Lincolnshire COUNTY COUNCIL
Working for a better future

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
18 JANUARY 2017

PRESENT: COUNCILLOR MRS C A TALBOT (CHAIRMAN)

Lincolnshire County Council

Councillors R C Kirk, S L W Palmer, Mrs S Ransome, Mrs J M Renshaw, T M Trollope-Bellew and Mrs S M Wray

Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council), P Howitt-Cowan (West Lindsey District Council) and K Cook (North Kesteven District Council)

Healthwatch Lincolnshire

Dr B Wookey

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Andrea Brown (Democratic Services Officer), Dr Frances Bu'Lock (Honorary Associate Professor in Congenital and Paediatric Cardiology, East Midlands Congenital Heart Centre), Richard Childs (Lay Chair, Lincolnshire West CCG), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Jon Currington (Head of Partnerships, University Hospitals of Leicester NHS Trust), Simon Evans (Health Scrutiny Officer), Dr Sunil Hindocha (Clinical Chief Officer, Lincolnshire West CCG), Gary James (Accountable Officer, Lincolnshire East CCG) and Sarah Newton (Chief Operating Officer, Lincolnshire West CCG)

County Councillors B W Keimach, R A Renshaw and M A Whittington attended the meeting as observers.

61 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Miss E L Ransome and T Boston.

The Chief Executive reported that under the Local Government (Committee and Political Groups) Regulations 1990, he had appointed Councillor Mrs K Cook to the

Committee in place of Councillor T Boston (North Kesteven District Council) for this meeting only.

The Democratic Services Officer reported that, since the last meeting of the Committee, two substantive members had been appointed to the Committee in place of the published vacancies. Councillor P Howitt-Cowan had been appointed as the representative for West Lindsey District Council and Councillor P Gleeson had been appointed as the representative for Boston Borough Council.

62 DECLARATIONS OF MEMBERS' INTERESTS

Councillor Mrs C A Talbot advised the Committee that she continued to be a patient of Nottingham University Hospitals NHS Trust but was also under the care of a team at United Lincolnshire Hospitals NHS Trust, which may be discussed under Item 6 – *Lincolnshire Sustainability and Transformation Plan*.

Councillor Mrs P F Watson advised the Committee that she was also a patient of United Lincolnshire Hospitals NHS Trust, which may be discussed under item 6 – *Lincolnshire Sustainability and Transformation Plan.*

Dr B Wookey advised the Committee that he was currently a patient of University Hospitals of Leicester NHS Trust at Glenfield Hospital, which was the base of the service to be discussed at item 7 – *Congenital Heart Disease Services.*

Councillor S L W Palmer advised the Committee that he was a LIVES First Responder and, when activated, was under the employment of the East Midlands Ambulance Service NHS Trust (EMAS), which may be discussed at item 6 – *Lincolnshire Sustainability and Transformation Plan*.

63 CHAIRMAN'S ANNOUNCEMENTS

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

i) Membership: Boston Borough Council and West Lindsey District Council

The Chairman referred to the appointment of Councillor Paul Gleeson to the Committee as the representative of Boston Borough Council and welcomed Councillor Gleeson to his first meeting.

The Chairman also referred to the appointment of Councillor Paul Howitt-Cowan to the Committee as the representative of West Lindsey District Council and welcomed Councillor Howitt-Cowan to his second meeting of the Committee.

ii) Agenda Order

Owing to the availability of NHS colleagues, there had been a change to the agenda order for the meeting. Items would be considered in the following order:-

- Congenital Heart Disease Services (Item 7)
- Lincolnshire West Clinical Commissioning Group Update (Item 5)

- Lincolnshire STP – Response of the Health Scrutiny Committee (Item 6)

The Chairman confirmed that the afternoon session would run as planned.

iii) Circulation of Additional Documents

Since the publication of the agenda, four additional documents had been circulated to the Committee via two emails. The first email enclosed the Draft Response of the Committee to Lincolnshire Sustainability and Transformation Plan. The second email enclosed the Minutes of the Extraordinary Meeting of the Committee held on 12 January (which would be confirmed at agenda item 4); information from Will Huxter dated 17 January 2017; and information on neighbouring Sustainability and Transformation Plans.

All Members of the Committee confirmed that they were in receipt of these documents.

iv) Congenital Heart Disease Services – Letter from Will Huxter, 17 January 2017

At the last ordinary meeting of the Committee, on 21 December 2016, the Committee requested the attendance of Will Huxter (Senior Responsible Officer at NHS England) at this meeting to present the additional information requested by the Committee. Mr Huxter indicated on 4 January 2017 that he was unavailable but would provide the information in writing. The Chairman wrote to Mr Huxter on 9 January 2017 to express disappointment at his non-attendance and to ask for confirmation of the date of the public consultation, as well as reiterating the request for additional information.

On 17 January 2017, the Chairman received a letter from Mr Huxter with an enclosure which detailed the additional information requested by the Committee on 21 December 2016, which was circulated to the Committee on 17 January. The Chairman stressed that there was still no confirmation of the public consultation date, although the additional information referred to the Department of Health sanctioning consultation during the Purdah period.

v) Congenital Heart Disease Services – All-Party Parliamentary Group on Heart Disease and East Midlands Councils

The Chairman was of the understanding that colleagues from University Hospitals of Leicester NHS Trust were to attend a meeting of the All-Party Parliamentary Group on Heart Disease, chaired by Stuart Andrew MP. The remit of the groups was:-

- to inform and educate parliamentarians about heart and circulatory disease, the single most common cause of death in the UK;
- to encourage and promote work undertaken to prevent heart disease and improve its diagnosis and treatment; and
- to inform parliamentarians about the work of the Cardio and Vascular Coalition and issues concerning cardiac and vascular death.

On behalf of the Committee, the Chairman had submitted information to Stuart Andrew MP for consideration by the All-Party Parliamentary Group. A report would also be submitted to the East Midlands Councils on 15 February 2017 which would highlight the latest position with regard to the consultation.

In addition, the Committee was asked for their support in writing to the Department of Health, Secretary of State, NHS England and the Prime Minister to express disappointment dissatisfaction at the decision by NHS England to hold the public consultation during the Purdah period.

RESOLVED

That the Chairman be given authority to write to Department of Health, Secretary of State, NHS England and the Prime Minister to express disappointment and dissatisfaction at the decision by NHS England to hold the public consultation during the Purdah period.

vi) Stamford and Rutland Hospital – MRI Scanner

On 8 January 2017, an MRI scanner was delivered to Stamford and Rutland Hospital. The scanner, which weighed 27 tonnes, was lifted by crane onto the south-eastern side of the Stamford Hospital site from the car park of the neighbouring supermarket. Once installation had been completed, c.8000 patients per year were expected to benefit from the scanner which would operate twelve and half hours per day five days per week. Formal confirmation of the date when patients would be offered appointments for the scanner was to be advised.

vii) Wainfleet GP Surgery

As previously reported to the Committee, the Care Quality Commission (CQC) temporarily suspended Wainfleet GP Surgery for three months from 10 November 2016. Following a subsequent decision by the GPs at the Wainfleet Surgery not to seek re-registration with the CQC, Lincolnshire East Clinical Commissioning Group consulted with patients at the surgery on the options for the future. The consultation report highlighted the concerns of patients who found it difficult to access transport to travel to GP surgeries in nearby towns. Consequently, the CCG was looking into whether a branch surgery or outreach service could operate in Wainfleet. Further information would be presented once available.

viii) Arbortetum GP Surgery, Lincoln; Burton Road GP Surgery, Lincoln; Pottergate Surgery, Gainsborough; and Metheringham Surgery

A report from Lincolnshire West Clinical Commissioning Group would be considered at agenda item 5 – *Lincolnshire West Clinical Commissioning Group Update*, which referred to the Arboretum GP Surgery, Lincoln; Burton Road GP Surgery, Lincoln; Pottergate Surgery, Gainsborough; and Metheringham Surgery. The Chairman confirmed that these four surgeries closed on 13 January 2017 and understood that a significant number of the 11,500 patients from these four surgeries were yet to re-register with another GP. An update would be sought as part of agenda item 5.

ix) Dental Services Procurement Stakeholder Briefing

On 13 January 2017, the Chairman received a briefing paper from NHS England (Central Midlands) on dental services procurement. The paper referred to NHS England's plans to commission eight new General Dental Service contracts using the "8 to 8" service model. The 8 to 8 practices would provide services between 8am and 8pm, seven days per week, 365 days per year. The 8 to 8 service model was

designed to offer routine as well as urgent care for patients not linked to a dental practice. A copy of the briefing would be circulated with the announcements.

x) Working Group Meetings

There were two forthcoming working group meetings:

- On 24 January 2017, there would be a meeting of the United Lincolnshire Hospitals NHS Trust Five Year Strategy Working Group; and
- On 2 February 2017, there would be a meeting of the Delayed Transfers of Care Joint Working Group

The Chairman explained that although not under the aegis of this Committee, there was also a meeting of the STP Working Group on 30 January 2017 which had been tasked by the County Council (at its meeting on 16 December 2016) to consider the financial and other impact of the Lincolnshire STP on County Council services. The Working Group would report directly to the County Council's Executive and would comprise of Councillors C J T H Brewis, Mrs J Brockway, S Dodds, C E D Mair, D C Morgan, Mrs M J Overton MBE, S L W Palmer, R A Shore and M A Whittington.

64 MINUTES OF THE MEETINGS OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

64a Minutes of the meeting held on 21 December 2016

RESOLVED

That the minutes of the meeting of the Health Scrutiny Committee for Lincolnshire held on 21 December 2016 be approved and signed by the Chairman as a correct record.

64b Minutes of the extraordinary meeting held on 12 January 2017

It was noted that Councillor R A Renshaw had been included within the attendance list as an observer of the Committee when, in fact, he had attended as a replacement member for Councillor R C Kirk and should have, therefore, been included under the attendance for Lincolnshire County Council.

RESOLVED

That the minutes of the extraordinary meeting of the Health Scrutiny Committee for Lincolnshire held on 12 January 2017, with the amendment noted above, be approved and signed by the Chairman as a correct record.

65 CONGENITAL HEART DISEASE SERVICES

Consideration was given to a report by Simon Evans (Health Scrutiny Officer) which provided some points of clarification to the Committee from University Hospitals of Leicester NHS Trust, including a letter from the Trust's Chief Executive, following the last meeting.

Dr Frances Bu'Lock (Honorary Associate Professor in Congenital and Paediatric Cardiology – East Midlands Congenital Heart Centre) and Jon Currington (Head of Partnerships, University Hospitals of Leicester NHS Trust) were in attendance for this item.

On 21 December 2016, Will Huxter (Regional Director of Specialised Commissioning, NHS England (London Region)) and Dr Geraldine Linehan (Regional Clinical Director of Specialised Commissioning, NHS England (Midlands and East Region)) attended the Committee to provide information on NHS England's reasoning for indicating that the East Midlands Congenital Heart Centre (EMCHC) would not meet the required standards for congenital heart disease surgery with a view to decommissioning those services from the EMCHC.

Both Mr Huxter and Dr Linehan were requested to attend this meeting to provide additional information and further points of clarification requested by the Committee. However, they had indicated that they would be unable to attend in person but would provide the information in writing. The information had been received and circulated to the Committee prior to the meeting.

The view of University Hospitals of Leicester NHS Trust had been included within the report by way of a letter dated 1 January 2017 from John Adler (Chief Executive) to the Chairman. The Chairman had also written to NHS England to request dates for the formal public consultation and it was noted that the response from Mr Huxter confirmed that permission had been granted by the Department of Health to run the consultation during Purdah.

Dr Bu'Lock addressed the Committee and noted the following responses to the statements made by NHS England at the last meeting:-

- Point 1 (a) – *375 cases this year* – this was not a requirement of the new cardiac review standards – the actual standard stated 375 cases were required, averaged over three years from April 2016. East Midlands Congenital Heart Centre would achieve this standard in the required timescales;
- Point 1 (b) – *500 cases by 2020* – a growth plan had been provided to NHS England on 7 November 2016 which showed that East Midlands Congenital Heart Centre would achieve the required 500 cases by 2020;
- Point 1 (c) – *surgeons* – the standards did not require surgeons to be employed in a substantive role and other centres also had consultants on locum contracts. It was usual practice to offer locum contracts to allow overseas consultants time to register with the GMC specialist register (a pre-requisite for a substantive post). On 2 December 2016 an appointment for a new substantive consultant was made as well as an additional appointment from those interviews to allow service development and succession planning. Despite the adverse climate, there were nine high quality applicants for this particular post;
- Point 2 (a) – *network and out of area referral were purely patient choice* – there was a network development plan which would increase, not decrease, choice for patients. The growth plan assumed that patients in close proximity

to the centre would be offered the choice of Leicester but did not assume that every patient would choose EMCHC. NHS England's plans would substantially reduce local patient choice;

- Point 2 (b) – *comments that patients wanted to experience care from someone with the best clinical expertise* – whilst correct, the surgeons at EMCHC had over fifty year's combined experience in congenital cardiac surgery. The outcome of that surgery, however, was of greater relevance; the surgical outcomes at Glenfield Hospital exceeded expectations in respect to deaths within 30 days following cardiac surgery;
- Point 3 – *only UHL and Manchester did not meet the 375 standard* – the NICOR data for 2015/16 on the NICOR website showed that last year Alder Hey did 348 surgical cases, Newcastle did 328 and EMCHC did 326;
- Point 4 – *NHS England had no plans to close EMCHC, there would continue to be specialist medical services for CHD at Glenfield* – on 7 November 2015, UHL submitted an impact assessment of what services would not be able to be provided if Level 1 commissioning was removed and this included all invasive interventions and surgery;
- Point 5 – *Transition – extra capacity would be required elsewhere and that Birmingham and had submitted funded plans to achieve this. Transition would take time 1-2 years to complete* – the current capital availability within the NHS was very limited and it was confirmed at the last Cardiac Clinical Reference Group meeting that there was no planned independent verification of how the additional capacity was going to be funded or provided;

Work also continued to increase the flow in to Leicester and to provide patients with all choices available to them locally.

Members were invited to ask questions during which the following points were noted:-

- Despite the comments from NHS England that emergencies for this type of care was rare when referring to transportation in rural areas, it was noted that only 70% of surgery was planned and the remaining 30% was emergency or salvaged cases. It was further explained that antenatal diagnosis would prevent babies being born elsewhere without unexpected complications but the travel issue was still applicable regardless of the circumstances;
- Although Glenfield had not reached 375 operations in the past which was the main issue raised by NHS England in relation to quality, the mortality rate at EMCHC was 0.6%. UHL would continue to challenge the statement and interpretation of NHS England that 500 operations give better quality of care;
- The Committee was asked to note that there were 400 standards to be met and the standard relating to the number of procedures carried out per surgeon was only one of these, if the standards were applied equitably, all centres would be closed;
- The figures provided from NHS England were historical and it was reported that the figures for 2015/16 were available but had not yet been validated. It was also confirmed that the figures for 2016/17 would be available by the end of March 2017 but, again, would not be validated;
- NHS England also reported that a Growth Plan had not been received from EMCHC. It was stressed that this had been submitted to NHS England;

- A comparison was made between the work of Great Ormond Street Hospitals and EMCHC. It was explained that Great Ormond Street had become a 'brand' with a huge fundraising profile attached to it and although EMCHC also provided a specialised service the resources were not available to undertake a similar level of promotion;
- It was acknowledged that finance played a part in the review of these services, however, closing a centre would stop surgeons being able to do any surgery in their specialised field which would, in turn, result in surgeons leaving that hospital to find work elsewhere before the closure actually took place. This would leave existing patients at risk;
- UHL was to present to the All Party Parliamentary Group on Heart Disease and would report the outcome to the Committee;
- In relation to Extra Corporeal Membrane Oxygenation (ECMO) machines, NHS England indicated that all nine centres offer ECMO services to patients. It was reported that only EMCHC was commissioned to undertake respiratory ECMO and patients who required monitoring of this type on a long term basis would be referred to EMCHC at Glenfield;
- The Committee was asked to note that all centres were required to do a self-assessment but that NHS England had not revisited that requirement;
- Implementation Groups had been set up by NHS England some months in advance, however it was reported that the meetings scheduled for 18 January 2017 and March 2017 had both been cancelled.

RESOLVED

1. That the information received from NHS England, in relation to the questions raised by the Health Scrutiny Committee on 21 December 2016 and circulated on 17 January 2017, be noted;
2. That the information submitted within the letter from John Adler (Chief Executive, University Hospitals of Leicester NHS Trust) dated 1 January 2017 be noted;
3. That a submission to NHS England in advance of the formal consultation be drafted by the Health Scrutiny Officer, including the disappointment of the Committee that the Department of Health had chosen to ignore Purdah, prior to 15 February 2017 be supported; and
4. That the information provided by NHS England, circulated to the Committee on 17 January 2017, be sent to John Adler (Chief Executive, University Hospitals of Leicester NHS Trust) with a request to provide a formal response to the content which could be included within the pre-consultation submission to NHS England, be agreed.

66 LINCOLNSHIRE WEST CLINICAL COMMISSIONING GROUP UPDATE

Consideration was given to a report by Sarah Newton (Chief Operating Officer, Lincolnshire West Clinical Commissioning Group) which provided an update on the activities of Lincolnshire West Clinical Commissioning Group (LWCCG) and included information on the lead commissioning arrangements undertaken by LWCCG; APMS (Alternative Provider of Medical Services) practices, financial and performance information; and patient engagement activity.

Sarah Newton (Chief Operating Officer, LWCCG), Dr Sunil Hindocha (Clinical Chief Officer, LWCCG) and Richard Childs (Lay Chair, LWCCG) were all in attendance for this item.

Lincolnshire West CCG had a registered population of 234,594 patients, was in its fourth year of commissioning health services and was experiencing increased demand for healthcare, prescribing and hospital services. The CCG had fully delegated authority for Primary Medical (General Practice) services, the commissioning of which was managed through the Primary Care Co-commissioning Committee (PCCC), constituted to minimise any conflict of interest with GPs as members of the CCG. The PCCC also included representatives from Healthwatch Lincolnshire and the Health and Wellbeing Committee as observers.

Five of the 37 practices were operated under APMS when the CCG took over delegated responsibility in April 2015. Since then the company running the University Practice APMS contract went into liquidation in March 2016. Following a successful procurement process, the contract to run this practice was awarded to the Nottingham University Health Service, rated by the Care Quality Commissioning (CQC) as Outstanding.

In July 2016, the CCG was given one month's notice of an intent to apply for voluntary liquidation by Universal Health, who held the remaining four APMS contracts (Burton Road Surgery, Lincoln; Pottergate Surgery, Gainsborough; Arboretum Practice, Lincoln; and Metheringham Surgery). The services of a Caretaker Manager for these practices, whilst undergoing a consultation process for an alternative provider, was sought and, despite a number of expressions of interest, only one single bid was received for three practices. Pottergate Surgery received two bids. The bids were independently evaluated and a determination made that neither bidder met the minimum criteria to make a contract award. It was therefore decided by the PCCC to close the practices.

The four surgeries formally closed to patients on 13 January 2017 and all patients who had not registered with an alternative practice by 6 January 2017 had been contacted to advise automatic registration with the GP practice closest to their existing provider.

In addition to the content of the report, the Committee was advised that the closure was not as a result of finances but the lack of a suitable provider to take over the contracts. It had, however, cost over £50k per month over the baseline funding to keep these surgeries open whilst a new provider was sought. Universal Health also went into liquidation owing a considerable sum to the CCG. Disappointment at the failure of the private sector to be held to account was expressed as some of these contracts had been inherited from NHS England and not awarded by the CCG.

Lead commissioning arrangements of all CCGs had also been reviewed over the last year and LWCCG had been appointed as the lead commissioner for Lincolnshire Community Health Services, East Midlands Ambulance Service, Non-emergency patient transport, NHS 11 services and other smaller contracts.

The following achievements of the CCG were reported to the Committee. The CCG had:-

- Commissioned a hospital liaison service for mental health and funded a primary care service to help people with mental health problems attend health checks;
- Continued to develop four neighbourhood teams and frailty pathways;
- Delivered above average Bowel screening rates;
- Supported Primary Care International Recruitment Campaign, which had resulted in a scheme to deliver 25 extra GPs to Lincolnshire;
- Delivered a local target of 95% of practices having implemented a pre-diabetic register to support patients at high risk of developing type 2 diabetes to receive lifestyle support;
- Procured a new, more comprehensive, non-emergency transport service for Lincolnshire;
- Launched consultation on over the counter medication and third party prescribing;
- Supported the development of a new Clinical Assessment Service;
- Procured a new 111 service provider;
- Improved dementia detection and support; and
- Led work to improve cancer pathways such as Find Out Faster cancer pathway.

In relation to finances, the CCG received £310m during 2015-16 to commission healthcare. 48% of the expenditure was used to buy services from Acute NHS trusts, 25% on primary care (including prescribing costs), 10% on mental health, 7% on community services and 6% on continuing health care. Less than 2% was spent on corporate running costs.

Although the CCG received an increase in funding for 2016-17, increased demand for services in a time relative funding constraint had led to some significant pressures on budgets. The CCG was reacting to this pressure by taking measures to improve productivity and to focus on services which had the highest priority.

In 2015-16, LWCCG was rated overall as 'Requires Improvement' and performance on each of the assessment framework areas was:-

- Well led: Good
- Delegated Functions: Good
- Finance: Good
- Performance: Requires Improvement
- Planning: Requires Improvement

92 CCGs nationally were given this rating which principally referred to the performance of the system in meeting constitutional standards for patients.

Clinical priority baselines had also been published for the first time and the CCG performed as follows:-

- Cancer: Needs Improvement
- Dementia: Needs Improvement
- Diabetes: Top Performing
- Learning Disabilities: Needs improvement
- Maternity: Performing Well
- Mental Health: Performing Well

Whilst pleased with the higher performance ratings, the Committee was assured that work had been ongoing to improve the dementia detection rates and was pleased to report that these now met national expectations. Significant improvements had also been made in respect of learning disabilities with the number of patients in hospital significantly reducing. Although the rating for cancer survival rates was similar to the national average, problems locally with cancer staging data which was a measure of the degree of progression seen in a cancer at the time of diagnosis.

Patient engagement continued by Listening to the Patient Voice and having an effective Quality and Patient Experience Committee (QPEC), a sub-committee of the CCG Governing Body which met quarterly. A Stakeholder Communication and Engagement report was presented to the CCG Governing Body in November 2016 which described the key achievements in the first half of the year and included:-

- Over 1014 separate engagement interactions outside of 'routine' business function;
- 50 press releases, 98% of which were used by local media;
- Increase in social media following by 67% (Twitter) and the launch of a new CCG Facebook page which reached an audience of 23,000 in October 2016;
- National TV coverage of Diabetes Prevention Programme, regional TV coverage of new Find Out Faster cancer pathway, a monthly column in the Lincolnshire Echo and Molly's Guide magazine in addition to a regular slot on Siren FM to promote mental health, diabetes and cancer;
- The Health Involvement Network was launched in September 2016 and had provided more opportunities for patients, groups and organisations to engage in the decision-making of the CCG.

In addition to the lead commissioning role for a number of contracts, the CCG was also the lead commissioner for planned care and cancer across the County. Within the STP and LHAC programmes, the CCG had led on these areas, proactive care, primary care and estates.

The Committee was asked to note that the STP was not a draft plan and was, in fact, a live document which would continue to evolve throughout the implementation of the two year operational plans and any major changes made only after full public consultation.

The critical steps for the future of the STP included:-

- An Options Appraisal Event on 25 January 2017;
- A Clinical Senate Review on 20 February 2017;

- Submission of the Pre-Consultation Business Case to NHS England at the beginning of March 2017; and
- It was anticipated that the 12-week public consultation would commence in May 2017.

Members were invited to ask questions, during which the following points were noted:-

- GPs had a responsibility to keep patients lists up-to-date and as part of this to remove patients from lists when they passed away as the practices were paid per patient. There was a process to ensure that every patient was captured, even those who registered temporarily. However, it was acknowledged that there was a challenge in keeping track of temporary patients but the process was generally successful;
- Approximately 40% of patients from the Burton Road surgery had not yet registered with an alternative GP. The CCG were in the process of allocating these patients to other GPs and assured the Committee this would be done, electronically, within the week;
- Concern at the additional strain on existing GPs to take these patients was noted but explained that some part-time GPs in those surgeries had agreed to increase their hours to full-time in order to fully support all patients;
- GP practices would be unable to open for longer hours as there was not the workforce available at the present time to support that. The increase in housing would mean that capacity would have to increase as opening new surgeries would be difficult to maintain;

RESOLVED

1. That the information presented by Lincolnshire West Clinical Commissioning Group be noted; and
2. That the outcomes of the procurement exercise undertaken by Lincolnshire West Clinical Commissioning Group in relation to the four APMS (Alternative Provider of Medical Services) practices be noted.

67 LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN - FINALISING THE STATEMENT OF THE HEALTH SCRUTINY COMMITTEE

Consideration was given to a report by Simon Evans (Health Scrutiny Officer) which invited the Committee to consider the draft statement prepared following the discussions of the Committee at the extraordinary meeting held on 12 January 2017.

At 12.25pm, Councillor R C Kirk left the meeting and did not return.

The draft statement was circulated to the Committee on 17 January 2017 for information. The Committee made the following comments:-

- Information on the number of births to Lincolnshire mothers at Lincoln County Hospital and Pilgrim Hospital, Boston, was asked to be included;

- To include a paragraph calling for consideration to the balance between increased specialisation and the provision of services locally;
- To make reference to the Lincolnshire Workforce Advisory Board under "Workforce"; and
- To add a paragraph within the conclusion to clearly state the Committee's view that the case for change had been partially demonstrated but reserved the right to consider and respond to proposals for substantial change as part of the forthcoming consultations.

In order for the Final Statement to be prepared for approval by the Committee, the Chairman adjourned the meeting for lunch at 12.45pm and asked the Committee to reconvene at 2.00pm.

NOTE: At 2.00pm, the Chairman reconvened the meeting. On return, the following Members and Officers were in attendance:-

Lincolnshire County Council

Councillors S L W Palmer, Mrs S Ransome, Mrs J M Renshaw, Mrs C A Talbot (Chairman), T M Trollope-Bellew and Mrs S M Wray.

Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council), Mrs K Cook (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and P Howitt-Cowan (West Lindsey District Council)

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Andrea Brown (Democratic Services Officer), Dr Kakoli Choudhury (Consultant in Public Health), Simon Evans (Health Scrutiny Officer), Gary James (Accountable Officer, Lincolnshire East CCG) and Steve Mosley (Chief Officer, Lincolnshire Local Pharmaceutical Committee)

County Councillors R A Renshaw and M A Whittington attended the meeting as observers.

The Chairman proposed that agenda item 8 be considered prior to the final sign of the STP Statement as the guest speaker for this item was already in attendance. This was agreed by the Committee.

Following consideration of agenda item 8, the Final Statement, with the suggested amendments, was circulated to the Committee and read as follows:-

"INITIAL RESPONSE OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE ON THE LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN

CONTEXT FOR THE COMMITTEE'S INITIAL RESPONSE

Role of the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee would like to emphasise its role reviewing and scrutinising the NHS, in terms of the health services available to and accessed by the Lincolnshire population. The Committee can seek to influence the decision making within the NHS, but decisions on the provision of NHS services rest with the local NHS, NHS England, and ultimately the Secretary of State for Health.

CHANGES TO SERVICE PROVISION

Accident and Emergency and Urgent Care Centres

The Health Scrutiny Committee notes that the STP refers to a proposal for five urgent care centres[1] in Lincolnshire 'alongside proactive care services, which will divert 244,063 A&E attendances by 2021 (equivalent to 235 per day)'. The STP also states an aspiration that urgent care centres will deliver a two hour target for treating patients. The Health Scrutiny Committee would like to explore and seek clarification of the definition of an urgent care centre, together with the definition of an A&E department. Any proposals to change the nature of services currently provided would constitute a substantial variation in the provision of services and the Committee would reserve its right to respond to this proposal as a statutory consultee. The Health Scrutiny Committee has previously considered the 'temporary' overnight closure of Grantham Accident and Emergency Department, and referred this closure to the Secretary of State for Health. The Committee's position remains that it would like to see Accident and Emergency Services restored at Grantham Hospital to the way they operated prior to 17 August 2016, when the 'temporary' closure began.

Maternity Services

The Royal College of Obstetrics and Gynaecology is cited in the STP as suggesting that at least 6,000 births per year are required on a single urban site for clinical safety [2]. With 7,000 births per annum to Lincolnshire mothers, of which 5,500 are taking place at Lincoln County Hospital or Pilgrim Hospital, Boston, the STP draws attention to staff not getting the right level of clinical experience with more demanding rotas presenting challenges for recruitment. The STP also refers to national shortages of

[1] Pages 10, 19, 21 and 60 of the Lincolnshire Sustainability and Transformation Plan

[2] Page 36 of the Lincolnshire Sustainability and Transformation Plan

paediatricians and paediatric nurses. The Committee notes that three options are proposed for maternity services.[3] The Committee's preference at this initial stage is for the continuation of consultant-led obstetric services at both the Lincoln County Hospital and Pilgrim Hospital sites. The Committee has received details on the numbers of births to Lincolnshire mothers at Lincoln County Hospital and Pilgrim Hospital, as well as at neighbouring hospitals and believes this information will be crucial to the Committee's future consideration of this topic.

Travelling to Access Services

Page 103 of the STP refers to travel times and modes of transport. Average travel times by car of 10-21 minutes for five hospital sites are cited, and with average travel times of between 38-77 minutes cited for public transport. The Committee would like the travel time assumptions to be reconsidered, as there are parts of Lincolnshire, which are poorly served by public transport and average travel times will not reflect the difficult journeys which some residents will face in trying to access services. The Committee notes that the STP's 'Transport Enabler Group' will be considering these issues, and would like travel times to be given a high priority in a rural county such as Lincolnshire.

The Committee also notes the intentions within the STP for appropriate services to be provided as locally as possible, with patients and families only travelling to access specialist services. However, the public transport infrastructure in Lincolnshire is something that would need to be considered as part of any developments.

The Committee would like consideration to be given to the balance between increased specialisation and the provision of services locally; increased specialisation may mean the discontinuation of services in certain localities, which further makes access to services difficult.

Workforce

A key element of the STP is the proposal for changes to the overall workforce. The Health Scrutiny Committee has sought clarification on the planned staffing reductions, which equate to 549 full time equivalent posts. Whilst the Committee has been advised that there are already vacancies of around 500 posts, there will need to be emphasis on ensuring the recruitment and training of staff to ensure the appropriate roles are filled, which include new roles such as associate nurses.

Initiatives to recruit and retain staff are supported by the Committee, such as the Attraction Strategy, which is being taken forward by the Lincolnshire Workforce Advisory Board.

Promoting Self Care and Prevention

Many of the proposals in the STP such as the developments that promote self-care and develop prevention services neighbourhood teams, and measures to improve

[3] Page 84 of the Lincolnshire Sustainability and Transformation Plan

preventative health care are welcome. The Committee would support initiatives to educate the public on using simple available remedies for minor ailments and simple injuries, so that NHS services are not used unnecessarily.

Community Pharmacies

Encouraging patients to use community pharmacies for advice and the treatment of minor ailments, instead of using GP appointments or attending A&E, is strongly supported. However, the Health Scrutiny Committee is aware that the Government's changes to the funding of community pharmacies as a result of Community Pharmacy in 201617 and Beyond could lead to Lincolnshire losing a number of community pharmacies. This is a concern and could undermine efforts to encourage communities to use pharmacies as their first point of contact for most minor ailments.

Consultation

As stated above, the Health Scrutiny Committee will be responding to any consultation on service reconfigurations, which is a key part of its remit. The Committee would like to see all consultation options supported by a robust evidence base and clearly referenced to the sustainability criteria of quality, accessibility, deliverability and affordability. The Committee believes that the views of the residents of Lincolnshire are of paramount importance in influencing the future direction of health care provision in the county and call on all local NHS organisations to conduct a full and meaningful consultation with local residents. The Committee also urges local NHS organisations to fully consider and act upon the views which emerge from the public consultation.

CHANGES TO PUBLIC ATTITUDES

The Health Scrutiny Committee strongly supports the NHS, but acknowledges that many members of the public use the wrong NHS services or access those services unnecessarily. There needs to be a campaign which encourages the public to use the NHS only as required.

Promoting the NHS in Lincolnshire

The Health Scrutiny Committee supports patient choice and acknowledges that for many Lincolnshire residents their preferred and nearest acute hospital is outside the county. For example, most residents in the south of the county look to Peterborough City Hospital, while many in the Louth and surrounding area look to Diana Princess of Wales Hospital in Grimsby. This geographical preference is likely to continue for many residents. However, there are many patients whose nearest acute hospital is in Lincolnshire who currently prefer to travel outside the county for their elective care. The Committee would like to stress the importance of promoting the quality of services provided at the Lincolnshire acute hospitals. The Committee notes that the STP refers to a financial impact of £12 million, if more patients were to use the

County's hospitals instead of going out of county.[4] The Committee will be seeking clarification whether this sum represents an improvement in the income of United Lincolnshire Hospitals NHS Trust, rather than an overall saving to the Lincolnshire health and care system.

FINANCE

Revenue Funding

The Health Scrutiny Committee notes that there would be a deficit of £182 million by 2020/21, if nothing changes[5]. The Health Scrutiny Committee accepts that this level of deficit is not sustainable and on several occasions the Committee was assured that the STP was not solely financially driven, but affordability was one of the four criteria used to evaluate services. The Health Scrutiny Committee will be seeking further assurance from the NHS on the financial elements of the STP. The financial impact of seasonal demands on health services also remains a concern for the Committee.

The level of funding for all public services in Lincolnshire, including health services, remains a concern, and the Committee would support any activity to ensure more resources were provided to improve services in Lincolnshire.

Capital Expenditure

A sum of £205 million is required to support the 'critical infrastructure changes to support clinical redesign', and the STP states that access to capital funding is critical to the delivery of this redesign[6]. The STP also acknowledges[7] that funding is limited and that 'other sources of capital including third party developers, Public Private Partnership (project Phoenix), County Council funding will be explored'. The Committee was advised that the requirement for £205 million is a modest sum, in the context of what other STP areas are seeking and the level of NHS revenue funding in the county. The power of the foundation trusts to borrow funds was cited as an additional source of capital. However, NHS England's statement that funding for capital investment is 'tight over the next few years'[8] remains a concern for the Committee. Further details of how the capital funding is going to be secured would be welcome, together with further details on the specific projects[9].

OUT OF COUNTY SERVICES AND NEIGHBOURING STPs

[4] Page 74 of the Lincolnshire Sustainability and Transformation Plan
[5] Page 25 of the Lincolnshire Sustainability and Transformation Plan
[6] Page 27 of the Lincolnshire Sustainability and Transformation Plan
[7] Page 85 of the Lincolnshire Sustainability and Transformation Plan
[8] Paragraph 13 of NHS England Board Paper 15 December 2016 (Item 6) "Sustainability and Transformation Plans"
[9] Pages 83-84 of Lincolnshire Sustainability and Transformation Plan detail capital projects.

As stated above, a significant number of Lincolnshire residents look to hospitals outside the county, as their nearest and preferred acute hospital. The Committee will be seeking to gauge the impact of neighbouring STPs on Lincolnshire residents. One example of this is the Louth and the surrounding area, where any loss of services at Diana Princess of Wales Hospital in Grimsby would have a detrimental effect on residents, as a result of the Humber, Vale and Coast STP. The Committee will be seeking to respond to the appropriate consultations on changes to services, which derive from neighbouring STPs.

CONCLUSION

In accordance with the decision of the County Council on 16 December 2016, the Health Scrutiny Committee for Lincolnshire cannot support the Lincolnshire STP in its current form. However, the Committee supports the position that the County Council is prepared to work with all local NHS organisations to encourage them to adhere to and act upon the views, which emerge from the public consultation. The Committee believes that the case for change has been partially demonstrated within the STP, but the Committee reserves its right to consider and respond to proposals for substantial change as part of forthcoming consultations, where the Committee's focus will be on the impact of any service changes on residents throughout Lincolnshire.

The Health Scrutiny Committee for Lincolnshire in particular would wish to highlight its role as a statutory consultee in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 in relation to substantial variations or substantial developments in health services and will be responding to consultations on changes to services from May 2017 onwards."

RESOLVED

1. That the statement prepared on behalf of the Health Scrutiny Committee for Lincolnshire on the Lincolnshire Sustainability and Transformation Plan and, including the amendments noted above, be submitted as the Committee's initial response to the Lincolnshire Sustainability and Transformation Plan, prior to the full public consultation in May 2017; and
2. That the submission of the final statement and minutes of the extraordinary meeting of the Health Scrutiny Committee for Lincolnshire held on 12 January 2017 to the Executive for their information and consideration be agreed.

The Chairman indicated her thanks, on behalf of the Committee, to Simon Evans (Health Scrutiny Officer) for the work involved in preparing the draft statement on behalf of the Committee.

68 COMMUNITY PHARMACY 2016/17 AND BEYOND: THE FINAL PACKAGE

Consideration was given to a report from Simon Evans (Health Scrutiny Officer) which provided information on how the Implementation of *"Community Pharmacy in 2016/17 and Beyond: The Final Package"* was impacting on local pharmacies.

Steve Mosley (Chief Officer of the Lincolnshire Local Pharmaceutical Committee) was in attendance for this item.

On 20 October 2017, the Government published *Community Pharmacy in 2016/17 and Beyond: The Final Package* which set out the Government's response and decision on its consultation which closed on 26 May 2016 and to which the Health Scrutiny Committee responded on 27 April 2016.

The response from the Local Government Association; National Pharmacy Association; Royal Pharmaceutical Society; and Pharmacy Voice were also included within the report pack for the Committee's information.

The Committee had previously considered this paper and additional information from the Lincolnshire Local Pharmaceutical Committee on 20 April 2016 where it was agreed that a letter be sent to the Secretary of State for Health from the Chairman of the Committee on behalf of the Committee noting the Committee's concerns.

A response to that letter was received from the Rt Hon Alistair Burt MP, Minister of State for Community and Social Care on 10 June 2016 acknowledging the concerns of the Committee and assuring the Chairman that all correspondence had been passed to the relevant officials who were considering the consultation responses.

The Chairman wrote to the Minister of State for Community and Social Care on 21 June 2016 confirming that the Committee had been advised of the Pharmacy Access Scheme referred to in his letter of 10 June 2016. The Chairman also requested that, in future, local authority overview and scrutiny committees be directly consulted for their views on any such potential change in funding arrangements which could impact on local health provision. The Chairman reiterated the position that the closure of up to 30 pharmacies in Lincolnshire would constitute a substantial variation in health service provision within the County and would strongly urge the Department of Health to make sure that the Pharmacy Access Scheme ensured that rural areas were not left without community pharmacies.

The announcement by the Secretary of State for Health calling for GPs to open seven days per week would have detrimental impact on pharmacies. Pharmacies were able to play a key role in making the NHS more efficient and a competitive buying market had driven down medicine prices for the NHS more effectively than a single model had previously.

The level of rurality meant that this package had impacted less in Lincolnshire than in some other areas as the Pharmacy Access Scheme protected rural communities better than urban areas with high deprivation. A key driver of healthcare need was demand. For example, a large GP practice and two pharmacies within 100 yards of each other within Lincoln was due to patient demand rather than commercially driven.

Two judicial reviews were ongoing against the decision of the Department of Health.

Members were invited to ask questions, during which the following points were noted:-

- There was little which could be done at present as the impact of the scheme and the way in which payment titles worked would be unknown until the summer months. This would also be dependent on the outcome of the judicial reviews which were expected to be heard within the first week of March 2017;
- It was anticipated that all clustered pharmacies would be severely impacted within this period. Should independent pharmacies become unviable, NHS England had the ability to procure service provision dependent on the needs identified within the Pharmacy Needs Assessment (PNA). Therefore, should one pharmacy close, it would be the decision of NHS England whether that provision needed to be replaced;
- There had always been difficulties with recruiting pharmacists into Lincolnshire with varying efforts made to improve that, including the establishment of a school of pharmacy. Lincoln University had yet to produce its first cohort of qualified pharmacists;
- Within the STP, a lot of emphasis had been put on preventative intervention which was required to prevent hospital care. However, patients were to be signposted to community pharmacists for this care but the impact of this package was not yet known and therefore there may not be a sufficient level of community pharmacists available to support the STP proposals by 2021;
- Paragraph 3.28 of the document referred to four gateway criteria which pharmacies must meet to qualify for payment. This included the ability for staff to send and receive NHS Mail. It was explained that the pharmacies were able to request an 'NHS' email and that the deadline for this was in early February 2017. It was now also the responsibility of individuals to check their own details on NHS Choices and ensure that they were up to date. Pharmacies also had to offer at least one advanced service which not all were doing at present;
- The Pharmacy Access Scheme was a complicated formula based on different metrics including isolation, car ownership, deprivation, etc., all of which applied to rural Lincolnshire;
- Up to six advanced services could be provided by pharmacies including Medicines Use Reviews; Flue vaccination; New Medicine Service (NMS); Appliance Use Reviews (AUR); Stoma Appliance Customisation (SAC); and NHS Urgent Medicine Supply Advances Service (NUMSAS). Flu Vaccination did not qualify for the gateway criteria;
- On 20 October 2016, the Department of Health and NHS England announced that as part of the 2016/17 and 2017/18 community pharmacy funding settlement, money from the Pharmacy Integration Fund (PhIF) would be used to fund a national pilot of a community pharmacy NHS Urgent Medicine Supply Advanced Service (NUMSAS). The service was being commissioned as an Advanced Service and would run from 1 December 2016 to 31 March 2018. The Department of Health proposed that the PhIF could be used to fund a pilot scheme to test and evaluate such a service in order to inform possible future commissioning. This pilot had been running in Lincolnshire for 15-18 months with non-recurrent funding from NHS England to support winter pressures through pharmacies who chose to do so;

- It was confirmed that 24 of the 122 pharmacies within Lincolnshire were signed up to the Pharmacy Access Scheme.

The Chairman suggested that a letter be sent to the Minister of State for Community and Social Care reiterating the Committee's disappointment at the lack of consultation on this issue and the points previously made in relation to the document and to express concern that a service vision could be finalised without awareness of the full outcome and effects of that change.

RESOLVED

1. That the *Community Pharmacy in 2016/17 and Beyond: The Final Package* and the implementation of the impact on community pharmacies in Lincolnshire be noted; and
2. That authority be delegated to the Chairman of the Health Scrutiny Committee for Lincolnshire to write to the Minister of State for Community and Social Care confirming the Committee's disappointment at the *Community Pharmacy in 2016/17 and Beyond: The Final Package* and the absence of direct consultation with Health Scrutiny Committee's in the first instance; to reiterate the point relating to the implementation of service revision/change without knowledge of outcomes; and the lack of criteria or consideration to rurality.

69 WORK PROGRAMME

Consideration was given to a report by the Health Scrutiny Officer which gave the Committee the opportunity to consider its work programme for the coming months.

During consideration the following amendments were proposed:-

- Add an item to the work programme for a future meeting of the Committee to consider screening programmes for cervical, breast and prostate cancer; and
- Arrangements for Quality Accounts to be added to the work programme for the meeting of the Committee on 15 February 2017.

RESOLVED

That the work programme, with the amendments noted above, be agreed.

The meeting closed at 3.30 pm