



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
16 MARCH 2016**

**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, Mrs S M Wray and S Weller.

Lincolnshire District Councils

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

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Dr Tony Hill (Executive Director of Community Wellbeing and Public Health), Rob Harvey (Divisional Manager, Adult Community Health, Lincolnshire Partnership NHS Foundation Trust), Jane Marshall (Director of Strategy and Performance, Lincolnshire Partnership NHS Foundation Trust), Lynne Moody (Director of Quality and Executive Nurse, South Lincolnshire CCG), Tracy Pilcher (Chief Nurse, Lincolnshire East CCG) and Dr Tracey Swaffer (Head of Adult Clinical Psychology and Psychotherapies Service, Consultant Clinical Psychologist).

County Councillor B W Keimach attended the meeting as an observer.

90 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor D P Bond (West Lindsey District Council).

It was agreed that the Democratic Service Officer would contact District Councils highlighting the need to ensure continuity of membership was maintained from District overview and scrutiny representatives.

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Councillor S Weller (East Lindsey District Council) joined the meeting at 10.10am as the replacement member for Councillor Mrs P F Watson (East Lindsey District Council).

**91 DECLARATIONS OF MEMBERS' INTERESTS**

There were no declarations of Members' Interest made at this stage of the proceedings.

**92 CHAIRMAN'S ANNOUNCEMENTS**

The Chairman thanked everyone for their messages of support during her period of absence. The Chairman also expressed her thanks to Councillor C J T H Brewis, Vice Chairman of the Health Scrutiny Committee for Lincolnshire for chairing the last meeting.

Further to the announcement above, the Chairman welcomed everyone to the Committee and made the following announcements:-

**i) New Springwells GP Practice**

The Committee was advised that the New Springwells GP Practice in Billingborough was the first GP practice in the County to have been given an outstanding rating by the Care Quality Commission, who had published their inspection report on 25 February 2016. The Committee was advised further that so far in Lincolnshire, 42 GP practices had received ratings under the CQC's revised rating system, introduced in October 2014. It was reported that the new Springwells GP Practice, situated in the South West Lincolnshire CCG area, provided services for 6,200 patients. The Chairman extended congratulations to the New Springwells Practice on achieving the outstanding rating and looked forward to other practices in Lincolnshire being awarded this rating.

**ii) Carholme Court, Long Leys Road, Lincoln**

It was reported that Lincolnshire Partnership NHS Foundation Trust was looking at options for developing a Psychiatric Intensive Care Unit at Carholme Court, which would be situated at the front of the St George's Hospital site on Long Leys Road, Lincoln. The Trust was planning to hold a community information event for local residents on 30 March between 5.30pm and 7.30pm.

The Chairman advised that a request would be made for volunteers to attend the event under the Work Programme item later on in the agenda.

It was also highlighted that a Psychiatric Intensive Care Unit (PICU) was a psychiatric inpatient ward, with higher staffing levels than on a normal acute ward. The PICUs would provide more intensive support to patients with complex needs who could not be managed on open psychiatric wards.

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The Committee noted that the planning application was for the Trust to extend the current building, to potentially provide a ten-bed unit on the existing site.

iii) Dean Fathers, Chairman of United Lincolnshire Hospitals NHS Trust

The Committee was advised that on 2 March 2016, the United Lincolnshire Hospitals NHS Trust had announced the appointment of Dean Fathers as their new chairman. Dean Fathers was chairman of Nottinghamshire Healthcare NHS Foundation Trust and would be continuing in his role there.

It was highlighted that Dean Fathers was replacing Ron Buchanan, who was retiring at the end of February after two years with the Trust. Dean had started his two year term of office on 5 March 2016, and was looking forward to working with staff, partners, patients and carers to make a positive difference.

The Chairman advised the committee, that she would try and arrange a meeting with the new Chairman, Dean Fathers.

iv) Sue Noyes, Chief Executive, East Midlands Ambulance Service

The Committee was reminded that at the last meeting, it had been reported that Sue Noyes, the Chief Executive of the East Midlands Ambulance Service, would be leaving EMAS for personal family reasons in June 2016. It was reported that due to personal circumstances, Sue would now be leaving EMAS on 17 March 2016. The Committee extended their thanks to Sue for all her efforts over the last two and a half years; and the Chairman advised the Committee that she would be write to Sue to pass on the Committee's thanks.

The Committee was also advised that Pauline Tagg, the Chairman of EMAS, had started discussions with NHS Improvement about its future leadership arrangements. In the meantime, Richard Henderson, the Director of Operations, would become the Acting Chief Executive. It was highlighted that Richard Henderson had previously been the Divisional Manager in Lincolnshire.

v) Community Pharmacies in Lincolnshire

The Chairman advised the Committee that on a recent visit to her local pharmacy, she had obtained a leaflet asking for support for community pharmacies and it was agreed that the Health Scrutiny Officer would provide the Committee with additional information after the meeting.

The Chairman advised further that it was reported that on 17 December 2015, the Department of Health and NHS England had announced a reduction in funding for community pharmacies in England of £170 million (from £2.8 billion to £2.63 billion) for 2016/17. It was noted that the Department of Health and NHS England were consulting on how they were going to implement the budget reductions, with a view to any changes in service beginning from October 2016.

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The Committee noted that on 15 March 2016, it was reported that the Lincolnshire Pharmaceutical Committee had been concerned that the reductions would lead to people with minor illnesses accessing GP surgeries or hospitals, when they could receive advice from pharmacies. It was highlighted that the reductions potentially could have a negative impact on the rest of the NHS.

The Committee noted further that in November 2014, in its response to the Health and Wellbeing Board's consultation on the Lincolnshire Pharmaceutical Needs Assessment the Health Scrutiny Committee had emphasised the importance of community pharmacies, as a means of treating patients with minor ailments, and preventing their attendance at accident and emergency departments or GP surgeries.

The Committee was advised that a national website (<http://supportyourlocalpharmacy.org>) operated by the National Pharmacy Association was urging members of the public to contact their local Members of Parliament to support local pharmacies.

vi) Accident and Emergency at Lincoln County Hospital

It was reported that there had been media reports of 'extreme pressures' on Accident and Emergency at Lincoln County Hospital, with one patient being quoted as saying she had had to wait up to eight hours for a paediatrician to see her six-week old baby; and patients suffering with minor ailments, including coughs and cold, were being urged to visit their local pharmacist, their GP, or to visit Lincoln's walk-in centre.

It was noted that pressure on Accident and Emergency departments was not unusual, however, this update and the previous item above relating to community pharmacies presented a worrying and contradictory picture.

It was agreed that this issue would be discussed further, as part of the work programme item later in the agenda.

vii) House of Commons Library Brief Paper – Structure of the NHS in England

The Committee was advised that a briefing paper had been prepared for the House of Commons Library, which had been published on 10 March 2016. The briefing paper was entitled the Structure of the NHS in England, and the Chairman advised that the Health Scrutiny Officer would circulate an electronic copy to all members of the Committee, as a useful background document on how the NHS works.

viii) Lynne Moody Director of Quality and Executive Nurse for South Lincolnshire CCG

On behalf of the Committee, the Chairman extended thanks to Lynne Moody, the Director of Quality and Executive Nurse at South Lincolnshire Clinical Commissioning Group, who was retiring at the end of the month. It was highlighted that Lynne had undertaken the role as one of the Committee's special advisors since 2009, when she had been employed by Lincolnshire Primary Care Trust. Lynne's help and advice had been invaluable, as she had enabled the Committee to ensure that its

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work programme had been properly focussed. The Committee wished Lynne well in her retirement. The Chairman confirmed that she would be writing formally to Lynne, on behalf of the Lincolnshire Health Scrutiny Committee after the meeting.

93     MINUTES OF THE MEETING OF THE COMMITTEE HELD ON 17  
          FEBRUARY 2016

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire held on 17 February 2016, be approved and signed by the Chairman as correct record.

94     ADULT CLINICAL PSYCHOLOGY AND PSYCHOTHERAPIES SERVICE

The Chairman welcomed to the meeting Jane Marshall, Director of Strategy and Performance, Lincolnshire Partnership NHS Foundation Trust, Rob Harvey, Divisional Manager Adult Community Mental Health, Lincolnshire Partnership NHS Foundation Trust; and Dr Tracey Swaffer, Head of Adult Clinical Psychology and Psychotherapies Service, Consultant Clinical Psychologist.

Before the start of the presentation, the Chairman asked the Director of Strategy and Performance, Lincolnshire Partnership NHS Foundation Trust, to clarify recent media interest with regard to patient waiting times, it had been reported that there were delays of 31 months to access pathways of care after being assessed for Psychology and Psychotherapies Services at Lincoln and Louth.

The Director of Strategy and Performance agreed that the length of time patients were kept waiting was not acceptable, and that it was a concern for the Trust to be in that position. The Director confirmed that the longest waits were in Louth and Lincoln, with individuals having to wait 31 months to access 18 session individual pathways of care. Reassurance was given that the service provided was a good quality service, and those patients that had experienced the journey through the service had made positive comments about the service they had received. It was noted that 94% of patients who accessed the service felt that they would recommend it to family and friends. Further details relating to waiting times were contained on page 26/27 of the report presented.

It was highlighted that patients that had been assessed, and were waiting further intervention were never actually left without support; they still had access to the service. It was reported that the eighteen week target on how the service was progressing was not the same as others as the clinicians providing the service were not doctors. The Committee was advised that for one to one clinical support, there was a longer waiting time, and that all options were being looked into to reduce the waiting time. Some of those patients were offered group work, and depending on the individual's needs, some had taken up the offer of group work, others had opted to wait for one to one sessions.

The Committee noted that guidance given was that anyone entering the service could be offered up to eighteen sessions, but quite often patients did not need that number of sessions.

The Committee was advised that Lincolnshire Partnership NHS Foundation Trust (LPFT) delivered its clinical services from four operational divisions. The Adult Clinical Psychology and Psychotherapies (ACPPS) was commissioned by South West Lincolnshire Clinical Commissioning Group, on behalf of the Lincolnshire CCG's to provide talking therapies to people who presented to services in Lincolnshire that had moderate to severe levels of Psychological need. It was highlighted that referrals to the service were received in the main from within the Trust such as Outpatient Psychiatry Clinics, Community Mental Health Teams and Improving Access to Psychological Therapies.

It was reported that in 2007, the Government had released a significant amount of money to provide increased access to psychological therapies for the general population across the country. The money had been invested in the development of a stepped care model of psychological intervention. An explanation of the stepped care model was shown on pages 24/25 of the report presented.

The Head of Adult Clinical Psychology and Psychotherapies Service, Consultant Clinical Psychologist provided the Committee with some background information with regard to the type of patient accessing the service; and details the stepped care model provided.

It was highlighted that from 2012 – 2014 there had been significant increase in referrals to the service by 17%, year on year. It was highlighted further that the Trust was also obliged to achieve cost improvement savings each year; this had meant that there had been a reduction in the number of psychology posts within the service.

Since 2012, the Committee noted the service had completed 4,686 episodes of care, which averaged 1,171 episodes per year. A definition of an episode of care was someone entering and then exiting the service, which could range from 18 sessions of individual therapy, 12 sessions of group based interventions, 8 sessions of formulation driven work to an assessment and formulation of treatment plan for others to implement.

The Divisional Manager Adult Community Mental Health, Lincolnshire Partnership NHS Foundation Trust explained that the current challenge for the service was the continued existence of lengthy waits to access Step 4 service. To try and address the waiting time, various measures had been put in place, which had focussed upon the development and delivery of new pathways of care that included:-

- Parameters around the number of sessions offered;
- Introduction of Group based Interventions;
- Re-design of referral pathways into the service;
- Adoption of emerging new therapies such as Acceptance and Commitment Therapy;

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- Skill mixing of staff to offer different types of therapy; and
- Clear job planning and expectations for those individuals delivering the service.

In conclusion, the Trust advised that they were committed to continuing to look at innovative approaches to address waiting times, whilst ensuring that the continued provision of high quality psychological interventions to those with the greatest severity of need.

During discussion, the Committee raised the following points:-

- The timescale for how long a patient could access the service. The Committee was advised that guidance allowed for 18 sessions, per patients as part of their treatment, however, some patients would not require the 18 sessions;
- A question was asked whether the Trust could have anticipated the situation of long waiting times. It was reported that the Trust had tried to manage over a number of years, being aware of the pressure and trying to deal with it;
- The Committee reflected on the type of patient presenting at Tier 4: usually they were patients who had suffered extensive emotional and physical abuse, sometimes over a period of 20-30 years, and often from their childhood. Each patient needed to be treated differently and there was no policy of one size fits all. For some patients group therapy sessions would work.
- It was asked whether as a consequence of waiting for treatment, any patient had attempted suicide. The Committee was reassured that while patients were waiting, they still had access to the service, they were not left on their own, and support was always given during the waiting period. It was thought that this point needed to be included and clarified in a report such as the one presented, as the report presented indicated that patients whilst waiting were left on their own;
- Confidentiality and the use of group meetings. The Committee noted that not everyone entering the service felt that they wanted to share with others in a group, and opted for the one to one option. Others, as part of their recovery were able to share with others. Reassurance was given that people who had opted for group sessions were not exposed at all, only baseline information was shared with others, confidentiality was always maintained;
- There was also some reflection on the approaches to psychological therapies, in terms of a brief comparison of the cognitive/behavioural approach and the analytical Freudian approach. Following this it was further confirmed that a training session with regard to the mental services and treatments would be planned for all members of the Committee, this would then ensure a better understanding of the complex subject matter;
- Whether there had been any extra funding to deal with increasing cases of Post-traumatic stress. The Committee was advised that this particular sector were dealt with under the Armed Forces Covenant and that NHS England commissioned the service; and
- The cost improvement savings of 4% each year and the impact on the service. The Committee were advised that funding was an issue, but the service was

doing its best with the funds it had. Additional funding would always be welcomed. The Committee was advised further that the Trust were visiting other areas to see if they could provide the service better. Some members of the Committee felt that lobbying needed to be done to get extra funding. The Committee were reassured that the service was passionate about providing a good quality service;

- The need to ensure that when writing a report enough detail was included to make sure the reader could make the correct assumptions, particular reference was page 27, Summary and Conclusions, the wording could have been more positive if the two paragraphs had been changed round and then reference to the steps being taken to rectify the waiting times;
- The waiting times applicable for Louth and Lincoln. The Committee were advised that to help alleviate the waiting time, three new staff were being recruited, one for Louth; and two for Lincoln and that these positions would come into effect from 1 May 2016. It was hoped that the extra staff would have an impact and reduce the waiting list. The service would also be looking at the skill mix of staff, and where appropriate only applying specialist skills to the more complex cases. It was reported that that the Trust was exploring all the options, for example using alternative providers, as waiting times were not at an acceptable level; and
- The Committee agreed that a briefing paper would be prepared by the Director of Strategy and Performance providing more background on the content of the report, and a progress report should be presented to the Health Scrutiny Committee for Lincolnshire in six months' time.

#### RESOLVED

1. That a briefing paper be prepared by the Director of Strategy and Performance at Lincolnshire Partnership NHS Foundation Trust, providing more background on the content of the report, and a progress report be presented to the Committee for Lincolnshire in six months'.
2. That a training session on mental health approaches and treatments be arranged for members of the Health Scrutiny Committee for Lincolnshire.

#### 95 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH ON THE HEALTH OF THE PEOPLE OF LINCOLNSHIRE 2015

The Committee gave consideration to a report from the Dr Tony Hill, Executive Director of Community Wellbeing and Public Health, which provided the Annual Report on the Health of the People of Lincolnshire for 2015.

It was reported that it was a statutory duty of the Director of Public Health to produce an annual report on the health of the people of the area for which they are responsible. The report was an independent view of the state of the health of the people of Lincolnshire, with a series of recommendations on the action needed to be taken by a range of organisations and partnerships. The Committee noted that the previous year's annual report had focused on the major causes of premature mortality, which was when people died under the age of 75 years. That report had



highlighted three major findings, one of which was that the levels of mortality arising from liver disease were deteriorating. As a result of the increase in preventable liver disease, it was highlighted that the current report concentrated solely on this issue.

The annual report described what liver disease was, what the causes and stages were, and the patterns, facts and figures relating to liver disease. The Executive Director of Community Wellbeing and Public Health reported that the three main causes of liver disease were obesity, alcohol and hepatitis. The report highlighted that there was a need for some sustainable investment in liver disease prevention and treatment and the development of effective pathways of care for people with liver disease and its causes. The Committee were advised that in each chapter there were a series of recommendations on the action needed to be taken by a range of organisations and partnerships. It was noted that it was hoped that the next year's commissioning plans would address the needs highlighted in the annual report.

During discussion, the following issues were raised:-

- Budgetary constraints – The Committee noted that the Autumn Statement had reduced the amount of grant relating to public health and that this amount would continue to reduce year on year. Some preventative services had been de-commissioned, or reduced, however, it was hoped that by working in partnership with other organisations that some of the services would be maintained. Unfortunately, this information could not be shared with the Committee at this moment in time. The Committee noted that not all services de-commissioned by the County Council would therefore cease. The Committee were also advised that the NHS Five Year Forward view emphasised the need for prevention.
- The Committee were advised that the smoking cessation contract had been re-commissioned at considerable savings; significant improvement and better value for money. It was noted further that the weight management contract had been de-commissioned, as its role was for CCGs and NHS England;
- Page 10 of the Annual report document –Figure 1.1 provided the Committee with data relating to trends in United Kingdom (UK) deaths rate since 1970. It was noted that during the forty year period, all other major causes of premature deaths in the UK had fallen, but the death rates from liver disease had seen a continuous rise (figure 1.1 provided that data). It was reported that the death rate from liver disease was across all age groups had risen more than 400% since 1970. However, under the age of 65 years, this had increased by 500%. Concern was expressed that generally the general public were not taking liver disease seriously. Some members felt that it would have been useful to had some data relating to the effect on admissions to hospitals; and relative incidents;
- Page 12 – That the average age of death from liver disease was 59 years, compared with 82-84 for those with heart disease, lung disease or a stroke. The Committee noted that alcohol and obesity were significant contributory factors to liver disease. The Committee noted further that better clinical pathways needed to be developed for the treatment of liver disease;
- Reference was also made to the previous work carried out in 2011, by the Committee's Reducing Alcohol Harm in Lincolnshire Task and Finish Group.

The Committee considered whether it would be useful to review the content of that report, in light of the Director of Public Health's Annual Report;

- The Committee discussed the issues surrounding obesity, and the fact that the low fat diet had made matters worse, as the fat content was reduced, but, the sugar content in products was increased. The Committee were advised that a lot of work was being done by Public Health England to try and change the emphasis. To make a difference people needed to change their lifestyle;
- An update was received from two Councillors who had recently attended the Public Health Conference who had been advised that the reductions were not about savings but were as a result of priorities;
- Some discussion was had regarding whether anything could be done locally to publicise to young people the issues surrounding obesity and alcohol. Particular reference was made to the need for working with supermarkets. The Committee was advised that there was a national voluntary partnership working with retailers to try and change things. It was felt that trying to do work at a local level would have little effect and there were no resources available to do that type of work. It was felt that health in the workplace was a starting point. Some reference was made to binge drinking and the fact that in some countries the purchase of alcohol was not made from supermarkets, but from strictly controlled shops;
- Members expressed their thanks to the Executive Director of Community Wellbeing and Public Health for his annual report; and
- One member enquired whether there was a correlation in increased alcohol related issues and the relaxation of licensing laws. The Committee was advised that there was a correlation, as the amount of drinking had increased over the decade since licensing laws had been relaxed.

The Chairman, on behalf of the Committee extended her thanks to the Executive Director of Community Wellbeing and Public Health.

#### RESOLVED

1. That the Annual Report on the Health of the People of Lincolnshire, from the Director of Public health be noted.
2. That further consideration be given to the outcomes of the report of the Committee on Reducing Alcohol Harm in Lincolnshire.

#### 96 PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST - SEMINAR ON DELAYED TRANSFERS OF CARE

Consideration was given to a report from the Executive Director with responsibility for Democratic Services, which provided an update on the Peterborough and Stamford Hospitals NHS Foundation Trust – Seminar on Delayed Transfers of Care, held on 2 March 2016, to which Councillors Mrs J Renshaw and Mrs S Wray had attended.

The Health Scrutiny Officer presented the report and advised that there were several issues that had been raised at the seminar, which might merit further exploration.

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However the Committee was advised that the Adults Scrutiny Committee was the responsible overview and scrutiny committee for the overall Better Care Fund arrangements, and the reducing delayed transfers of care would be a key element of the Better Care Fund in 2016/17. The Committee was advised further that it was due to receive a general update report from the Peterborough and Stamford Hospitals NHS Foundation Trust at its meeting planned for 20 July 2016, and it was likely that this update would include information on delayed transfers of care, if this was relevant to the Trust's overall performance.

It was highlighted that from the report presented, there were still capacity issues around Lincoln and parts of the South of the County.

Reference was also made to the limited capacity for care packages in the community, particularly in cases where people required four visits a day, in these cases people were not being discharged, as a result of their high needs. Assurance was given that what could be done was being done to get patients out to care in the community.

Other issues highlighted by the Committee included:-

- Page 33 - Paragraph 2 – reference was made to the suggestion that "step-down" facilities in Lincolnshire could be improved further with a number of available beds in nursing homes to assist patients being moved out of acute beds;
- The Committee extended their thanks to Councillors Mrs J Renshaw and Mrs S Wray for their report; and
- The Committee agreed that the Adults Scrutiny Committee be requested to look into delayed transfers of care and report its findings to the Health Scrutiny Committee.

#### RESOLVED

1. That the report presented be noted.
2. That the Adults Scrutiny Committee, given its role as the lead committee for scrutinising the Better Care Fund, be requested to look into delayed transfers of care and report its findings to the Health Scrutiny Committee.

#### 97 ARRANGEMENTS FOR CONSIDERATION OF QUALITY ACCOUNTS 2015-16

Consideration was given to a report from the Executive Director with responsibility for Democratic Services, which invited the Committee to consider which draft Quality Accounts of which local providers of NHS-funded services did the Committee wish to make a statement on. Also the Committee was asked to consider the joint arrangements with Healthwatch Lincolnshire, who had indicated that they would like to work with the Committee on the Quality Accounts on the three main Lincolnshire based providers, and the Committee were requested to establish a working group for the Quality Account process. Finally the Committee was asked to comment of the

draft priorities for 2016/17 of the East Midlands Ambulance Service NHS Trust, who were seeking initial views in accordance with best practice.

Overall, following a short discussion, members felt that concentration should be made on areas applicable to Lincolnshire; and support was given to the working with Healthwatch with regard to the three areas as detailed in the report presented.

The Chairman asked for volunteers to assist in the Quality Accounts 2015-2016 process. The Councillors who volunteered were Councillors C J T H Brewis (South Holland District Council), J Kirk (City of Lincoln Council), S L W Palmer, Mrs S M Wray, Mrs J M Renshaw and Mrs C A Talbot.

#### RESOLVED

1. That the Health Scrutiny Committee for Lincolnshire make a statement on the draft Quality Accounts of the following local providers of NHS-funded services:-
  - Boston West Hospital;
  - East Midlands Ambulance Service NHS Trust;
  - Lincolnshire Community Health Services NHS Trust;
  - Lincolnshire Partnership NHS Foundation Trust;
  - Peterborough and Stamford Hospitals NHS Foundation Trust;
  - St Barnabas Hospice; and
  - United Lincolnshire Hospitals NHS Trust;
2. That agreement be given to working jointly with Healthwatch Lincolnshire and prepare a joint statement on the following three draft Quality Accounts:
  - Lincolnshire Community Health Services NHS Trust
  - Lincolnshire Partnership NHS Foundation Trust; and
  - United Lincolnshire Hospitals NHS Trust
3. That a working group for the Quality Account process be established comprising of Councillors C J T H Brewis, J Kirk, S L W Palmer, Mrs S M Wray, Mrs J M Renshaw and Mrs C A Talbot.

#### 98 WORK PROGRAMME

The Committee gave consideration to its work programme for its forthcoming meetings.

The Health Scrutiny Officer advised that from the meeting, two items had come forward and they were:-

- Lincolnshire Community Pharmacies; and
- The Outcomes of the Committee's report on Reducing Alcohol Harm in Lincolnshire from 2011.

It was also confirmed that training would be planned for the Committee on mental health treatments, approaches and services.

The Committee were asked for volunteers to attend the Carholme Court, Long Leys Road, information event on 30 March 2016. Councillors J Kirk and Mrs J M Renshaw volunteered to attend the event and then report back to the Committee.

During a short discussion, the Committee raised the following potential items for inclusion on future agenda. These were as follows:-

- Recruitment and retention of GPs in Lincolnshire;
- Lincolnshire Medical School;
- Update from Queen Elizabeth's Hospital, King's Lynn.

RESOLVED

That the contents of the work programme, with the amendments as detailed above, be agreed.

The meeting closed at 1.40 pm