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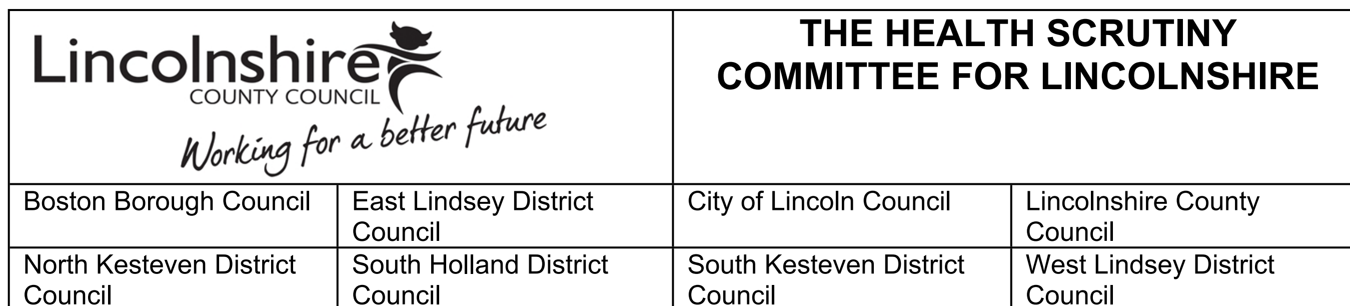

THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

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

Direct Dialling: 01522 553787

E-Mail: andrea.brown@lincolnshire.gov.uk

Democratic Services
Lincolnshire County Council
County Offices
Newland
Lincoln LN1 1YL

A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 15 February 2017 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL

M E M B E R S O F T H E C O M M I T T E E

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: P Gleeson (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 P Howitt-Cowan (West Lindsey District Council)

Healthwatch Lincolnshire: Dr B Wookey

AGENDA

Item	Title	Pages
1	**Apologies for Absence/Replacement Members**	
2	**Declarations of Members' Interests**	
3	**Chairman's Announcements**	Verbal Report
4	**Minutes of the meeting of the Health Scrutiny Committee for Lincolnshire held on 18 January 2017**	3 - 24
5	**East Midlands Ambulance Service Update and Performance** *(To receive a report from Blanche Lentz (Lincolnshire Divisional Manager, East Midlands Ambulance Service (EMAS)) which summarises the key areas of demand and performance within East Midlands Ambulance Service with particular reference to the Lincolnshire Division. Blanche Lentz (Lincolnshire Divisional Manager) and Neil Scott (Lincolnshire Assistant Divisional Manager) will be in attendance for this item)*	25 - 34

Item	Title	Pages
6	**The Butterfly Hospice, Boston** *(To receive a report from Sarah McKown (Head of Clinical Services, Lincolnshire Community Health Services) providing information on the Butterfly Hospice in Boston, which opened to inpatients in 2014, and the planned future developments for the Hospice. Sarah McKown (Head of Clinical Services, Lincolnshire Community Health Services), Clare Credland (Integrated Services Lead, Lincolnshire Community Health Services) and Linda Sanderson (Butterfly Hospice Trust Manager) will be in attendance for this item)*	35 - 40
7	**Learning Disability Services** *(To receive a report from Jane Marshall (Director of Strategy and Performance, Lincolnshire Partnership NHS Foundation Trust) which provides the Committee with information on proposed options on the future model of Learning Disability Services for the people of Lincolnshire)*	41 - 64
	LUNCH 1.00PM - 2.00PM	
8	**LIVES (Lincolnshire Integrated Volunteer Emergency Services) Status Report and Update** *(To receive a report from Nikki Silver (Chief Executive Officer, LIVES) which provides the Committee with a status report and update on services provided by Lincolnshire Integrated Volunteer Emergency Services. Nikki Silver (Chief Executive Officer, LIVES) and Dr Simon Topham (Clinical Director, LIVES) will be in attendance for this item)*	65 - 72
9	**Work Programme** *(To receive a report by Simon Evans (Health Scrutiny Officer) which invites the Committee to consider its' work programme for the coming months)*	73 - 76

Tony McArdle
Chief Executive
7 February 2017

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

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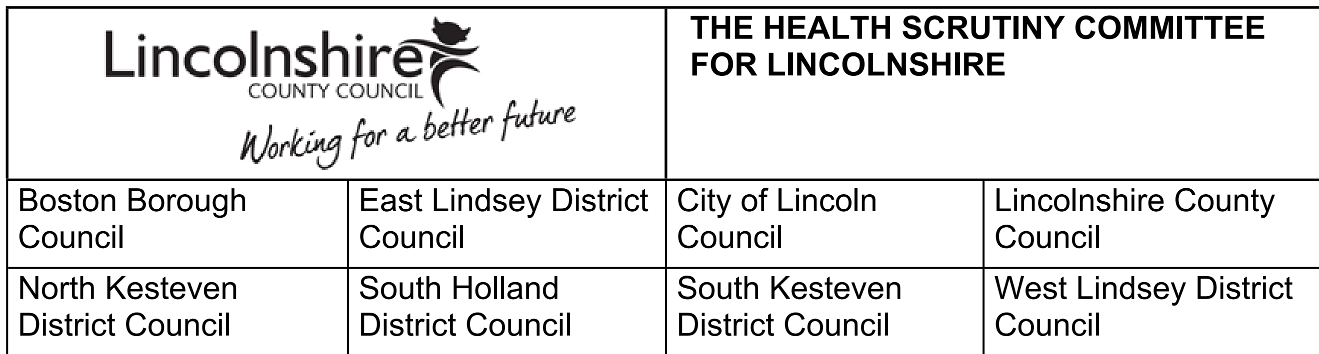


	THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE		
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of East Midlands Ambulance Service NHS Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**15 February 2017**
Subject:	**East Midlands Ambulance Service Update and Performance**

Summary:

This report summarises the key areas of demand and performance within East Midlands Ambulance Service with specific reference to Lincolnshire Division.

Actions Required:

(1) To seek assurance and commentary on the continued work and delivery of EMAS urgent and emergency care in Lincolnshire.

(2) To identify whether any additional information is required on any part of the information in the report.

1. Ambulance Performance Standards

The following national performance standards have been set for calls to ambulance services:

- Red 1 – Immediately life threatening calls, for example cardiac arrest patients who are not breathing and do not have a pulse, and other severe conditions such as airway obstruction. Red 1 patients account for less than 5% of all ambulance calls. **Response time: 8 minutes from call received (Target 75%) and 19 minutes for conveying resource to scene (Target 95%)**.
- Red 2 –Life threatening calls, such as cardiac chest pains. **Response time: 8 minutes from call received (Target 75%) and 19 minutes for conveying resource to scene (Target 95%).**
- Green 1 – Serious, but not life threatening. **Response time of 20 minutes from call received (Target 85%).**

- Green 2 – Serious, but not life threatening and with no serious clinical need: **Response time of 30 minutes of call received (Target 85%).**
- Green 3 – Non-life threatening non-emergency call. **Telephone assessment within 20 minutes of call received (Target 85%).**
- Green 4 – Non-life threatening non-emergency call. **Telephone assessment within 60 minutes of call received (Target 85%).**

The contractual arrangements for the East Midlands Ambulance Services NHS Trust (EMAS) during 2016-17 provide an expected performance against Red1, Red 2 and Red 19. For the whole of the Lincolnshire Division these contractual targets have been set as follows: -

	Oct	Nov	Dec	Jan	Feb	Mar	Grand Total
Red 1	71.60%	75.80%	71.60%	74.80%	73.50%	81.60%	74.00%
Red 2	68.00%	71.00%	68.00%	70.60%	69.50%	71.80%	68.10%
Red 19	84.00%	81.80%	84.00%	81.20%	80.50%	84.60%	82.60%

As indicated above, the contractual targets (approved by the Clinical Commissioning Groups in the East Midlands) have been set at a lower level than the national performance standards. For example, the national performance standard is for ambulances to be at the scene ready to convey in 95% of cases for a red 1 and red 2 call, whereas the contractual figures is 82.60%.

While performance information is provided in this report at county and clinical commissioning group level, EMAS (like all other ambulance services in England) is only required to meet response time performance across the Trust as a whole. However, there is a local expectation for increased performance.

2. Performance Summary

Nationally ambulance services are struggling with performance against the national trajectory and standards set. During Quarter 3 of 2016/17, EMAS did not meet the national trajectory or the contractual standard within Lincolnshire Division, which includes North Lincolnshire and North East Lincolnshire.

Performance - Lincolnshire	Target	Oct-16	Nov-16	Dec-16	Jan–17	Feb-17	Mar-17	YTD/ Average
Red 1 (8 min)	75%	69.00%	73.55%	71.24%				70.22%
Red 2 (8 min)	75%	60.24%	59.44%	55.65%				59.11%
Red 19 (19 min)	95%	75.49%	75.55%	74.34%				76.58%
Green 1 (20 min)	85%	63.31%	60.44%	55.54%				65.38%
Green 2 (30 min)	85%	58.20%	61.11%	62.97%				64.47%
Green 3	N/A	72.06%	61.27%	66.45%				71.47%
Green 3 Telephony (20 min)	85%	87.21%	74.58%	66.00%				77.43%
Green 4	N/A	89.63%	84.69%	79.92%				89.06%
Green 4 Telephony (60 min)	85%	98.60%	96.14%	95.12%				96.54%
Urgent (pick up within 15 mins)[1]	90%							64.72%

Responses - Lincolnshire	Oct-16	Nov-16	Dec-16	Jan–17	Feb-17	Mar-17	YTD/

[1] From October 2016, urgent calls from health care professionals have been classed as Green 3 or Green 4 responses.

							Average
Red 1	329	310	306				2726
Red 2	6121	5964	6835				53753
Green 1	2093	2116	2447				18065
Green 2	3251	3001	2814				32083
Green 3	136	142	155				1415
Green 4	839	712	518				3055
Urgent [2]	N/A	N/A	N/A	N/A	N/A	N/A	4356

The ambulance services across England continue to struggle with demand and ability to meet nationally set targets. The future changes as set by the Ambulance Response Programme nationally will impact this position as we enter 2017-18 and migrate to the new method of coding and response.

Quarter 3 Performance at Clinical Commissioning Group Level

Appendix A to this report sets out for indicative purposes only the performance at Lincolnshire CCG level. As stated above, EMAS (like all other ambulance services in England) is only required to meet response time performance across the Trust as a whole.

Red Conversion Rate

The red conversion rate is the percentage split between red calls and green calls. In effect it is a comparison between calls for the very unwell, which necessitate a response within eight minutes, compared to calls for the moderately unwell, where a response longer than eight minutes is accepted.

The expected and forecast norm to meet national performance standards is 42% of emergency calls having an acuity level necessitating an eight minute response. Therefore an increase in red conversion above this level is a marker of increased acuity of 999 calls. This is referred to as the red conversion rate.

The red conversion rate has steadily increased to a peak of 58% in December 2016. This is significantly above the expected level for efficient delivery of service (42%). Analysis of these figures shows a steady increase in 111 red conversion over a twelve month period.

Hear and Treat and See and Treat

Both *Hear and Treat* (HAT) and *See and Treat* (SAT) have increased with a concurrent decrease in *See, Treat and Convey,* which shows a reduction in conveyance to hospital over Quarter 3. This is also marked against a gradual increase in call cycle time for non-conveyance where clinical staff are referring to other agencies, health care professionals, providing a safety net for non-conveyed patients.

The figures relating to the above are set out in Appendix B.

Hospital Handover Times

[2] From October 2016, urgent calls from health care professionals have been classed as Green 3 or Green 4 responses.

Hospital handover times for Quarter 3 indicate significant pressure around Lincoln County Hospital with the highest proportion of one-two hour and two hour plus delays felt there. Across Quarter 3 EMAS lost 6,543 hours in total through turnaround delays at Lincolnshire Division or adjacent hospitals. The details are set out in Appendix C.

<u>Historical Call Demand Pan-EMAS</u>

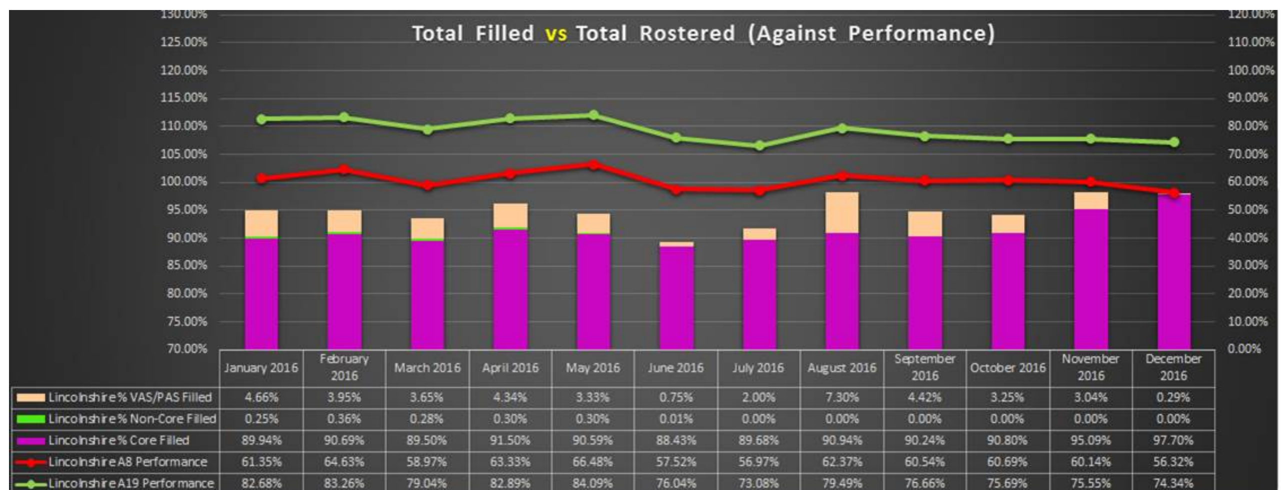
Appendix D includes information on Call Demand for EMAS

<u>Non Conveyance Q3 2016 Lincolnshire Divisional Breakdown</u>

Appendix D also includes information on the non-rates for the Lincolnshire Division.

3. Staffing

The staffing position has improved through Quarter 3 with rostered staffing (core-filled) increasing from circa 90% to 97%. Additionally our abstractions and more importantly our staff sickness position remains the best across EMAS.



	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016	October 2016	November 2016	December 2016
Lincolnshire % VAS/PAS Filled	4.66%	3.95%	3.65%	4.34%	3.33%	0.75%	2.00%	7.30%	4.42%	3.25%	3.04%	0.29%
Lincolnshire % Non-Core Filled	0.25%	0.36%	0.28%	0.30%	0.30%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Lincolnshire % Core Filled	89.94%	90.69%	89.50%	91.50%	90.59%	88.43%	89.68%	90.94%	90.24%	90.80%	95.09%	97.70%
Lincolnshire A8 Performance	61.35%	64.63%	58.97%	63.33%	66.48%	57.52%	56.97%	62.37%	60.54%	60.69%	60.14%	56.32%
Lincolnshire A19 Performance	82.68%	83.26%	79.04%	82.89%	84.09%	76.04%	73.08%	79.49%	76.66%	75.69%	75.55%	74.34%

4. Actions and Update relating to CQC areas of improvement and EMAS Quality Improvement Plan

Our Band 6 managers have undergone enhanced incident investigation training to provide a robust process when untoward incidents are reported. This is concurrent with increased awareness and education to our frontline staff on what constitutes an untoward incident and how to report it.

The Statutory and Mandatory training schedule & appraisal schedule for our frontline staff is still being delivered from April 2016-17 and we have confidence that all available frontline staff will have completed updates by the end of the financial year.

Our skill mix of qualified ambulance staff has improved both across the division and across the Trust with a large and progressive recruitment campaign over the past year. In conjunction we have recruited Paramedics internationally in a climate of national shortage and hope to see the first cohort of international paramedics in place during Q2 of 2017, specifically in the east of the County.

All of our incident commanders are undertaking update training at the National Ambulance Resilience Unit to improve and enhance our response to a major incident scenario.

Across EMAS we plan to move to an all electronic patient report form service during 2017-18 in line with the forward vision set by NHS Digital.

Our medicine management compliance has been reviewed over the past months and Lincolnshire Division is now experiencing the lowest number of medication errors across the EMAS divisions.

Our fleet is being continually updated and we have recently taken delivery of 10 new ambulances in division, continuing to provide the people of Lincolnshire with quality and visibly updated vehicles.

5. Engagement with Partners and Agencies

We continue to have a professional and established relationship with many partners across the county and beyond. To exemplify a few:

United Lincolnshire Hospitals NHS Trust (ULHT) – We continue to engage with ULHT to improve cross agency efficiency and quality of care. We have recently collaborated on an improved handover process for emergency departments and this will continue into 2017-18. We support and provide assistance to ULHT during the current temporary overnight suspension of Emergency Department services at Grantham Hospital.

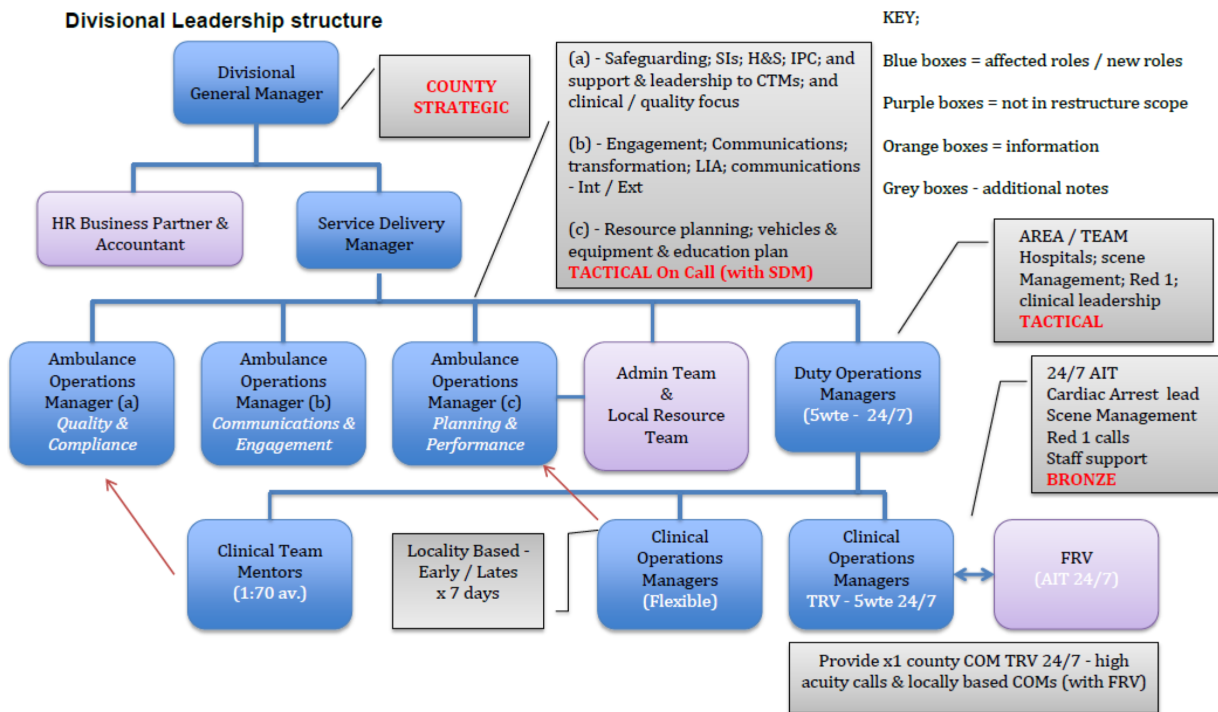
Lincolnshire Partnership NHS Foundation Trust (LPFT) – Through closer working with our colleagues in mental health a number of work streams are ongoing. Our established mental health triage car continues to provide assistance to patients where the default of ED is not appropriate for their current condition. Additionally we are working closely with them on a frequent caller project.

Lincolnshire Committee Health Services NHS Trust (LCHS) – In terms of non-conveyance and supporting people in their communities our working relationship with LCHS is extremely close. This is seen across a number of areas but key is the development and continued enhancement of the Clinical Assessment Service to improve access to the Urgent Care system. This is also aided by our involvement in the Pan-Lincolnshire Urgent Care Working Group.

Blue Light – Our colleagues in Police and Fire are regularly sharing learning and training through the national JESIP program, and through collaborative working in Lincolnshire Resilience Forums. Additionally from an estates point of view we are continuing our work to improve financial efficiency and quality improvement through the shared premises programme “blue light campus”

6. Operational EMAS Re-Structure

Through Q4 and into 2017-18 Q1 EMAS is undertaking a Trust Wide operational re-structure. In summary this is to provide an enhanced clinical leadership response to critically ill patients while providing greater face-face management presence to our frontline clinicians. The new structure is summarised below.



7. Appendices

Appendix A	Quarter 3 Response Time Performance by Lincolnshire Clinical Commissioning Group
Appendix B	Lincolnshire Division - Red Conversion Rate / Heart and Treat / See and Treat / See, Treat and Convey
Appendix C	Hospital Handover Times – Quarter 3 2016/17
Appendix D	Historic Call Demand – Pan-EMAS and Lincolnshire Division Non-Conveyance Rates Quarter 3 – 2016/17

8. **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 the East Midlands Ambulance Service NHS Trust.

This is not a consultation report.

APPENDIX A

Quarter 3 (Oct / Nov / Dec 2016) Performance By Lincolnshire CCG

	RED1	RED2	RED	RED1 19	RED2 19	RED 19	Green1	Green2	Urgent	Green 4 *(Card 35's)*	with a response (Total)
Lincolnshire	945	18920	19865	940	18851	19791	6656	9066	0	1989	37576
NHS Lincolnshire East CCG	239	4803	5042	238	4786	5024	1783	2241	0	645	9711
NHS Lincolnshire West CCG	221	4063	4284	219	4038	4257	1334	2152	0	438	8208
NHS North East Lincolnshire CCG	142	3065	3207	141	3056	3197	859	1238	0	168	5472
NHS North Lincolnshire CCG	149	2759	2908	148	2752	2900	999	1411	0	357	5675
NHS South Lincolnshire CCG	110	2296	2406	110	2292	2402	914	1115	0	185	4620
NHS South West Lincolnshire CCG	84	1934	2018	84	1927	2011	767	909	0	196	3890

	Performance - Incidents (Response)									Performance - Telephony	
	RED 1 *(75%)*	RED 2 *(75%)*	RED *(75%)*	RED 1 *(95%)*	RED 2 *(95%)*	RED *(95%)*	GREEN 1 *(85%)*	GREEN 2 *(85%)*	URGENT *(90%)*	GREEN 3 *(85%)*	GREEN 4 *(85%)*
Lincolnshire	71.22%	58.33%	58.94%	93.62%	74.17%	75.09%	59.54%	60.64%	N/A	77.95%	97.05%
NHS Lincolnshire East CCG	62.34%	53.74%	54.15%	86.55%	62.54%	63.67%	55.58%	56.94%	N/A	84.91%	95.81%
NHS Lincolnshire West CCG	82.35%	64.80%	65.71%	98.17%	84.32%	85.04%	64.17%	65.33%	N/A	77.78%	96.61%
NHS North East Lincolnshire CCG	80.28%	68.42%	68.94%	100.00%	86.65%	87.24%	69.85%	65.51%	N/A	61.90%	98.17%
NHS North Lincolnshire CCG	72.48%	61.62%	62.17%	95.95%	82.52%	83.21%	63.06%	62.58%	N/A	77.42%	98.41%
NHS South Lincolnshire CCG	61.82%	46.47%	47.17%	91.82%	64.97%	66.19%	53.06%	54.71%	N/A	80.77%	97.40%
NHS South West Lincolnshire CCG	61.90%	49.53%	50.05%	89.29%	61.03%	62.21%	52.28%	56.33%	N/A	73.68%	95.65%

Performance - Incidents (Response)									Performance - Telephony	
RED 1 *(75%)*	RED 2 *(75%)*	RED *(75%)*	RED 1 *(95%)*	RED 2 *(95%)*	RED *(95%)*	GREEN 1 *(85%)*	GREEN 2 *(85%)*	URGENT *(90%)*	GREEN 3 *(85%)*	GREEN 4 *(85%)*
67.94%	56.08%	56.62%	96.56%	82.17%	82.82%	54.65%	58.16%	N/A	78.88%	96.37%

Appendix B

Lincolnshire Division - Quarter 3

Red Conversion Rate / Heart and Treat / See and Treat / See, Treat and Convey

Red Conversion Rate		Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD /Average
Red Conversion Rate		50.51%	51.24%	54.62%	58.01%			49.49%
Conversion Rates	**Target**	**Oct-16**	**Nov-16**	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17**	**YTD /Average**
Hear & Treat %		13.89%	15.43%	16.66%	16.75%			14.10%
See & Treat %		24.94%	24.12%	25.35%	25.57%			25.52%
See, Treat & Convey %		61.17%	60.45%	57.99%	57.67%			60.38%
CAT Team	**Target**	**Oct-16**	**Nov-16**	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17**	**YTD /Average**
Upgrades (Green to Red)		332	260	494	312			2866
Downgrades (Red to Green)		410	412	346	202			4136

Call Cycle Times	Target	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD /Average
Mobilisation (seconds)	00:00:30	0:00:43	0:00:44	0:00:43	0:00:40			0:00:42
**On scene time		0:37:33	0:36:57	0:38:41	0:41:21			0:36:58
**On scene time (Conveyed)		0:28:11	0:29:07	0:29:36	0:30:10			0:28:27
**On scene time (non-conveyed)		0:44:57	0:43:38	0:46:22	0:50:22			0:43:58
** Total Average Job Cycle (First on Scene)		1:17:22	1:17:45	1:20:42	1:32:14			1:15:14

APPENDIX C

Hospital Handover – Quarter 3 2016/17

Hospitals	No Of Vehicles At Hospital	No Of Usable Handover Times	Handovers Over 15mins	% Delayed over 15	Handovers Over 20mins	% Delayed over 20	Handovers Over 30mins	% delayed over 30	Handovers Over 45mins	% Delayed over 45	30 To 59 minutes	1 To 2 Hours	2 to 4 Hours	4 to 6+ Hours
Boston Pilgrim Hospital	6149	6149	3636	59%	2643	43%	1415	23%	603	10%	1128	269	24	0
Grantham and District Hospital	693	693	420	61%	281	41%	133	19%	43	6%	117	17	0	0
Grimsby Diana Princess Of Wales	5317	5317	2457	46%	1733	33%	939	18%	405	8%	759	175	7	0
Lincoln County Hospital	7699	7699	5790	75%	4753	62%	2973	39%	1735	23%	1888	889	209	2
Peterborough City Hospital	2444	2444	1477	60%	1169	48%	785	32%	497	20%	467	256	71	1
Scunthorpe General Hospital	4628	4628	2247	49%	1692	37%	1052	23%	577	12%	729	269	57	3
Grand Total	**26930**	**26930**	**16027**	**60%**	**12271**	**46%**	**7297**	**27%**	**3860**	**14%**	**5088**	**1875**	**368**	**6**

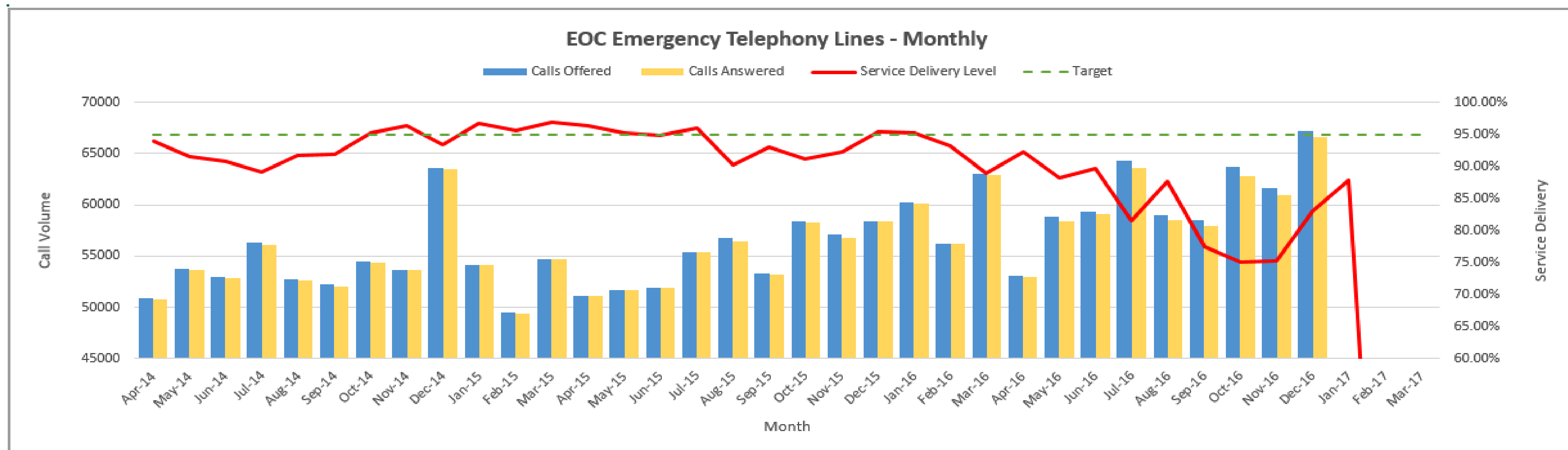
Hospitals	Lost Hours Pre Handover >15min	Average Clinical Handover Time	Lost Hours Post Handover >15min	Average Post Handover Times	Overall Average Turnaround	Lost Hours for overall Turnaround >30mins	HO Post Over 15	HO Post 15 To 30
Boston Pilgrim Hospital	1049:32:31	0:22:51	451:01:43	0:16:07	0:38:58	1201:35:34	2947	2446
Grantham and District Hospital	94:05:58	0:20:54	37:15:25	0:14:42	0:35:36	99:41:20	295	250
Grimsby Diana Princess Of Wales	673:34:15	0:19:25	483:05:02	0:17:28	0:36:52	849:39:11	2886	2240
Lincoln County Hospital	2655:54:50	0:34:15	342:58:28	0:12:20	0:46:34	2433:20:47	2124	1727
Peterborough City Hospital	730:52:51	0:30:41	218:25:44	0:17:15	0:47:56	824:59:55	1156	913
Scunthorpe General Hospital	876:10:38	0:23:08	538:42:49	0:18:36	0:41:44	1133:58:50	2425	1597
Grand Total	**6080:11:03**	**0:26:08**	**2071:29:11**	**0:15:48**	**0:41:56**	**6543:15:37**	**11833**	**9173**

Pre handover is the time in hospital prior to passing care responsibility and the physical movement of the patient to a hospital trolley: 15 minute target
Post handover is the time taken to prepare the ambulance for the next patient: 15 minute target

Overall turnaround is the combined figure e.g. pre+post handover 30 mins target

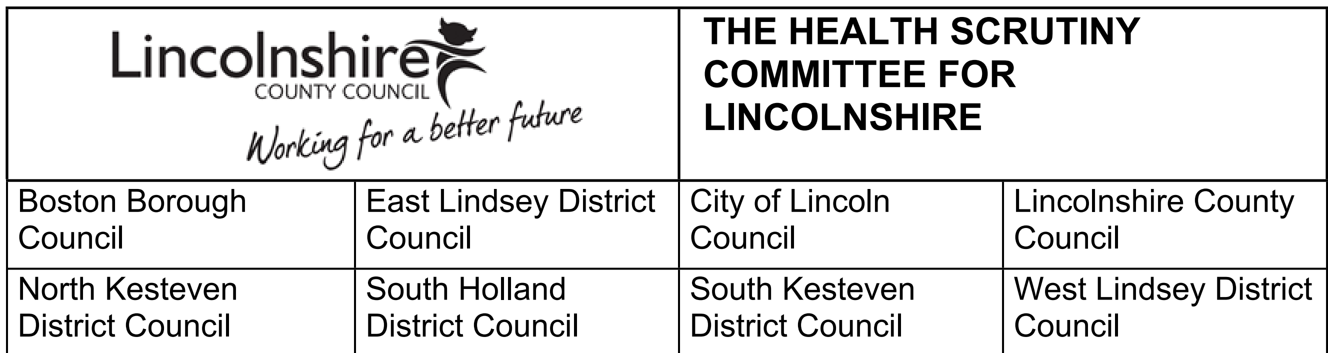
APPENDIX D

Historic Call Demand – Pan-EMAS



Lincolnshire Division – Non-Conveyance Rates Quarter 3 2016/17

	Outcome					Conveyance Rates	
	Type1 & Type2	Other conveyed	H&T	S&T	Total	Non Conveyance %	Conveyance %
Lincolnshire	**25717**	**964**	**6847**	**11068**	**44596**	**42.33%**	**57.67%**
NHS Lincolnshire East CCG	6768	347	1771	2635	11521	41.26%	58.74%
NHS Lincolnshire West CCG	5131	274	1628	2836	9869	48.01%	51.99%
NHS North East Lincolnshire CCG	4202	79	885	1219	6385	34.19%	65.81%
NHS North Lincolnshire CCG	4184	127	816	1408	6535	35.98%	64.02%
NHS South Lincolnshire CCG	2979	36	1000	1627	5642	47.20%	52.80%
NHS South West Lincolnshire CCG	2453	101	747	1343	4644	47.18%	52.82%
Trust Wide Position Quarter 3						**41.37%**	**58.63%**



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 Community Health Services NHS Trust and Butterfly Hospice

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**15 February 2017**
Subject:	**The Butterfly Hospice, Boston**

Summary:

This report provides information to the Committee on the Butterfly Hospice in Boston, which opened to in-patients in 2014. In 2015 (the Hospice's first full year), 106 patients were admitted to the Hospice, with the number of admissions increasing to 161 for 2016.

The report also provides information on the planned future developments for the Hospice.

Actions Required:

(1) To consider and comment on the information presented on the Butterfly Hospice.

1. Background

Butterfly Hospice – History

There was a meeting of approximately 600 local Boston residents in September 2000 to discuss the need for palliative care in the local area. Later that year a Trustee Board was formed for The Butterfly Hospice Trust. The Trust is a registered charity and private limited company. (It is not uncommon for charities to be registered as

limited companies, as this status means that trustees and individual employees cannot be liable for business debts). Fundraising began in earnest and £1.2 million was raised in order to build the hospice. In March 2009, NHS Lincolnshire (the former primary care trust) committed to commissioning twenty two additional community in-patient beds for service users identified as end of Life in localities across Lincolnshire in order to prevent inappropriate hospital admissions, support choice for those people dying in acute care and at home and meet the supportive and palliative care needs of Service Users. The building was opened in 2011 by the HRH The Princess Royal. As a result of the 2009 commitment six in-patient beds were commissioned in Boston by Lincolnshire East Clinical Commissioning Group (LECCG). A three year partnership agreement was put in place between the Butterfly Hospice and Lincolnshire Community Health Services NHS Trust (LCHS) in August 2014, and the first patient, Cecil Taylor, was admitted to the Hospice in 2014.

Model of Care

The care is delivered with a nurse-led model with GP input. LCHS provide the nursing care and the Butterfly Hospice Trust agreed to raise the funds to cover all the operational and maintenance costs associated with the building. The Butterfly Hospice also employ chefs and housekeeping staff. Recently wi-fi has been installed for the benefit of patients and visitors.

The key principles of care are followed to ensure End of Life Care Service Users: -

- are treated with dignity and respect at all times
- receive effective symptom management whatever the diagnosis
- have choice and control over where they would prefer to die
- are in the company of people who care about them when they die

Expected Outcomes

The Butterfly Hospice has the following expected outcomes: -

- Increase the quality of life for Service Users through the reduction of distressing symptoms
- Increase Service User and Carer/family satisfaction of the service
- Increase the number of Service users who achieve their Preferred Priorities of Care (PPoC)
- Increase the number of Service Users who achieve their Preferred Priorities of Death (PPoD)
- Service users will have an Advance Care Plan in place
- Increase the number of non-cancer Service Users accessing services
- Reduce the number of deaths in acute hospitals
- Reduce carer strain and anxiety in the short term

Referral Criteria

The Butterfly Hospice has the following referral criteria: -

- The referring clinician shall have answered "no" to the 'surprise question' of: "Would you be surprised if this Service User were to die in the next six - twelve months?" from the Prognostic Indicator Guidance, the Gold Standard Framework
- Service Users wishing to return to their home or usual residence, e.g. care home
- Service Users shall be registered with a Lincolnshire East GP practice
- The Service User has needs identified under one of the following two categories:
  a) Palliative and End of Life / Terminal Care
  b) Respite Care

Management Arrangements

The Butterfly Hospice Trust management, LCHS management and LECCG meet on a quarterly basis to review quality issues and KPI indicators.

Key Performance Indicators

The Butterfly Hospice's current Key Performance Indicators (KPIs) are associated with:

1. patient, family and carer experience and satisfaction,
2. reducing transfers to acute providers,
3. Increasing the number of non- cancer patients accessing the service.
4. Case management and recognition of GSF.
5. Preferred place of death and care.
6. Length of stay 14 days, review of longer stays and bed occupancy
7. Staffing turnover and sickness

Number of Patient Admissions

Between 11 and 17 patients have been admitted every month and the average length of stay is 10.11 days. A total of 106 patients were admitted in 2015, with 161 patients admitted during 2016. There are variable rates of admissions from either the acute or the patient's own home.

Patients continue to be predominantly cancer patients for both respite and terminal care, and the main referrers are from allied health professionals, community nursing teams and Macmillan and specialist nursing staff. Fewer patients are referred from GPs. Only very small numbers are considered inappropriate, and feedback is always given to the referrer as to why the referral was inappropriate. The occupancy rate has ranged between 57 and 77%.

As an organisation we report on number of discharges per month and deaths, including if the hospice was the preferred place, on some occasions it is not possible to ascertain the patient's wishes so this is reported separately. The number of deaths ranges between three and ten per month.

Compliments

The Hospice team receive frequent accolades, below are a few examples received:

> "Thank you for all your kindness and support and everything you have done for me during my stay."
>
> "Heartfelt thanks to all the staff and volunteers; you make such a tremendous difference to all who need to make use of this wonderful facility."
>
> "To all you lovely 'Band of Angels' who do such a good, kind and loving ways with all the patients. Your love shines through like the stars above. God bless you all."
>
> "We would like to say a very big thank you to all the carers and staff who helped care for ----- during his stay with you. We are all so very grateful for the care and support you gave and would like to offer the collection from his funeral to the Butterfly Hospice and flowers to the in-patient-unit Nurses as a thank you from all the family."
>
> "A big thank you for helping me through the year (Bereavement) it gives me such peace of mind knowing that you are always there, with love to you all."

The Hospice has not received any formal complaints or escalated any serious incidents.

Challenges and Risks

1. Bed occupancy – In-reach work continues to the acute providers and strong links are maintained between the Hospice and Macmillan nursing team. The public and professional awareness of the service needs constant promotion to ensure the effective use of the service. We continue to improve our relationship with local providers and GP's.
2. There is a two bedded room in addition to the four single rooms, which on occasions cannot be fully utilised. Single sex accommodation requirements have to be followed and there have been no breaches.
3. There are GPs identified who do not utilise the GSF and therefore there is a risk that appropriate patients are not being informed about the Hospice services, impacting on utilisation of beds.
4. Momentum to continue to raise the profile of the Hospice. Collaborative work needs to continue to ensure a sustainable future for the teams and improved referral rates from GPs.
5. Contracting Arrangements – The current contract comes to an end 31 August 2017. Meetings are planned to progress this and understand future requirements.
6. Criteria for Admission – Restrictions due to GPs in locality, consideration is given and flexibility applied if needed for patients out of area.
7. Workforce Model – ensuring a sustainable and appropriate skill mix to meet the needs of the service, creating resilience within the team. Active recruitment is underway to replace staff and further discussions are being held about long term needs of the service.

Income from Shops

The Butterfly Hospice receives income from four shops: two in Boston, one in Spalding and one in Skegness.

Future Developments

The Hospice has aspirations to build. It is intended to offer a range of day services and complementary therapies in the new build. It is anticipated it will begin a capital appeal for funds in approximately October 2018. The website is currently being updated and developed, it is anticipated that this will help improve ticket sales for events as well as make it possible for people to donate on line. The Butterfly Hospice Trust continues to develop existing fundraising events as well as introducing new fundraising ideas. Currently the Trust employs a full time Fundraising and Events manager as well as a part time Corporate Grants and Trust Officer.

There is the potential for growth in service in line with pathways being offered within other inpatient services. A single intervention pathway is developed for use in Community Hospitals and interventions including pre-planned infusions or assessments could be safely delivered in the Hospice. The appropriate acute/community arrangements, treatment plans and appropriate skill mix would be needed.

Continued partnership working to increase opportunities within Integrated Neighbourhood Team, and ensure sustainable provision for local patients.

2. Conclusion

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

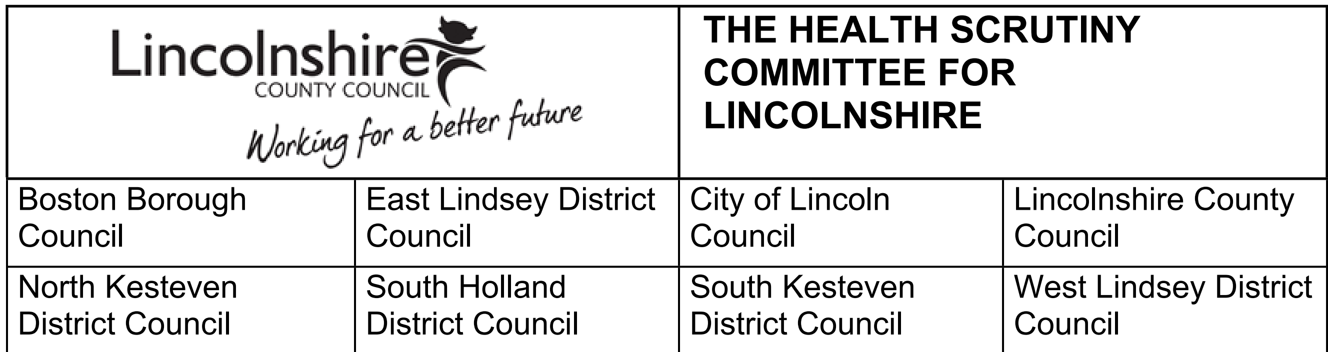
3. Consultation

This is not a direct consultation item.

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 Clare Credland (Clare.Credland@lincs-chs.nhs.uk)
Integrated Services Clinical Lead for LCHS and
Linda Sanderson (Linda.Sanderson@butterflyhospice.org.uk)
Charity Manager for Butterfly Hospice.



		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 South West Lincolnshire Clinical Commissioning Group and Lincolnshire Partnership NHS Foundation Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 February 2017**
Subject:	**Learning Disability Services**

Summary:

The Health Scrutiny Committee for Lincolnshire is requested to consider the proposed options on the future model of Learning Disability Services for the people of Lincolnshire.

Actions Required:

The Health Scrutiny Committee for Lincolnshire is requested to consider and comment on the options for the future shape of Learning Disability Services in Lincolnshire.

1. Background

Section 242 of the Health and Social Care Act 2016 is the statutory requirement for NHS bodies to consult with overview and scrutiny committees (OSCs), patients, the public and stakeholders when considering a proposal for a substantial development of the health service, or for a substantial variation in the provision of a service.

Prior to 2015, learning disabilities services in Lincolnshire consisted of Long Leys Court (Lincoln), a unit of 16 beds, with eight assessment and treatment beds and eight rehabilitation beds. Community services included a dispersed range of health professionals located across the county.

In June 2015, Long Leys Court was temporarily closed due to concerns relating to the safety of the unit. This was a decision taken by Lincolnshire Partnership NHS Foundation

Trust with Clinical Commissioning Group colleagues in partnership with the patients and carers/families of people in the unit at that time.

This temporary closure meant that progress with the national Transforming Care programme was accelerated allowing a new model of care to be introduced.

Since 1st April 2016, a new fully developed integrated community service has been running effectively, which has stopped waiting times between professionals, ensures most patients are treated in their own home and provides equal services across the county.

The service is delivered across Lincolnshire by a total of five multi professional teams. Four community hubs are aligned with the Clinical Commissioning Groups with satellite bases around the county to reduce travel and ensure local service delivery.

Following the successful implementation of the new model of care, we believe that we no longer have the requirement for an inpatient unit such as Long Leys Court. In order to ensure we have the best service available to people in Lincolnshire we now need to consult with stakeholders on the options for providing inpatient beds for the small number of people who need that level of care.

These improvements to our learning disability services had originally been planned to be a part of the Lincolnshire Health and Care public consultation however due to the successful implementation of the new service model both the Transforming Care Board and Senior Managers from the service provider feel that it would be more appropriate to carry out a focussed consultation with immediate effect.

2. Conclusion

There is a proposal (Appendix A) to proceed with a focused public consultation solely for the learning disability services in Lincolnshire. The proposed questions to be considered by the public and stakeholders as part of the consultation are included in Appendix B. The proposed timeframe is for an eight week consultation period.

3. Consultation

There are issues of public consultation arising from this report.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Learning Disabilities Consultation Proposal
Appendix B	Draft Public Consultation document

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 Sharon Jeffreys, Head of Mental Health Commissioning at South West Lincolnshire Clinical Commissioning Group and Jane Marshall, Director of Strategy at Lincolnshire Partnership NHS Foundation Trust, who can be contacted on 01529 222244 or jane.marshall@lpft.nhs.uk

NHS
South West Lincolnshire
Clinical Commissioning Group

DRAFT

Transforming Care and

Learning Disabilities Consultation Proposal

26th October 2016

Sharon Jeffreys
Head of Commissioning for Learning Disability
South West Lincolnshire CCG

Diane Hansen
Head of Engagement & Inclusion
South West Lincolnshire CCG

Version control sheet

Standards of business conduct and conflicts of interest policy (including hospitality, gifts and sponsorship policy)

Version	Date	Author	Status	Comment
0.1	17/10/2016	Diane Hansen	Drafted	
0.2	26th October 2016	Diane Hansen	Amendments	
0.3	10th November 2016	Diane Hansen	Amendment to timeframe	
0.4	6th February 2017	Jane Marshall on behalf of Sharon Jeffries	Amendments to timeframe	Version being considered by Health Scrutiny Committee for Lincolnshire

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Approach to consultation on the proposal to deliver a community based learning disability model of care across Lincolnshire

Prior to 2015, learning disabilities services in Lincolnshire, consisted of Long Leys Court, a unit with 16 beds, with eight assessment and treatment beds and eight rehabilitation beds. Community services included a dispersed range of health professionals located across the county.

From the 1st April 2016, a new fully developed integrated community service has been piloted and running effectively, which ensures most patients are treated in their own home and provides equal services across the county. This included the temporary close of Long Leys Court.

Our commitment to robust consultation

This proposed approach to consultation has been developed to ensure robust engagement and consultation activities are included throughout the project and adhere to the following principles and statutory requirements:

- Section 242 of the Health and Social Care Act 2016 which is the statutory requirement for NHS bodies to consult with overview and scrutiny committees (OSCs), patients, the public and stakeholders when considering a proposal for a substantial development of the health service, or for a substantial variation in the provision of a service
- Section14Z2 which requires CCGs to involve users in the development and consideration of proposals for changes in the commissioning arrangements
- Consultation Principles issued by the Cabinet Office in 2012 and updated in 2016 as set out below

Consultation Principles	How we will achieve these
• **Consultations should be clear and concise**	Our consultation document will be clear and concise, asking only meaningful questions
• **Consultations should have a purpose**	We are consulting before a decision has been made and the results will inform the policy change
• **Consultations should be informative**	Our consultation document will give enough information so those consulted can give informed responses
• **Consultations are only part of a process of engagement**	Our consultation will form part of a phased approach to involvement and will utilise various methods
• **Consultations should last for a proportionate amount of time**	We will consult for a period of time which will allow good quality responses but not unnecessarily delay the policy development
• **Consultations should be targeted**	We will undertake an EIA and stakeholder mapping exercise to identify all groups affected by the policy and target the consultation appropriately
• **Consultations should take account of the groups being consulted**	We will consult stakeholders in a way that suits them
• **Consultations should be agreed before publication**	Our Project Board with representatives from key stakeholder groups will agree the consultation
• **Consultation should facilitate scrutiny**	We will publish the results of the consultation and explain how it has informed the policy
• **Government responses to consultations should be published in a timely fashion**	We will publish the findings in a timely manner as per the project plan
• **Consultation exercises should not generally be launched during local or national election periods.**	We are launching our consultation at a time so the CCGs can see the benefits and savings in a timely manner which is not during an election period

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Objectives to ensure robust engagement and consultation throughout the project

1. To ensure engagement at a formative stage via appropriate representation of stakeholders on the Transforming Care Partnership Board (TCPB)
2. To identify all stakeholders to involve in the consultation, undertaking mapping and analysis to define their levels of influence and interest and therefore determine levels of engagement required as well as undertaking an EIA to identify those potentially adversely affected.
3. To ensure that key stakeholders have appropriate input into the consultation
4. To raise awareness of the project and gain buy in and support to the implementation
5. To provide robust evidence of stakeholder influence in the decision making process

This plan demonstrates how each of these objectives will be achieved.

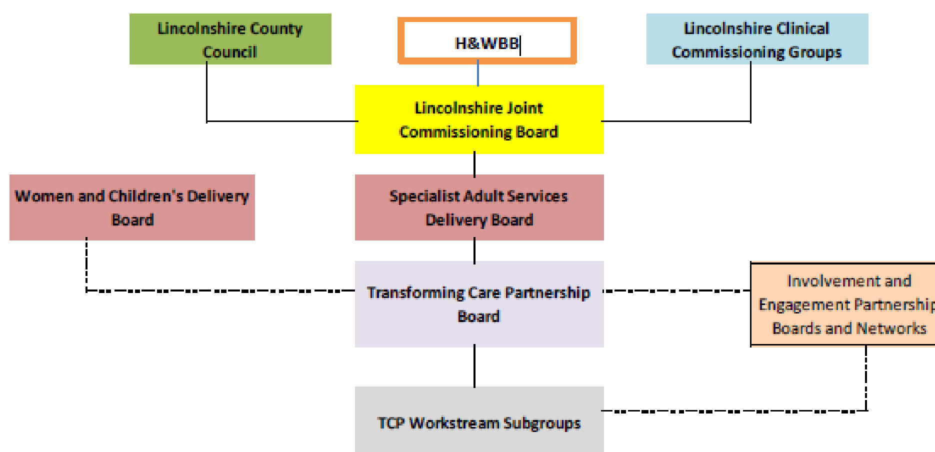
Objective 1: Lincolnshire Transforming Care Partnership Board (TCPB)

The Lincolnshire TCPB includes representatives from all four CCGs and the Local Authority. The TCP Board has the following standing members:

- Executive Nurse South West Lincolnshire CCG (SRO)
- Assistant Director Specialist Adult Services (Deputy SRO), LCC
- Chief Commissioning Officer Children's Services, LCC
- GP Representation from LW CCG
- Head of Commissioning for Learning Disabilities and Autism, SWL CCG
- County Manager, Learning Disabilities, LCC
- TCP Programme Manager
- IPC & PHB Programme Manager, LCC
- Finance Representative CCG
- Finance Representative LCC
- Consultant in Public Health medicine
- Expert by Experience – Autism, SWL CCG
- Expert by Experience – Learning Disability

Clinical representation is provided by the GP with a special interest and experience in mental health and learning disabilities; the Chief Nurse (SWL CCG); the Head of Commissioning for Learning Disabilities and Autism, who is a registered practitioner.

The Transforming Care Partnership Board reports to the Lincolnshire Health and WellBeing Board.



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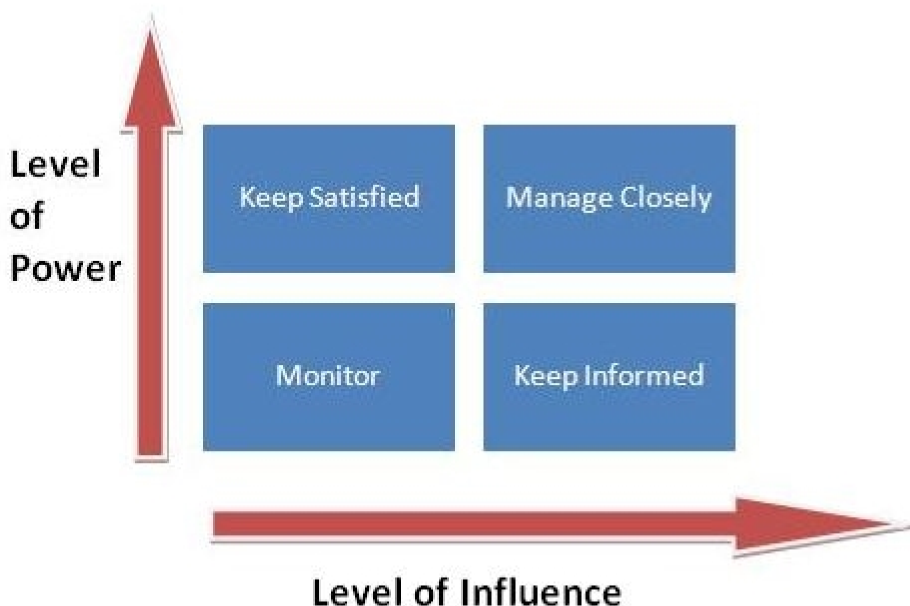
Objective 2: Stakeholder mapping

At each phase of the consultation, it is important to identify the stakeholders who need to be involved and engaged. **Stakeholders are individuals or organisations interested in or who can affect or be affected by the project.**

The Engagement and Consultation working group will identify stakeholders and map them on an influence / interest diagram as below.



The stakeholders with the highest levels of power and interest are the key individuals who need to be fully involved in the project. Those with lower interest and power require information and communication rather than full consultation.

Once stakeholders have been identified, engagement activities can be focussed and personalised, taking into consideration current relationships and where we need to be to ensure project success.

An Equality Impact Assessment will also be undertaken assess the potential impact on the nine protected characteristics covered under the Equality Act 2010 and consultation focussed with these groups as well as the population as a whole.

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Objective 3: Engagement opportunities at each stage of the project

The consultation will be part of a wider engagement process to enable key stakeholder involvement in the initial scoping of the project and proposed policy changes and the implementation phase once a decision has been made following the consultation. Stakeholders should be identified at each stage and given appropriate opportunities for involvement with clear evidence of how their views have shaped each phase and shaped decision making. The following diagram outlines the phased approach to engagement and consultation and the purposes of this.

Engagement opportunities are the crucial element to this consultation and although a consultation document will be available to encourage responses from members all of our communities, our aim is to have specific focussed engagement sessions across the county for service users, carers and families to understand the impacts.

Please see Appendix A for details of engagement and consultation phases and Appendix B for project key milestones.

Appendix C contains the details of the consultation methodology.

Objective 4: Raise awareness and gain buy in:

Communication is essential to the success of the project and to gain buy in to facilitate the implementation. This engagement plan should be considered alongside the communications activities.

Objective 5: Provide robust evidence:

This plan demonstrates a robust approach to the engagement and consultation undertaken throughout the project, based on clinical and stakeholder input to identify options and patient, public and stakeholder input into the consultation. It is clear how the opinions gathered at each stage influence the outcomes and shape further engagement. A report on the consultation will be produced to demonstrate outcomes.

Proposal – to activate public consultation

In June 2015, progress with Lincolnshire's Transforming Care programme was dramatically accelerated due to the temporary closure of Long Leys Court on grounds of safety.

Since 1st April 2016, a new fully developed integrated community service has been running effectively, which has stopped waiting times between professionals, ensures most patients are treated in their own home and provides equal services across the county. The service is delivered across Lincolnshire by a total of five multi professional teams. Four community hubs are aligned with the Clinical Commissioning Groups with satellite bases around the county to reduce travel and ensure local service delivery.

Following the successful implementation of the new model of care, we believe that we no longer have the requirement for an inpatient unit such as Long Leys Court. In order to ensure we have the best service available to people in Lincolnshire we now need to consult with stakeholders on the options for providing inpatient beds for the small number of people who need that level of care.

These improvements to our learning disability services had originally been planned to be a part of the Lincolnshire Health and Care public consultation however due to the successful implementation of the new service model both the Transforming Care Board and Senior Managers from the service provider (LPFT) feel that it would be more appropriate to carry out a focussed consultation with immediate effect.

We are therefore seeking agreement to proceed with a focussed public consultation solely for the learning disability services in Lincolnshire which would propose that there is no longer the need for units such as Long Leys Court.

The proposed timeframe and project key milestones are featured in Appendix A and B for information.

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Appendix A - Phases of consultation and engagement – Learning Disabilities Consultation – 8 Weeks

Month	Week	Activity	Ongoing phase
October	w/c 24 Oct	**STP submission to NHSE**	
October	w/c 31 Oct	a) Consultation documentation prep b) Refresh EIA	
November	w/c 7 Nov w/c 14 Nov	a) Consultation documentation prep b) prep engagement / communications strategy **TCP Board meeting**	
November	w/c 21 Nov	**Learning Disabilities Partnership Board** **STP Programme Board / SET**	
November	w/c 28 Nov	Launch STP - subject to meeting with Simon Stevens, CX NHSE Consultation Document - private GBs	
December	w/c 5 Dec	**Submit proposal to Clinical Senate (2 weeks)**	Pre-consultation engagement starts
December	w/c 12 Dec	**TCP Board meeting**	Pre-consultation engagement starts
December	w/c 19 Dec	HOSC - briefing paper **NHS England Submission**	Pre-consultation engagement starts
December	w/c 26 Dec	Christmas Break	Pre-consultation engagement starts
January	w/c 2 Jan w/c 9 Jan	**NHS Improvement** submission of Business Case **NHS England Submission**	Pre-consultation engagement
January	w/c 16 Jan	**TCP Board meeting** Consultation launch	Pre-consultation engagement
January	w/c 23 Jan w/c 30 Jan	Consultation period	Pre-consultation engagement
February	w/c 6 Feb w/c 13 Feb w/c 20 Feb w/c 27 Feb	Consultation period	Consultation engagement / events
March	w/c 6 Mar w/c 13 Mar	Consultation period	Consultation engagement / events
March	w/c 20 Mar w/c 27 Mar	PURDAH Consultation evaluation & report writing Review EIA reflecting pending decision	Consultation engagement / events
April	w/c 3 Apr w/c 10 Apr		PURDAH
April	w/c 17 Apr	Papers circulated to GB	PURDAH
April	w/c 24 Apr	GB - decision on consultation & implementation	PURDAH
May	w/c 1 May	Local elections	Communication and engagement on the decision
May	w/c 8 May w/c 15 May w/c 22 May w/c 29 May	Implementation	Communication and engagement on the decision
June	w/c 5 June w/c 12 June w/c 19 June w/c 26 June		

*** Many authorities, including Lincolnshire County Council will have elections in May 2017. This influences our decision making timeframe due to the restrictions in the purdah period.*

Completed milestones

Appendix B - Key Project Milestones

Key Milestone	**Date**
Transforming Care Plan signed-off by all 4 CCGs	April 2016
Consultation proposal document drafted	w/c 17th October 2016
STP submission	
EIA undertaken	w/c 14th November 2016
CCG Governing Bodies sign off proposed approach	w/c 28th November 2016
Phase 1: Preparation, agreement and assurance	
Consultation document drafted. SWL CCG working closely with LPFT to write and design consultation	w/c 26 September 2016
Easy Read version of consultation document produced by LPFT and approved by SWL CCG and LDPB	Draft w/c 14th November 2016 Approve w/c 21st November 2016
Seek assurance from Clinical Senate (approx. 2 weeks)	w/c 5th December 2016
Seek assurance from NHS England (approx. 2 weeks)	w/c 2nd January 2017
Pre-engagement activity on emerging vision and themes with a full range of service users, clinicians and community stakeholders – CCGs and LPFT to engage local communities and service users	w/c 5th December 2016
Health Scrutiny Committee consulted	TBC
Phase 2: Consultation	
TCP board confirm consultation can go live	TBC
Consultation launch (8 weeks)	TBC
Focussed engagement activities with service users, carers and families to ensure opportunities to respond. Work with LDPB and LAPB to ensure engagement. CCGs and LPFT to engage local communities and service users	w/c 16th January to w/e 17th March 2017
Consultation ends	TBC
EIA refreshed and updated following consultation end	TBC
Phase 3: Evaluation and Implementation	
Results input, feedback analysed / evaluated and report produced (2 weeks)	TBC
Reports submitted to GB meetings	TBC
Notice issued to provider	w/c 8th May 2017
Communication and engagement to support implementation of the changes	w/c 8th May 2017
Engagement with GPs, Providers and key stakeholders to implement service change- understanding barriers, solutions and actions.	May 2017 onwards
Communications plan developed to advise of changes to the public including schools and nurseries and care homes	May 2017 onwards

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Appendix C - Details of phase 2 consultation: 8 week consultation

Stakeholder	**Consultation method**					
	Paper consultation document and survey	*Online consultation document and survey*	*Targeted consultation*	*Attendance at partner events and meetings*	*Briefings*	*Promotion and information via social media, websites and press releases*
Service users	Provided at clinics	Advertised in clinics	Yes	Any clinic events	Staff	All
General public	Can be requested from GP practices, Healthwatch etc	Advertised in various locations - downloaded from CCGs' and LPFT's website;	x	Local events advertised eg, Healthwatch meetings, PPG meetings	x	All
PPGs / Patient Council	Can be requested	Emailed directly to PPG representative for dissemination to group	x	Local events advertised eg, Healthwatch meetings, PPG meetings	x	All
Health Scrutiny Committee	x	x	x	x	Full briefing and opportunity to respond	x
Special interest / support groups	Can be requested	Emailed directly	x	x	Full briefing provided	x
LMC and GPs	x	Emailed directly	x	x	Full briefing provided	x
LPC and Pharmacies	x	Emailed directly	x	x	Full briefing provided	x
Local authorities – LCC, District Council, Parish Councils	x	Emailed directly	x	x	x	x
MPs	Can be requested	Emailed directly	x	x	Full briefing provided	x
Healthwatch, Third Sector etc	Can be requested	Emailed directly	x	Attendance at their events if requested	x	All

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APPENDIX B

South West Lincolnshire
Clinical Commissioning Group

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Learning Disabilities Consultation

We would like your views on the future of the Learning Disabilities Service in Lincolnshire

[insert dates of consultation here, e.g. February 2017 to April 2017]

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1. Who we are
In Lincolnshire we have four Clinical Commissioning Groups (CCGs) that bring together local GPs and health professionals to commission (plan, buy and quality monitor) health services locally on behalf of our patients. CCGs aim to ensure health services – including community health, mental health and hospitals – deliver safe, effective care and treatment when you need them.

South West Lincolnshire CCG is the lead commissioner for planning, organising and buying mental health and learning disability services in Lincolnshire on behalf of all four CCGs in the county.

The four CCGs in Lincolnshire are:

NHS Lincolnshire East CCG - consists of 30 GP member practices, who serve 240,000+ people living in Boston, East Lindsey, Skegness and Coast

NHS Lincolnshire West CCG - consists of 37 GP member practices, who serve 230,000+ people living in Lincoln, Gainsborough and surrounding villages

NHS South Lincolnshire CCG - consists of 15 GP member practices, who serve 134,531 people living in Welland and South Holland

NHS South West Lincolnshire CCG - consists of 19 GP practices, who service 128,000 + people living in Grantham, Sleaford and surrounding villages.

South West Lincolnshire CCG commissions Lincolnshire Partnership NHS Foundation Trust (LPFT) as the principal provider of NHS mental health and learning disability services in Lincolnshire. It was one of the first foundation trusts to be established in the country and provide the full spectrum of mental health services and specialist support for people with learning disabilities.

The Trust is committed to working in partnership with our staff, patients and carers to continuously improve the quality of care it provides, delivering safe services with a focus on recovery and ensuring service users are at the heart of everything it does. The organisation recognises the importance of ensuring its services are fair and equitable to all and it celebrates the diversity of its service users, carers and staff.

The four CCGs and LPFT are committed to involving patients, the public, partners and key stakeholders in the development of future services, identifying priorities and understanding the health needs of their population. Therefore, we would like your views on the future of the Learning Disabilities Service in Lincolnshire and we are asking

2 Why do services need to change?

Services for people with learning disabilities have been in the spotlight in recent years and those of us involved in these services have recognised that much could be done to improve the way care and treatment is provided.

Since 2014, the Government and leading organisations across the health and care system have been committed to transforming care for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services.

A national Transforming Care Programme was agreed in 2015 and we have been working to make sure we respond to this new agenda. Transforming Care is a national drive to implement a community based learning disability model of care with a significant reduction in inpatient care and increased access to mainstream health services.

In July 2015, progress with this programme in Lincolnshire was dramatically accelerated due to the temporary closure of Long Leys Court, the learning disabilities inpatient unit in Lincoln.

Since then, the community service has been completely transformed so that people with a learning disability can be better supported at home so they do not have to go into hospital.

Long Leys Court remains temporarily closed; however, due to the success of the community services transformation and the national direction from Government through the Transforming Care programme, we believe that we no longer have a need for this type of unit and intend to make this a permanent closure.

This consultation document provides an overview of our proposed service changes and invites interested parties to give views and comments on some key questions about the way services are delivered in the future.

3 Background

Prior to 2015, learning disabilities services in Lincolnshire, consisted of Long Leys Court, a unit with 16 beds, with eight assessment and treatment beds and eight rehabilitation beds. Community services included a dispersed range of health professionals located across the county.

In 2015, a new national agenda was set for learning disabilities services called Transforming Care. This new agenda called for:

- Greater empowerment for people and families
- Less reliance on inpatient care
- Greater emphasis on community services

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- Stronger emphasis on personalised care.

We have been working to develop services to meet these new standards by reviewing the way community services work and how people with learning disabilities access mainstream services.

4 New ways of working

In June 2015, progress with this programme was dramatically accelerated due to the temporary closure of Long Leys Court on grounds of safety.

From the 1st April 2016, a new fully developed integrated community service has been running effectively, which has stopped waiting times between professionals, ensures most patients are treated in their own home and provides equal services across the county.

The service is delivered across Lincolnshire by a total of five multi professional teams. Four community hubs are aligned with the Clinical Commissioning Groups with satellite bases around the county to reduce travel and ensure local service delivery.

The four community hub teams provide support for people with learning disabilities to access mainstream physical and mental health services as well as specialist proactive behavioural support, psychiatry, psychology, speech and language therapy, occupational therapy and physiotherapy assessment and care planning for people with a learning disability. The service also offers autism spectrum disorder (ASD) diagnosis pathways and support to help people with autism access mental health and physical health services for people with or without a learning disability. The hub teams are operational through the hours of 9am – 5pm Monday to Friday.

The fifth team is a county wide Crisis Home Assessment and Treatment (CHAT) team, which operates 24 hours a day, seven days a week, to provide intensive support in service users' usual place of residence.

On rare occasions when it is inappropriate to provide intensive support in the home environment, it is proposed that there will be time limited access to beds in specialist care homes, with the CHAT team providing support.

Service users with a learning disability who are able to access mainstream mental health crisis and inpatient services with adjustments and support, can access mainstream mental health services in a crisis with support from the specialist liaison staff.

For service users, who because of the impact of their learning disability, cannot access mainstream mental health services even with extra support and adjustments, and where there is an immediate risk to themselves or others requiring detention under the Mental Health Act, a specialist inpatient bed is identified by the CHAT team.

Before any admission to a mental health or learning disability hospital is agreed a Care and Treatment Review will be held to make sure that the person's care is appropriate, they are safe and future plans are in place. This is also to make sure that people with a learning disability and/or autism only go to hospital if they really need to. This review will involve the person, their family and an independent panel led by the commissioner.

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The Mental Health Act

In most cases, when people are treated in hospital or another mental health facility, they have agreed or volunteered to be there. You may be referred to as a "voluntary patient".

However, there are cases when a person can be detained (also known as sectioned) under the Mental Health Act (1983) and treated without their agreement. The Mental Health Act (1983) is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.

People detained under the Mental Health Act need urgent treatment for a mental health disorder and are at risk of harm to themselves or others. See our guidance about how to deal with a mental health crisis or emergency

5 Benefits of the new way of working

This new community based learning disabilities service will improve health services in Lincolnshire for people with learning disabilities in line with the national agenda for Transforming Care, with the following key benefits:

- A more holistic integrated service ensuring fair and equal access to mainstream physical and mental health services wherever possible.
- The provision of support and training for carers and care providers to enable service users to remain in their home environment.
- 24/7 support to service users with learning disabilities in their home environment.
- Work with other organisations to share knowledge and skill to provide more joined up packages or care and reduce multiple assessments.
- Intensive crisis support and home treatment in the community to prevent unnecessary admissions to hospital and prevent or delayed admission into complex care placements.

6 Impact from the new way of working

The main impact with this change is for those patients with a learning disability and who present as an immediate risk to self or others, requiring detention under the Mental Health Act to a specialist learning disability hospital.

For these patients a specialist inpatient bed is sought in an identified preferred provider by the CHAT team. This could be an out of county placement.

Since the 1st April 2016, when the new community model became fully operational, only three service users have needed to be admitted into a specialist learning disability hospital.

7 Stakeholder engagement and feedback

The CCG and LPFT have been working with patients, carers, staff and the public over the last 18 months to make sure the services being provided are the best they can be. There have been numerous stakeholder engagement events during 2015 across the county and over 80% of participants were either service users or carers. The events explored what worked well in learning disabilities services in Lincolnshire and what

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could be better. Feedback from those events was used to inform the current service model.

A 30 day staff consultation was also held at LPFT in early 2016 as part of the workforce changes to implement the new community model described above.

Further engagement activities have been held with patients, carers and stakeholders with five LPFT listening events being held during September 2016, where more than 50 people took the time to share their views and experiences of Lincolnshire's mental health and learning disabilities services. Events in Boston, Sleaford, Gainsborough and Stamford to discuss the new community services and proposed changes with service users and carers were hosted by the CCG.

The feedback received from professionals, patients and carers about the new service has been very positive……..
"I am an Accident and Emergency Mental Health Liaison Nurse and I was on shift when a young lady with a learning disability was admitted. I just want to express my observations of the professionalism and dedication to the young lady and her respite placement staff by the CHAT team. They went far and beyond what we normally see in Accident and Emergency in their care for the young lady and were determined to make sure she was able to receive the best care under the circumstances." Mental Health Liaison Nurse

"The service was fantastic and brilliant" Service user

"The team have been extremely caring whilst working with a service user." Community Mental Health Nurse

"This service is very valuable and provides excellent support to service users, carers and families. I would highly recommend the service" Service user

"K is the most loveliest person. We know that when K is around she will always help. She is a credit" Carer

"I had a very good experience and was well looked after" Service user

8 Summary

Following the successful implementation of the new model of care, we no longer have the requirement for an inpatient unit such as Long Leys Court. In order to ensure we have the best service available to people in Lincolnshire we now need to consult with stakeholders on the options for providing inpatient beds for the small number of people who need that level of care.

At the present time, service users with a learning disability who have a mental health crisis, but are able to access mainstream services with additional support, are placed in mainstream mental health services with support from the Learning Disabilities Liaison Team. Those service users whose needs cannot be met in mainstream services even with extra support, who require detention under the Mental Health Act because of an immediate risk to self or others, are placed in a specialist inpatient bed outside Lincolnshire.

The options for inpatient care are to either place service users with a learning disability in specialist facilities outside of Lincolnshire, or to place service users in a mental

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health bed in Lincolnshire with reasonable adjustments and support from the community team.

There is also an option to provide accommodation for one to two people in times of crisis. This accommodation would not be the same as an inpatient admission, but would be somewhere where service users could be supported and assessed during a mental health crisis and could also act as an interim step before admission to an inpatient bed.

9 What happens next?

The consultation will run for eight weeks from xx xxxxxx 2017.
The responses received during this consultation will be analysed and a report will be presented to the South West Lincolnshire Clinical Commissioning Group. SWLCCG and Lincolnshire Partnership NHS Foundation Trust will consider the report before taking any decisions on service change. The report will be published. We will continue to gather the views of people until the end of the consultation period. We will then use the feedback we have received to produce a report with recommendations which will be discussed at the Clinical Commissioning Group Joint Council Meeting, who will make a final decision on the proposals.

10 How you can have your say

We welcome all responses to this consultation and will provide a range of opportunities for people to have a say.
You can respond by completing the questionnaire at the end of this document. Please cut out the questionnaire, complete and send it to: To be confirmed

Alternatively you can visit the website to be confirmed where you can fill in the same questionnaire online.

Details of upcoming consultation activities, documents and more information about this consultation can also be found at: To be confirmed

If you would like to contact us direct you can call the to be confirmed Team on To be confirmed or email To be confirmed

This document and the questionnaire are available in easy read format. If you would like an easy read copy please contact: to be confirmed.
Should you require a copy of this document in another language or format, please contact: to be confirmed.

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Please tell us your views by completing this short survey
This questionnaire is in two parts. Part One concerns the options for service change described in this consultation document and Part Two concerns your personal circumstances. You are not obliged to answer the questions in Part Two but if you are able to do so it would help us to better understand the impact of any potential service changes upon different groups of people.

Could you please begin by giving us your postcode omitting the last two letters? For example, if your postcode is NG31 6PZ, enter "NG316"; if it is NG32 9EE, enter "NG329")

My postcode is: ________________________

Part One
In order to help us make decisions about the future delivery of this service, we would like your views – please provide your answers to the following questions:

1. Do you understand why we need to make the changes proposed in this consultation document?

Yes ☐ No ☐ Undecided ☐

2. Do you agree that by providing services in the community by treating patients in their own home is a better option than admitting patients into hospital?

Yes ☐ No ☐ Undecided ☐

3. Do you agree that having four community hubs across the county, together with local satellite bases; will make it easier for services users to access services?

Yes ☐ No ☐ Undecided ☐

4. Do you agree that having four community hubs across the county, together with local satellite bases; will reduce travel for service users and families?

Yes ☐ No ☐ Undecided ☐

5. Do you agree that service users with a learning disability should be able to access a mainstream mental health bed in Lincolnshire with support from the learning disabilities community team?

Yes ☐ No ☐ Undecided ☐

6. Do you agree that if required, it would be preferable for service users with a learning disability (who can access mainstream mental health services with support) should be admitted in Lincolnshire?

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Yes ☐ No ☐ Undecided ☐

7. How far do you feel is reasonable for service users to travel to access a specialist learning disabilities bed?

Under 60 miles ☐ 61-80 miles ☐ Over 80 miles ☐

8. Do you agree with the proposal to provide residential accommodation for one to two service users to access at a time of crisis? (This accommodation would not be the same as an inpatient admission, but would be somewhere where service users could be supported and assessed during a mental health crisis and could also act as an interim step before admission to an inpatient bed).

Yes ☐ No ☐ Undecided ☐

9. How far do you consider it reasonable to travel for short-term residential places at times of crisis?

Under 40 miles ☐ 41-50 miles ☐ Over 50 miles ☐

10. When considering the delivery of the new community services which will help services users access mainstream services (with support) and remain in their own home, to what extent do you agree with the proposal to permanently close the inpatient ward at Long Leys Court.

Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Undecided ☐

11. What other improvements to the community support and services need to be in place to ensure success of the new enhanced community model?

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NHS
South West Lincolnshire
Clinical Commissioning Group

ABOUT YOU

We would like to understand more about you so that we can be sure we have received responses from the range of different people in our diverse community and so that we can better understand the background to your responses. You can help us by completing this part of the consultation questionnaire but completing this section is entirely voluntary.

We won't share your information with anyone else and will only use it to help us make decisions to improve our services. Please tick appropriate answers for each section. Thank you for completing the form.

Age	***Gender***	***Sexual Orientation***
☐ *17 or younger*	☐ *Male*	☐ *Heterosexual / straight*
☐ *18-20*	☐ *Female*	☐ *Bisexual*
☐ *21-29*	☐ *Prefer not to say*	☐ *Gay man*
☐ *30-39*	***Are you the same gender you were assigned at birth?***	☐ *Gay woman*
☐ *40-49*	☐ *Yes*	☐ *Prefer not to say*
☐ *50-64*	☐ *No*	
☐ *65-74*	☐ *Prefer not to say*	
☐ *75-84*		
☐ *85 and over*		

The Equality Act 2010 defines a person as Disabled if they have a physical or mental Impairment, which has a substantial and long-term (i.e. has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day-to-day activities

Do you consider yourself to have a disability?

- ☐ *Yes*
- ☐ *No*
- ☐ *Prefer not to say*

If yes, please specify:

- ☐ Blind or sight impairment
- ☐ Deaf or hearing impairment
- ☐ Mobility e.g. difficulty walking short distances or climbing stairs
- ☐ Manual dexterity
- ☐ Learning disability, where a person learns in a different way e.g. dyslexia
- ☐ Mental illness e.g. schizophrenia, depression
- ☐ Speech impairment
- ☐ Cognitive disability e.g. brain injury, autism, attention deficit
- ☐ Hyperactivity disorder or Asperger's syndrome
- ☐ Prefer not to say
- ☐ Other (Please specify)

____

Do you consider yourself to have a long term condition?

- ☐ Yes
- ☐ No

If yes, please specify:

- ☐ Heart Condition
- ☐ Diabetes
- ☐ COPD

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☐ Prefer not to say	☐ Chronic Kidney Disease ☐ Cancer ☐ Coeliac Disease ☐ Speech impairment ☐ Cognitive disability e.g. brain injury, autism, attention deficit ☐ Hyperactivity disorder or Asperger's syndrome ☐ Prefer not to say ☐ Other (Please specify) ____
What is your ethnicity?	
A - White	☐ British, English, Northern Irish, Scottish or Welsh ☐ Irish ☐ Gypsy / Irish traveller / Roma ☐ Any other white background (please specify) ________________________________
B - Mixed or multiple ethnic groups	☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Any other mixed or multiple ethnic background (please specify) ___________________________________
C - Asian or Asian British	☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Any other Asian background (please specify) ________________________________
D - Black, African, Caribbean Or Black British	☐ Caribbean ☐ African ☐ Any Black British, African or Caribbean background (please specify) __________________________
E - Other ethnic group	☐ Arab ☐ Any other ethnic group (please specify) ________________________________
F - Not Stated	☐ Prefer not to say

What is your religion?

☐ No religion	☐ Christian	☐ Buddhist
☐ Hindu	☐ Jewish	☐ Muslim
☐ Sikh	☐ Any other religion (please specify) ____________________	
☐ Prefer not to say		

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Do you have caring responsibilities?		
☐ None ☐ Primary carer of a child or children (under 18 years) ☐ Primary carer of a disabled child or children	☐ Primary carer of a disabled adult (18 years and over) ☐ Primary carer of older person or people (65 years and over)	☐ Secondary carer ☐ Prefer not to say
What is your employment status?		
☐ Employee in full time work (over 30 hrs) ☐ Employee in part time work (under 30 hrs) ☐ Retired	☐ Permanently sick / disabled ☐ Full time carer ☐ Unemployed ☐ Self-employed (full or part time)	☐ Looking after home ☐ Full time education (college / university) ☐ Part time student ☐ Government supported training
Preferred written language? __________________________________	**_Preferred spoken language?_** __________________________________	

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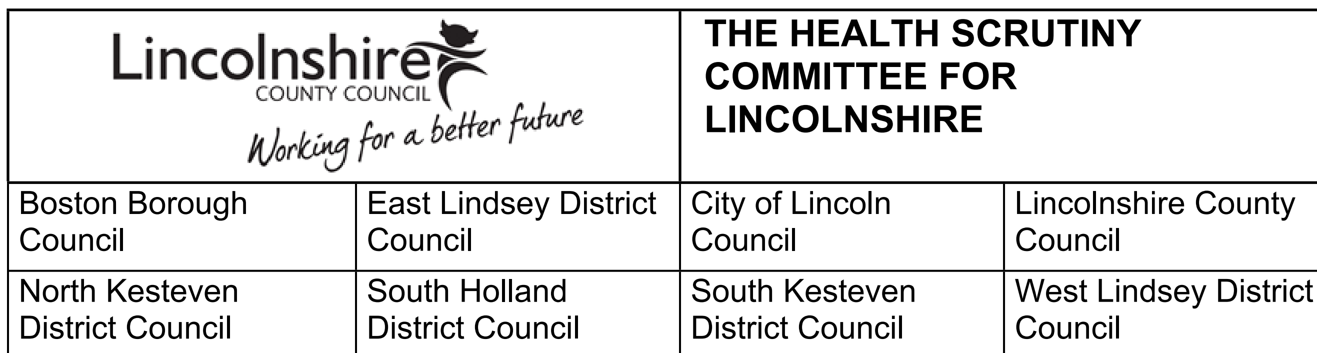


Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District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

Open Report on behalf of LIVES (Lincolnshire Integrated Volunteer Emergency Services)

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**15 February 2017**
Subject:	**LIVES (Lincolnshire Integrated Volunteer Emergency Services) Status Report and Update**

Summary:

LIVES (Lincolnshire Integrated Volunteer Emergency Services) is a registered charity which provides an emergency response by trained volunteers to medical emergencies throughout Lincolnshire.

LIVES delivers two responses to emergencies. Most responses are in the form of a locally-based trained volunteer Community First Responder delivering timely life-saving interventions. The other type of response is from our volunteer Medic First Responders, who are qualified healthcare professionals providing advanced or critical medical care. LIVES supports the service provided by the East Midlands Ambulance Service NHS Trust as the statutory ambulance service provider with whom we have a Service Level Agreement. LIVES also works in close collaboration with Lincolnshire Fire & Rescue, providing training, support and clinical governance to co-responders and the Joint Ambulance Conveyance Project (JACP).

In October 2016 LIVES began responding to 111 calls as a disposition of the Clinical Assessment Service, an alliance between 111 and NHS providers in Lincolnshire.

The following LIVES personnel will be attending the Committee: -

- Nikki Silver, Chief Executive Officer
- Dr Simon Topham, Clinical Director

Actions Required:

(1) To consider and comment on the information presented.

(2) The Committee is invited to explore the following issues:

- the nature and impact of the response delivered by LIVES volunteers;
- support from and liaison with the East Midlands Ambulance Service;
- future working with Lincolnshire Fire & Rescue and the context of blue light collaboration;
- opportunities for LIVES to make a larger contribution to community resilience and challenges in the health economy;
- funding issues and in particular support from central government grants (LIBOR) and Lincolnshire CCGs.

1. Background

Introduction

LIVES is a charity in its 48th year of operation with the following charitable objectives:

> *To provide Immediate Medical Care to any person injured in an accident or involved in any medical emergency in the area of Lincolnshire, North-East Lincolnshire or any area reasonably close to. To advance the principle of Pre-Hospital Emergency Care on a national basis; providing advice and guidance in all aspects of such care, including the delivery of training and provision of approved emergency equipment.*

Responders are organised into operational groups based on a response time of approximately six minutes under normal driving conditions. There are over 160 responder groups across Lincolnshire, with around 700 active LIVES Community First Responders and LIVES Medics. LIVES has responded to almost 21,000 emergency calls in 2016, an increase of approximately 15% on the previous year and this number is likely to continue to increase in the future.

In 2016 LIVES appointed its first Chief Executive Officer in recognition that the organisation has now reached the level where strategic development is required to respond to the ever-growing demand for health and care within a resource-limited NHS. LIVES feel that they have the ability and opportunity to provide far more to the people of Lincolnshire than at present, both in terms of the number of emergencies responded to, the nature of the response delivered and through the transfer of skills such as CPR education to both young people and communities.

The following information provides an outline of the responder and medic roles.

LIVES Responders

When a 999 call is made within the responder's local area, East Midlands Ambulance Service (EMAS) despatch an emergency ambulance with a response category determined by the AMPDS computer-based triage system. At the same time EMAS Community First Responder (CFR) desk will activate the LIVES Responder who is 'on-duty'. LIVES responders are dispatched using a response 'isochrones map' determined by an ability to get to the patient within six minutes. Because of being embedded in their community, the responder very often arrives first on the scene (currently 86% CFRs arrive first) and can begin to treat the patient by following a Danger, Responsiveness, Airway, Breathing, Circulation model (DR-ABC). This schema leads to the responder:

- clearing and controlling the airway of an unconscious patient
- providing resuscitation and defibrillation
- giving oxygen therapy
- controlling any bleeding
- taking observations; blood pressure, blood glucose, temperature, respirations and pulse.
- being the 'eyes and ears' of the ambulance service and feeding back information to control if the situation is not as initially expected.
- making the patient feel more comfortable and at ease; reassuring worried relatives and taking charge of the situation
- using local knowledge to ensure that the ambulance can find the location quickly.

In cases where the patient has suffered a cardiac arrest and has stopped breathing, the responder follows Resuscitation Council guidelines to optimise the chance of survival. In this situation, the patient's heart needs to receive a shock (defibrillation) as quickly as possible, ideally within the first five to ten minutes of collapse. The earlier this can happen, the better the patient's chance of survival. First Responders carry a defibrillator, which can deliver a controlled shock in an attempt to correct the patient's heart rhythm. A defibrillator costs approximately £1,000, but it can mean the difference between life and death for some people.

The 999 calls where the responders make the biggest, most obvious differences are to the calls coded by the AMPDS system as Red 1 or Red 2 calls. These are 999 calls which have been deemed "serious and/or life threatening". EMAS aims to be at these calls within 8 minutes, but as these calls require medical help to arrive as quickly as possible, LIVES Responders can shave off vital minutes due to their unique position within the community.

Examples of Red calls are:

- signs of cardiac arrest
- unconsciousness and collapse
- chest pains (for example, heart attack and acute angina)
- breathing difficulties (for example, asthma)
- diabetic emergencies (for example, hypoglycemia)
- fitting or convulsions (for example epilepsy)
- stroke
- anaphylaxis (severe allergic reaction)
- choking.

More than 70% of cardiac arrests occur out of hospital. For this reason, the ability of a LIVES Responder to get to a patient quickly and administer basic life support and early defibrillation until the ambulance arrives is vital, especially in rural areas where an ambulance cannot always reach the scene straight away.

Our more experienced volunteers also respond to traumas and some to road traffic collisions and make the early assessment of whether additional resources are required, the speed at which they are deployed and begin the clinical management of patients in these circumstances.

Medics

LIVES medics have been voluntarily providing advanced pre-hospital emergency care since the inception of the charity in the early 1970s. These members are qualified healthcare professionals; doctors, nurses, paramedics and technicians, who freely offer their spare time to respond to 999 calls when available.

The LIVES medic role is twofold:

1. Timely Response - Providing a first responder service to the local community in the same way as their lay First Responder counterparts.
2. Adding Value – LIVES Medics provide advanced or critical care intervention, taking skills above and beyond those provided by the statutory ambulance service.

Medics may attend the following incidents:

- life-threatening medical emergencies
- cardiac arrest
- paediatric emergencies
- road traffic collisions
- major trauma
- major incidents
- responding to requests for on-scene advanced clinical support.

LIVES medics offer skills appropriate to their level of professional training. The highest level medic members are able to offer some or all of the following skill sets:

- advanced airway management, and management of the difficult airway including pre-hospital emergency anaesthesia (“medically-induced coma”)
- on-scene chest surgery in traumatic cardiac arrest or severe chest trauma
- advanced ventilatory strategies
- advanced vascular access techniques
- sedation and advanced analgesia
- senior clinical support and decision making
- major incident management
- further critical care interventions.

Performance

2016 was the busiest year in the 48 year history of LIVES.

Number of calls	20,516
Increase of 3,628 on the previous year	
Proportion of EMAS Red calls attended by a LIVES CFR	18.8%
LIVES contribution to Red 1 – Dec 2016	11.8%
LIVES contribution to Red 2 – Dec 2016	7.4%

LIVES contribution to EMAS performance has reduced in the last year although the number of calls attended has increased. LIVES is currently working with NHS commissioners to understand the reason behind this. Two possible explanations are delays in dispatching CFRs due to dispatch resource constraints or extended travelling times to the call. LIVES does not have access to the data to allow the organisation to analyse and respond to this change.

One of the ways in which we measure the impact of LIVES is the achievement of ROSC (return of spontaneous circulation) in patients suffering an out of hospital cardiac arrest. In 2016 LIVES responders achieved a ROSC rate of 31.8% in patients we attended which is a significant improvement on the national average of 10-13%. This performance can be attributed to a number of factors including geographic reach, availability of responders and focus on training and equipping volunteers to ‘do the basics well.

Funding

LIVES is a charity that is dependent on generating income to enable our volunteers to deliver their response. It costs more than £1m per year to deliver LIVES services.

Lincolnshire CCGs provide £307,000 of funding under a contract to deliver the CFR service. No funding is received for medic response or the new CAS response. The remainder of income is generated through fundraising and commercial activities.

LIVES is focused on diversifying its income streams to ensure the organisation is financially sustainable. This includes:

- development of more robust fundraising models including regular giving and business sponsorship
- commercial activities including the sale of first aid training and equipment and the provision of event first aid
- grant funding to facilitate new service or operational developments.

LIVES has been awarded two grants totalling £29,000 to fund the development of a Cycle Response Unit (CRU) in the Lincoln shopping precinct. It has also been awarded a small grant by North Lincolnshire Council to facilitate the delivery of CPR training to secondary schools in the area.

However the organisation was very disappointed to be passed over for a grant from the LIBOR funds distributed by the Chancellor in the Autumn statement. The grants were made available for military and emergency services charities. LIVES submitted a bid for £850,000 to fund monitoring equipment for volunteer medics to allow them to more safely deliver life-saving interventions at the roadside such as advanced sedation and analgesia and anaesthesia and included telemedicine functionality to improve quality. Following intervention by Karl McCartney MP the organisation received feedback that their bid had been rejected due to concerns around additionality due to the close working with the NHS and the size of the grant in proportion to the turnover of the organisation. The organisation disagrees with both rationale; firstly all air ambulance trusts and a number of NHS organisation's charitable trusts were awarded grants, and secondly, the bid was based on capital funding and therefore is sustainable; also a similar charity was awarded a grant for the same equipment that was twice its annual turnover. The chief executive is currently meeting with Lincolnshire MPs to secure support for a future funding bid.

Operational Developments

LIVES is a progressive organisation that is always looking for opportunities to develop responses that support Lincolnshire communities. Developments of note that may be of interest to the Committee include:

- Clinical Assessment Service. This is a partnership between Lincolnshire healthcare providers to deliver telephone based assessment of calls that have originated in 111 or been coded as green 3 or 4 by EMAS. LIVES is a disposition that is trained and equipped to respond to non-injury falls to assist the patient in re-mobilising, or to the unwell patient where the clinician requires clinical observations to inform their decision-making. LIVES has been responding to calls since October 2016 but the service development is slow and a number of issues are being encountered in process and dispatch. LIVES believes that there is significant value for patients in this service, particularly in avoiding unnecessary admissions and so continues to work with NHS partners to develop this response.

- Lincoln Cycle Response Unit. A highly successful pilot of a LIVES responder on a bicycle responding to 999 calls in the centre of Lincoln was undertaken during the summer of 2016. In the seven weeks of the pilot the bicycle operated two days per week and saw 52 patients with an average response time of 5:28 minutes from the time of call, or 2:52 from the time of dispatch. 96.3% of red calls were attended within 8 minutes and 27% of calls were cleared without EMAS attendance. £29,000 of funding has been secured from two grant partners, People's Postcode Lottery and Morrison's Foundation, to continue the service on a permanent basis. Responders are trained to a minimum of LIVES level 3 and undertake additional public safety cycle training. The CRU is kindly hosted by the Waterside Centre and will be fully operational from May 2017.

- LIVES is committed to the ongoing development of our volunteers. In 2016 six paramedics were trained in advanced analgesia and pain management skills. LIVES now has 20 medics with advanced skills and it is this development which informed the unsuccessful LIBOR grant referred to earlier in this paper. Furthermore, the organisation trained a wider cohort of medics to assist senior

colleagues with the delivery of emergency out of hospital anaesthesia. CFRs have been trained in the use of the iGel airway in cardiac arrest under a CQUIN development. Evidence shows that the use of an iGel can improve outcomes in cardiac arrest through improving oxygenation and reducing the time in which chest compressions are not done. This is the highest quality of Basic Life Support that a non-healthcare professional can deliver.

Operational developments planned for 2017/18 include the pilot of LIVES volunteers on the CFR dispatch desk at EMAS to support the timely and effective dispatch of responders; a pilot of a smartphone app for dispatching responders to improve the effectiveness and safety of deployment; introduction of telemedicine and advanced monitoring capability for medics; and NHS Commissioners have accepted LIVES 2017/18 CQUIN proposal to train and equip responders to undertake near patient urine testing. The information gathered from such a test can make a big difference in terms of detecting underlying abnormalities before they lead to an injury fall, or worsening of the condition to become sepsis, or just simple clinical deterioration, thus avoiding unnecessary A&E attendance and hospital admission whilst reducing morbidity and mortality of patients with community urine infections.

Community Engagement Activity

A lesser recognised element of the work of LIVES is the commitment to education and sharing skills, both with healthcare colleagues and the wider community. Two key developments may be of interest to the Committee:

- LIVES believes that learning CPR is a basic life skill that should be available to all. International evidence indicates that where young people are taught CPR at school the incidence of bystander CPR increases as does successful outcomes. LIVES is engaged with a number of schools, youth and community organisations in delivering CPR education. The organisation has recently received a grant from North Lincolnshire Council to support this work in secondary schools. The organisation is also involved in discussions with The EBP regarding the pilot of a more structured youth programme to engage young people in lifesaving work. This has the potential to benefit the wider NHS in recruitment and development of a future workforce.

- LIVES believes that there is a place for everyone within the organisation at a level that is appropriate to both their interest and ability. As pre-hospital emergency medicine has developed as a specialism, the skills of LIVES CFRs has also grown. However it has been recognised that there is a cohort of volunteers who originally joined LIVES to respond to their neighbour in cardiac arrest and are not interested in developing skills beyond this level. A review of all CFR training has been undertaken with the creation of a meaningful Level 1 where responders will be trained and equipped to respond to cardiac arrests only, using community public access defibrillators. LIVES anticipates that this will increase the overall availability of a responder in these specific circumstances. LIVES also believes that the development of training pathways for individuals who want a career in health has the potential to have a positive impact on NHS recruitment.

Issues for the Committee

The Committee is invited to explore the following issues:

- the nature and impact of the response delivered by LIVES volunteers;
- support from and liaison with the East Midlands Ambulance Service;
- future working with Lincolnshire Fire & Rescue and the context of blue light collaboration;
- opportunities for LIVES to make a larger contribution to community resilience and challenges in the health economy;
- funding issues and in particular support from central government grants (LIBOR) and Lincolnshire CCGs.

2. Conclusion

The Committee is requested to consider the information on LIVES.

3. Consultation

This is not a consultation item.

4. Appendices

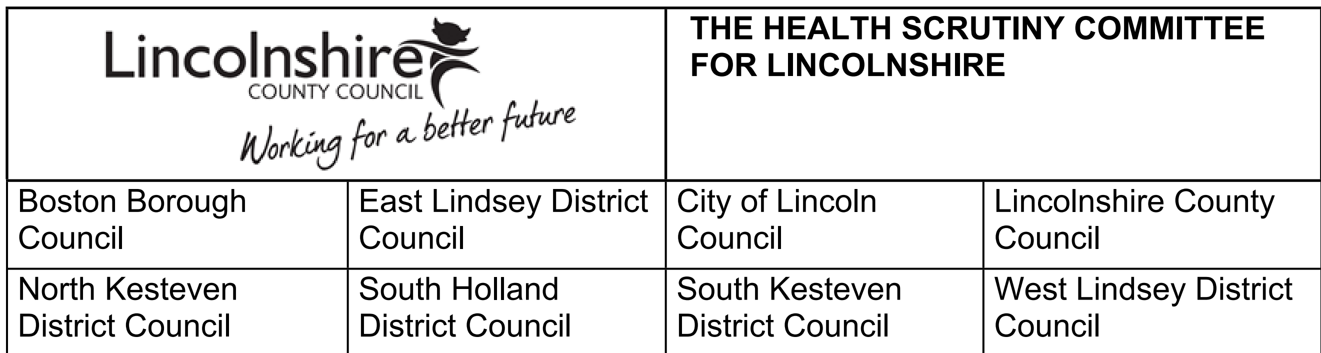
No appendices are included.

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 Nikki Silver, Chief Executive Officer, who can be contacted on 01507 525 999 or nsilver@lives.org.uk

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:	**15 February 2017**
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

15 February 2017		
Item	**Contributor**	**Purpose**
East Midlands Ambulance Service	Blanche Lentz, Lincolnshire Divisional Manager, East Midlands Ambulance Service NHS Trust	Update Report
LIVES [Lincolnshire Integrated Volunteer Emergency Services]	Simon Topham, Clinical Director, Lincolnshire Integrated Volunteer Emergency Services (LIVES) Nikki Silver, Chief Executive Officer, Lincolnshire Integrated Volunteer Emergency Services (LIVES)	Update Report
Butterfly Hospice	Andrew Morgan, Chief Executive, Lincolnshire Community Health Services NHS Trust Sarah McKown, Head of Clinical Service, Lincolnshire Community Health Services NHS Trust Clare Credland, Integrated Clinical Services Lead, Lincolnshire Community Health Services NHS Trust	Update report
Transforming Care: Community Learning Disabilities Support: Long Leys Court	To be confirmed	Consultation

15 March 2017		
Item	**Contributor**	**Purpose**
St Barnabas Hospice	Chris Wheway, Chief Executive, St Barnabas Hospice	Update Report
Joint Strategic Needs Assessment	Alison Christie, Programme Manager (Health and Wellbeing) Public Health Division, Adult Care and Community Wellbeing, Lincolnshire County Council David Stacey, Programme Manager	Update Report

15 March 2017		
Item	**Contributor**	**Purpose**
	(Strategy and Performance), Public Health Division Adult Care and Community Wellbeing, Lincolnshire County Council	
Annual Report of the Director of Public Health on the Health of the People of Lincolnshire	To be confirmed	Status Report
NHS Improvement – Improving NHS in Lincolnshire	To be confirmed.	Status Report
United Lincolnshire Hospitals NHS Trust - Pharmacy Services	To be confirmed.	Update Report

Items to be Programmed

- Obesity in Children and Adults
- Lincolnshire East CCG Update
- Lincolnshire West CCG Update
- South Lincolnshire CCG Update
- South West Lincolnshire CCG Update
- United Lincolnshire hospitals NHs Trust – Outcomes of Care Quality Commission Inspection

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