



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
12 JANUARY 2017**

PRESENT: COUNCILLOR MRS C A TALBOT (CHAIRMAN)

Lincolnshire County Council

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

Lincolnshire District Councils

Councillors 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), Councillor Colin Brotherton (Boston Borough Council) and P Howitt-Cowan (West Lindsey District Council)

Healthwatch Lincolnshire

No representation from Healthwatch Lincolnshire.

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Dr Vindi Bhandal (Chairman, South West Lincolnshire CCG), Andrea Brown (Democratic Services Officer), Danielle Cecchini (Chief Finance Officer, Lincolnshire Community Health Services NHS Trust), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Simon Evans (Health Scrutiny Officer), Sarah Furley (Transformation Director, Lincolnshire Sustainability and Transformation Plan), Dr Sunil Kapadia (Medical Director, United Hospitals Lincolnshire NHS Trust), Allan Kitt (Chief Officer South West Lincolnshire CCG), Jane Marshall (Director of Strategy and Performance, Lincolnshire Partnership NHS Foundation Trust), Andrew Morgan (Chief Executive, Lincolnshire Community Health Services NHS Trust), Tracy Pilcher (Chief Nurse, Lincolnshire East CCG), Dr Sudhaker Rao (Consultant Paediatrician, United Lincolnshire Hospitals NHS Trust) and Adam Wolverson (Clinical Director for Critical Care, United Lincolnshire Hospitals NHS Trust)

County Councillors A M Austin, Mrs M J Overton MBE, R A Renshaw, M A Whittington, L Wootten and R Wootten attended the meeting as observers.

58 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs S M Wray, Miss E L Ransome, R C Kirk and T Boston.

The Democratic Services Officer reported that two vacancies remained on the Committee for West Lindsey District Council and Boston Borough Council.

However, the Chief Executive reported that under the Local Government (Committee and Political Groups) Regulations 1990, he had appointed Councillor P Howitt-Cowan and Councillor C Brotherton to the Committee in place of the current vacancies for West Lindsey District Council and Boston Borough Council, respectively.

Dr B Wookey, representative of Healthwatch Lincolnshire, had also submitted apologies.

59 DECLARATIONS OF MEMBERS' INTERESTS

Councillor S L W Palmer advised the Committee that he was a LIVES First Responder and would work under East Midlands Ambulance Service NHS Trust once activated.

Councillor Mrs C A Talbot advised the Committee that she remained a patient of Nottingham University Hospitals NHS Trust but was also under the care of a team at United Lincolnshire Hospitals NHS Trust.

Councillor Mrs P F Watson advised the Committee that she was also a patient of United Lincolnshire Hospitals NHS Trust.

60 LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN

The Chairman welcomed Councillors C Brotherton (Boston Borough Council) and P Howitt-Cowan (West Lindsey District Council) to their first meeting of the Health Scrutiny Committee for Lincolnshire.

The purpose of the meeting was clarified for those present by the Chairman, as follows:-

1. To seek points of clarification on the detail of the Lincolnshire Sustainability and Transformation Plan (STP); and
2. To provide views and comments on the Lincolnshire STP. These views and comments would then be compiled into a draft statement for approval as the Health Scrutiny Committee for Lincolnshire's statement at the Committee's next ordinary meeting on 18 January 2017, as the Committee's initial statement on the STP.

It was agreed that it would not be feasible to work through the whole STP document page by page and therefore members of the Committee were given an opportunity to ask questions on both the public summary document and the full STP document.

The Committee was also reminded that Lincolnshire County Council, at its meeting on 16 December 2016, unanimously resolved that it could not support the STP in its current form; and confirmed that the Council was prepared to work with all local NHS

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organisations to encourage them to adhere to and act upon the views which emerged from the public consultation. It was also confirmed at this meeting that the Health Scrutiny Committee should scrutinise the likely impact of the proposals in the STP on different medical services in all parts of the county. Lincolnshire County Council unanimously agreed to set up a working group to consider the likely financial and other impacts of the STP on County Council services. This working group would make recommendations to the County Council's Executive.

The following representatives of the NHS were in attendance for this item to contribute to the discussions and respond to any questions from the Committee:-

- Allan Kitt (Chief Officer, South West Lincolnshire Clinical Commissioning Group);
- Andrew Morgan (Chief Executive, Lincolnshire Community Health Services NHS Trust);
- Danielle Cecchini (Chief Finance Officer, Lincolnshire Community Health Services NHS Trust);
- Adam Wolverson (Clinical Director for Critical Care, United Lincolnshire Hospitals NHS Trust);
- Dr Sudhaker Rao (Consultant Paediatrician, United Lincolnshire Hospitals NHS Trust);
- Sarah Furley (Transformation Director, Lincolnshire Sustainability and Transformation Plan);
- Jane Marshall (Director of Strategy and Performance, Lincolnshire Partnership NHS Foundation Trust);
- Dr Sunil Kapadia (Medical Director, United Hospitals Lincolnshire NHS Trust); and
- Dr Vindi Bhandal (Chairman, South West Lincolnshire Clinical Commissioning Group).

Allan Kitt (Chief Officer, South West Lincolnshire CCG) explained that his role had been to co-ordinate the production of the STP which had consisted of two sections in order to do so. The first element was to ask providers across the whole system to look at every service from the perspective of patients, sustainability, staff, finance, etc., in order to honestly report what was and was not working. The 'hard to do' list was then considered with a view to rectifying the issues and provide options for change to improve those services. The second element was for providers and commissioners to work closely together to detail how local communities could close the emerging gaps in healthcare.

NHS representatives stressed that this was the start of a plan which was not finalised and which would require adjustment as services dictated. The Committee was assured that the full STP document, as presented, was *not* the public consultation document.

The Chairman referred the Committee to a report presented to the NHS England Board on 15 December 2016 by Matthew Swindells (National Director: Operations & Information) which included a section entitled "*The 17/18 – 18/19 contracting round*". Paragraph 13 of that section stated that "*Together with NHS Improvement, NHS*

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England will be conducting a review of STP capital requests. Capital is very tight over the next few years; STPs' requests exceed what is available. This review will identify strategic schemes that are essential for unlocking local improvements and efficiencies. In order to support strategic schemes, we will need to understand the benefit to patients, including return on investment, when they will pay back and expected clinical benefits. We will also want to focus on those that are 'shovel ready'."

The full report can be found following the link below:-

<https://www.england.nhs.uk/2016/12/board-meet-15-december-2016/>

In relation to the last sentence of that paragraph ("*We will also want to focus on those that are 'shovel ready'.*"), it was understood that, within NHS jargon, this sentence referred to services or initiatives which had been planned but not yet implemented and it was suggested that this phrase could be construed as referring to the cessation of services.

It was reported that the capital available was constrained and, following discussions with Simon Stevens (Chief Executive, NHS England), a sum of £205m had been requested for Lincolnshire which was thought to be relatively modest in comparison to other STPs. Lincolnshire had given consideration to the estates currently held and what would be required to either raise income on those properties or utilise them for future service use.

It was acknowledged that the STP was ambitious given the time involved for implementation. A lot of work was required to improve integration of organisations but NHS officers were confident that each element of the STP could be achieved within the four years available.

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

- It was suggested that by closing a service in one part of the county in order to improve the same service in another part of county could, potentially, be viewed as a failure of the STP. The criteria set would be to follow the options available to close gaps in service in order to ensure quality access, deliverability and affordability. It was expected that the priority of accessibility and quality of services would be key to the discussions;
- The STP incorporated all services, including primary care, self-care, community care, services closer to home in addition to hospital services. Public consultation was vital to ensure that the public had an opportunity to feed into the process;
- Lead clinicians suggested that if a service was ceased in a particular area, the challenge would be to change the assumption that this would disadvantage those residents who lived nearby. Quality of care should be promoted and that a hospital which provided better services, better staff provision and better equipment was of greater benefit to the patient even if there was some travelling involved;

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- A Consultant Paediatrician explained that there were areas of good practice but suggested that the provision of these services in all areas of Lincolnshire was not currently providing good quality, sustainable care. Following research and great deliberation, it had been proposed to open specialist centres in order to provide a better quality and reliable service for the public despite travel issues. It was noted that in some parts of Northumberland, residents were required to travel over 80 miles to access these services and a review following the implementation of this type of care had indicated that there had been no increase in adverse incidents as a result;
- Transport and access issues was a key issue raised by the Committee. It was explained that whilst the NHS was not responsible for the inadequate infrastructure of public transport in Lincolnshire or that services could not be modelled around that infrastructure, discussions were ongoing with Lincolnshire County Council to explore the opportunity to use current transport routes for both public and NHS transport;
- Due to new technology available for procedures which could now be undertaken in patients homes, the requirement for travel was expected to reduce for those patients who required minor procedures;
- An example of a change of service was given to the Committee. Lincolnshire Partnership NHS Foundation Trust (LPFT) had implemented a mental health triage car which visited mental health patients in their own homes as it deterred the patient presenting at an A&E department for care. This then alleviated the pressure on A&E services for the patient and the service overall. This addition to service provision was a result of looking at how to do things differently in order to provide better care, something which the STP was also proposing;
- Regular dialogue was undertaken with neighbouring areas as it was clear that the content of their STPs may have some impact on Lincolnshire residents. A list of the neighbouring STPs would be circulated to the Committee for their information and consideration;
- The STP did not appear to address the issue of seasonal residents, especially on the coast. Tourism was being actively promoted in the county and the Committee suggested this would have a considerable impact on health services, over the summer period in particular;
- Recruitment remained a major issue across the health service nationally and even if financial constraint was not an issue, recruitment difficulties would continue. There was a national shortage of trained paediatric nurses and doctors, GPs, nurses and specialist clinicians and it was suggested that Lincolnshire was in competition with major urban cities to attract newly qualified staff;
- United Lincolnshire Hospitals NHS Trust reported that one of the criticisms received from junior doctors was that house prices, tourism or the general area did not attract them to a role. They were young professionals who generally had different priorities, therefore adverts for roles of this type were being reconsidered;
- Dialogue was also ongoing with the universities also to encourage medical students to choose Lincolnshire for placements;

- The Committee suggested that better promotion of the services available would help to change the current perception of the public. It also suggested that clarification of the services provided in A&E, specialist A&E departments, A&E Centres and Urgent Care Centres would be helpful and would provide clear guidance to the public of the level of service which could be expected in each facility;
- The public consultation would be undertaken using multi-channel media to ensure that everyone within the county had the opportunity to comment;
- Although Lincolnshire County Council Public Health and Adult Social Care colleagues had been involved in discussions, as had other relevant organisations, it was confirmed that the STP was not a county council document.;
- The Committee was advised that the requirement of £205m for capital expenditure was a modest sum in the context of that sought by other STP areas. Foundation Trusts were able to borrow funds in their capacity as a Foundation Trust, however the statement from NHS England indicating that the capital investment was 'tight over the next few years' remained a concern for the Committee;
- The demand for 'unrealistic services' was reported as putting a huge strain on GP practices which was, in turn, deterring students from choosing General Medical Practice. The suggestion of tying a GP into a contract following training, similar to military contracts, would deter people choosing this profession even further if they were required to remain in one place;
- Education of the public in relation to self-care and accessing the most appropriate service for their need would be key to the successful implementation of the STP as it was beneficial to personal health to remain at home wherever possible;

At 11.40am, the Chairman adjourned the meeting for a short comfort break. Councillor R Kaberry-Brown left the meeting and did not return.

At 12.00pm, the meeting was reconvened.

- The Committee was keen to receive assurance that a full consultant would be undertaken and that all feedback would be considered and acted upon where appropriate in order to provide realistic, evidence-based options;
- It was acknowledged that budgets and finance often become a distraction which stopped change taking place. The STP was to focus on services and the changes required first without giving consideration the finance alone;
- A suggestion was made that streamlining processes on the 'frontline' could assist in streamlining the whole service. For example, there could be a reduction in delays of discharge of patients from hospital should all the final checks, medications dispensed and paperwork completed in a timely fashion. It was agreed that this would have a considerable impact across the board but the NHS needs to become more connected;
- In relation to maternity services, the point was made that expectant mothers residing near the county's borders may continue to choose maternity services out-of-county rather than Lincoln County Hospital or Boston Pilgrim Hospital

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due to their own personal logistics. 5500 of the 7000 births to Lincolnshire mothers took place at either Lincoln County Hospital or Boston Pilgrim Hospital, therefore the suggestion in the STP that at least 6000 births per year would be required on a single urban site for reasons of clinical safety was a concern for the Committee;

- All town and parish councils within the county would be included within the consultation.

The Chairman thanked the Committee and NHS representatives for an interesting and informative discussion. The Health Scrutiny Officer noted the points taken during discussion for inclusions in the draft statement:-

- Capital Expenditure;
- Access and travel issues;
- The financial imperatives for the overall document;
- Maternity services;
- Workforce issues;
- Definitions of an Urgent Care Centre and A&E;
- Importance of specialisms being treated in the right place;
- Content of the consultation and communications channels;
- Promotion of good service;
- Education of the public in relation to self-care, etc.;
- Role of pharmacy services;
- Evidence-based proposals;
- Commitment sought that the consultation responses would be listened to; and
- Perception of patients on the proposals in terms of savings.

RESOLVED

1. That the views and comments of the Committee on the Lincolnshire Sustainability and Transformation Plan be compiled into a draft statement for approval as the Health Scrutiny Committee for Lincolnshire's statement at the next ordinary meeting of the Committee on 18 January 2017; and
2. That the final draft statement and minutes of the extraordinary meeting of the Health Scrutiny Committee for Lincolnshire, held on 12 January 2017, be shared with the Executive for their information and consideration also.

The meeting closed at 12.45 pm