHS Trust Board meeting in July 2015 the Board agreed the Trust's priorities for 2015/16 alongside a programme management approach to manage the recovery of our performance. An Improvement Portfolio has been established for the four key recovery work streams:

- Quality Improvement
- Workforce and Organisational Development
- Constitutional Standards
- Financial Recovery

This paper provides an up-date on progress and gives an overview of action being taken where risks and issues have been identified. It also describes the governance arrangements.

Actions Required:

The Health Scrutiny Committee for Lincolnshire is requested to consider and comment on the information presented.

1. Background

At the United Lincolnshire Hospitals NHS Trust Board meeting on 7 July 2015 the Board agreed the Trust's priorities for 2015/16 alongside a programme management approach to manage the recovery of our performance. A co-ordinated programme approach has been established with full executive support to address the key recovery streams identified. This paper focuses on the 4 main recovery work streams and outlines progress, highlighting areas of concern:

- Quality Improvement
- Workforce and Organisational Development
- Constitutional Standards
- Financial Recovery

The definitions for the milestone delivery confidence RAG ratings are:

Green - Successful delivery is on track and seems highly likely to remain so, and there are no major outstanding issues that appear to threaten delivery significantly.

Amber/Green - Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into issues threatening delivery.

Amber - Successful delivery appears feasible but significant issues already exist, requiring management attention. These appear resolvable at this stage and if addressed promptly, should not present the project to overrun.

Amber/Red - Successful delivery is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and to determine whether resolution is feasible.

Red - Successful delivery appears to be unachievable. There are major issues on project definition, with project delivery and its associated benefits appearing highly unlikely, which at this stage do not appear to be resolvable.

2. Progress against Identified Priorities

2.1 Quality Improvement Programme (Amber/Green)

Senior Responsible Owner – Pauleen Pratt, Acting Chief Nurse

This programme will embed and sustain the changes delivered in response to the CQC inspections whilst moving into the third phase of the Trust's continuous quality improvement journey. The scope and milestone plan are agreed. This is a well-established programme and the implementation team meets weekly, reporting directly to the Portfolio Improvement Board on risks and issues. A monthly progress report is submitted to Quality Governance Committee with CQC Compliance Notice issues also being reported directly to CQC. The main achievements for this programme are:

Louth - The Governance arrangements at Louth have been improved and there is now a Medical and Nursing Lead responsible for leading the newly established Governance Meeting for Louth Hospital with a focus on learning lessons.

Pharmacy – Recruitment to Pharmacy posts has been successful including a new Consultant Antimicrobial Pharmacist.

Outpatient Department - The environment has improved in Lincoln Out-Patient Department with new "self check-in" and a new central reception desk has opened

with all staff wearing a uniform. The booking system for follow-up patients to Out Patients has also been improved.

See It My Way – If patients or carers would like to raise concern about services, this is much easier through the new PALS Team and response times have improved.

Currently the main areas of concern where significant issues exist are:

2.1.1 Safeguarding (Amber)

Additional safeguarding training has been established and there is sufficient capacity to deliver training to all relevant staff. The project is behind trajectory primarily due to DNA (did not attend) rates at training events and a new HR process has been introduced for managers to apply when staff DNA booked training sessions.

2.1.2 Hospital at Night (Amber)

A new Hospital at Night model has been introduced to improve care to deteriorating patients over night and, following staff consultation, recruitment is now complete. This project is rated “amber” due to the requirement for newly recruited staff to complete the necessary training. There is also a management focus on implementing recommendations from a review by Health Education for East Midlands (HEEM). A further visit is scheduled during October 2015 to review progress.

2.1.3 Control of Infection (Amber)

Significant improvements have been made in delivering control of infection requirements and the team has been restructured. ULHT has now recruited to a new position of Consultant Nurse for Control of Infection and the appointed candidate will take up post in October 2015. To continue to improve cleanliness standards, a housekeeping review specification has been completed but, unfortunately, due to the Trust’s financial recovery plan, the identified funding is no longer available to support this and discussions are taking place with the Trust Development Authority (TDA) regarding next steps and potential alternative funding arrangements. There is also a particular focus on Hand Hygiene currently due to a decline in compliance.

2.1.4 Training and Appraisal (Amber/Green)

Compliance is slightly behind trajectory for core learning (79% against an overall target of 95%), however, appraisal rates continue to improve.

2.1.5 Out-Patients (Amber/Green)

The environmental work is moving forward with a new reception desk in place and clinic room standards have been introduced. Patients waiting for a follow-up appointment to Out-Patients are now managed through a system known as “Partial Booking”. Improvements have been made to this system and its effectiveness is being routinely audited. The focus is now on providing adequate capacity for ensuring patients receive timely appointments

In addition to the internal ULHT Quality work, the Chief Executive is the chair of the Lincolnshire Wide Quality Improvement Programme Board and the first meeting took place on Friday 28 August 2015. The membership of the group has been extended to include colleagues from LPFT, LCHS and EMAS as well as CCG colleagues. It

was agreed that the scope of the group was to deal with system wide quality issues. Milestones will be finalised in October for Lincolnshire Wide Frailty Services, Safeguarding, CAMHS, Adult Mental Health and Paediatric Commissioning.

2.2 Workforce and Organisational Development (Amber/Red) **Senior Responsible Owner – Ian Warren, Director of Human Resources and Organisational Development**

The programme scope outlines the development and implementation of projects to deliver the required improvements in workforce and staffing. The scope and milestone plan are agreed. This is a newly developed programme and the implementation team was established at the beginning of July 2015, reporting directly to Portfolio Improvement Board on progress. The first monthly progress report was completed in August and is submitted to Workforce & OD Committee monthly. The main achievements for this programme are:

International Recruitment – A business case has been approved by the Trust Board to recruit up to 140 additional nurses and recruitment has already started.

Student Nurse – 90 students have been recruited who are now employed by ULHT and will start to work in ward areas during October.

The programme has 6 work streams:

2.2.1 Improving Time to Care (Amber/Green)

Improving Time to Care is a new nurse roster system that ULHT has introduced to support safe staffing levels. Some areas of non-compliance with the roster policy has been identified and meetings are being held with the Director of Human Resources, Finance Manager and relevant budget holders. Monthly dashboards have been developed to support the discussions and enable budget holders to access information routinely regarding rota compliance.

2.2.2 Recruitment (Amber/Red)

Recruitment to Pilgrim Hospital has been identified as a risk due to the level of recruitment required for nursing staff and a Business Case for International Recruitment to secure 140 additional nurses was approved at the July Trust Board Meeting. International Recruitment has now started and at the end of the first week in Romania 11 staff had accepted posts. A timetable is also in place to attend local recruitment events to promote the organisation.

2.2.3 Retention (Amber/Green)

Revised exit interview process has been introduced to enable managers to understand why staff are leaving the organisation and staff benefits are also being promoted.

2.2.4 Medical and Nursing Agency Usage (Amber/Red)

Medical and Nursing agency spend is being monitored closely and ULHT is actively recruiting permanent members of staff to reduce this expenditure. Where possible the same agency staff are booked to provide some consistency.

2.2.5 Electronic Staff Record (ESR) - Manager Self Service (Amber)

HR are introducing Electronic Staff Records. Employees will have access to their own record and this system can also be used by line managers to monitor issues such as core learning compliance, appraisal, annual leave and sickness absence.

2.2.6 Bank (Amber)

Part of the Financial Recovery Plan is to develop centralised control through a single office for booking of medical and nursing bank/agency staff which will be more efficient and avoid duplication.

2.3 Constitutional Standards (Amber)

Senior Responsible Owner – Michelle Rhodes, Director of Operations

The programme scope outlines the development and implementation of projects to deliver the required performance improvement against the constitutional standards as set out in the regional escalation system recovery letter and is consistent with the Lincolnshire wide recovery plan. The scope and milestone plan are in place. This is a newly developed programme and the implementation team started to meet in August 2015, reporting directly to Portfolio Improvement Board and SRG on risks and issues. From September 2015 a monthly progress report will be produced and a Lincolnshire Wide dashboard is being developed to monitor performance. The main achievements for this programme include:

Urgent Care – Pilgrim has successfully recruited a dedicated Head of Nursing for the Emergency Department at Pilgrim

Frailty – Frailty services (including dementia) now have an increased focus and additional staff have been recruited for a “front door” frailty service.

Breast Services – Additional capacity is now available for urgent two week wait breast services with an additional 60 appointments routinely available every month.

This programme has three major works streams and is rated “amber” overall.

2.3.1 Urgent Care (Amber)

ULHT is developing a business case to expand medical capacity in the Pilgrim A&E department for further discussion with commissioners. Pilgrim Site has made significant progress in September but there is still concern about the site delivering 95% of patients being discharged, admitted or transferred within 4 hours. The Director of Operations has taken additional steps to make improvements including additional workforce support. A full time Emergency Department Head of Nursing dedicated to Pilgrim A&E is in place and additional support has been provided from Lincoln Consultants, Grantham Consultants and the Lincoln A&E Sister. Additional medical shifts have been added to the rota and a dedicated Site Duty Manager has been piloted out of hours during September.

2.3.2 Length of Stay (Amber)

This is a large complex project and is rated “amber” as it requires significant attention. TDA funding has been identified for expert support and discussions are taking place with Stakeholders to have support in place during October.

2.3.3 Planned Care (Amber/Green)

All projects are progressing well and on track to deliver

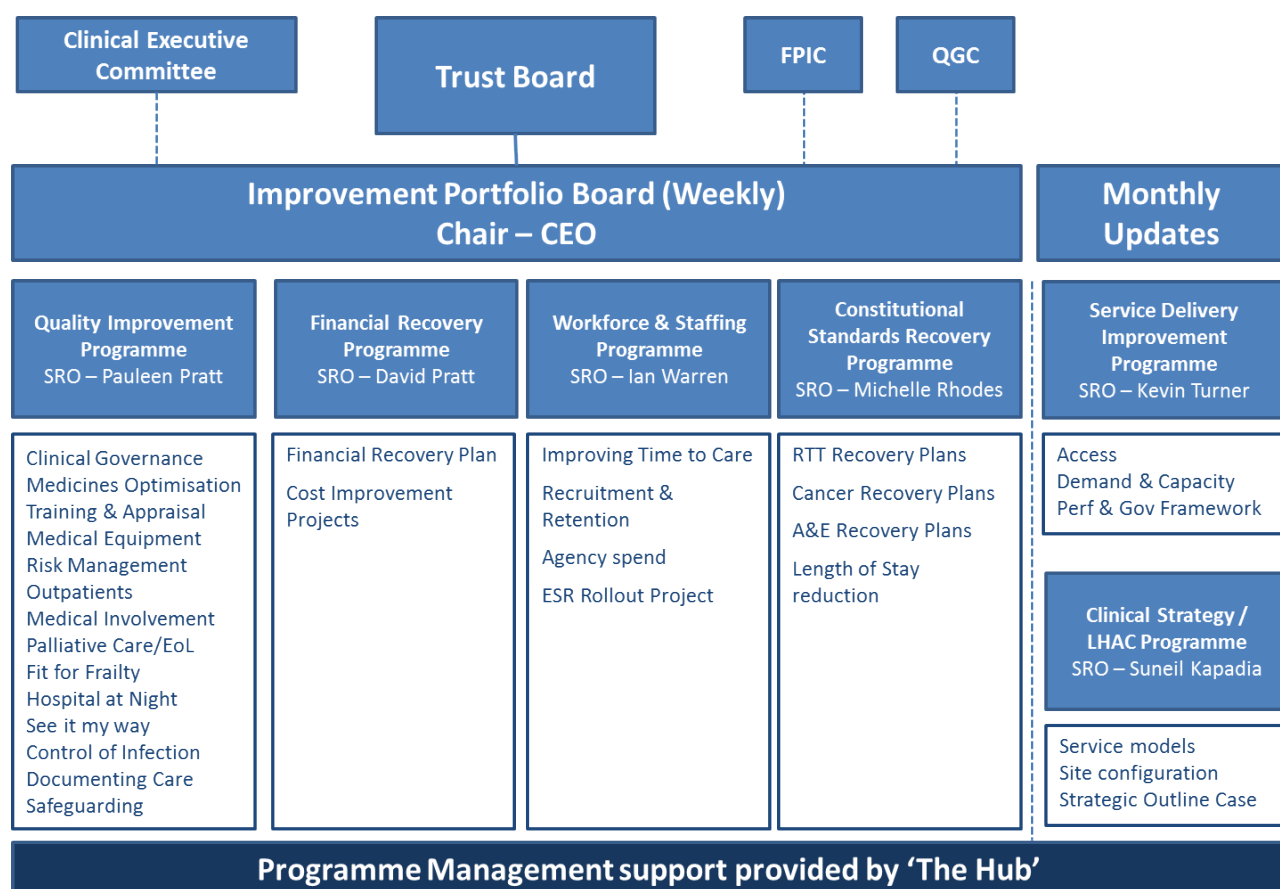
2.4 Financial Recovery (Amber/Red)

Senior Responsible Owner – Allan Coffey, Interim Turnaround Director

This programme is pulling together all financial recovery plans across all programmes and business as usual. A financial recovery plan has been submitted to the Trust Development Authority (TDA) and Allan Coffey has been appointed as Interim Turnaround Director to provide some additional capacity and pace to drive forward financial recovery. The work is progressing with all Project Initiation Documents (PIDs) now being developed for identified savings schemes, along with Quality Impact Assessments. On review of the detail, it is clear that further schemes need to be identified to deliver a deficit of £40.3 million and weekly meetings are in place with ULHT and TDA to jointly review progress.

3. Governance Arrangements

The Quality Improvement Board has been expanded to become the Portfolio Improvement Board chaired by the Chief Executive with full executive attendance, supported by TDA Improvement Director and Associate Director Communications and Engagement, on a fortnightly basis.



The individual Senior Responsible Owners has reporting arrangements with the Hub which holds the master milestone plans and progress reports. An overview of

progress, with corrective action for any plans not on trajectory, is submitted to the Trust Board on a monthly.

4 Conclusions


ULHT has an agreed Improvement Portfolio with a robust governance framework. The table below gives an overview of the current position for September 2015.

PROGRAMME OVERVIEW	Current Period RAG	Next Period RAG	Senior Responsible Owner (SRO)
Quality Improvement Programme	A/G (Sept)	A/G (Oct)	Pauleen Pratt
Workforce and Organisational Development	A/R (Sept)	A/R (Sept)	Ian Warren
Constitutional Standards	Amber (Sept)	Amber (Oct)	Michelle Rhodes
Financial Recovery	A/R (Sept)	A/R (Oct)	Allan Coffey

This report was submitted by Kevin Turner, Acting Chief Executive (ULHT)

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Agenda Item 6

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of United Lincolnshire Hospitals NHS Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	21 October 2015
Subject:	Pharmacy Services at United Lincolnshire Hospitals NHS Trust

Summary:

United Lincolnshire Hospitals NHS Trust (ULHT) has robust processes in place for the delivery of Specialist Hospital Pharmacy Services, in accordance with nationally-defined Department of Health and NHS England commissioner requirements.

These processes conform to legislative requirements for the supply of medication in the Medicines Act and Misuse of Drugs Act. They also conform to Good Manufacturing Practice standards defined by the Medicines and Healthcare Products Regulatory Agency (MHRA) and the European Union.

The processes ensure that patients at ULHT have access to the right medication, which has been quality assured in the appropriate formulation to meet their specific clinical requirements and to deliver the right clinical outcome during their hospital stay.

Medication related delays in discharge arise because of the complex nature of medical review before the final discharge prescription is agreed to be clinically appropriate, and because of delays in transcribing information safely and accurately from the inpatient chart onto the electronic discharge document (eDD).

To reduce these delays, the Trust is implementing Constitutional Standards to ensure discharge prescriptions are delivered to pharmacy dispensaries by 3pm the day before the planned date of discharge. In addition to this, planning is also underway to develop an electronic prescribing and medicines administration system (ePMA) that will enable decisions to be taken more rapidly around discharge medication and also unify the inpatient prescription and eDD, preventing the need for written transcription.

Actions Required:

The Health Scrutiny Committee for Lincolnshire is invited:

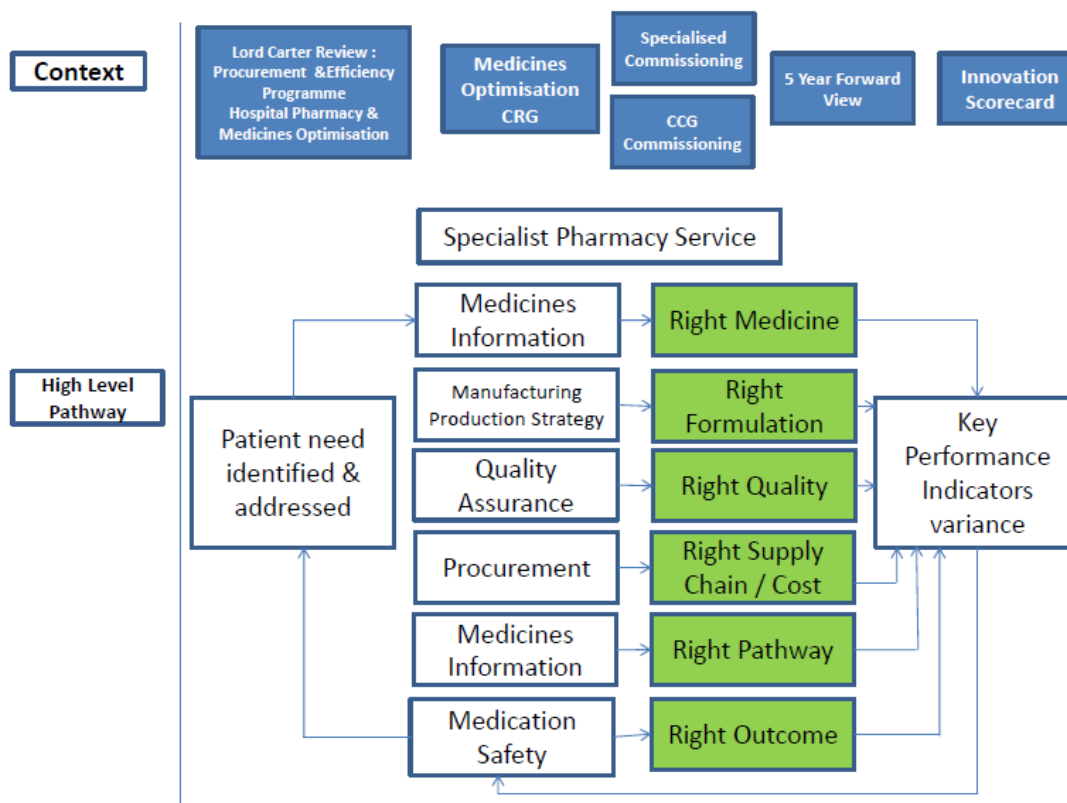
- (1) to comment on the information presented, in particular on the implementation of United Lincolnshire Hospitals NHS Trust's Constitutional Standards for discharge medication; and the processes for development and implementation of the electronic prescribing and medicines administration system (ePMA); and
- (2) to consider whether the Committee is assured that the Trust is making every effort to avoid discharges being delayed by the absence of the required medication.

1. Background

Specialist Hospital Pharmacy Services are provided by United Lincolnshire Hospitals NHS Trust (ULHT) at four sites across Lincolnshire: Lincoln County Hospital; Pilgrim Hospital Boston; Grantham and District Hospital; and Louth County Hospital.

The services are designed to provide Hospital Pharmacy and Medicines Optimisation Services to meet Department of Health defined requirements for Specialist Hospital Pharmacy Services, commissioned by NHS England. These are shown in Figure 1.

Figure 1: Department of Health Requirements for Specialist Hospital Pharmacy and Medicines Optimisation Services in Acute Trusts



Pharmacy services at ULHT meet these commissioner requirements by providing the following services:

Medicines Information Service

The Medicines Information Service reviews evidence-based scientific guidance. This includes National Institute for Health and Care Excellence (NICE) medication technology appraisals, producing reports and recommendations to both the Drug and Therapeutics Committee and the Prescribing and Clinical Effectiveness Committee on the choice of medicines available for prescription on the hospital formulary. Disease specific algorithms of care are included within the recommendations to ensure patients have access to the right medication at all stages of disease management during their hospital stay.

Manufacturing and Production

Pharmaceutical manufacturing processes operate (under Section 10 exemption of the Medicines Act) to formulate:

- aseptically prepared sterile intravenous and intrathecal cytotoxic chemotherapy and monoclonal antibody products that are required for the treatment of cancer;
- intravenous total parenteral nutrition for patients who cannot ingest solid food; and
- intravenous antimicrobial products for the treatment of complex infections.

Quality Assurance

The Chief Pharmacist is directly accountable for ensuring that pharmacy manufacturing and production facilities meet the Good Manufacturing Practice aseptic standards defined by the Medicines and Healthcare Products Regulatory Agency (MHRA) and the European Union standards, enshrined in medicines legislation. Facilities are inspected and audited by Regional Quality Assurance. Any actions are reported by the Chief Pharmacist to the Chief Executive, to ensure the aseptically prepared products that patients receive are manufactured to the required quality standards. These products include unlicensed medication and clinical trial medication.

Procurement and Supply

Medication is procured directly from Pharmaceutical Wholesalers and the Pharmaceutical Industry. The Pharmacy service purchases all medication through direct contracts and via the East Midlands Pharmacy Procurement hub, to maximise procurement cost-efficiencies. The contracts are quality assured to ensure that supply chains are robust and products meet the required licensed quality standards.

Supply processes for all prescribed medicines are governed by legislation in the Medicines Act and also the Misuse of Drugs Act for Controlled Drugs. The Chief Pharmacist is directly accountable to NHS England and the Department of Health under this legislation as the Controlled Drugs Accountable Officer, for ensuring supply systems and processes comply with the law and are fit for purpose.

Pharmacy dispensaries at all sites are registered with and inspected by the General Pharmaceutical Council (GPhC) to ensure they comply with GPhC standards. The Chief Pharmacist is registered with the GPhC as Superintendent Pharmacist for all dispensaries.

All in-patient supplies are distributed via the hospital pharmacy dispensaries. ULHT has a contract with Lloyds Pharmacy to supply medication for the majority of outpatient prescriptions, with the exception of some complex paediatric patients and cancer patients. The hospital pharmacy service provides clinical prescription checks for all cancer patients to ensure the prescription is safe before supply can be made via Lloyds.

Medication Safety

Any errors that occur as part of the processes described are transparent and reported through the Trust's Datix reporting system, with systems in place to ensure that lessons are learned and risks minimised. The Medicines Optimisation and Safety Committee meets on a monthly basis to review medication management processes to minimise risks to patients and reports to the Trust's Patient Safety Committee and Quality Governance Committee.

The processes described ensure that patients at ULHT have access to the right medication, quality assured in the appropriate formulation to meet their specific clinical requirements and to deliver the right clinical outcome during their hospital stay.

When consultants review medication and make changes to the hospital inpatient prescription, new medication prescribed is supplied from the Pharmacy to the wards and clinical areas.

Patient Discharge Arrangements

When the patient's condition has been stabilised, the consultant agrees with the patient to a discharge from hospital. At this point decisions are taken about which medication is required for the patient to take home. These decisions are often complex. This can be because of the acute nature of the patient's admission or because of the complexity of the medication with which patients are treated.

When the decision has been made about the final discharge prescription, the medication is then transcribed from the inpatient chart onto an electronic discharge document (eDD) before the patient can be discharged.

There are occasionally medication related delays in discharge due to the complex nature of medical review before the final discharge prescription is agreed to be clinically appropriate, and due to delays in transcribing information safely and accurately onto the eDD.

Action to Reduce Delays

To reduce these delays the Trust is implementing Constitutional Standards to ensure discharge prescriptions are delivered to pharmacy dispensaries by 3pm on the day before the planned date of discharge. In addition to this, planning is also underway to develop an electronic prescribing and medicines administration system (ePMA) that will enable decisions to be taken more rapidly around discharge medication and also unify the inpatient prescription and eDD, preventing the need for written transcription.

Pharmacy Opening Times

The Pharmacy departments are open 08:45 to 17:15 Monday to Friday and 09:00 to 12:00 Saturday mornings to manage planned discharges.

Any unplanned out-of-hours discharges are managed by supplying patients with FP10(HP) prescriptions which can be obtained from community pharmacies at much higher costs.

During the winter period the Pharmacy departments are open from 08:45 to 17:15 Monday to Sunday inclusive, to provide resilience to winter pressures including discharge pressures.

Staffing

In September 2015, the Trust announced the recruitment of eight new pharmacists to work at hospitals across the county. These appointments have been made following a recent recruitment initiative in the UK and abroad. All of the new pharmacists have joined the clinical teams to provide ward based clinical services to patients at Lincoln County Hospital, Pilgrim Hospital Boston, Grantham and District Hospital and Louth County Hospital. The Chief Pharmacist has stated that the eight new staff members come to the Trust highly qualified and will help the Trust to provide a dedicated clinical pharmacy service to optimise medication for their patients and improve clinical care.

2. Conclusion

The Health Scrutiny Committee for Lincolnshire is invited to comment on the information presented, in particular in relation to the implementation of United Lincolnshire Hospitals NHS Trust's Constitutional Standards for discharge medication; and the processes for development and implementation of the electronic prescribing and medicines administration system (ePMA); and to consider whether the Committee is assured that the Trust is making every effort to avoid discharges being delayed as a result of the prescribing processes at discharge not facilitating a timely supply of medication.

3. Consultation

This is not a consultation item for the Committee.

4. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Colin Costello, Chief Pharmacist, United Lincolnshire NHS Trust who can be contacted on 01522 573760 or colin.costello@ulh.nhs.uk

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Agenda Item 7

 Lincolnshire COUNTY COUNCIL		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Dr Tony Hill, Executive Director of Community Wellbeing and Public Health

Report to	Health Scrutiny Committee for Lincolnshire
Date:	21 October 2015
Subject:	Joint Health and Wellbeing Strategy Overview

Summary:

The Health and Social Care Act 2012 places a duty on Health and Wellbeing Boards to produce a Joint Health and Wellbeing Strategy detailing the shared commissioning priorities based on the needs identified in the Joint Strategic Needs Assessment. The Joint Health and Wellbeing Strategy for Lincolnshire 2013-2018 was developed following extensive consultation and agreed by the Shadow Health and Wellbeing Board in September 2012.

This report provides the Health Scrutiny Committee for Lincolnshire with an overview of the strategy, including details of the Mid Term Review agreed by the Health and Wellbeing Board in June 2015, and the assurance arrangements that are in place to assess the progress being made to deliver improving health and wellbeing outcomes.

Actions Required:

The Health Scrutiny Committee for Lincolnshire is asked to:

- Consider and comment on the purpose of the Joint Health and Wellbeing Strategy and the Lincolnshire Health and Wellbeing Board's responsibilities in respect of it;
- Consider and comment on the Mid Term Review of the Joint Health and Wellbeing Strategy;
- Consider and comment on the arrangements in place to assess progress and scrutinise the activities supporting the delivery of the Joint Health and Wellbeing Strategy;
- Agree to receive the HWB's 2015 Annual Assurance Report at November's meeting.

1. Background

Under the Health and Social Care Act 2012 Health and Wellbeing Boards (HWB) are required to produce a Joint Health and Wellbeing Strategy (JHWS). The purpose of the JHWS is to set out the strategic commissioning direction for all organisations who commission services in order to improve the health and wellbeing of the population and reduce inequalities. The JHWS is based on the priorities identified in the Joint Strategic Needs Assessment (JSNA). Local Authority and Clinical Commissioning Group (CCG) service planning and commissioning intentions are required to take account of both the JSNA and JHWS.

At a previous meeting of the Health Scrutiny Committee for Lincolnshire (HSC) the Committee asked for a general overview of the JHWS. This report provides HSC with a brief outline of the five JHWS Themes; details of the recent Mid Term Review; as well as information on the HWB assurance framework and wider scrutiny arrangements in place to assess the progress being made to deliver the JHWS. With the agreement of the HSC, our intention is to present the 2015 HWB annual assurance report at the next meeting of this committee on 18 November 2015.

Joint Health and Wellbeing Strategy

In Lincolnshire, the current JHWS was agreed by the Shadow HWB in September 2012 following an extensive period of consultation and engagement with stakeholders, partners, community groups and the public. The JHWS consists of five themes:

1. **Promoting healthier lifestyles** - we want to make sure people have all the information and support they need to make healthier choices so people are supported to lead healthier lives.
2. **Improve the health and wellbeing of older people in Lincolnshire** - we want to make sure older people have more choice and control, receive the help they need and are valued and respected within their communities so older people are able to live life to the full and feel part of their community.
3. **Delivering high quality systematic care for major causes of ill health and disability** - we want to make sure people stay as healthy as possible but when they do develop health conditions they are supported to manage these conditions as effectively as possible so people are prevented from developing long term health conditions, have them identified early if they do develop them and are supported effectively to manage them.
4. **Improving health and social outcomes and reducing inequalities for children** - we want all children in Lincolnshire to have the best start in life and realise their full potential. This begins before birth and continues through the early years of life and throughout school years.
5. **Tackling the social determinants of health** - we want to ensure that people in Lincolnshire have access to good quality housing and work, and have adequate income in order to improve their health and wellbeing so people's health and wellbeing is improved through addressing wider determining factors of health that affect the whole community.

In addition to the five themes, the JHWS also identified three cross cutting issues which are reflected in all or most of the themes, these are: Mental Health, Inequalities and Carers.

Mid Term Review

Following the Assurance Review in 2014 the HWB asked for a 'mid-term review' of the JHWS to ensure the strategy continues to remain current, especially in light of national and regional developments since 2012 such as the Better Care Fund and Lincolnshire Health and Care. Specifically each Theme Group was asked to:

- Review the suite of indicators being used to monitor the outcomes and priorities to ensure they are appropriate and able to demonstrate progress in improving the health and wellbeing of the population;
- Identify additional high level actions that can be addressed through each Theme between now and April 2018;
- Consider the support and delivery mechanisms that are in place to engage wider partners and identify how their activities support the delivery of the JHWS.

The outcome of the review was approved by the HWB at their meeting in June 2015 and published in the Mid Term Review document shown in Appendix A. This document is an update to the JHWS not a replacement, and therefore should be read in conjunction with the original JHWS which is available on the County Council's website.

HWB Assurance Framework

Appendix B provides details of the HWB's Assurance Framework 2015/16. The framework sets out how the HWB will review and assess the impact of the JHWS, thereby providing assurance that progress is being made to improve health and wellbeing in Lincolnshire. It also includes a mechanism for reviewing the Board's governance arrangements to ensure it continues to meet its statutory duties, as well as benchmarking the maturity of the HWB against a model of an exemplar HWB developed by the Local Government Association.

The Assurance Framework is based on three levels:

- Level 1 - **Theme Review** reinforces the role of the JHWS Theme Leads and Board Sponsors in supporting the work of HWB by providing guidance, advice and advocacy. Working together and with key stakeholders they are responsible for taking forward the outcomes in the JHWS by providing assurance to the HWB that the priorities remain current and address the needs identified in the JSNA. This will be achieved through quarterly outcome monitoring and raising concerns, by exception, with the HWB that could impact on the delivery of the JHWS.
- Level 2 - **Internal HWB Review** requires the HWB reviews its governance on an annual basis to ensure it has appropriate arrangements in place to meet its statutory duties, and that it is taking appropriate steps towards assuming the role of system leader for health and care in Lincolnshire. This includes undertaking a Self-Assessment exercise using a nationally developed toolkit and an annual review of the JHWS. The Theme Dashboards give a high level summary on each of the themes and provide key information to enable the HWB to measure the impact of the JHWS.

- Level 3 – **External Review** recognises the role HSC has in scrutinising the HWB as set out in the formal protocol agreed between HSC, HWB and Healthwatch Lincolnshire in 2014. In addition, the HWB could choose to undergo a Peer Review as part of the Local Government Association's offer to HWBs.

Scrutiny Arrangements supporting the JWHS

Whilst the HWB is responsible for producing the JHWS and for ensuring local commissioning plans take proper account of both the JSNA and JHWS, the HWB is not responsible for commissioning or performance managing services, this remains the responsibility of the respective commissioning organisation. To understand how the activities and services which support the JHWS are performance managed and to provide assurance that scrutiny arrangements are in place, a mapping exercise has been conducted looking at the wider governance arrangements supporting the JHWS, this is shown in Appendix C. This exercise has assured the HWB that appropriate local authority scrutiny arrangements are in place for the all the JWHS themes. In terms of HSC, there is a clear role in scrutinising the activities supporting Theme 3.

2. Conclusion

The Lincolnshire Health and Wellbeing Board has a statutory duty to develop a Joint Health and Wellbeing Strategy based on the priorities identified in the Joint Strategic Needs Assessment. The Strategy sets out the strategic commissioning direction and is used to inform the commissioning plans for the county council, clinical commissioning groups and other key partners in order to improve health and wellbeing outcomes in Lincolnshire. This report provides the Health Scrutiny Committee for Lincolnshire with an overview of the strategy and the arrangements that have been agreed by the Board to assure itself, partners and the Council that progress is being made to deliver the outcomes.

With the agreement of this Committee, the Health and Wellbeing Board would like to present the 2015 Annual Assurance report to the next meeting of this Committee on 18 November 2015.

3. Consultation

The Joint Health and Wellbeing Strategy was developed in 2012 following an extensive period of consultation and engagement with partners, stakeholders and the public. Partners and stakeholders were also involved in the Mid Term Review of the JHWS.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Joint Health and Wellbeing Strategy for Lincolnshire 2013-2018 Mid Term Review.
Appendix B	Lincolnshire Health and Wellbeing Assurance Framework
Appendix C	Scrutiny arrangements

5. Background Papers

The following background papers were used in the preparation of this report:

Document Title	Where the document can be viewed
Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (DOH, 2013)	Available on the Department of Health website
Joint Health and Wellbeing Strategy for Lincolnshire 2013-2018	Available on the Lincolnshire County Council's website
Joint Strategic Needs Assessment	Available on the Lincolnshire Research Observatory website

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Joint Health and Wellbeing Strategy for Lincolnshire 2013 -2018

Mid Term Review
June 2015



Foreword

There have been and there will continue to be big changes across the health and care landscape of Lincolnshire, driven by two main factors – better integration of services, and reducing budgets.

In 2012, Lincolnshire's Health and Wellbeing Board produced Lincolnshire's Joint Health and Wellbeing Strategy to inform decisions about health and social care services in Lincolnshire. It also aims to ensure these services are focused on the needs of the people who use them, and tackle the factors that affect everyone's health and wellbeing.

Since then, significant steps have been made to promote greater integration and build closer working relationships between health and care; most notably the Lincolnshire Health and Care Programme (LHAC) and the Better Care Fund Agreement (BCF). Both of these initiatives will introduce better ways of providing essential services across the county and will be key to the delivery of the strategy.

Further budget pressures and reductions in national funding are an increasing challenge for the whole health and social care community. It's even more important then, that we use the strategy to target work to make a real difference to people's quality of life, health and wellbeing and reduce the gap between the most and least healthy people in Lincolnshire.

This document follows a review of the Joint Health and Wellbeing Strategy, carried out to make sure it is focused on the main priority areas for improvement. With these updates we can make sure the strategy continues to provide the overarching strategic direction to inform the commissioning intentions for the County Council, Clinical Commissioning Groups and wider partners.



Cllr Sue Woolley

Chairman

Lincolnshire Health and Wellbeing Board



Introduction

In September 2014 the Lincolnshire Health and Wellbeing Board asked for a 'mid-term review' of the Joint Health and Wellbeing Strategy 2013 – 2018 to ensure the strategy continues to remain current. Theme Leads were asked to:

- Review the suite of indicators being used to monitor the outcomes and priorities to ensure they were appropriate and able to demonstrate progress in improving health and wellbeing in Lincolnshire.
- Identify additional high level actions that can be addressed through each Theme between now and April 2018.

- Consider the support and delivery mechanisms that are in place to engage wider partners, and identify how their activities support the delivery of the Strategy.

This document details the outcome of the Mid-Term Review. It is an update to the Joint Health and Wellbeing Strategy not a replacement, and therefore should be read in conjunction with the original Joint Health and Wellbeing Strategy (JHWS).



Theme: Promoting Healthier Lifestyles

Outcome: People are supported to lead healthier lives

1. Priorities

We want to make sure people have all the information and support they need to make healthier choices. We think the most important things to do are:

- Reduce the number of people who smoke by supporting those who want to quit, discouraging people from taking up smoking and normalising smoke free environments.
- Reduce the number of adults who are overweight or obese.
- Enable people to be more active more often.
- Enable people to drink alcohol sensibly.
- Improve people's sense of mental wellbeing.

2. What we will do about this

2015 -16

- Deliver a 5 year Tobacco Control Plan (2013-2018) which incorporates a broad partnership approach to tackle Tobacco Control issues, including a procurement of new smoking cessation services and a re-focus on smoking in pregnancy and mental health.
- The maintenance of the NHS Health Check programme throughout Lincolnshire. A priority is to seek to ensure that the eligible population is offered an invitation to attend and uptake of service.
- The continuation of locally commissioned health improvement activities, in partnership with districts and local providers.
- Clinical Commissioning Groups continue to work to develop and commission a tier 3 adult weight management service. The re-procurement of a tier 2 adult weight management service, from 1st April 2016 onwards.
- Collaborate on bringing further national grants into the county to enable more people to be more active, more often.
- Lincolnshire County Council and Lincolnshire Partnership Foundation Trust continue to develop a constructive mental health promotion framework.

- Develop the community health champion programme, further embracing the growing volunteer based health improvement workforce.
- Deliver the Substance Misuse Delivery Plan objectives. Undertake a re-procurement exercise for alcohol and drugs treatment services across Lincolnshire for October 2016.
- Embed the 'Making Every Contact Count' learning with partners and enable the development of workplace health through and in complement with health improvement and independence approaches, e.g. the Wellbeing Service.

2016 - 18

- Refresh the tobacco control partnership and the local plan post 2017.
- Seek to integrate public health competencies, including MECC, into the workforce development opportunities across the Lincolnshire Enterprise Programme (LEP) and Lincolnshire Health & Care (LHAC).
- As local austerity measures come into play (post 2015) there will be changes to the locally commissioned schemes. Post 2016, the health improvement landscape will be different pending both national and local reviews. Work with partners to embed self-care and self-management into common practice.
- Further build on Community Assets including Community Health Champions, along with LHAC Prevention & Early Intervention. Work with partners to ensure prevention and healthy lifestyles are built into disease pathways.

3. How we will ensure that things are improving

Leading Measures:

The following leading measures will be monitored to demonstrate the progress being made to meet the outcome and priorities for this Theme. These measures will be reported to the Health and Wellbeing Board annually in a Theme Dashboard which forms part of the JHWS Assurance Report.

Priority	Leading Measure	Source
Reduce the number of people who smoke	Smoking prevalence Smoking status at time of delivery	PH 2.9 PH 2.3
Reduce the number of adults who are overweight or obese	Excess weight in adults	PH 2.12
Support people to be more active more often	Proportion of physically active and inactive adults	PH 2.13

Secondary Measures

In addition to the Leading Measures, the following secondary measures will be used by the Theme to add supporting information to the narrative provided in the Theme Dashboards.

Priority	Leading Measure	Source
Reduce the number of people who smoke	Service quits indicator Mortality from respiratory diseases Smoking attributable mortality	Commissioned services / Tobacco Control profile PH 4.7/ NHS 1.2 TC Profile indicator
Reduce the number of adults who are overweight or obese	Service performance data Mortality from all cardiovascular diseases	Commissioned services PH 4.4/ NHS 1.1
Support people to be more active more often	Service performance Proportion of physically active and inactive adults Utilisation of green space for exercise/health reasons	Local Authority performance / provider statistics PH 2.13 PH 1.16
Support people to drink alcohol sensibly	Treatment services indicator Alcohol-related admissions to hospital Mortality from liver disease	Commissioned services PH 2.18 PH 4.6/ NHS 1.3
Improve people's sense of mental wellbeing	Self-reported wellbeing Carer reported quality of life People who use services who have control over their daily life	PH 2.23 ASC ID ASC IB



4. Delivery and Support Mechanisms

There are various topic orientated networks and partnerships throughout the county which co-ordinate the work, described above. The relationships of these forums with the Health and Wellbeing Board are tenuous. Future changes for health improvement require a degree of engagement and consultation with partners and communities that Theme 1 should co-ordinate. To enable this it is proposed that a Theme 1: Health Improvement Partnership be formed, in advance of future changes (September 2015).

Across the respective themes there are interdependencies. The Public Health Theme leads and support officers will endeavour to build on such inter-related components, e.g. supporting people with long-term health conditions physically, economically and socially with health improvement and independence approaches.

Theme: Improve the Health and Wellbeing of Older People

Outcome: Older people are able to live life to the full and feel part of their community

1. Priorities

We want to make sure older people have more choice and control, receive the help they need and are valued and respected within their communities. We think the most important things to do to achieve this are to:

- Spend a greater proportion of our money on helping older people to stay safe and well at home.
- Develop a network of services to help older people lead a more healthy and active life and cope with frailty.
- Increase respect and support for older people within their communities.

2. What we will do about this

2015 – 16

- Use our established Theme work plan to review the commitments of partner agencies and to ensure the JHWS priorities drive the developing Lincolnshire County Council commissioning strategies of Wellbeing, Community Assets and Resilience and Older People's Frailty.
- To establish regular officer working groups across the JHWS themes to ensure connectivity, seek joint assurance and provide updates to the HWB and Theme partners.
- With the People's Partnership Older People's strand, to establish a coproduced priority list of areas to involve older people in decision making.
- Commission the regular connected performance reporting of the three indicator sets relevant to older people (Adult Care, Public Health and NHS) to the Excellent Ageing Advisory Group.

2016-18

- Our long term aspiration is still to see a funding shift from acute to wellbeing support and community

health services. The aspirations/outcomes for older people prioritised in the JHWS must be more explicitly aligned to those driving and evaluating Lincolnshire Health and Care.

- Progress has been made to create 'wellbeing' services within statutory services however more work is required to ensure this operates as a functioning network with those services run by communities and voluntary sectors. Future commissioning strategies across partners will need to ensure such groups are supported to sustainably deliver these vital low level prevention services, and partners know how to access them.
- Establish regular connected reporting of the three indicator sets relevant to older people (Adult Care, Public Health and NHS) plus integration of additional local partner indicators and reporting from involvement with older people.

3. How we will ensure that things are improving

Leading Measures:

The following leading measures will be monitored to demonstrate the progress being made to meet the outcome and priorities for this Theme. These measures will be reported to the Health and Wellbeing Board annually in a Theme Dashboard which forms part of the JHWS Assurance Report.

Priority	Leading Measure	Source
Spend a greater proportion of our money on helping older people to stay safe and well at home	Permanent admissions to residential and nursing care. Older people still at home 91 days after discharge from hospital	ASC 2A ASC 2B / NHS 3.6i
Develop a network of services to help older people lead a more healthy and active life and cope with frailty	Health related quality of life for people with long term conditions	NHS 2
Increase respect and support for older people within their communities	Social Isolation: % of adult social care users and carers who have as much social contact as they would like	PH 1.18i & ii

Secondary Measures:

In addition to the Leading Measures, the following secondary measures will be used by the Theme to add supporting information to the narrative provided in the Theme Dashboards.

Priority	Leading Measure	Source
Spend a greater proportion of our money on helping older people to stay safe and well at home	Injuries due to falls in people aged 65 and over People who use services who say services make them feel safe and secure (65+)	PH 2.24 ASC 4B
Develop a network of services to help older people lead a more healthy and active life and cope with frailty	Improving people's experience of integrated care	NHS 4.9 / ASC 3E
Increase respect and support for older people within their communities	Older people's perception of community safety Indicator to be established as part of the LCC Volunteer Strategy to document the numbers of people volunteering (older people volunteers and also people volunteering to help older people).	PH 1.19

4. Delivery and Support Mechanisms

Our intention is to continue the established quarterly Excellent Ageing Advisory Group – to ensure Board Sponsors and partners have protected time to discuss relevant items prior to and after Health and Wellbeing Board meetings. The group will need to ensure the established mechanism for highlight reporting at each Board meeting is utilised.



Theme: Delivering high quality systematic care for major causes of ill health and disability

Outcome: People are prevented from developing long term health conditions, have them identified early if they do develop them, and are supported to manage them effectively

1. Priorities

We want to make sure people stay as healthy as possible but when they do develop health conditions they are supported to manage these conditions as effectively as possible. We think the most important things to do are to:

- Improve the diagnosis and care for people with diabetes.
- Reduce unplanned hospital admissions and mortality for people with COPD.
- Reduce mortality rates from CHD, and improve treatment for patients following a heart attack.
- Reduce the number of people having a stroke and improve the speed and effectiveness of care provided to people who suffer a stroke.
- Reduce mortality rates from cancer, and improve take up of screening programmes.
- Minimise the impact of long-term conditions on people's mental health.
- Continue to commission and provide the NHS Health Check Programme to help identify people at risk of, or with undiagnosed disease and provide appropriate lifestyle interventions.
- Continue to commission and provide annual health checks for people with learning disabilities and serious mental illness.
- Optimise the management of long term conditions, through the delivery of the GP Quality and Outcome Framework (QOF), for example, patients with atrial fibrillation prescribed anticoagulation therapy.
- Ensure the Neighbourhood Team model (as part of the Lincolnshire Health and Care – LHAC) is proactive in supporting people living with long term conditions.
- Commission additional cancer diagnosis and treatment capacity at alternative providers to secure delivery of standards.
- Review some of the cancer pathways to recover performance at United Lincolnshire Hospitals NHS Trust.
- Review cancer screening processes to increase uptake, specifically amongst those groups where the uptake is lower.

2. What we will do about this

2015 -16

Many of the key areas in the Clinical Commissioning Group (CCG) 2015/16 Operational Plans support the delivery of the Theme 3 priorities.

Some of the specific actions for 2015-16 are to:

- Provide professional education programmes to support staff to deliver the Theme 3 priorities, for example, diabetes education and the cardiology upskilling programme.
- Support the delivery of the diabetes patient education programme as part of the Health and Wellbeing Grant Fund.
- Take forward the LHAC Programme - the Neighbourhood Team model and the work from the four Care Delivery Boards.
- To commission new enhanced diabetes services, incorporating in the diabetes patient education programme as part of the Health and Wellbeing Grant Fund.

2016 -18

Many of the key areas in the CCG Strategic Plans (2014/15- 2018/19) support the delivery of the Theme 3 priorities and some of the 2015-16 plans (above) will be further developed during 2016-18. Some of the specific actions are to:

3. How we will ensure that things are improving

Leading Measures:

The following leading measures will be monitored to demonstrate the progress being made to meet the outcome and priorities for this Theme. These measures will be reported to the Health and Wellbeing Board annually in a Theme Dashboard which forms part of the JHWS Assurance Report.

Priority	Leading Measure	Source
Diabetes	Recorded diabetes (against expected prevalence).	PH 2.17
COPD	Under 75 mortality from respiratory disease.	PH 4.7 / NHS 1.2
CVD	Under 75 mortality from CVD.	PH 4.4 / NHS 1.1
Cancer	Under 75 mortality from cancer.	PH 4.5 / NHS 1.4
Mental Health	Health related quality of life for people with a long term mental health condition.	CCG Outcome Indicator Set.
	Excess under 75 mortality rate in adults with serious mental illness.	NHS 1.5/ PH 4.9

Secondary Measures:

In addition to the Leading Measures, the following secondary measures will be used by the Theme to add supporting information to the narrative provided in the Theme Dashboards.

Priority	Leading Measure	Source
Diabetes	Information from the National Diabetes Audit (Eight key processes).	NDA/HQIP
	Diabetes ongoing management indicators (e.g. BP, Cholesterol, HbA1c).	QOF
COPD	Unplanned hospitalisation for chronic ambulatory care sensitive conditions.	NHS 2.3
	Ongoing COPD management indicators (e.g. flu immunisation).	QOF
CVD	Take up of the NHS Health Check Programme.	PH 2.22
	Stroke patients spending 90% of their time in hospital on a stroke unit.	CCG Outcome Indicator Set.
	People who have had an acute stroke who receive thrombolysis.	CCG Outcome Indicator Set
	Ongoing management indicators (e.g. treatment with ACE-I/ARB/Beta-blockers, AF register that received anti-coagulation and stroke register that had BP reading).	QOF
Cancer	Cancer screening coverage.	PH 2.20
	Cancer 2 week waits.	NHS Constitution Measures
	Cancer 62 day waits.	NHS 2.1/ CCG Outcome
Mental Health	Proportion of people feeling supported to manage their condition.	Indicator Set.
	People with severe mental illness who have received a physical health check.	CCG Outcome Indicator Set.

4. Delivery and Support Mechanisms

A number of the key areas in the CCG Strategic and Operational Plans relate to the Theme 3 priorities. Some of the other significant strategies are Improving Outcomes in Cancer – A Strategy for Lincolnshire (draft), A Five Year Strategy for Clinical Services at ULHT 2014-2019 and Lincolnshire County Council Business Plan. The Lincolnshire Health and Care programme has a key role delivering Theme 3 outcomes and priorities.

The CCG Governing Body meetings and various other Boards, for example, the Cancer Board and the Joint Commissioning Board have a significant role supporting the delivery of the Theme. The Lincolnshire Carers and Young Carers Partnership also have a role supporting carers who provide support for people with long term health conditions.

A small coordinating group is in place with representatives from each of the CCGs, the Board Sponsors and Theme leads. This will have a role identifying issues that need to be highlight reported at the Health and Wellbeing Board.



Theme: Improve health and social outcomes for children and reduce inequalities

Outcome: Ensure all children get the best possible start in life and achieve their potential

1. Priorities

We want all children in Lincolnshire to have the best start in life and realise their full potential. This begins before birth and continues through the early years of life and throughout school years. We think the most important things to do to achieve this are to:

Ensure all children have the best start in life by:

- Improving education attainment for all children
 - Improving parenting confidence and ability to support their child's healthy development through access to a defined early help offer.
 - Reduce childhood obesity.
- Ensure children and young people feel happy, stay safe from harm and make good choices about their lives, particularly children who are vulnerable or disadvantaged.

2. What we will do about this

Examples of the actions which we feel should be taken between 2015 – 2018 include:

- Agencies will work together to agree and deliver a revised poverty strategy, for all ages, that addresses the need to reduce the number of children living in poverty.
- Develop further integration of service delivery models for children and young people, especially for children and young people requiring health, education and social care support as part of Early Help.
- Ensure services are available to provide families with advice and support about the benefits of immunisation, antenatal and new-born screening and lifestyle or social influences (e.g. stop smoking services, benefits maximisation and housing) on their health and that of their children.
- Ensure more young people have access to appropriate sex and relationship information and to contraception and genito-urinary medicine services.
- Develop a new, evidence based strategy for the prevention and treatment of obesity in children and young people and joint commission the interventions required to deliver it.
- Commission evidence based integrated behavioural and mental health pathways for young people requiring support to achieve good emotional well-being, behaviour and mental health. These should address early years and the challenging years around adolescence.
- Implement, through joint commissioning and joint delivery, the agreed outcomes for women and children that arise from Lincolnshire Health and Care.
- Ensure timely and appropriate access to behavioural support and mental health services, particularly for vulnerable young people.
- Target specific vulnerable groups to ensure appropriate support is available to narrow the gap in terms of social, education and health outcomes for looked after children, travellers, young carers, children with disabilities and special education needs, teenage parents or children whose parents have mental health conditions, including post-natal depression.
- Continue to invest in an integrated early help offer, delivered through Children's Centres so families have access to the support they need in their locality.
- Build strong partnerships with and across schools to enable all children to have access to high quality teaching to enable them to thrive.

3. How we will ensure that things are improving

Leading Measures:

The following leading measures will be monitored to demonstrate the progress being made to meet the outcome and priorities for this Theme. These measures will be reported to the Health and Wellbeing Board annually in a Theme Dashboard which forms part of the JHWS Assurance Report.

Priority	Leading Measure	Source
Ensure all children have the best start in life	Foundation Stage Achievement gap between pupils eligible for free school meals and their peers	CS
Improving educational attainment for all children	KS2 Achievement gap between pupils eligible for free school meals and their peers.	CS
Improving parenting confidence and ability to support their child's healthy development through access to a defined early help offer	Hospital admissions caused by unintentional and deliberate injuries (0-4 or 0-14).	PH 2.7
Reduce childhood obesity	Percentage of children aged 4-5 classified as overweight or obese.	PH 2.6
Ensure children and young people feel happy, stay safe from harm and make good choices about their lives, particularly children who are vulnerable or disadvantaged	The proportion of young people Lincolnshire looked after by the local authority per 100,000.	CS

Secondary Measures:

In addition to the Leading Measures, the following secondary measures will be used by the Theme to add supporting information to the narrative provided in the Theme Dashboards.

Priority	Leading Measure	Source
Ensure all children have the best start in life	Breast feeding prevalence at 6-8 weeks after birth	PH 2.2
Improving educational attainment for all children	KS4 Achievement gap between pupils eligible for free school meals and their peers.	CS
Improving parenting confidence and ability to support their child's healthy development through access to a defined early help offer	Foundation: achievement gap between pupils eligible for free school meals and their peers	CS
Reduce childhood obesity	Percentage of children aged 10-11 classified as overweight or obese.	PH 2.6
Ensure children and young people feel happy, stay safe from harm and make good choices about their lives, particularly children who are vulnerable or disadvantaged	Under 18 conception rates.	PH 2.4



4. Delivery and Support Mechanisms

The primary delivery and assurance mechanism for this Strategic Theme should be the Women and Children's Commissioning Board with structured annual input around an 'AGM' of this group from wider stakeholders.

Theme: Tackling the social determinants of health

Outcome: People's health and well-being is improved through addressing wider determining factors of health that affect the whole community

1. Priorities

We want to ensure that people in Lincolnshire have access to good quality housing and work, and have adequate income in order to improve their health and wellbeing.

We think the most important things to do are to:

- Ensure that people have access to good quality, energy efficient housing that is both affordable and meets their need.
- Support more vulnerable people into good quality work (such as young people, carers and people with learning disabilities, mental health and long term health conditions).
- Ensure public sector policies on getting best value for money include clear reference and judgment criteria about local social impact with particular reference to protection and promotion of work opportunities and investment in workforce health and wellbeing.

2. What we will do about this

2015 – 16

Ensure that people have access to good quality, energy efficient housing that is both affordable and meets their needs

- Use Planning and Housing policies to address the current and future housing and support needs of residents, maximise positive health outcomes and protect against environmental hazards such as flooding.
- Deliver the Lincolnshire Homelessness Strategy, with a particular focus on addressing the needs of people with complex and mental health needs.
- Refresh and deliver the Lincolnshire Affordable Warmth Strategy to address fuel poverty and reduce the fuel poverty gap.

Support more vulnerable people into good quality work

- Develop an alliance between commissioners and deliverers of employment support and financial inclusion services to provide strategic direction.
- Link employment support with the Greater Lincolnshire Local Enterprise Partnership and its economic growth agenda.

2016 – 18

Ensure that people have access to good quality, energy efficient housing that is both affordable and meets their needs

- Increase access to affordable housing and reduce the proportion of homes in the county that fail to meet the Government's Decent Homes Standard through local housing and planning authorities.

Support more vulnerable people into good quality work

- Support people to get into meaningful, sustainable work, and stay in work through education, developing financial skills and employment support programmes such as Fit for Work, particularly where health has been a barrier.

Ensure public sector policies on getting best value for money include clear reference and judgement criteria about local social impact

- Develop procurement processes to maximise health and wellbeing by including local social impact within any judgment criteria that are used.

3. How we will ensure that things are improving

Leading Measures:

The following leading measures will be monitored to demonstrate the progress being made to meet the outcome and priorities for this Theme. These measures will be reported to the Health and Wellbeing Board annually in a Theme Dashboard which forms part of the JHWS Assurance Report.

Priority	Leading Measure	Source
Housing	Fuel poverty and fuel poverty gap	PH 1.17
Support into work	Employment for those with a long term health condition	PH 1.8
	i - Gap in the employment rate between those with a long-term health condition and the overall employment rate ii - Gap in the employment rate between those with a learning disability and the overall employment rate iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	PH 1.08
Local social impact	Sickness absence rate	PH 1.9

Secondary Measures:

In addition to the Leading Measures, the following secondary measures will be used by the Theme to add supporting information to the narrative provided in the Theme Dashboards.

Priority	Leading Measure	Source
Housing	Statutory homelessness	PH 1.15
	Resolution of housing hazards	ELASH
	Average house price to income ratios	DCLG
	Number of affordable homes delivered	DCLG
	Planning and Housing statistical returns	Local data
	Number of empty homes	TBA
Support into work	16-18 year olds not in education, employment or training	PH 1.5
	Adults with learning disabilities/ in contact with mental health services in employment	ASC 1E & 1F
	Proportion of people using social care who receive self-directed support and those receiving direct payments	ASC 1C(2)
	Local data	Families Working Together
	Overall employment rate	NOMIS
	Child poverty	PH 1.01
Local social impact	Number of social value indicators that are included in contracts	Local data -Procurement Lincs or other procurement services
	Number of contracts that have been awarded to local providers	Local data -Procurement Lincs or other procurement services
	Number of days lost due to absence from employment	Employer data



4. Delivery and Support Mechanisms

There are several groups and partnerships across the county and within districts that currently undertake work relating to Theme 5. However, there is a lack of co-ordination, and even of understanding of current progress for Theme 5. No formal relationship exists between these groups and the Health and Wellbeing Board. To enable this it is proposed that a steering group will be formed to oversee the implementation of actions under Theme 5, and to disseminate through existing relevant strategies, forums and partnership organisations such as:

- Lincolnshire Districts Housing Network
- GLLEP Skills and Employment Board

- Financial Inclusion Partnership
- Development, Infrastructure and Growth Group
- Home Energy Lincs Partnership
- Lincolnshire Homelessness Strategy Working Group
- Families Working Together
- Clinical Commissioning Groups

In addition to this, the Theme sponsor will continue to utilise existing networks such as the District Council Health and Wellbeing Network to disseminate information and share thinking with other District Members.

The Lincolnshire Health and Wellbeing Board is made up of representatives from:

Lincolnshire County Council

Lincolnshire East Clinical Commissioning Group

Lincolnshire South Clinical Commissioning Group

Lincolnshire West Clinical Commissioning Group

South West Lincolnshire Clinical Commissioning Group

Healthwatch Lincolnshire

District Councils in Lincolnshire

NHS England



Lincolnshire Health and Wellbeing Board Assurance Framework

1. Introduction

Lincolnshire Health and Wellbeing Board (the Board) was established in response to the Health and Social Care Act 2012 to act as a forum for key leaders from the health and care system to work together to improve the health and wellbeing of the people of Lincolnshire, and to promote the integration of services. The Board became a formal committee of the County Council in April 2013.

The Joint Health and Wellbeing Strategy for Lincolnshire (2013-18) (JHWS) was formally approved by the Shadow Health and Wellbeing Board on 19 September 2012 for implementation from April 2013. The JHWS is a high level document which sets out the five year strategic commissioning direction which organisations need to take account of when planning and delivering services to improve the health and wellbeing of the people of Lincolnshire. It was developed following an extensive consultation exercise and is based on the priorities identified in the Joint Strategic Needs Assessment (JSNA).

The Board is responsible for developing the JHWS and as part of agreeing the strategy the Board confirmed that board members would *'hold each other to account for ensuring the commissioning and decommissioning decisions are in line with the strategy and deliver the outcomes which are included in each of the five thematic sections.'* Therefore one of the HWB's ongoing roles is to assure itself, the Council and Partners that progress is being made to deliver the outcomes defined in the JHWS and that the Board is meeting its statutory responsibilities.

2. Purpose

This paper sets out the Board's Assurance Framework which will be used to assess the impact of the strategy and provide assurance that progress is being made to achieve the outcomes and priorities detailed in the JHWS. The approach also includes mechanisms for reviewing the Board's governance arrangements in order to meet its statutory obligations as well as assessing the Board's level of maturity and progress towards being an exemplar HWB.

In addition to the five themes, the JHWS also includes three cross cutting issues: Mental Health, Inequalities and Carers. These cross cutting issues are woven into the all or most of the five themes and therefore will be reported as part of the Theme mechanisms detailed in this paper.

3. Overview of the Assurance Framework

The Assurance Framework is based on three levels:

- Theme Review;
- Internal HWB Review and
- External Review.

The key elements of the HWB Assurance Framework are shown in the Figure 1 and outlined in more detail in the following sections.

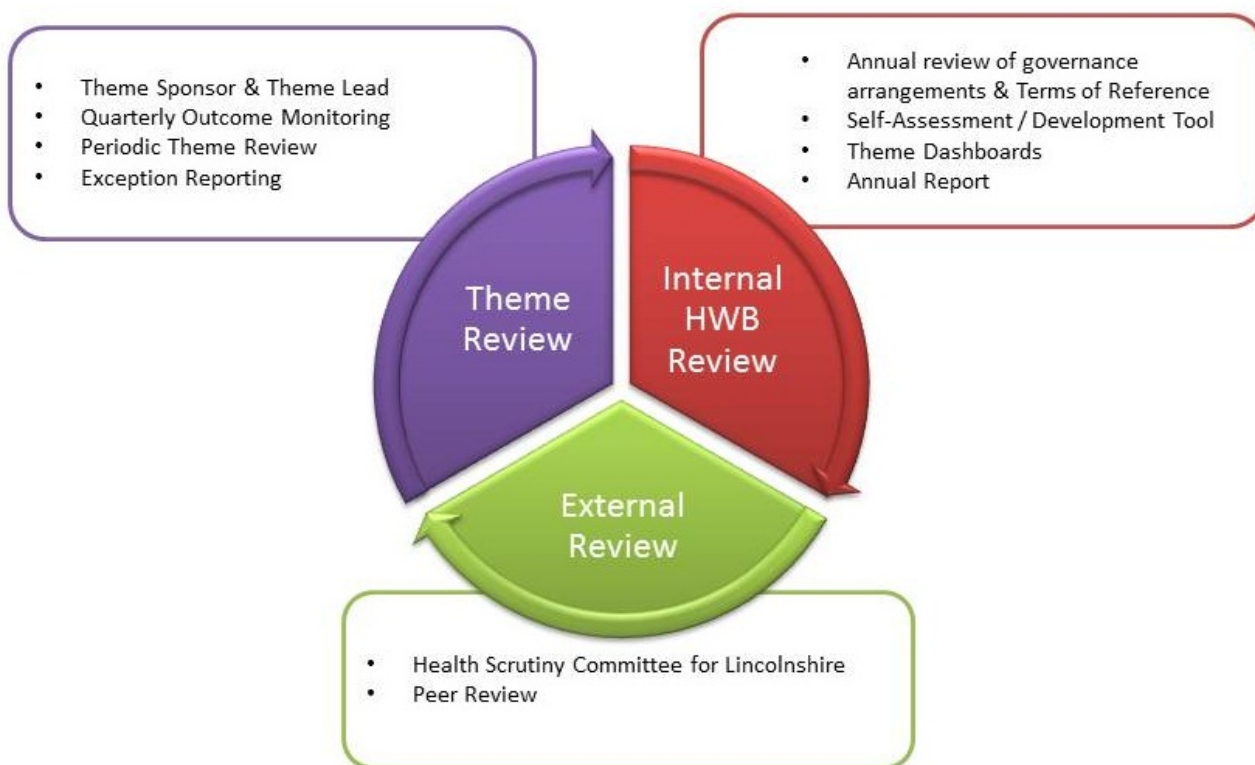


Fig 1: Key elements of the Health and Wellbeing Board's Assurance Framework

3.1 Theme Review

- **Theme Sponsor & Theme Lead Roles**

As a member of the Board, the Theme Sponsor will support the work of the Board by providing guidance, advice and advocacy for the Theme. Working in conjunction with the Theme Lead, the Theme Sponsor will be required to take forward the outcomes of the JHWS providing assurance to the Board that the priorities remain current and address the needs identified in the JSNA.

The Theme Lead is responsible for overseeing the progress of the Theme, providing overall direction and a steer to partner organisations. The Theme Lead is a key role, providing the bridge between stakeholders and the Theme Sponsor.

The appendix to this Framework provides further details on the operational governance supporting the JHWS, including role descriptions for the Theme Sponsor and Theme Leads roles.

- **Quarterly Outcome Monitoring**

Reports on the Theme's leading and secondary outcome measures will be provided to each Theme Lead on a quarterly basis via the Programme Manager Health and Wellbeing. Theme Leads will be responsible for reviewing the report and liaising with the Theme Sponsor to discuss any areas of concern.

A high level summary will be shared with the Board for information and any areas of concern can be raised, by exception, with the Board through the Exception Reporting mechanism. Quarter 4/annual data will be used to populate the Theme Dashboards which

will form part of the annual Assurance Report on the JHWS presented to the Board in September.

- **Exception Reporting**

Through the '*Joint Health and Wellbeing Strategy Theme Update*' standing agenda item Theme Sponsors can raise, by exception, issues (both negative and positive) with the Board which impact on the delivery of the JHWS.

- **Periodic Theme Reviews**

As required by the Board, Theme Sponsors and Theme Leads will be required to undertake periodic reviews of the JHWS to ensure:

- The priorities and outcomes in each Theme remain valid and take account of any new/emerging evidence or changes to the JSNA;
- The right things are being monitored to enable the Theme to demonstrate progress in meeting the outcomes in the JHWS;
- The Theme is able to identify any priorities or issues that are not being addressed and look for opportunities that need a whole system approach;
- Appropriate mechanisms are in place to support the Theme.

3.2 Internal HWB Review

- **Annual review of Terms of Reference & Board Governance**

The Terms of Reference and Procedural Rules will be reviewed by the Board on an annual basis.

- **HWB Self-Assessment/Development Tool**

Annually the Board will review its performance and effectiveness using the Health and Wellbeing System Improvement Development Tool (Sept 2014)¹ developed nationally by the Local Government Association. The tool is a maturity matrix which asks the Board to consider and challenge its own practice, to benchmark with others and to promote the development of an improvement plan.

- **JHWS Theme Dashboards**

The Theme Dashboards give a high level snapshot on each of the JHWS themes and provides key information to enable the Board to measure the impact of the JHWS. In addition to providing a 'summary position statement' detailing progress on the delivery of the Theme, the dashboard will also include information on the leading outcomes indicators. JHWS Theme Dashboards will be reported annual in September, or as indicated by the Board.

A standard template, further guidance and information on timescales will be issued to Theme Leads along with the Quarter 4 Outcome Monitoring Report.

- **Annual Report**

1

<http://www.local.gov.uk/documents/10180/11493/Health+and+wellbeing+system+improvement+programmme+development+tool+-+September+2013/e1acf67f-6be8-4a99-90b5-45ecec4d11e9>

The HWB Annual Report is intended as a public facing document to share with partners, stakeholders and the public. It will take information from for example, the Theme Dashboards, Self-Assessment and Case Studies to evidence how the Board is meeting its statutory responsibilities and improving the outcomes for the people of Lincolnshire.

3.3 External Review

- **Health Scrutiny Committee for Lincolnshire**

Health Scrutiny Committee for Lincolnshire is responsible for holding the Board to account for its work to improve the health and wellbeing of the people of Lincolnshire, including its responsibilities in relation to the JSNA and JHWS. A formal protocol between Health Scrutiny and the Board was agreed in December 2014.

- **Peer Review**

To evaluate its progress and achievements as well as exchange ideas and learning, the HWB may choose to undergo a Peer Review Challenge as part of the LGA offer to Health and Wellbeing Board.

4. Proposed Timeline of Activities for 2015/16

Assurance Level	Activity	Timeframe
Theme Review	Quarterly Outcome Monitoring	<i>Provisional dates by which Quarterly Outcome Monitoring Reports will be made available to Theme Leads</i> 2014/5 Q4 – 21 May 2015 2015/16 Q1 – 20 August 2015 Q2 – 21 November 2015 Q3 – 20 February 2016 Q4 – 20 May 2016
	Periodic (Mid Term) Review	March – May <i>(outcome from review to be tabled at June HWB meeting)</i>
Internal HWB Review	Annual Review of TORs	June
	Self-Assessment	September
	Theme Dashboards	September
	Annual Report	Autumn
External Review	Health Scrutiny	To be scheduled from September 2015

Operational Governance for the Joint Health and Wellbeing Strategy

Theme Sponsor – (member of the Lincolnshire Health and Wellbeing Board)

Role

The role of the Theme Sponsor is to support the work of the Board by providing guidance, advice and advocacy for the Theme. Working in conjunction with the Theme Lead, the Theme Sponsor will be required to take forward the theme outcomes in the Joint Health and Wellbeing Strategy (JHWS) providing assurance to the Board that the priorities remain current and address the needs identified in the Joint Strategic Needs Assessment (JSNA).

Responsibilities

- To act as the advocate for the Theme on the Board and promote the JHWS to wider partners;
- To act as the link between the Board and the Theme Lead/Theme Delivery Group;
- To provide advice and guidance to the Theme Lead as required;
- To work in conjunction with the Theme Lead to steer the Theme and agree the approach to be taken to ensure progress;
- To review the Quarterly Theme Outcome Report in conjunction with the Theme Lead;
- To raise, by exception, any issues identified by the Theme Lead/Theme Delivery Group with the Board;
- To endorse changes/updates to the Theme Chapter in the JHWS ahead of the formal approval by the Board;
- To agree with the Theme Lead a list of core stakeholders and partners who should be engaged;
- To review the draft Theme Dashboard in order to approve it for submission to the Board as part of the HWB Annual Assurance process;
- To be available, where possible, to attend any Theme meetings or engagement events.

Theme Lead – (Public Health Consultant)

Role

The Theme Lead is responsible for overseeing the progress of the Theme, providing overall direction and steer to partner organisations. Working in conjunction with the Theme Sponsor, the Theme Lead is required to work with partners to provide assurance to the Board that the outcomes in the JHWS are being met and needs identified in the JSNA are being addressed.

Responsibilities

- To provide oversight of the dependencies and linkages between the Theme and other Council services, partners/agencies, providers and other relevant organisations;
- To promote and raise awareness of the JHWS/Theme with stakeholders and partners;
- To liaise with the Theme Sponsor to review the Quarterly Theme Outcome Report, highlighting any areas of concern that need to be escalated to the Board;
- To put in place appropriate structures/delivery mechanisms to support the Theme including if necessary the establishment of task and finish groups;
- To work in conjunction with the Theme Sponsor to steer the Theme and agree the approach to be taken to ensure progress;
- To lead on engaging partners/stakeholders with an interest in the Theme in order to drive change;
- To lead the Theme mid-term review, overseeing the development of relevant documentation to support the refresh of the Theme as required by the Board;
- To work in conjunction with the Programme Manager – Health and Wellbeing to develop the Theme Dashboard and any other documentation required by the Board as part of the Annual JHWS Assurance process;
- To liaise with the Programme Manager – Health and Wellbeing on any related matters as required by the Board

Operational Governance supporting the Joint Health and Wellbeing Strategy (as at June 2015)



Scrutiny Arrangements for the Joint Health and Wellbeing Strategy

Theme	Priority	Examples: key partnership change projects/Interventions which will help deliver the Joint Health and Wellbeing Strategy and contribute towards improving health and wellbeing in Lincolnshire	Adult Scrutiny	Children's Scrutiny	Community & Public Safety	Value for Money	Environmental Scrutiny	Economic Scrutiny	District Scrutiny	Health Scrutiny for Lincolnshire
1. Promoting Healthier Lifestyles		<p><i>Interventions supporting more than one priority and/or Theme:</i></p> <ul style="list-style-type: none"> NHS Health Check Programme – maintain the programme and ensure that the eligible population is offered an invitation to attend and then take up the service. Embed the MECC learning with partners and enable the development of workplace health through and complementary with health improvement and independence approaches e.g. Wellbeing Service, GLEP & LHAC. Further build on Community Assets including Community Health Champions, along with LHAC. Work with partners to ensure prevention and healthy lifestyles are built into disease pathways. 			L					
	Reduce the number of people who smoke by supporting those who want to quit, is encouraging people from taking up smoking and normalising smoke free environments	<ul style="list-style-type: none"> Deliver the 5 year Tobacco Control Plan (2013 -18) which incorporates a broad partnership approach to tackling tobacco control issues, including the re-procurement of the new smoking cessation service and a re-focus on smoking in pregnancy and mental health. Refresh the tobacco control partnership & plan post 2017. 			L					
	Reduce the number of adults who are overweight or obese	<ul style="list-style-type: none"> 2015/16 continue to deliver locally commissioned health improvement activities, in partnership with districts. Re-procure tier 2 adult weight management service (from April 2016). CCGs continue to work to develop and commission a tier 3 adult weight management service. 			L					L
	Enable people to be more active more often	<ul style="list-style-type: none"> Collaborate on bringing further national grants into the county to enable more people to be more active more often. 2015/16 continue to deliver locally commissioned health improvement activities, in partnership with districts Develop the Community Health Champion Programme, further embracing the growing volunteer based health improvement workforce. 			L					
	Enable people to drink alcohol sensibly	<ul style="list-style-type: none"> Deliver the Substance Misuse Delivery plan objectives. Undertake a re-procurement exercise for the drug & alcohol treatment service for Oct 2016. 			L					
	Improve people's sense of mental wellbeing	<ul style="list-style-type: none"> LCC & LPFT continue to develop a constructive mental health promotion framework 			L					S
2. Older people are able to live life to the full and feel part of their community		<p><i>To support the work of the Theme the following actions will be taken:</i></p> <ul style="list-style-type: none"> Establish regular officer working groups across the JHWS themes to ensure connectivity, seek joint assurance and provide updates to the HWB and Theme partners. Commission the regular connected performance reporting of the three indicator sets relevant to older people (Adult Care, Public Health and NHS) to Excellent Ageing Advisory Group. 								
	Spend a greater proportion of our money on helping older people to stay safe and well at home	<ul style="list-style-type: none"> Use our established Theme Work plan to review the commitments of partner agencies and to ensure the JHWS priorities drive the developing LCC Commissioning strategies of Wellbeing, Community Assets & Resilience and Older People's Frailty. Our long term aspiration is still to see a funding shift from acute to wellbeing support and community health services. The aspirations/outcomes for older people must be more explicitly aligned to those driving and evaluating LHAC. 	L		L					
	Develop a network of services to help older people lead a more healthy and active life and cope with frailty	<ul style="list-style-type: none"> Progress has been made to create 'wellbeing' services within statutory services however; more work is required to ensure this operates as a functioning network with those services run by communities and voluntary sectors. Future commissioning strategies across partners will need to ensure such groups are supported to sustainably deliver these vital low level prevention services and partners know how to access them. 	L		S					
	Increase respect and support for older people within their community	<ul style="list-style-type: none"> With the People's Partnership Older People's strand to establish a coproduced priority list of areas to involve older people in decision making 	L		L					


Key: L Lead S Secondary

Theme	Priority	Examples: key partnership change projects/Interventions which will help deliver the Joint Health and Wellbeing Strategy and contribute towards improving health and wellbeing in Lincolnshire	Adult Scrutiny	Children's Scrutiny	Community & Public Safety	Value for Money	Environmental Scrutiny	Economic Scrutiny	District Scrutiny	Health Scrutiny for Lincolnshire	
3. Deliver high quality systematic care for major causes of ill health and disability		<i>Many of the key areas in the CCG's 2015/16 Operational Plans support the delivery of Theme 3.</i>								L	
		<ul style="list-style-type: none"> Continue to commission/provide the NHS Health Check programme to help identify people at risk of or with undiagnosed disease and provide appropriate lifestyle interventions 			L						
		<ul style="list-style-type: none"> Take forward the LHAC Programme – Neighbourhood Team model and the work for the four care design groups 	S	S	S					L	
	Improve the diagnosis and care for people with diabetes	<ul style="list-style-type: none"> Provide professional education programmes to support staff to deliver the Theme 3 priorities, for example diabetes education and the cardiology upskilling programme 								L	
	Reduce unplanned hospital admissions and mortality for people with COPD	<ul style="list-style-type: none"> Support the delivery of the diabetes patient education programme 2016/17 – Commission a new enhanced diabetes 									
	Reduce mortality rates from CHD, and improve treatment for patients following a heart attack	<ul style="list-style-type: none"> Continue to commission and provide annual health check for people with learning disabilities and serious mental illness Optimise the management of long term conditions, through the delivery of the GP Quality and Outcome Framework, eg. Patients with atrial fibrillation prescribed anticoagulation therapy 									
	Reduce the number of people having a stroke and improve the speed and effectiveness of care provided to people who suffer a stroke										
Reduce mortality rates from cancer, and improve take up of screening programmes	<ul style="list-style-type: none"> Commission additional cancer diagnosis and treatment capacity at alternative providers to secure delivery of standards Review some of the cancer pathways to recover performance at ULH NHS Trust Review cancer screening processes to increase uptake, specifically amongst those groups here the uptake is lower. 								L		
Minimise the impact of long term conditions on people's mental health	<ul style="list-style-type: none"> Ensure the Neighbourhood Team model (as part of LHAC) is proactive in supporting people living with long term conditions 									L	
4. Improve health and social outcomes for children and reduce inequalities		<ul style="list-style-type: none"> Implement through joint commissioning and joint delivery, the agreed outcomes for women and children that arise from LHAC. 	S	L	S					S	
	Ensure all children have the best start in life by: <ul style="list-style-type: none"> Improving educational attainment for all children Improve parenting confidence and ability to support their child's healthy develop through access to a defined early help offer 	<ul style="list-style-type: none"> Agencies will work together to agree and deliver a revised poverty strategy, for all ages, that addresses the need to reduce the number of children living in poverty. Develop further integration of service delivery models for children and young people, especially those requiring health, education and social care support as part of early help. Target specific vulnerable groups to ensure appropriate support is available to narrow the gap in terms of social, education and health outcomes for looked after children, travellers, young carers, children with disabilities and special educational needs, teenage parents or children whose parents have mental health conditions, including post-natal depression Continue to invest in an integrated early help offer, delivered through children's centres so families have access to the support they need in their locality Build strong partnerships with and across schools to enable all children to have access to high quality teaching to enable them to thrive 	S	L	S						
		<ul style="list-style-type: none"> Ensure services are available to provide families with advice and support about the benefits of immunisation, antenatal and newborn screening and lifestyle or social influences (e.g. stop smoking) on their health and that of their children 		L	S						
	Reduce childhood obesity	<ul style="list-style-type: none"> Develop a new evidence based strategy for the prevention and treatment of obesity in children and young people and joint commission the interventions required to deliver it 		L	S						
	Ensure children and young people feel happy, stay safe from harm and make good choices about their lives, particularly children who are vulnerable or disadvantaged	<ul style="list-style-type: none"> Ensure more young people have access to appropriate sex and relationship information and to contraception and genito-urinary medicines services Commission evidence based integrated behavioural and mental health pathways for young people requiring support to achieve good emotional wellbeing, behaviour and mental health. These should address early years and the challenging years around adolescence. Ensure timely and appropriate access to behavioural support and mental health services particularly for vulnerable young people 		L							

Theme	Priority	Examples: key partnership change projects/Interventions which will help deliver the Joint Health and Wellbeing Strategy and contribute towards improving health and wellbeing in Lincolnshire	Adult Scrutiny	Children's Scrutiny	Community & Public Safety	Value for Money	Environmental Scrutiny	Economic Scrutiny	District Scrutiny	Health Scrutiny for Lincolnshire
5. Tackling the social determinants of health	Ensure that people have access to good quality, energy efficient housing that is both affordable and meets their needs	<ul style="list-style-type: none"> Use planning and Housing policies to address the current and future housing and support needs of residents, maximise positive health outcomes and protect against environmental hazards such as flooding. Increase access to affordable housing and reduce the proportion of homes in the county that fail to meet the Government's Decent Homes Standard through local housing and planning authorities. 					S		L	
		<ul style="list-style-type: none"> Deliver the Lincolnshire Homelessness Strategy, with particular focus on addressing the needs of people with complex and mental health needs 			S				L	
		<ul style="list-style-type: none"> Refresh and deliver the Lincolnshire Affordable Warmth Strategy to address fuel poverty and reduce the fuel poverty gap 			S	L			L	
	Support more vulnerable people into good quality work	<ul style="list-style-type: none"> Develop an alliance between commissioners and deliverers of employment support and financial inclusion services to provide strategic direction Support people to get into meaningful, sustainable work and stay in work through education, developing financial skills and employment support programmes such as Fit for Work, particularly where health has been a barrier 			S			L	L	
		<ul style="list-style-type: none"> Link employment support with the GLEP and its economic growth agenda 						L		
	Ensure public sector policies on getting best value for money include clear reference and judgement criteria about local social impact	<ul style="list-style-type: none"> Develop procurement processes to maximise health and wellbeing by including local social impact within the judgement criteria that are used 				L				

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Agenda Item 8

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Partnership NHS Foundation Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	21 October 2015
Subject:	Lincolnshire Partnership NHS Foundation Trust - Draft Clinical Strategy

Summary:

Lincolnshire Partnership NHS Foundation Trust (LPFT) is developing its clinical strategy for 2015/17. The Clinical Strategy sets out the organisation's objectives and actions through a series of agreed priorities.

This report includes LPFT's draft priorities for 2016/17 and feedback is sought from the Health Scrutiny Committee for Lincolnshire on these draft priorities, which are set out in Appendix A to this report. The Committee is also requested to consider the establishment of a working group to look at the priorities in greater detail.

Actions Required:

Members of the Health Scrutiny Committee are asked to review draft clinical priorities of Lincolnshire Partnership NHS Foundation Trust (LPFT) and consider the following questions:

1. Are these the right priorities?
2. Are these the right actions?
3. Will these priorities achieve the right outcomes for our patients?
4. Is the language right for patients, staff and the public?

The Committee is also asked to consider establishing a working group, which would meet on one occasion, to refine the draft priorities.

1. Background

Lincolnshire Partnership NHS Foundation Trust's clinical strategy is the document that translates the organisation's Mission into the deliverable objectives and actions through a series of agreed priorities.

It sits central to the organisation's governance framework and informs the development of Divisional plans, dependent sub-strategies and the Trust's overarching Integrated Business Plan.



Lincolnshire Partnership NHS Foundation Trust (LPFT) has a good track record of engaging stakeholders in the development of its clinical strategy. However, we recognise that we could do better and so this year, we have done things differently.

Firstly, we started much earlier in the year so that we could spend more time talking to our stakeholders about how our services could be improved and started with the people that matter the most; our patients.

We held nine separate workshops with patients and cares across the county to talk about what works well, what could be improved and generate ideas for our future priorities.

We have held an online survey for staff and the public to share their views.

We have met with our Provider partners (Lincolnshire Community Health Services NHS Trust and United Lincolnshire Hospitals NHS Trust) to make sure our priorities are aligned. We have also met with our Commissioners to ensure our strategy contributes to the wider health and care agenda.

Our aim is to have a new clinical strategy for 2016/17 and beyond, that not only reflects our ambition to provide the best care possible, but a strategy that has also been co-created with the people we work with and the people we serve.

Our strategy will be fit for the times and push us to new levels of patient safety, clinical effectiveness and patient experience.

2. Conclusion

Our Mission is clear; we are all here to:

“Enable people to live well in their communities”

This requires a clinical strategy that puts the people who use our services at the very centre of decision making and working with them and their communities to shape and deliver care that achieves the best possible outcomes and experience.

The Health Scrutiny Committee can help us in this task. Last year we held a one-off focus group with members of the Committee, which proved to be extremely valuable and directly influenced how our clinical priorities were finally described. We would therefore, encourage a similar approach this year.

Committee members can also provide their feedback during the meeting or by contacting Chris Higgins at Christopher.Higgins@LPFT.nhs.uk

Please see Appendix A, for a detailed breakdown of our current draft priorities.

3. Consultation

Not Applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	LPFT Draft Clinical Priorities

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Jane Marshall, Director for Strategy at LPFT, who can be contacted on 01529 222244 or Jane.Marshall@LPFT.nhs.uk

APPENDIX A


LPFT Clinical Strategy – Draft Priorities 2016/17

Priority	What does this mean for teams?	Intended outcome(s) for patients
<p>Maintain compliance with the Care Quality Commissions (CQC) Fundamental Standards of Care.</p>	<ul style="list-style-type: none"> ❖ Making sure every service user has an up to date and accurate risk assessment and care plan. ❖ Making sure every incident or near miss is reviewed by the team and lessons are learned and any learning is shared. ❖ Being ‘customer’ focussed in everything we do. ❖ Providing clear information and advice about the services we offer and where to access additional support. ❖ Basing all service pathways and clinical delivery on evidence based practice, including NICE guidelines. ❖ Having measureable clinical and patient outcomes in every service. ❖ Role modelling, visible leadership and clear lines of accountability. 	<ul style="list-style-type: none"> ❖ Care delivery that is: <ul style="list-style-type: none"> • Safe • Caring • Responsive • Effective • Well Led
<p>Ensure long-term sustainability for the Trust.</p>	<ul style="list-style-type: none"> ❖ Constantly review service delivery and explore more efficient ways of working. ❖ Work collaboratively with commissioners to identify opportunities for increased income to the Trust. ❖ Champion the Mental Health agenda to ensure parity with physical health commissioning. ❖ Introduce a standard ‘Lean’ approach for the Trust. ❖ Give focus to ensuring ‘value for money’ service delivery at all team meetings. 	<ul style="list-style-type: none"> ❖ Services that make the best use of public money to ensure the long-term sustainability of high quality clinical care.
<p>Improve access to our services.</p>	<ul style="list-style-type: none"> ❖ Develop a directory of LPFT services and a pictorial access roadmap. ❖ Publish clear criteria for all LPFT services and offer signposting to alternative services where indicated. ❖ Establish a 24 hour help line for mental health issues. ❖ Ensure the Crisis response is consistent across all sites. ❖ Transform the Trust’s website to bring it up to date and able to provide a range of helpful tools and resources for patients, staff and the public. ❖ Provide specific support/training for Lincolnshire GPs to support mental health and learning disability awareness. 	<ul style="list-style-type: none"> ❖ Clear understanding of how to access and navigate the Trust’s services. ❖ Better understanding of mental health and learning disabilities issues in the wider community. ❖ More flexible access that is suitable to people’s different needs.

Priority	What does this mean for teams?	Intended outcome(s) for patients
<p>Provide better support for people who are discharged or waiting for services.</p>	<ul style="list-style-type: none"> ❖ Develop a greater range of self-help resources ❖ Provide a greater level of clinical support to the Managed Care Network (MCN) ❖ Develop a collaborative network with a wide range of other providers to create integrated pathways into and out of LPFT services. ❖ Expand the volunteer scheme to provide additional support for those not currently engaged in services. ❖ Create an LPFT Care Navigator and Advocate role to support provider integration and link to the Neighbourhood Teams. 	<ul style="list-style-type: none"> ❖ More integrated and joined up care pathways across LPFT services, the Managed Care Network and the wider community. ❖ A more robust community network to support people not formally engaged in LPFT services.
<p>Supporting our people to be the best they can be.</p>	<ul style="list-style-type: none"> ❖ Support staff to understand their roles as leaders and act as ambassadors of excellent patient and service user care. ❖ Ensuring staff have a clear line of sight between their role and service user /patient experience. ❖ Ensuring the right structures, resources and systems are in place for staff to deliver high quality care. ❖ Promote the Trust’s values and behaviour framework in supervision and appraisal. ❖ Provide visible leadership and accessible managers to all staff at all levels. 	<ul style="list-style-type: none"> ❖ An engaged and confident staff group. ❖ Increased job satisfaction. ❖ Better patient outcomes.
<p>Increase service user and carer involvement in all aspects of service design and delivery.</p>	<ul style="list-style-type: none"> ❖ Encouraging co-creating and co-production at all level for service design and delivery. ❖ Service users on 70% of interview panels for all staff appointments. ❖ Establish employed Peer roles in all Community Mental Health teams and Drug and Alcohol Teams. 	<ul style="list-style-type: none"> ❖ Much greater involvement of experts by experience and volunteers in service delivery. ❖ Employment opportunities for people with lived experience of mental health problems.
<p>Support the Lincolnshire Health And Care (LHAC) programme and promote service integration.</p>	<ul style="list-style-type: none"> ❖ Actively work with other providers to develop the Neighbourhood Team model for Lincolnshire. ❖ Build relationships with colleagues from other organisations to create the conditions to collaboration. ❖ Constantly seek new ways to collaborate with other providers and share resources. 	<ul style="list-style-type: none"> ❖ Sustainable Health and Social Care for Lincolnshire. ❖ More joined up Mental Health and Physical Health services for patients.

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Agenda Item 9

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Richard Wills, the Director Responsible for Democratic Services

Report to	Health Scrutiny Committee for Lincolnshire
Date:	21 October 2015
Subject:	Annual General / Public Meetings and Annual Reports

Summary:

Clinical Commissioning Groups, NHS Trusts, and NHS Foundation Trusts are required to prepare an annual report and accounts each year, and to hold an annual meeting in public. Since the last meeting of the Committee, five further meetings have taken place. Links are available to all the annual reports, which have also been published.

The Committee is asked to consider the information presented, and determine whether any issues should be considered for inclusion in the Committee's future work programme.

Actions Required:

To determine whether any issues raised at the Annual General / Public Meetings of local NHS organisations, or in their Annual Reports, merit consideration by the Committee, as part of its forthcoming work programme.

1. BACKGROUND

Clinical Commissioning Groups have a duty to prepare an annual report for each financial year, setting out how it has discharged its functions in the previous financial year. The annual report must be published and presented by way of a meeting to members of the public. These meetings are often referred to as "Annual Public Meetings".

NHS Foundation Trusts are required to hold an annual meeting of the Trust's membership, which has to be open to the public. This annual meeting has a role in considering the annual report and accounts, and may be combined with a general meeting of a foundation trust's governors, which also has to

consider the annual report and accounts. These meetings can be referred to as "Annual Public Meetings", "Annual Members Meetings" or "Annual Public Meetings".

NHS Trusts are required each year to hold a public meeting, at which the Annual Report and Annual Accounts are presented. This is sometimes called the "Annual General Meeting" or the "Annual Public Meeting".

The format and content of annual reports is also prescribed by legislation and guidance.

Since the last meeting of the Committee, there have been five such meetings, and the Committee has been represented at four of these. In these instances, reports have been compiled and are enclosed.

2. LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST

The Annual Public Meeting and Celebrating Success Awards of Lincolnshire Community Health Services NHS Trust (LCHS) were held on 21 September 2015 at the Show Room, Lincoln. Councillor Steve Palmer attended the event on behalf of the Committee. Here is Councillor Palmer's report:

"The event, which took place on a very wet day, was very well attended with stands from all the services represented within LCHS and others, including MacMillan, Dementia, home care support, PALS, Healthwatch and many others.

"One stand that caught my eye was tuberculosis. I thought tuberculosis was a thing of the past in this country but it seems that it is in sharp rise both on referrals and actual cases. NICE [the National Institute of Health and Care Excellence] Guidelines say that sufferers of tuberculosis who are homeless must be housed until treatment is complete, which can be 6 to 18 months. There were 53 actual cases in Lincolnshire last year and it looks as if that will be higher this year. The other concern is complete resistance strains of tuberculosis. Tracking diagnosed tuberculosis sufferers can be a problem as some are transient and/or homeless.

"The presentation highlighted the following points:

- *2,000 people employed by the Trust.*
- *£110 million funding with a surplus of £1.6 million expected for 2015/16.*
- *The Trust was awarded Top 100 Trust best places to work.*
- *Eight more trust nurses given Queen's Nurse Status.*
- *Three health visitors joined the institute of health visitors fellowship.*

"The risks to the Trust include recruitment and retention of staff; the potential for not delivering the planned surplus; failure to implement community based service model; the time clinicians have to give to patients; any impacts on patients due to unavoidable pressures on the Trust.

"It was opened to the floor to ask questions, but no questions were asked.

"The guest Key Note Speaker was Roy Lilley, who had previously been a Chief Executive of a health Trust. He gave a humorous talk based around the word "RITE".

- *R = Reality - Why can you order a book next day, but how long does it take to get a prescription?*
- *I = International - A pilot in Denmark has seen nurses trained across the whole spectrum in all aspects of nursing and care.*
- *T = Tenderness to each other: £22 billion required to rescue the NHS, but £8 billion promised from the Government. Change will have to come, but it can be bruising, so tenderness required to help those adversely affected through it.*
- *E = Exciting - Data collection is a key. The NHS has the largest amount of data in the world, but it is not always used. Exciting times ahead and the use of patients' data could be a key.*

Celebrating Success Awards

Melvyn Prior of BBC Radio Lincolnshire presented the Celebrating Success Awards: -

- *Patient Involvement Award - Won by the 0-19 Steering Group*
- *Outstanding Innovation Award - Won by the Boston Out of Hours Team*
- *Time 2 Care Award - Won by Sarah Lockwood, Project Manager*
- *Beside the Scenes Award - Won by Kelly Waldie, Social Marketing Project Officer*
- *Charitable Hearts Award - Won by the Johnson Community Hospital Ball Committee*
- *Leadership Award - Won by Jenny Harper, Family Nurse Partnership Supervisor*
- *Team of the year Award - Won by the South West Cardiac Rehabilitation Team*
- *Unsung Hero Award - Won by Rebecca Brookes, Specialist Occupational Therapist, and Ryan Newton, Physiotherapist*
- *Special Recognition Award - Won by Karen Barton, Case Manager*

The Emily Jane Glen Memorial for Outstanding Volunteers was presented by the Chairman, Councillor Mrs Christine Talbot, which is in memory of Emily Jane Glen."

The Trust's annual report is available at the following link: -

<http://www.lincolnshirecommunityhealthservices.nhs.uk/content/annual-reports>

3. SOUTH WEST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

The annual public meeting of the South West Lincolnshire Clinical Commissioning Group was held on 22 September 2015. The CCG's annual report is available at the following link:

http://southwestlincolnshireccg.nhs.uk/key-documents/cat_view/14-key-documents/49-annual-report/131-annual-report-2014-2015

4. LINCOLNSHIRE WEST CLINICAL COMMISSIONING GROUP

The Annual Public Meeting of Lincolnshire West Clinical Commissioning Group was held on 23 September 2015 at the Bentley Hotel, Lincoln. Councillor Jackie Kirk attended on behalf of the Health Scrutiny Committee for Lincolnshire. Councillor Kirk has reported:

"The event was attended by approximately 30 people and lasted for one hour. The annual report and accounts were presented to the meeting. The key issues arising from the presentation and discussion were:

- *the budgetary challenges in the future;*
- *the shortage of GPs;*
- *the importance of the promoting the health and wellbeing to individuals;*
- *the continuing development of partnership working."*

5. LINCOLNSHIRE EAST CLINICAL COMMISSIONING GROUP

The Annual Public Meeting of Lincolnshire East Clinical Commissioning Group was held on 24 September 2015 at the Franklin Hall, Spilsby. Councillor Gordon Gregory attended on behalf of the Health Scrutiny Committee for Lincolnshire. Councillor Gregory has reported as follows:

"The meeting explained the purpose of a CCG, in particular how CCGs represented the local view, with data being taken into account which had previously been absorbed into the whole county's data. As an example, reference was made to ambulance response times: these were longer in the East but this had not been apparent in the previous Lincolnshire wide data. Since the creation of the CCG, ambulance response times had improved. A particular improvement was the Joint Ambulance Conveyancing Project, which had won first prize in the Health Services Journal awards.

"Neighbourhood teams are being set up to help keep people out of hospitals, forming local multi-disciplinary teams with a particular focus on the elderly.

"A presentation on dementia highlighted the projects, which connect the various charities and organisations who are providing services for dementia, which have started in Boston and will be rolled out to Skegness and East Lindsey in the near future.

"Quality and patient experience is being assessed and improved through quality assurance visits, a patient participation council, a virtual (web based) patient council, and patient stories.

"On finance it was stated that the CCG had delivered a 1.1% budget surplus for 2014-15.

"The following topics were highlighted for the future:

- *Lincolnshire Health and Care Consultation in the Autumn;*
- *Primary care commissioning:
neighbourhood teams
commissioning of general practice;*
- *Public Health - responsibility for own health - smoking, obesity, modifiable cancer risks;*
- *New housing developments, which have to invest in services via 'section 106' only contribute to infrastructure and not to the running of service.*

"A number of members of the public referred to the development of proposals for Pilgrim Hospital to which CCG representatives gave reassurances on its future to those present."

The CCG's annual report is available at the following link: -

http://lincolnshireeastccg.nhs.uk/key-documents/cat_view/14-key-documents/44-annual-report/109-2014-15

6. UNITED LINCOLNSHIRE HOSPITALS NHS TRUST

The annual general meeting of United Lincolnshire Hospitals NHS Trust (ULHT) was held on 29 September in Grantham. Councillor Chris Brewis attended on behalf of the Health Scrutiny Committee for Lincolnshire. Councillor Brewis has reported as follows:

"The meeting was well organised and there was a clear acknowledgement of subjects which still needed to be addressed by the Trust and that genuine good news should be celebrated.

"The following points were highlighted:

- *Karen Swan had been awarded the title of National Midwife of the Year;*
- *The Clinical Leadership award to the Orthopaedic Team at Pilgrim Hospital;*
- *The Macular Team at Lincoln County had been named Clinical Service of the Year by the Macular Society following praise from patients;*
- *The Lincoln Heart Centre had won care awards.*

"The Trust was pleased to have emerged from special measures, but acknowledged this was the first step on a journey of improvement, however

there was an awareness that some of the issues affecting ULHT were system-wide and could not be addressed by the Trust alone.

"A non-recurring grant of £10 million had been received to defray the £25 million shortfall in budget in 2014-15. The latest information was shared on recruitment and retention.

"The Trust was now aiming to be 'beyond good', with seven key objectives: -

- (1) recruitment and retention of nurses and medical staff;*
- (2) delivery of the financial plan;*
- (3) seeing that patients had a safe and positive experience;*
- (4) development of the staff;*
- (5) making a big step towards a clinically-led organisation;*
- (6) improvements in general performance; and*
- (7) setting clear plans for the future.*

"The meeting also included three particular topics: -

- Hepatitis C, which had 250,000 sufferers in the UK. Hepatitis was a cause of cirrhosis and believed to be the source of liver cancer for at least 2% of those suffering from the condition;*
- Colorectal Cancer and new approaches to after-care;*
- Cancer Care – an event had been held with an emphasis on wellbeing and personal management. The event had been positively received by patients."*

The Trust's Annual report and Accounts for 2014-15 are available at the following link: -

http://www.ulh.nhs.uk/about_us/our_performance/annual_reports.asp

7. CONCLUSION

The Committee is asked to determine whether any issues raised at the Annual General / Public Meetings of local NHS organisations, or in their Annual Reports, merit consideration by the Committee, as part of its forthcoming work programme.


8. CONSULTATION

This is not a direct consultation item.

9. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, who can be contacted on 01522 553607 or simon.evans@lincolnshire.gov.uk

Agenda Item 10

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Richard Wills, the Director Responsible for Democratic Services

Report to	Health Scrutiny Committee for Lincolnshire
Date:	21 October 2015
Subject:	Work Programme

Summary:

This item invites the Committee to consider and comment on its work programme.

Actions Required:

To consider and comment on the content of the work programme.

1. The Committee's Work Programme

The work programme for the Committee's meetings over the next few months is attached at Appendix A to this report, which includes a list of items to be programmed.

Set out below are the definitions used to describe the types of scrutiny, relating to the proposed items in the work programme:

Budget Scrutiny - The Committee is scrutinising the previous year's budget, the current year's budget or proposals for the future year's budget.

Pre-Decision Scrutiny - The Committee is scrutinising a proposal, prior to a decision on the proposal by the Executive, the Executive Councillor or a senior officer.

Performance Scrutiny - The Committee is scrutinising periodic performance, issue specific performance or external inspection reports.

Policy Development - The Committee is involved in the development of policy, usually at an early stage, where a range of options are being considered.

Consultation - The Committee is responding to (or making arrangements to respond to) a consultation, either formally or informally. This includes pre-consultation engagement.

Status Report - The Committee is considering a topic for the first time where a specific issue has been raised or members wish to gain a greater understanding.

Update Report - The Committee is scrutinising an item following earlier consideration.

Scrutiny Review Activity - This includes discussion on possible scrutiny review items; finalising the scoping for the review; monitoring or interim reports; approval of the final report; and the response to the report.

In considering items for inclusion in the Committee's work programme, Members of the Committee are advised that it is not the Committee's role to investigate individual complaints or each matter of local concern.

2. Conclusion

The Committee is invited to consider and comment on the content of the work programme.

3. Consultation

There is no consultation required as part of this item.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Health Scrutiny Committee Work Programme

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, who can be contacted on 01522 553607 or simon.evans@lincolnshire.gov.uk

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

Chairman: Councillor Mrs Christine Talbot

Vice Chairman: Councillor Chris Brewis

21 October 2015		
Item	Contributor	Purpose
United Lincolnshire Hospitals NHS Trust – Improvement Portfolio	Kevin Turner, Acting Chief Executive, United Lincolnshire Hospitals NHS Trust	Update Report
Pharmacy Services at United Lincolnshire Hospitals NHS Trust	Kevin Turner, Acting Chief Executive, United Lincolnshire Hospitals NHS Trust	Status Report
Joint Health and Wellbeing Strategy Overview	Dr Tony Hill, Executive Director of Community Wellbeing and Public Health, Lincolnshire County Council	Status Report
Lincolnshire Partnership NHS Foundation Trust - Draft Clinical Strategy	Dr John Brewin, Chief Executive, Lincolnshire Partnership NHS Foundation Trust	Status Report

18 November 2015		
Item	Contributor	Purpose
Health and Wellbeing Board Annual Report and Joint Health and Wellbeing Strategy – Theme Dashboards	Dr Tony Hill, Executive Director of Community Wellbeing and Public Health, Lincolnshire County Council	Status Report
South West Lincolnshire Clinical Commissioning Group Update	Allan Kitt, Chief Officer, South West Lincolnshire Clinical Commissioning Group	Update Report
Joint Strategic Needs Assessment –Finalising Response to Consultation	Chris Weston, Consultant in Public Health, Lincolnshire County Council	Consultation

18 November 2015		
Item	Contributor	Purpose
Recovery Plans and Winter Resilience	Gary James, Accountable Officer, Lincolnshire East Clinical Commissioning Group Sarah Furley, Urgent Care Programme Director, Lincolnshire East Clinical Commissioning Group	Status Report
Co-Commissioning In Lincolnshire West Clinical Commissioning Group Area	Dr Sunil Hindocha, Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group Sarah Newton, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group	Status Report

16 December 2015		
Item	Contributor	Purpose
Child and Adolescent Mental Health Services – Commissioning	Andrew McLean, Children's Service Manager – Commissioning, Lincolnshire County Council	Status Report
Child and Adolescent Mental Health Services – Healthwatch Perspective	Sarah Fletcher, Chief Executive, Healthwatch Lincolnshire	Status Report
Lincolnshire East Clinical Commissioning Group - Update	Gary James, Accountable Officer, Lincolnshire East Clinical Commissioning Group	Update Report
Butterfly Hospice, Boston	To be confirmed	Status Report
South Lincolnshire Clinical Commissioning Group Update	To be confirmed.	Update Report

20 January 2016		
Item	Contributor	Purpose
East Midlands Ambulance Service NHS Trust	Andy Hill, General Manager – Lincolnshire, East Midlands Ambulance Service.	Status Report
Lincolnshire Integrated Voluntary Emergency Services (LIVES)	Dr Simon Topham, Clinical Director, Lincolnshire Integrated Voluntary Emergency Service Paul Martin, HQ Manager and Treasurer, Lincolnshire Integrated Voluntary Emergency Service Stephen Hyde, Marketing and Fundraising Officer, Lincolnshire Integrated Voluntary Emergency Service	Status Report
Lincolnshire Cancer Strategy	Sarah-Jane Mills, Director of Planned Care and Cancer Services at Lincolnshire West Clinical Commissioning Group	Status Report
Lincolnshire Recovery Programme Board	Jim Heys, Locality Director NHS England – Midlands and East (Central Midlands) Jeff Worrall, Portfolio Director, NHS Trust Development Authority	Status Report
Boston West Hospital	Sue Harvey, Matron, Boston West Hospital (Ramsay Healthcare) – To be confirmed.	Status Report

17 February 2016		
Item	Contributor	Purpose
Arrangements for Consideration of Quality Accounts 2015-2016	Simon Evans, Health Scrutiny Officer.	Status Report

16 March 2016		
Item	Contributor	Purpose
Lincolnshire Partnership NHS Foundation Trust – Outcomes from Care Quality Inspection	Dr John Brewin, Chief Executive, Lincolnshire Partnership NHS Foundation Trust	Status Report
Annual Report of the Director of Public Health on the Health of the People of Lincolnshire	Dr Tony Hill, Executive Director of Community Wellbeing and Public Health, Lincolnshire County Council	Status Report

To be Programmed

- St Barnabas Hospice
- Reducing Obesity for Adults and Children
- Dementia and Neurological Services
- United Lincolnshire Hospitals NHS Trust - Financial Update
- Exercise Black Swan - Outcomes and Learning
- Queen Elizabeth Hospitals, King's Lynn – General Update Report
- Universal Health
- Lincolnshire Partnership NHS Foundation Trust - Adult Psychology Service
- Lincolnshire Health and Care – Strategic Outline Case

For more information about the work of the Health Scrutiny Committee for Lincolnshire please contact Simon Evans, Health Scrutiny Officer, on 01522 553607 or by e-mail at simon.evans@lincolnshire.gov.uk