

Public Document Pack

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

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A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 19 July 2017 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL

MEMBERS OF THE COMMITTEE

County Councillors: C S Macey (Chairman), Mrs K Cook, M T Fido, R J Kendrick, R A Renshaw, Dr M E Thompson, M A Whittington and R H Woolley

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' Interest	
3	Minutes of the Meeting of the Health Scrutiny Committee for Lincolnshire held on 14 June 2017	3 - 12
4	Chairman's Announcements	13 - 16

Item	Title	Pages
5	<p>United Lincolnshire Hospital NHS Trust - Care Quality Commissioning Report April 2017 <i>(To receive a report from Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals NHS Trust), which advises the Committee of the progress made since the Care Quality Commission (CQC) published its findings on 11 April 2017 following its inspection of United Lincolnshire Hospitals NHS Trust (ULHT) in October 2016. Jan Sobieraj and Michelle Rhodes (Director of Nursing) will be in attendance for this item)</i></p>	17 - 24
6	<p>Lincoln Walk In Centre - Consultation by Lincolnshire West Clinical Commissioning Group <i>(To receive a report from Simon Evans (Health Scrutiny Officer), which asks the Committee to consider the outcomes of the Working Group held on 14 July 2017; and to finalise the Committee's response to the Lincoln Walk In Centre Consultation. Dr Sunil Hindocha (Chief Clinical Officer from Lincolnshire West CCG) and Wendy Martin (Executive Lead Nurse and Midwife – Quality and Governance) will be in attendance for this item)</i></p>	25 - 42
7	<p>Lincolnshire Partnership NHS Foundation Trust - Update <i>(To receive a report from John Brewin (Chief Executive of Lincolnshire Partnership NHS Foundation Trust), which provides the Committee with an overview of the current issues within the Trust, and an update on recent feedback from the CQC re-inspection, current service developments and end of year 2016/17 performance)</i></p>	43 - 54
8	<p>Joint Health and Wellbeing Strategy Prioritisation <i>(To receive a report from Simon Evans (Health Scrutiny Officer), which invites the Committee to consider and approve a draft statement prepared by the Working Group in relation to which themes in the Lincolnshire Joint Strategic Needs Assessment should be prioritised for inclusion in the Joint Health and Wellbeing Strategy)</i></p>	55 - 58
9	<p>Health Scrutiny Committee for Lincolnshire - Work Programme <i>(To receive a report from Simon Evans (Health Scrutiny Officer), which invites the Committee to consider and comment on its work programme)</i></p>	59 - 64

Tony McArdle
Chief Executive
11 July 2017



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
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Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R J Kendrick, C S Macey, R A Renshaw, Dr M E Thompson, M A Whittington and R H Woolley.

Lincolnshire District Councils

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) and P Howitt-Cowan (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Alison Christie (Programme Manager, Health and Wellbeing Board), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Gary James (Accountable Officer, Lincolnshire East CCG), Jan Sobieraj and Chris Weston (Consultant in Public Health (Wider Determinants)).

Councillors W Gray, C E H Marfleet, Mrs P Whittaker and Mrs S Woolley (Executive Councillor NHS Liaison and Community Engagement) attended the meeting as observers.

1 ELECTION OF CHAIRMAN

RESOLVED

That Councillor C S Macey be elected as Chairman of the Health Scrutiny Committee for Lincolnshire for 2017/18.

COUNCILLOR C S MACEY IN THE CHAIR

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HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
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2 ELECTION OF VICE-CHAIRMAN

RESOLVED

That Councillor C J T H Brewis be elected as Vice-Chairman of the Health Scrutiny Committee for Lincolnshire for 2017/18.

3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor Mrs R Kaberry-Brown (South Kesteven District Council representative).

4 DECLARATIONS OF MEMBERS' INTERESTS

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

Councillor M T Fido advised the Committee that his partner was employed by East Midlands Ambulance Service as an Emergency Dispatcher for 999 calls.

5 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE HELD ON 15 MARCH 2017

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire held on 15 March 2017 be approved and signed by the Chairman as a correct record.

6 CHAIRMAN'S ANNOUNCEMENTS

The Chairman extended thanks to the previous Committee and its Chairman for their excellent work in challenging and questioning senior health leaders in the County.

The Chairman advised that he was looking forward to building on the previous achievements as there would be some significant health proposals and decisions to be scrutinised, in particular the progress of the Lincolnshire Sustainability and Transformation Plan; and the previous Committee's referral about the overnight closure of Grantham Hospital's A & E.

The Committee agreed that a letter of thanks should be sent to the previous Chairman, Councillor Mrs C A Talbot.

7 THE ROLE OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - AN INTRODUCTION

The Committee gave consideration to a report from Simon Evans (Health Scrutiny Officer), which described the key roles of the Health Scrutiny Committee for Lincolnshire.

The Committee noted that Lincolnshire County Council had delegated all its health scrutiny functions to the Health Scrutiny Committee for Lincolnshire. It was noted further that the Adults and Community Wellbeing Scrutiny Committee was responsible for the scrutiny of the County Council's public health function; and similarly the Children and Young People Scrutiny Committee would continue to have an overview of children's health services child and adolescent mental health, school nursing and health visiting services.

Some members highlighted that issues affecting more than one scrutiny committee might need to be considered, and one method would be a joint working group of more than one scrutiny committee. An example of this might be delayed transfers of care and it was agreed that this matter would be discussed further at agenda item 10 'Health Scrutiny Committee for Lincolnshire – Work Programme and Quality Account Arrangements.'

RESOLVED

That the role of the Health Scrutiny Committee for Lincolnshire as explained in the report presented be noted.

8 JOINT STRATEGIC NEEDS ASSESSMENT/JOINT HEALTH AND WELLBEING STRATEGY UPDATE

Consideration was given to a joint report from Alison Christie (Programme Manager – Health and Wellbeing) and Chris Weston (Consultant – Wider Determinants of Health), which provided the Committee with an update on the Lincolnshire's refreshed Joint Strategic Needs Assessment (JSNA), which had been made publically available on the Lincolnshire Research Observatory from 9 June 2017.

It was highlighted that a report concerning the development of the Joint Health and Wellbeing Strategy (JHWS), including the Engagement Plan had been considered by the Committee at its 15 March meeting. The Committee noted that the issue raised by the Committee at the above said meeting concerning neurological conditions had been taken on board and was being actively pursued.

In guiding the Committee through the report presented, the Consultant – Wider Determinants of Health advised that Local Authorities and Clinical Commissioning Groups (CCGs) had an equal and joint duty under the Health and Care Act 2012 to prepare a JSNA and JHWS through the Lincolnshire Health and Wellbeing Board (HWB).

In March 2016, the HWB had agreed proposals for a fundamental review of Lincolnshire's JSNA, and that the 35 topics in the 2011 JSNA formed the basis of the review. As a result of a multi-agency Steering Group made up of representatives from each of the four CCGs, Adult Care, Children's Services, Public Health, Healthwatch Lincolnshire, District Councils and the voluntary sector had been established to oversee the review programme. The said review had begun in April 2016 and had concluded in April 2017.

It was highlighted that in response to feedback from stakeholders, four topics from the 2011 JSNA had been removed, these were Personalisation; Residential and Nursing Care; Life Expectancy and Youth Work. The Committee noted that the Childhood & Weight problems topic had been merged the Adult Obesity to form an All Age Obesity topic. In addition, the Committee was advised that five additional topics had been added and these were Autism; Dementia; Domestic Abuse; Financial Inclusion and Mental Health and Emotional Wellbeing of Children and Young People.

The Committee were provided with a short presentation, which allowed the Committee to view the online web resource which was available on the Lincolnshire Research Observatory. It was highlighted that a one page summary document ('topic on a page') had been produced for each topic using infographics and graphs to provide key fact and messages in an accessible and user friendly format.

In conclusion, the Committee was reminded that the HWB had a statutory responsibility to produce and publish a JSNA for Lincolnshire and to use the evidence to inform the priority setting for the JHWS. The Committee was also invited to establish a working group to meet in early July to gather the views of the Committee as part of the prioritisation process for the development of the next JHWS for Lincolnshire which was due to be published in April 2018 and cover the period 2018/2023.

During discussion, the following points were raised:-

- One member enquired as to why mental health & emotional wellbeing of children and young people and domestic abuse had been included as individual topics. Officers advised that the JSNA covered wellbeing as well as health related issues. The Committee was advised further that the suggestions had come from the Community Safety Partnership. It was further highlighted that there was lots of cross referencing to mental health issues in other topics. A further point raised was that children and young people should have support available to them to help them cope with increasing pressures;
- One member enquired as to the extent of district council involvement on the HWB, particular reference was made to the involvement of Boston Borough Council. The Committee noted that there was a District Council representative on the HWB, as well as county councillors who were also district councillors. Officers also confirmed that seven Joint Health and Wellbeing Strategy Public Engagement Events had been arranged across the County, the nearest event to Boston would be in Spilsby. Officers confirmed if there was demand for an event in Boston, then one would be arranged. The Committee noted further that there was a survey open to all available on the website;
- Some concern was expressed as to whether there was adequate care for those with neurological conditions and that there needed to be improvements in this area;
- The need to support early intervention, as this approach saved money and provided better quality of life. One member highlighted that over the last twelve months funding had been reduced/ceased to some organisations providing preventative support. Particular reference was made to the lack of

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support for dyspraxia and to individuals who had gone through long term domestic abuse;

- The need for the JSNA to be accessible. Officers advised that there was to be a newsletter available to everyone; and that this could be accessed from a subscription box located on the front page of the JSNA web-page. Officers also confirmed that over a 1,000 people had attended various stakeholder events. It was further highlighted that information had been circulated through the CCGs to GPs; and to core members of the HWB to circulate further;
- A lack of knowledge amongst clinicians with regard to mental health issues; and
- One member enquired as to what the outcomes had been relating to the 2011 JSNA, and the impact this had when commissioning health services. It was highlighted that all commissioning plans were considered by the HWB. It was highlighted further that the County Council and Clinical Commissioning Groups had a statutory duty to have regard to the JSNA when making commissioning decisions. The County Council's Executive and Scrutiny report templates include a section requiring the report owner to evidence how the JSNA has been taken into account.

The Health Scrutiny Officer agreed to circulate a copy of Joint Strategic Needs Assessment presentation, plus Hyperlinks to relevant webpages, plus a copy of the Joint Strategic Needs Assessment Summary Report to all members of Committee.

RESOLVED

1. That the updated Joint Strategic Needs Assessment for Lincolnshire be received.
2. That agreement be given to the establishment of a working group to meet in early July 2017 to gather the Committee's views as part of the prioritisation process for the development of the next Joint Health and Wellbeing Strategy for Lincolnshire due to be published in April 2018 and cover the period 2018-2023.
3. That Councillors Mrs P F Watson, J Kirk, Mrs K Cook, M A Whittington and C J T H Brewis be nominated members of the above said working group.

9 INTRODUCTION TO UNITED LINCOLNSHIRE HOSPITAL NHS TRUST

The Committee received a presentation from Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust, which provided an introduction to the United Lincolnshire Hospital Trust.

The presentation provided the Committee with information relating to:-

- The background behind the Trust;
- How the Trust was run and funded;
- How money was spent;
- Breakdown figures relating to the Trusts deficit;

- The Trust's successes;
- The challenges faced by the Trust; and
- The Trust's vision for the future by 2021 and its five biggest priorities.

During discussion, members of the Committee raised the following issues:-

- The workings of the sustainability and Transformation Fund. The Committee noted that the amount drawn down was based on performance. If all the activity set out was not achieved then a lesser amount would be drawn down;
- The need to attract more patients to generate the Trust's income and help reduce the deficit. Reference was made to the 'Choose and Book System' and the impact of it on the amount of work carried out at the Trust. The Committee noted that the Trust was promoting itself through the 'Choose and Book System' for elective treatment, for example by developing centres of excellence in Lincoln rather than outside the County. It was highlighted that part of the Five Year Plan would be that services would be provided locally through Neighbourhood Teams whenever possible; and that wherever possible services would be centralised onto fewer sites, which would allow for more elective work;
- Explanation of the deficit breakdown. The Committee noted that approximately £30 million of the Trust's deficit related to the duplication of services across several sites. That reducing reliance on agency staff would help save £13m. Increasing the amount of elective care from CCGs would support the direction of travel and increase income, which would then reduce the current deficit of £13m; and reducing the ULHT inefficiencies of £13m as part of the five year improvement plan. It was noted that a national initiative led by Lord Carter of Coles was looking into NHS productivity, cost efficiency and was also providing direction for improvement;
- The Committee was advised that United Lincolnshire Hospitals NHS Trust would be presenting its response to the CQC report at the next meeting of the Committee on 19 July 2017;
- Progress of the CT scanner appeal in Louth. Reference was made to the appeal, which had originally been for a CT scanner in Louth;
- Funding Formula for Lincolnshire – The Committee was advised that the funding formula was set nationally. A question was asked as to whether funding that was agreed was weighted demographically and whether those weightings were significant. It was confirmed that CCGs commissioned services from providers and that they were paid for via contract and tariff arrangements. Officers advised that there was a formula, which was weighted by population growth, morbidity and rurality. A suggestion was made for a Lincolnshire voice to promote the needs of Lincolnshire as a rural County;
- Recruitment – It was reported that recruitment was an issue in Lincolnshire; and confirmation was given that it was not the intention to recruit internationally again at the moment. It was noted that work was being done to look at existing staff, their skill levels and job roles to see if delivery could be done better. The Committee noted that there had been a growth in Pharmacy qualifications; and the Trust was very supportive of the Medical School University;

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- One member suggested that the Trust needed to promote its successes more;
- Staff engagement in quality – It was reported that the culture of the organisation was tracked by the means of a staff survey. It was noted that last time it was conducted there had been a 39% participation rate. It was highlighted that safety of the patient was the number one priority;
- One member enquired as to whether Lincolnshire procured on its own equipment or whether it was part of a national procurement scheme. The Committee was advised that at the moment Lincolnshire did a mixture of both, but more could be done on what was being purchased. It was reported that work was underway to standardise purchasing more internally;
- Confirmation was given that outside expert advice was sought and was received when required;
- The importance of voluntary organisations such as LIVES. Working in conjunction LIVES was an extremely important partnership in rural communities;
- The importance of growing our own nurses within Lincolnshire. The Committee was advised that the Trust had a very good relationship with the University of Lincoln. A question was asked as to why the hospital had not set up a nursing qualification. It was reported that the Trust was unable to set up a programme as they were not an Accredited Body; and
- The Sustainability and Transformation Plan and the potential effect for rural communities. It was felt that moving services to specialised hospitals would not always be the nearest hospital, and as a result the cost of travel would be moved to the more vulnerable people within the community. These impacts would be considered when formal proposals were put forward as part of the Sustainability and Transformation Plan.

The Chairman on behalf of the Committee extended thanks to the Chief Executive, United Lincolnshire Hospitals NHS Trust for his presentation.

The Committee was advised that a hard copy of the presentation was available for them to have; and that an electronic copy would be emailed to them after the meeting.

RESOLVED

That the presentation on United Lincolnshire Hospitals NHS Trust be noted.

10 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK
PROGRAMME AND QUALITY ACCOUNT ARRANGEMENTS

Consideration was given to a report from Simon Evans (Health Scrutiny Officer), which enabled the Committee to consider and comment on the content of its work programme to ensure that scrutiny activity was focussed where it could be of greatest benefit. Appendix A to the report provided the Committees work programme from 2017 to April 2018.

The Committee was advised that at the 15 March 2017 meeting, arrangements had been agreed for the 2017 Quality Account process. The Health Scrutiny Officer advised that there were three Quality Accounts requiring statements, which were:-

- Lincolnshire Community Health Services NHS Trust (joint statement with Healthwatch Lincolnshire)
- St Barnabas Hospice;
- United Lincolnshire Hospitals NHS Trust (joint statement with Healthwatch Lincolnshire)

The Committee was advised further that the working group comprising of Councillors C J T H Brewis, J Kirk, P Gleeson and Mrs P A Watson would be meeting on 20 June 2017 to consider the ULHT Quality Account.

An invitation was extended to members of the Committee to participate in a working group to formulate a response to the Lincoln Walk-in Centre Public Consultation document. Councillors Mrs K Cook, J Kirk, R A Renshaw, T Boston and C S Macey expressed an interest at the meeting. The representative from Healthwatch requested a precis of the working group's deliberations.

The Committee agreed that a date for the working group should be arranged which should involve a presentation from the Lincolnshire West CCG to help members of the working group formulate their response to the consultation document. The response of the working group to then be presented to the next meeting of the Committee scheduled to be held on 19 July 2017.

The Chairman invited members of the Committee to suggest future items for inclusion on the work programme. The items put forward for inclusion were as follows:-

- The Lincolnshire Sustainability Transformation Plan (STP) – The Committee agreed that an update report should be included for the October meeting. The Health Scrutiny Officer agreed to circulate to members of the Committee a copy of an update report being considered by the Health and Wellbeing Board on the 20 June 2017 relating to the STP;
- Dental Procurement item for a future meeting; and
- Long Leys Court to a future meeting.

RESOLVED

1. That the items as detailed above be included as future items for consideration in the work programme.
2. That the Quality Accounts Working Group meet on 20 June 2017 to consider the draft Quality Accounts of United Lincolnshire Hospitals NHS Trust; and St Barnabas Hospice.

3. That a working group be established to respond to the Lincoln Walk-in Centre Public Consultation document comprising of the following Councillors Mrs K Cook, J Kirk, R A Renshaw, T Boston and C S Macey.

The meeting closed at 12.50 p.m.

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HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE 19 JULY 2017

CHAIRMAN'S ANNOUNCEMENTS

1. **Additional A&E Funding for United Lincolnshire Hospitals NHS Trust**

On 15 June 2017, United Lincolnshire Hospitals NHS Trust was awarded £968,000 of capital funding by the Department of Health, to support its A&E departments. This was part of an allocation of £21 million awarded to 27 hospital trusts in England and followed the £56 million awarded to 70 hospital trusts in April 2017.

This capital funding will be used to set up GP streaming services in front of the A&E departments at Lincoln County Hospital and Pilgrim Hospital, Boston. These GP streaming services will release the A&E departments to deal with emergencies more quickly and effectively. As part of these new services, patients will be assessed by a clinician on arrival at A&E, and directed to the place where they can receive the most appropriate care. United Lincolnshire Hospitals NHS Trust has announced that work will start on developing the new facilities in the coming weeks.

2. **Proposed Merger of GP Surgeries in Coningsby, Louth and Tetford**

On 26 June 2017, a formal consultation was launched on the merger of three GP surgeries in Coningsby, Louth and Tetford. The three surgeries are:

- New Coningsby Surgery, Coningsby (*8,033 registered patients*);
- Newmarket Medical Practice, Louth (*10,946 registered patients*); and
- the Wolds Practice, Tetford (*2,867 registered patients*).

(The number of patients registered relates to 1 June 2017.)

The consultation stresses that none of the three premises will close and the current opening hours will continue as they are now. The stated rationale for the proposed merger is that it will deliver sustainable healthcare, and provide continuity of care for patients; and will protect the provision of local GP services. The proposal will also increase opportunities to provide a wider range of services and access catered towards the needs of patients.

Letters have been sent to all patients, asking for feedback. Seven patient engagement events have been organised. Two events have already taken place (3 and 4 July in Louth and Tetford). The remaining events are due to take place on:

- Monday 24 July at 1pm – Coningsby Community Hall
- Tuesday 25 July at 7pm - Coningsby Community Hall
- Monday 31 July at 7pm - Trinity Centre, Louth
- Tuesday 1 August at 1pm - Hamilton Hall, Tetford
- Monday 7 August at 7pm- Tattershall Village Hall

The consultation period closing date will be 25 September 2017.

3. Proposed Merger of Two GP Surgeries in Louth

On 10 July 2017, two GP surgeries in Louth launched a consultation on their proposed merger. The two surgeries are: -

- James Street Family Practice (*8,267 registered patients*); and
- Kidgate Surgery (*3,921 registered patients*).

(The number of patients registered relates to 1 June 2017.)

The rationale for the proposed merger is that the two GPs at the Kidgate Surgery are both over retirement age; and it has not been possible to recruit another partner. Additionally, the building where the Kidgate Surgery is based is no longer fit for purpose. As a result it is proposed that the Kidgate Surgery building will close and all the patients will be incorporated in one list and be treated at James Street. There are also plans for renovations at the James Street Surgery to accommodate the additional patients. All the staff at Kidgate have been invited to transfer to James Street.

Patient Engagement sessions have been scheduled for: -

- Thursday 20 July 2017 - 1.00 – 3.00pm – Eastgate Union Church; and
- Thursday 27 July 2017 - 6.30 – 8.30pm – Eastgate Union Church.

The consultation period closing date is 9 October 2017.

4. Proposed Merger of GP Surgeries in Lincoln

On 10 July 2017, a consultation has been launched on the proposed merger of two GP practices in Lincoln:

- Portland Medical Practice (*9,439 registered patients*)
- The Witham Practice (*2,015 registered patients*)

(The number of patients registered relates to 1 June 2017.)

The Witham Practice is located at the Newland Medical Centre in Lincoln. The surgery's two GPs retired in March 2017, and since that time GP services have been provided to Witham patients by the Portland Medical Practice, which operates a branch surgery at the Newland Medical Centre. Patients are now being consulted on a formal merger, which would provide continuity of GP services for both sets of patients.

It is stressed that neither of the two premises will close and the current opening hours will continue as they are now. The consultation closes on 21 August 2017.

5. Hawthorn GP Surgery, Scotter – Merger with Kirton Lindsey Surgery

The Hawthorn Surgery in Scotter (*4,356 registered patients*) is located in the Lincolnshire West CCG area and the Kirton Lindsey Surgery (*5,700 registered patients*) is located in the North Lincolnshire CCG area. In May 2016 these two GP surgeries submitted a merger application to these two CCGs. In January 2017 a consultation on the proposed merger was undertaken, with a questionnaire sent to all registered patients. The consultation results have been released and include the fact that 72% of the patients at the Hawthorn Surgery support the proposed merger.

This merger is more complicated than usual as the two practices are located in two different CCG areas and a full practice merger will be subject to final approval by NHS England and both North Lincolnshire CCG and Lincolnshire West CCG. At this stage Lincolnshire West CCG has supported the merger in principle, but financial arrangements will need to be agreed by the two CCGs, prior to final approval. The rationale for the merger is that a combined surgery would be able to continue to provide personalised care to meet the particular needs of the local communities, and would maximise the benefits that can be provided by a larger organisation. It has also been stated that a merger would help to sustain the future viability of both practices.

6. The Hartsholme Centre, St George's Site, Lincoln

On 27 June 2017, the Hartsholme Centre was formally opened. The new ten-bed male psychiatric intensive care unit has been built by Lincolnshire Partnership NHS Foundation Trust within the footprint of a former ward on the St George's site at Long Leys Road in Lincoln. The development of the unit has followed discussions with local commissioners to offer additional provision in Lincolnshire for adults who require intensive psychiatric care, and means that patients will no longer need to travel outside of the county to receive this support. The unit will be supported by a new team of around 40 staff, who have been working rigorously through processes, systems and training in anticipation of patients arriving during July.

7. Healthwatch Lincolnshire Reports

Healthwatch Lincolnshire has published two reports:

- *Prescribed Medication in Lincolnshire* (May 2017)
- *Annual Report 2016/17* (June 2017)

These reports are available on the Healthwatch website:

<http://www.healthwatchlincolnshire.co.uk/>

8. Care Quality Commission Summit on East Midlands Ambulance Service

On 19 June 2017, I attended the Quality Summit organised by the Care Quality Commission (CQC) on its East Midlands Ambulance Service (EMAS) Inspection Report. The Quality Summit included presentations by the CQC and EMAS. The CQC found that response times for emergency calls were consistently below the national target and patients were not receiving care in a timely manner. The overall finding was that EMAS 'requires improvement'. The Committee will be seeking assurances from EMAS at its September meeting.

9. East Midlands Health Scrutiny Network – 27 June 2017

On 27 June I attended the East Midlands Health Scrutiny Network. The main item of business was the East Midlands Ambulance Service (EMAS). The presentation was similar to the Quality Summit on 19 June. Both EMAS and the lead commissioners (Hardwick CCG) were questioned on approaches to improving ambulance performance. EMAS is seeking to participate in the Ambulance Response Programme - a national initiative, led by NHS England, with three key elements: using questions to identify those patients in need of the fastest response; despatching vehicles appropriate to the clinical needs of each patient; and a set of clinical codes covering each patient's condition and response/resource requirement.

10. Stamford and Rutland Hospital Redevelopment

On 4 July 2017, North West Anglia NHS Foundation Trust, which manages Stamford Hospital, announced that the improvements works at Stamford Hospital are expected to complete on 28 July. The third and final phase of the works includes an upgrade of the new reception area, new administration spaces, redecorated corridors, improved lighting and new flooring.

Other areas completed previously under the £2 million redevelopment include a brand new MRI scanner and imaging department, a new outpatient department with additional rooms for adults and children, a second ultrasound room, improved physiotherapy gym, a pain management department and new clinic rooms.

11. Working Groups

Since the last meeting of the Committee, two working group meetings have taken place. Firstly on 20 June, the Quality Accounts Working Group considered the Quality Accounts of United Lincolnshire Hospitals NHS Trust; and St Barnabas Hospice.

On 4 July, the Joint Health and Wellbeing Strategy Prioritisation Working Group met to consider the priorities for the Health and Wellbeing Strategy. Their report is set out on this agenda.

A meeting of the Walk in Centre Working Group is due to take place on 14 July, after the despatch of this agenda.

Councillor Carl Macey
Chairman of the Health Scrutiny Committee for Lincolnshire

Agenda Item 5

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

Open Report on behalf of Jan Sobieraj,
Chief Executive, United Lincolnshire Hospitals NHS Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	19 July 2017
Subject:	United Lincolnshire Hospitals NHS Trust – Care Quality Commission Report April 2017

Summary:

On 11 April 2017 the Care Quality Commission (CQC) published its findings following its inspection of United Lincolnshire Hospitals NHS Trust (ULHT) in October 2016. NHS Improvement (NHSI) accepted a recommendation that the Trust be placed into Special Measures.

Actions Required:

The Health Scrutiny Committee is asked to:

- 1) note the findings of the Care Quality Commission;
- 2) seek assurance from United Lincolnshire Hospitals NHS Trust about progress made since the inspection in October 2016 and its future plans for improving quality and safety; and
- 3) agree the frequency of updates on progress from United Lincolnshire Hospitals NHS Trust to the Health Scrutiny Committee.

1. Background

1.1 In October 2016 the Care Quality Commission (CQC) undertook a partial inspection at Lincoln County Hospital, Pilgrim Hospital and Grantham Hospital; followed by an unannounced inspection in December 2016 at Pilgrim Hospital.

However the October 2016 inspection:

- excluded Louth Hospital (previously rated as “Good” for Acute Services);
- only included A&E at Grantham Hospital (other services previously rated “good”); and
- excluded Critical Care at Lincoln County Hospital (previously rated as “Outstanding”).

1.2 Following their inspection in October 2016 the CQC raised some immediate patient safety concerns about major incident arrangements, ligature risks, use of rapid tranquillisation, care of patients with tracheostomies and non-invasive ventilation, sepsis management and gastrointestinal bleed management. The Trust put in place an initial plan to respond to these concerns.

1.3 The CQC published their final report on 11 April 2017 and NHS Improvement (NHSI) accepted a recommendation that the Trust be placed into Special Measures.

1.4 On 19 April 2017 a risk summit, co-chaired by the NHSI Medical Director and the Regional Chief Nurse for NHS England (Midlands and East). This meeting was attended by the CQC, NHSI, NHS England, Clinical Commissioning Groups, the Nursing and Midwifery Council, the General Medical Council, Health Education England and Public Health England. The meeting took on board perspectives from all bodies represented and reflected upon the Trust initial and planned response to CQC findings. It was agreed that progress had been made in some of the areas highlighted by the CQC and a number of further actions were agreed. A further meeting to review progress was held on 5 June 2017 and the Trust's and local health system's progress now will be assessed through a monthly Service Improvement Board.

2. Care Quality Commission Findings

The detailed CQC reports can be access by using the following link: -

<http://www.cqc.org.uk/provider/RWD/reports>

2.1 Overall the Trust was rated as inadequate: -

United Lincolnshire Hospitals NHS Trust – Overall Ratings						
	Safe	Effective	Caring	Responsive	Well Led	Overall
Overall	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate

2.2 This reflects the ratings of the individual hospital sites as follows: -

	Safe	Effective	Caring	Responsive	Well Led	Overall
Lincoln County	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Pilgrim	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Grantham (A&E only)	Requires Improvement	Good	Good	Good	Good	Good

2.3 The ratings for each site are attached on Appendix A to this report.

2.4 The key concerns highlighted by the CQC related to:

- governance, including serious incident management and learning from these;
- medicines management;
- failure to meet national access standards for A&E, Cancer and Referral to treatment;
- identifying vulnerable adults and responding to their care needs;
- staff morale and managerial supervision; and
- Board level oversight.

3. ULHT's Immediate Actions

3.2 Shortly after the inspection the CQC required the Trust to respond immediately to a number of concerns. Substantial progress has now been made and the progress reported to the CQC and NHSI at a monthly Quality Oversight Meeting. These have now been incorporated into our forward plan and the Trust is no longer required to report on these separately.

Concern	Progress
Major Incident Arrangements	All equipment in date and regularly checked Major incident plans up-to-date in A&E and training in place New Chemical, Biological, Radiological and Nuclear defence (protective measures taken in situations where chemical, biological, radiological and nuclear hazards may be present) storage facility
Self Harm	Ligature risk assessments carried out in all A&E departments and Paediatrics. Results acted upon with removal of hooks and ligature cutters now available on all ward areas Over 100 A&E staff completed training on the management of patients with regard to self harm Self harm and ligature risk audit demonstrated a good understanding of mental health issues and self-harm. All staff knew where ligature cutters were kept.
Mental Health	Mental Health Policy approved and training on-going. Currently piloting new Mental Health Triage Assessment form in A&E Lincoln
Gastrointestinal Bleed	Out of Hours policy in place and audit in progress. Additional Medical Director support from NHSI in place from May to support development of permanent Pilgrim Gastrointestinal Bleed rota

Concern	Progress
Rapid tranquilisation of patients	Management of Behavioural and Psychological symptoms of Dementia and Delirium Policy relaunched Lorazepam audit undertaken Chemical restraint policy will be ratified by Clinical Effectiveness Steering Committee in May
Tracheostomy and Non-Invasive Ventilation	100% of Registered Nurses trained on designated wards with evidence of appropriately trained staff on all shifts for designated wards available from ward rotas and e-roster (from April)
SEPSIS Compliance	As at 15 May 2017: <ul style="list-style-type: none"> • Commencement of Sepsis Screening - INCREASED from 69% to 99.2% • Admin of IV antibiotics within 1 hour - INCREASED from 39% to 96.0% • All actions completed within 1 hour 96.0%

3.2 In addition to the above progress has also been made on the following wider issues:

Concern	Progress
Organisational Culture and Development	Launched Task and Finish Group with Staff Side Leadership Forum in place Leadership Charter developed Launched leadership programme Freedom to Speak Guardian relaunched and Voicing Concerns Policy refreshed Staff conversations in partnership with Staff Side and Non Execs Core Learning increased by 5% to 90% compliance
Board Oversight	Board Development Sessions focussing on quality and safety Fit and Proper persons requirements completed Fit and Proper persons policy approved
Access Targets	Trajectories in place Reduction in number of long waiters Increased diagnostic capacity for cancer pathways Root Cause Analysis process for 62 day cancer breaches in place Invested in level 1 beds to reduce cancellations
Urgent Care	Relocating Ambulatory Care Unit, co-located with short stay Rapid Assessment and Treatment area in place Expansion of minors capacity Trialled speciality led pathway model

4. Our future Quality and Safety priority areas

- 4.1 The Health Scrutiny Committee has recently worked with the Trust to help shape its Medium Term Improvement Programme, the “2021 Programme”. This included five major priorities for improvement which will, in the medium term, make significant progress towards meeting the Trust’s strategic ambitions.
- 4.2 At the centre of the 2021 improvement programme is the Quality and Safety Improvement programme. The Trust has identified 17 priority areas which will:
- respond to the CQC concerns and recommendation ensuring that the ‘must do’ actions and requirement notices are addressed; and
 - deliver sustainable change in order to improve quality and safety and reduce variation and patient harm.
- 4.3 The 17 priorities are as follows, and they incorporate a continued focus on the immediate actions already implemented.

Project Name	Scope
Developing the safety culture	Culmination of a number of pieces of work including: learning lessons, freedom to speak up, customer care training
Clinical governance	External review to inform the development of an action plan to strengthen governance across the organisation. Clearing the backlog of existing serious incidents
Sepsis	Immediate actions taken which will be developed and sustained across the trust
Gastro Intestinal bleed service	Immediate actions taken to manage the risk. Further work to establish a sustainable 24/7 Gastro Intestinal bleed rota across the trust
Airway management	Immediate actions taken to address concerns at Pilgrim Hospital. These will be rolled out and embedded across the trust
Mental Health Assessment	Immediate actions taken to manage the risks. Further education, training and development in other clinical areas across the trust

Project Name	Scope
Safeguarding	Delivering the plan developed following an external review. Including strategy development, policy review, compliance monitoring and education, training and development
Medicines management	Focus on omitted doses, medicines reconciliation , controlled drugs audits and quality of prescribing
Training and competencies	Clarity about core learning and core learning plus for categories of staff following a training needs analysis. ESR (Electronic Staff Record) reporting on compliance and training rates.
Appraisal and supervision	Development of a positive performance management framework to enhance the appraisal process.
Outpatients	Utilisation of clinic space, clinical review/validation of patient referrals and follow ups, reducing backlogs, resolving environmental issues and finalising leadership and new ways of working
Control of Infection	Implement and embed the agreed Infection, Prevention and Control Action Plan and minimising lapses in care, reducing blood culture contamination rate and housekeeping review
Reducing variation in practice in clinical areas	This will contain a number of specific work areas including: diabetic ketoacidosis and diabetic care and hospital at night/deteriorating patient
Clinical staffing	Covers both nursing and medical staffing drawing in existing plans/groups
Medical engagement	Repeat of the Medical Engagement Scale and development of associated plan
Strengthening support for Pilgrim	This is wide-ranging and includes: Establishing a dedicated transformation team, providing support for matrons to embed new ways of working and establishing a ward accreditation framework
Estates and environment	Prioritised estates and environment programme of works

4.4 More detailed plans with anticipated milestones and outcomes for each of the 17 programmes of work have now been completed and the full plan has been shared with partners for comment and amendment. The final plan was approved for submission to NHS Improvement at its 4th July Trust Board. The Trust's Quality Governance Committee, which is chaired by a Non Executive Director, will monitor the programme so as to be able to assure the Trust Board of progress at its public Trust Board meeting each month.

4.5 Monthly Service Improvement Board members include Clinical Commissioning Groups, regulators and national NHS organisations.

5 Wider considerations for the Lincolnshire Health Community

5.1 Many of the issues rest with ULHT to address. However, full progress is also dependent upon actions and support from the wider health community, including but not restricted to:

- Sustainability and Transformation Plan – rapid progress to address service sustainability concerns and to see a rapid shift of focus away from the acute hospital setting
- Clinical Commissioning Groups – agreed standardisation of clinical pathways across Lincolnshire
- Financial support to provide the additional capacity and capability to make rapid progress, including capital resourcing.

6 Conclusion

ULHT, supported by its partners, need to make continued progress to improve quality and safety across the Trust.

Since the inspection in October 2016 a list of measurable progress has already been made to respond to the CQC's immediate concerns.

A full detailed plan is now being finalised which, when complete, will result in significant improvement over the next 6 to 9 months.

Trust Board and System oversight from NHSI is in place. NHSI are also finalising an interim financial support package for additional skills and capacity to be put in place.

7 Consultation

This is not a direct consultation item although the committee is asked to consider how it wishes to monitor progress.

8 Appendices - These are listed below and attached at the back of the report

Appendix A	CQC site based ratings summary for ULHT.
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This report was written by Kevin Turner, Deputy Chief Executive, United Lincolnshire Hospitals NHS Trust, who can be contacted on 01522 307162 or by email kevin.turner@ulh.nhs.uk

**Care Quality Commission Inspection – April 2017
United Lincolnshire Hospitals NHS Trust - Site-Based Ratings**

Lincoln County Hospital						
	Safe	Effective	Caring	Responsive	Well Led	Overall
Urgent and Emergency Services	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Medical Care	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Surgery	Good	Good	Good	Good	Good	Good
Maternity and Gynaecology	Requires Improvement	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement
Services for Children and Young People	Requires Improvement	Good	Good	Good	Good	Good
Outpatients and Diagnostic Imaging	Requires Improvement	N/ A	Good	Requires Improvement	Inadequate	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

Grantham Hospital						
	Safe	Effective	Caring	Responsive	Well Led	Overall
Services for Children and Young People	Requires Improvement	Good	Good	Good	Good	Good

Pilgrim Hospital						
	Safe	Effective	Caring	Responsive	Well Led	Overall
Urgent and Emergency Services	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Medical Care	Inadequate	Good	Inadequate	Requires Improvement	Inadequate	Inadequate
Surgery	Good	Good	Good	Good	Good	Good
Critical Care	Good	Good	Good	Good	Good	Good
Maternity and Gynaecology	Good	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement
Services for Children and Young People	Requires Improvement	Good	Good	Good	Good	Good
Outpatients and Diagnostic Imaging	Inadequate	N/ A	Good	Requires Improvement	Inadequate	Inadequate
Overall	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate

United Lincolnshire Hospitals NHS Trust – Overall Ratings						
	Safe	Effective	Caring	Responsive	Well Led	Overall
Overall	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate

Agenda Item 6

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

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

Report to	Health Scrutiny Committee for Lincolnshire
Date:	19 July 2017
Subject:	Lincoln Walk In Centre – Consultation by Lincolnshire West Clinical Commissioning Group

Summary:

As reported to this Committee on 14 June 2017, Lincolnshire West Clinical Commissioning Group (CCG) launched a consultation on the future of the Walk In Centre in Lincoln on 12 June 2017. The 'Frequently Asked Questions' relating to the consultation are set out at Appendix A. The consultation document is set out at Appendix B.

Dr Sunil Hindocha, the Chief Clinical Officer from Lincolnshire West CCG, and Wendy Martin, the Executive Lead Nurse and Midwife – Quality and Governance, from the CCG are due to attend the Committee meeting.

On 14 June, the Health Scrutiny Committee set up a working group, which is due to meet on 14 July to consider the consultation. The outcomes of the working group will be circulated to the Committee.

Actions Required:

The Health Scrutiny Committee is invited to: -

- (1) consider information on the consultation on the future of the Lincoln Walk In Centre;
- (2) consider the outcomes from the Health Scrutiny Committee's working group on 14 July; and
- (3) make arrangements for finalising the Committee's response to the consultation.

1. Background

On 12 June 2017, Lincolnshire West Clinical Commissioning Group launched a consultation on the future of the Walk-In Centre in Lincoln and issued the following statement:

"NHS Lincolnshire West Clinical Commissioning Group has today launched a public consultation with patients and stakeholders around replacing services at Lincoln's Walk-in-Centre with extended hours in alternative GP surgeries, an enhanced NHS 111 service and supporting people to self-manage their health conditions.

Following a review of the service, evidence suggests most of the users at the Monks Road site are either students and/or patients registered with Lincoln city centre medical practices. Research indicates 95 per cent of Lincoln Walk-in-Centre users required no investigation or treatment, or received minor treatment for minor ailments. The latter includes help for minor illnesses such as a cold, headache or conjunctivitis - which could be treated using over the counter medicines from pharmacies.

Proposed are these following alternatives:

- *Convenient student access to GP practices close to Lincoln College and Lincoln University. This will include Skype consultations and drop-in opportunities.*
- *Same day access to GP services for children – where clinically appropriate.*
- *Same day access for more urgent cases.*
- *Working towards seven day GP services – via a hub of several practices.*
- *Enhanced NHS 111 service. Talk before you walk by calling NHS 111 for medical advice where you need medical guidance fast but it is not an emergency.*
- *Continued promotion of self-care tips around minor illnesses like colds, conjunctivitis, headaches and diarrhoea.*
- *Utilisation of local pharmacies for simple health and care advice.*
- *Out of hours GP service.*

Wendy Martin, executive lead nurse, midwife and quality at NHS Lincolnshire West CCG, said: "These proposals focus on ensuring patients are seen in the right place, at the right time and by the right people. We want to simplify services, reduce duplication and ensure the free-to-call NHS 111 is used to access urgent care services. Our services must change to reflect the growing demands of our local population and be in line with Government policy which says that seven-day access to a GP for routine appointments must be in place within the next three years. This links to the GP Forward View document.

"We must reduce duplication and for this reason we cannot offer extended access to routine GP services every day during the week and also sustain the Lincoln Walk-in-Centre. So it is proposed we close the Walk-in-Centre and focus

on primary care. Walk-in centres create demand for care for self-limiting, minor conditions and evidence suggests resources would be better spent on other priorities. We completely understand replacing the Walk-in-Centre may disappoint some people but we are confident our proposals to improve access to GP services, with our GPs working more closely together, we can ensure people have access to a GP when they need one. Similar steps have already been taken in other parts of the country.

NHS Lincolnshire West CCG remains committed to ensuring patients can continue to access good quality health services. It is vitally important we capture views before a formal decision is made by the CCG and I would encourage people to have their say.”

Consultation Period and Drop-In Events

The consultation period began on 12 June 2017 and will continue until 6 August 2017.

Three drop-in events have been held at the Abbey Access Training Centre, Monks Road, Lincoln, on 27, 28 and 29 June.

Consultation Documentation

The frequently asked questions on the consultation are set out at Appendix A, with the consultation document at Appendix B.

2. Links to the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment

By its nature, the Joint Health and Wellbeing Strategy 2013-2018 focuses on prevention and early intervention, as well as environmental factors that determine overall health and wellbeing. The Strategy does not make explicit reference to urgent health care, which is provided by the Walk in Centre in Lincoln.

3. Conclusion

This item invites the Committee to give consideration to the consultation on the Walk-In Centre in Lincoln and to make arrangements for finalising the response.

4. Consultation

The Health Scrutiny Committee for Lincolnshire is being consulted on proposals from Lincolnshire West Clinical Commissioning Group on the Walk-In Centre and the potential alternatives should the walk-in centre close.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincoln Walk-In Centre Public Consultation 2017 - Frequently Asked Questions on Our Proposals (<i>Lincolnshire West Clinical Commissioning Group</i>)
Appendix B	"Have Your Say... Lincoln Walk-In Centre Public Consultation" - Consultation Response Form

6. **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, Health Scrutiny Officer, who can be contacted on 01522 553607 or by e-mail at Simon.Evans@lincolnshire.gov.uk

Lincoln Walk-in-Centre Public Consultation 2017

FREQUENTLY ASKED QUESTIONS ON OUR PROPOSALS

- Is this proposal a money saving exercise?

It is important that we spend the money we have effectively. The NHS in Lincolnshire needs to save approximately £130 million by 2021. Whilst at Lincolnshire West our 2017/18 budget has increased, our overall demand has increased greater than the budget so we have to make savings of around £16.5 million to balance our budget. We spend about £1 million on the Walk-in-Centre service. The majority of people who attended the Walk-in-Centre were registered with a GP therefore we are paying twice for their care, as patients are attending the Walk-in-Centre for a primary care need.

- The Walk-in-Centre has been there for years, why did you open it originally and why do you want to close it now?

The Walk-in-Centre was opened when there was no extended access within GP practices, no effective NHS 111 service and less pharmacy coverage. We are planning to extend GP access further and have already enhanced Lincolnshire's 111 service through provision of a Lincolnshire based expert clinical assessment service.

The Walk-in-Centre contract expires soon and needs to be reviewed with all our other services we contract to ensure we are getting value for money. All Walk-in-Centre services have been reviewed since 2014 across the country and many have since closed.

- You talk about the amount of people who use can be appropriately treated elsewhere but what will those who genuinely use the service do now? Is there enough extra capacity to be treated elsewhere?

Urgent access to health services is already available through our GP Practices and NHS 111. Less urgent minor health issues can be addressed either through routine appointments with your own GP, through health advice available from any pharmacy, many of which open late and in some instances through self-care. During the out of hours period patients can access GP services by calling 111. Many GP surgeries also run minor illness clinics which are run by Advanced Nurse Practitioners.

GP surgeries have significantly increased their opening hours since the Walk-in-Centre opened. Further extended GP access will be funded through separate national pots of money during 2017/18 and 2018/19.

Evidence suggests many patients that attend the Walk-in-Centre do not try to get an appointment with their GP first. If a patient does have an urgent care need they can also use the 111 service.

Lincoln Walk-in-Centre Public Consultation 2017

FREQUENTLY ASKED QUESTIONS ON OUR PROPOSALS

- How many people use the Walk-in-Centre?

Approx. 100 people per day. Highest use is from children and students. GPs will see children urgently on the same day if it is indicated. The University GP Practice in Lincoln is doing a lot of work to make their services more accessible to students including skype consultations & drop-in appointments and working with the well being centre.

- Walk-in-Centres are often seen as a method of relieving pressure on the county's already overstretched A&E service – is this not just going put more pressure on that service?

There is no evidence to suggest pressure on A&E will be increased. The A&E service should be used only for true accidents and emergencies and we need to continue to educate the public that this is the case. Where Walk-in-Centres have closed around the country there has been little impact on A&E attendances. The Walk-in-Centre delivers Primary Care services, not A&E services. The same will apply – any patient presenting to their GP or through 111 will be directed to A&E (but only where this is appropriate).

- Why can't this money for further extended GP access be used to keep the Walk-in-Centre open?

Our aim as a health system, as per the Sustainable Transformation Partnership (STP), is to promote primary care through the extension and support of GP Practices. We want to strengthen primary care and the level of access to GP services for patients.

- Lincolnshire is suffering from a significant shortage of GP shortages, so how will you open seven days a week if we don't have enough GPs now?

GP practices are increasingly working together and as we move forward a group of Practices will work together to cover extended access throughout the week.

There has been recent successful recruitment of GPs into Lincolnshire - 25 GP's have been recruited from the GP International Recruitment scheme.

- When will the first GP practices be operating seven days a week?

As GP Practices are increasingly working together to offer extended hours, we anticipate more will be available by the autumn. If a member of the public has an

Lincoln Walk-in-Centre Public Consultation 2017

FREQUENTLY ASKED QUESTIONS ON OUR PROPOSALS

urgent care need out of hours a GP service can be accessed through the Out Of Hours service via NHS 111 seven days a week.

- Even if I get a GP appointment it's not timely, convenient or same day?

Same day access is available where your condition indicates this is necessary. Increasing extended GP hours as we have explained will improve availability and access.

- You have long raised awareness of self-care alternatives, but the message doesn't seem to hit home. Why/how do you think it will be any different now?

We need to continuously raise the importance of self-care. There is lots of self-care support available, but knowing where to find it can be difficult. We are working towards having all the information on local support groups accessible through Lincs2Advice who offer online and telephone support to anyone who needs signposting to a local support service.

Public Health also offers lots of information on self-care advice to improve your own health and wellbeing.

- So many parents take their sick children to the Walk-in-Centre every day – what are they supposed to do now?

GPs can see children urgently on the same day if it clinically appropriate. Many surgeries also offer walk in access clinics.

- NHS 111 has made a number of high profile errors in recent years – is it a good idea to be signposting more patients here?

We have enhanced our 111 service in Lincolnshire this year to add in a clinical assessment service, manned by local expert clinicians. Quality of care delivered by this team and the 111 team is constantly reviewed with monthly quality assurance meetings.

- Having a face to face clinical assessment is important, so 111 and other virtual self-care initiatives aren't good enough?

111 use personnel that are trained to deal with patients with compassion and receive regular training and call reviews.

Lincoln Walk-in-Centre Public Consultation 2017

FREQUENTLY ASKED QUESTIONS ON OUR PROPOSALS

There is lots of self-care support available, but knowing where to find it can be difficult. We are working towards having all the information on local support groups accessible through Lincs2Advice who offer online and telephone support to anyone who needs signposting to a local support service.

Public Health also offers lots of information on self-care advice to improve your own health and wellbeing.

- If I go to a pharmacy I have to pay for the over the counter medicine but if I go to the Walk-in-Centre I get a prescription, so why would I go to the pharmacy?

If you have a self-limiting minor condition, your GP already advises you to buy medication for these over the counter at your pharmacy. This also applies to the Walk-in-Centre.

- Are there any further developments on the urgent care centre outside A&E?

Both Lincoln and Pilgrim will have A&E centres, behind these will also be emergency departments. Patients needing urgent care will be assessed in the A&E Centres and admitted to the Emergency Department only if indicated. GP Streaming in A&E is also being progressed to given GP support into A&E during the day.

- We have heard the NHS in Lincolnshire is crumbling around us, how can closing a service possibly be a good thing?

We have a duty to ensure public money is spent efficiently and we aim to strengthen our primary care services and increase access to them. It is important therefore that we prevent duplication of services and ensure we spend money efficiently.

- What about the following patient groups that use the Walk-in-Centre, how will they receive the care they need?

- Those not registered or homeless?

- We are working with the Nomad trust and local communities where there tends to be high numbers of unregistered patients to give information about this consultation and how to access primary care.

- Students?

- There is convenient student access to GP practices close to Lincoln College and Lincoln University – Extended hours including Skype consultations and drop-in opportunities (a significant number of Walk-

Lincoln Walk-in-Centre Public Consultation 2017

FREQUENTLY ASKED QUESTIONS ON OUR PROPOSALS

in-Centre users are students). Anyone can register with the Lincoln University Practice provided they reside within the practice boundary. You also don't have to be a university student to register at their practice. Students from Lincoln College can also register there, as can non students. University GP practice are an outstanding CQC provider) and work with the adjacent wellbeing centre.

- Patients with mental health issues?
 - The best place is to attend their GP surgery for continuity of care; for community care provision; and use of expertise from neighbourhood teams.
- "Looked after" patients
 - There is a service available for "looked after" patients; Health Services for Looked After Children" which is commissioned by the CCG..
- City workers
 - City workers can access primary care by completing a temporary registration at a local convenient GP or making use of extended hours at the GP where they are registered.
- Tourists and the visiting public
 - These patients can access primary care by completing a temporary registration at a local convenient GP or making use of extended hours at the GP where they are registered. For urgent care needs out of hours, 111 will direct the patient to the Out of Hours GP service or A&E accordingly.
- Patients wanting anonymity and discrete access to a healthcare professional?
 - The group of patients can access primary care by completing a temporary registration at a local convenient GP. or make use of available public health services.
- Patients from other countries working in the area and can only seek healthcare services out of hours?
 - These patients can access primary care by completing a temporary registration at a local convenient GP or making use of extended hours at the GP where they are registered. For urgent care needs out of hours, 111 will direct the patient to the Out of Hours GP service or A&E accordingly.

Lincoln Walk-in-Centre Public Consultation 2017

FREQUENTLY ASKED QUESTIONS ON OUR PROPOSALS

- What about those with the following health conditions, how will they access care?
 - conditions which develop rapidly?
 - persistent conditions requiring prompt care?
 - urgent and time sensitive conditions which develop rapidly?

All GP's will see patients needing urgent care on the same day for such conditions. If the patient requires urgent out of hours, 111 who will direct the patient to the Out of Hours GP service or A&E accordingly.

- wound care?

Many practices are commissioned to provide a "treatment room" local "ent" service which includes treatment for wound care.

- What are the benefits of your proposals?

It important therefore that we prevent duplication of services and ensure we spend the public money efficiently given the challenges we face. Continuity of care is better provided through GP surgeries, where patients are seen at the right time, right place by the right person.

- Is this consultation really worth the paper it's written on? Isn't it simply a foregone conclusion?

This is not a foregone conclusion. The idea of a consultation is to explain our proposal and capture everyone's views on the proposals. We are capturing these through events (the public meetings), websites and social media, drop in meetings, community meetings and public surveys. It is vitally important we capture views before a formal decision is made to ensure we have credible alternative provisions.

We understand proposals to replace the Walk-in-Centre may disappoint some people – and we will take on those views in our consultation.

- What happens next?

The consultation process ends on the 6th August 2017 and all views received will be reviewed and taken into account for a final recommendation to the Governing Body when a final decision will be made by the 31st August 2017.

Have your say...



Lincoln Walk-in-Centre Public Consultation

This document tells you about a public consultation on the future of the Walk-in-Centre in Lincoln.

The consultation is part of work to ensure healthcare services in Lincolnshire are of the highest quality and offer the best possible value for money.

Your local NHS needs to become more efficient to meet the challenges it faces. That includes avoiding duplication of services and helping patients to make the right choices to get the right care, first time.

The Walk-in-Centre on Monks Road in Lincoln was established in April 2009 with the intention of providing easier access to health advice (see page 2). There are a number of reasons why we are now consulting on this service:

- The majority of patients using the Walk-in-Centre can be seen more appropriately by alternative NHS services or by treating conditions themselves through self-care;
- There is a need to ensure NHS resources are being spent in the most effective way;
- There is public confusion about which NHS services to use depending on the condition or treatment required;
- The Walk-in-Centre is not being used by all people in Lincolnshire, creating inequality within the county.

Since 2014, a number of reviews have been carried out to understand how and why people access and use the Walk-in-Centre. These reviews enabled us to understand the needs of those attending the Walk-in-Centre to develop future models of health services. (see page 4).

Share your views...

Following these reviews, the NHS now wishes to consult with patients, the public and other key stakeholders on our [proposals to close the Walk-in-Centre on Monks Road in Lincoln and offer alternative services by extending access to GP surgeries, further developing the NHS 111 telephone service, and supporting people to self-manage their health conditions.](#)

The public consultation will run for 8 weeks starting on Monday 12 June to Sunday 6 August 2017. There will be various ways in which you can have your say (see page 5).



About the Walk-in-Centre

The Walk-in-Centre on Monks Road in Lincoln was established in April 2009 with the intention of providing easier access to health advice, emergency contraception, treatment of minor ailments, infections, injuries such as cuts, strains and sprains, health promotion and screening.

Since 2014, a number of reviews have been carried out to understand how and why people access and use the Walk-in-Centre. These reviews enabled us to understand the needs of those attending the Walk-in-Centre to develop future models of health services.

Page 3 highlights some of the key findings from the reviews which we would encourage you to read before completing the survey on pages 6-8.

Who is behind this consultation?

The consultation is being led by NHS Lincolnshire West Clinical Commissioning Group (CCG), which is responsible for buying health services for the local area, with doctors and other health care professionals making decisions about local services.

The CCG has a budget to plan and purchase a range of health services including those provided in hospitals and in the community, such as the Walk-in-Centre in Lincoln.

The Governing Body, or Board, of the CCG oversees the work of the organisation and sets its priorities and direction. The board is made up of doctors, other health care and social care professionals and lay members representing the interests of patients, carers and local people.



Wendy Martin, executive lead nurse, midwife and quality at NHS Lincolnshire West CCG and clinical lead for the Walk-in-Centre Review said:

***“These proposals focus on ensuring patients are seen in the right place, at the right time and by the right people.*”**

***“This consultation is not about reducing services. However, we must reduce duplication and for this reason we cannot offer extended access to routine GP services every day during the week and also sustain the Walk-in-Centre in Lincoln.”*”**

Why are we consulting on the Walk-in-Centre?

Walk-in centres create demand for care for self-limiting, minor conditions and NHS resources would be better spent on other healthcare priorities.

The reason for change?

Appropriate use

Most people who use the Walk-in-Centre in Lincoln are either students and/or patients registered with central Lincoln GP surgeries.

Research indicates 95 per cent are discharged following minor treatment or receiving guidance and advice. 50 per cent of these patients received guidance and advice only and would therefore benefit from access to self-care support initiatives. The remaining 50 per cent received 'minor treatment' which includes treatment of minor ailments such as a cold or conjunctivitis which could be treated using over the counter medicines from local pharmacies with a smaller number of patients needing to be seen by their GP.

Right care, first time

Many patients who use the Walk-in-Centre do not need to do so, and can be treated more appropriately elsewhere. There are various reasons for this:

- Real or perceived difficulties in getting an appointment with a GP, and seeing a doctor 'out of hours';
- Some patients don't know their pharmacists have been specifically trained to deal with minor health conditions;
- A lack of awareness that some conditions do not need to be seen by a medical professional and can instead be treated through self-care;
- Patients can currently choose between their GP, the Walk-in-Centre, NHS 111, pharmacies, and self-care support initiatives. Choice is important, but can often be confusing and cause unnecessary duplication in services.

There is a need for the NHS to communicate better with the public about the services on offer. We must make choice and access simple, to ensure that patients are going to the right place, first time.



Value for money

In 2016, it cost the NHS over £1,000,000 to deliver services from the Walk-in-Centre in Lincoln.

Since the Walk-in Centre was established, GP surgeries have increased their opening hours, and the NHS 111 telephone service has been introduced. This means that one of the main reasons for creating the Walk-in-Centre (improving access to primary care) is less relevant today.

Local GP surgeries have availability on a daily basis for patients who require urgent same day appointments - where clinically appropriate. NHS 111 also has capacity to increase the number of calls it takes. The current overlaps between the Walk-in-Centre, GP surgeries, and NHS 111 are inefficient and do not represent good value for money.

Inequity of service

Healthcare should be accessible to all, no matter where you live or what your circumstances are. We should all have the same services and access. However, the Walk-in-Centre in Lincoln has been mainly used by people who live close to it, who are already registered with a GP. This has created an inequity of service across the county as a whole.

Alternative services available

We want to simplify services, reduce duplication and ensure GP surgeries, NHS 111, and self-care support initiatives are used to treat patients who require these type of services.



GP surgeries

- Evidence shows that a high percentage of people using the Walk-in-Centre in Lincoln are students. We will continue to offer convenient student access to GP surgeries close to Lincoln universities and colleges. This will include Skype consultations and drop-in opportunities;
- We also know a high percentage of those seen at the Walk-in-Centre are children under 12. GP surgeries already offer same day appointments for children – where clinically appropriate, and we will be working to increase access;
- We are already working towards extending access to GP services by creating a network of GP surgery hubs. Services must change to reflect local demand and be in line with government policy which says that seven-day access to a GP for routine appointments must be in place within the next 3 years. This links to the national GP 5 Year Forward View.

Self-care & pharmacies

The NHS is committed to supporting people to stay well and self manage persistent health conditions. Self-care is perfect if your condition is something you will be able to treat at home – in fact, home is the best place for you. Pharmacies are also a great place to go for expert advice and treatment for a range of common minor illnesses.



When it's less urgent than 999

NHS 111 service

111 is the NHS non-emergency telephone number. It's fast, easy and free. A highly trained adviser, supported by healthcare professionals will be able to assess your symptoms and immediately direct you to the best medical care for you. NHS 111 is available 24 hours a day, 365 days a year. You should use the NHS 111 service if you urgently need medical help or advice but it's not a life-threatening situation. For example:

- you need medical help fast but it's not a 999 emergency;
- you think you need to go to A&E or need another NHS urgent care service;
- you don't know who to call or you don't have a GP to call;
- you need health information or reassurance about what to do next;
- For less urgent health needs, contact your GP or local pharmacist in the usual way.

Clinical Assessment Service

In 2016, a new Clinical Assessment Service was launched in Lincolnshire. A key reason for introducing the service was because navigating NHS services in the county can be complicated and confusing for patients.

Calls from NHS 111, as well as calls from GPs, other health professionals and non-emergency 999 calls are passed through to a virtual team of local expert clinicians who have access to patients records, can give health advice and recommend treatment and direct to the most appropriate local health service.

How to give us your views



We want to encourage discussion and feedback on our proposals, to ensure that the NHS delivers the right services. We will consult as widely as possible, with a wide range of organisations and groups – including those members of the community whose voice is less often heard.

We value your opinion and invite you to get involved. You can feed back in a number of ways, all of which are outlined in the section on the right. You have until **Sunday 6 August 2017** to get your views to us. Opinions expressed during the consultation will inform the final decisions made by NHS Lincolnshire West CCG's Governing Body.

What's next

This consultation is the first stage in this phase of the service development process. A project team has been appointed and will develop clinical protocols, analyse patient feedback, and undertake a financial appraisal. Once the consultation has been completed, all views received will be taken into account when a final decision is made.

Timetable:

12 June 2017	Consultation starts
6 August 2017	Consultation ends
31 August 2017	NHS Lincolnshire West CCG makes a final decision on the proposals

Having your say

We are asking for your views on proposals to close the Walk-in-Centre on Monks Road in Lincoln and offer alternative services by extending access to GP surgeries, further developing the NHS 111 telephone service, and supporting people to self-manage their health conditions. We look forward to hearing your views and any other ideas you think we should consider.

Survey

You can complete our survey online at: www.surveymonkey.co.uk/r/wic-consultation.

Alternatively, you can complete the survey on pages 6-8 and send it to: **NHS Lincolnshire West CCG, Cross O'Cliff, Bracebridge Heath, Lincoln, LN4 2HN** or hand it in at the reception of your GP surgery or the Walk-in-Centre in Lincoln.

Public meetings:

We have arranged three public meetings at: **Abbey Access Training Centre, Monks Road, Lincoln LN2 5HU**. Everyone is welcome to attend. The meetings will be attended by senior members of the team leading this work, who will explain the proposals and answer any questions. The meetings will take place on:

- 27 June 2017, 11am – 1pm
- 28 June 2017, 3pm – 5pm
- 29 June 2017, 7pm – 9pm

In addition to this, we will be arranging a number of drop in sessions throughout the consultation. If you would like further information, contact our Communications and Engagement Team on 01522 513355 or visit www.lincolnshirewestccg.nhs.uk for details.

You can also contact the Patient Advice and Liaison Service (PALS) on 0845 602 4384 between 9am and 5pm Monday to Friday.

This information can be made available in different languages and formats. For more information please call 01522 513355.

Survey

We want to know what you think, so please complete the survey below (details of where to send it are on page 5). You can also complete the survey online at: www.surveymonkey.co.uk/r/wic-consultation.

About You:

Although you can respond anonymously, your name, address and contact details are very important as it will help us to analyse the results.

Name: _____

Address: _____

Postcode: _____

Telephone: _____

Email: _____

Are you happy for us to keep your details for future health development news or consultations through our Health Involvement Network?

Yes No

Preferred method of contact: (please tick one)

Post Telephone Email

Are you responding as a... (please tick as appropriate)

User of the Walk-in-Centre Patient Carer Healthcare professional

Responding on behalf of an organisation Other (please state): _____

Are you responding as a result of...? (please tick as appropriate)

Meeting Media Attending the Walk-in-Centre

Website link Word of mouth Other (please state): _____

If you are responding as a patient or carer, which GP surgery are you/or the person you care for a registered patient with?

Do you think the reasons given for why we are consulting on the Walk-in-Centre are clear? (See page 3 of the consultation document)

Yes No



Having read the consultation document, do you agree that patients who use the Walk-in-Centre could have accessed more appropriate services from their own GP surgery, their local pharmacy, via NHS 111, or via self-care support initiatives instead?

Yes No

If you said no please tell us why:

Did you know that poorly children under the age of 12 can get an assessment on the same day at their own GP surgery if it is clinically appropriate to do so?

Yes No

The majority of patients accessing the Walk-in-Centre live in central Lincoln. If the Walk-in-Centre was closed, the following range of services would continue to be available and accessible in central Lincoln:

- Convenient student access to GP surgeries close to Lincoln universities and colleges. This will include Skype consultations and drop-in opportunities;
- Same day access to GP services for children under 12 – where clinically appropriate;
- Same day access for more urgent cases;
- Extended access to GP services – via a network of GP surgery hubs;
- Enhanced NHS 111 service. Talk before you walk by calling NHS 111 for medical advice where you need medical advice fast but it is not an emergency;
- Continued promotion of self-care support initiatives around minor illnesses like colds, conjunctivitis, headaches and diarrhoea;
- Utilisation of local pharmacies for simple health and care advice;
- Out of hours GP service.

To what extent do you feel reassured about the availability of the above range of services?

1 = not reassured; 5 = very reassured

1 2 3 4 5

Do you believe that there are any clinical services that will not be accessible in the future by extending access to GP surgeries, further developing the NHS 111 telephone service, and self-care support initiatives?

Yes No

If you said yes, please tell us which clinical service:



Do you agree with on our proposals to close the Walk-in-Centre on Monks Road in Lincoln and offer alternative services by extending access to GP surgeries, further developing the NHS 111 telephone service, and supporting people to self-manage their health conditions.

Yes No

If you said no please tell us why:

If the proposal to close the Walk-in-Centre in Lincoln is implemented, we will need to tell you about the range of services available to you and how to access them. To help us to plan this, please tell us how you would like to receive this information: (please tick as appropriate)

- Information via your GP Practice Via social media
- Via the internet i.e. Lincolnshire West CCG website
- Directory of local services via the internet and printed copy at your GP surgery or at hospital
- Information flyer or leaflet at your GP surgery or at hospital Mailshot or flyer to your home
- Events and road shows Newspaper TV or radio advertising Bus advertising

Do you have any further comments regarding our proposal?

Equality legislation requires us to consider the Public Sector Equality Duty. This means the CCG must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and any other prohibited conduct;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it;
- Foster good relations between people who share a protected characteristic and people who do not.

The protected characteristics covered by the Equality Duty are: Age, Disability, Gender reassignment, Marriage and civil partnership (but only in respect of eliminating unlawful discrimination), Pregnancy and maternity, Race – this includes ethnic or national origins, colours or nationality, Religion or belief – this includes lack of belief, Sex, and Sexual orientation.

Please let us know if you think anything outlined in our proposals may raise concerns or opportunities in terms of the services provided to members of protected groups:



Agenda Item 7

		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 by John Brewin, Chief Executive of Lincolnshire Partnership NHS Foundation Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	19 July 2017
Subject:	Lincolnshire Partnership NHS Foundation Trust - Update

Summary:

LPFT directors will give an overview of the current issues within the Trust, and update on recent feedback from the CQC re-inspection, current service developments, and end of year 2016/17 performance.

There will be a discussion on current challenges, and plans to address them, along with a brief summary of the Trust's contribution to the countywide STP.

Actions Required:

To note

1. Background

Lincolnshire Partnership NHS Foundation Trust

Lincolnshire Partnership NHS Foundation Trust provides the following services: children and adolescent community and in-patients, adult community, in-patients, crisis and place of safety, low secure forensic, learning disability, older adult community and in-patient, in-patient rehabilitation, and a variety of psychological services.

A range of smaller specialist services are also provided, including; community eating disorder, perinatal psychiatry, sexual assault referral centre, acute hospital liaison, and staff well-being.

CQC inspection

The Trust underwent a full CQC re-inspection in April 2017. It is now rated overall as 'good', previously being rated as 'requires improvement'. The five CQC domains rated are; safety, effectiveness, responsiveness, caring, and well led. The appendices below show the improvements from the initial inspection in 2015.

Particular areas of progress include:

1. Safe - Services have improved from inadequate to good
2. The well led domain has improved to good
3. Community children and adolescent services (CAMHS) continue to be rated outstanding
4. The CQC also noted the transformation across the Trust in a relatively short space of time, identifying a real positive engaged workforce, with good morale, a patient centred approach, and a responsive helpful attitude.

Further work is required in a number of areas;

1. The only inadequate rating was for the use of out of area beds. The CQC noted this was a joint endeavour with Commissioners to address
2. Overall the rating for Effective services remains Requires Improvement (RI), reflecting issues around recording of risk assessments, care plans, and clinical supervision
3. The recently transformed Learning Disability (LD) service is also rated as RI, and teams have require more support and development to enable them to fully deliver the new model of care.
4. The transformation of adult community services is also underway, and there remains a significant amount of work to develop co-designed pathways of care, to meet the demands of local populations. It will also be necessary to align and integrate this work with the development of locality based Neighbourhood teams, an integral part of the Sustainability and Transformation Plan (STP) plan.

Service Developments

1. A significant focus is on proposals to address the out of area bed use, approximately 300 patients received treatment out of county in 2015/16.
2. A new Psychiatric Intensive Care Unit (PICU) was opened earlier this month. A 10 bedded unit for men with acute and severe illness. This service has not been previously available in the county
3. An equivalent women's unit is proposed, with the aim to be open by the end of 2018, both will be located on the St Georges site in Lincoln.
4. Additional services that will also address this issue include; a Clinical Decisions Unit, allowing a more detailed assessment to help avoid admission, investment in more intensive crisis and home treatment services, and the creation of a community based rehabilitation service.

5 Year Forward View (5YFV) for Mental Health and Learning Disability

The *Five Year Forward View (5YFV) for Mental Health and Learning Disability* is a national strategic document and has key objectives to be in place by 2020/21, which include:

- An end to out of area admissions
- Expansion of psychological services, Improving Access to Psychological Therapies (IAPT or Steps to Change in Lincs) for both people with long term conditions and children and young people (CYP)
- Expansion of MH liaison services into acute hospitals to become 24/7 for A&E
- Greater collaboration with police and criminal justice system, developing places of safety, triage cars, CPNs in police control room, and court diversion schemes
- Provision of additional eating disorder and perinatal services
- Completion of the Transforming Care national learning disability programme of work.
- Roll-out of crisis and home treatment 24/7 for CYP to provide more immediate support and care, and reduce need for admissions.

2016/17 Performance

1. The Trust met all its financial targets for the year, and the majority of the other performance and quality indicators.
2. A small surplus was recorded above the Control Total set by NHS Improvement (NHSI) of c£700k on a budget of £100m
3. For this the Trust received an additional bonus from the national Sustainability and Transformation Fund (STF), and this can be used to support on-going capital programmes
4. The efficiency savings were 100% achieved, though approximately one third were non-recurrent savings, putting additional pressures onto this financial year.
5. The most significant target not met was for Delayed Transfers of Care (DToC). With focussed work these have reduced significantly in adult services, but remain challenging in older adult services. The biggest issues are the lack of appropriate placements. Latest figures though following some focussed work with LCC and housing report improvements from 20% to only 9%, close to the target for MH Trusts.

Continuous Quality Improvement

- The Trust has adopted a series of measures to ensure that quality improvement becomes an inherent part of service delivery. To this end we are in the process of completing the first phase of the NHSI Culture and Leadership diagnostic programme. This will inform our plan and delivery of it over the next 2-3 years and onwards.
- Early benefits include a significant improvement in the national staff survey responses (3rd most improved MH Trust nationally in 2016). Staff report feeling more engaged and involved in service developments. An improved CQC rating, and a good Well Led Review (a national NHSI requirement).
- Part of this programme includes taking the learning from external visits to Trusts that have evidenced significant quality improvements.

Current Challenges

1. Workforce recruitment and retention. The Trust has invested in this over the last 12 months, and significantly reduced the vacancy rates, especially for qualified nursing staff. It remains a national issue and an area that requires continuous focus
2. Maintaining quality services in an austere financial environment. There has been little new investment into MH and LD services in recent years despite being in the national spotlight, and the requirements of the 5YFV. LPFT is one of the pilot Trust for the Carter review, it is hoped that this will enable us to drive as much efficiency savings out as possible.
3. Providing a fit for purpose estate. Much of the in-patient estate and facilities in the Trust are getting to their sell by date. The CQC identified dormitories and shared bays on wards, that are not acceptable by today's standards. Work is underway to explore the reprovision requirements over the next 5 years, and these will require significant capital investments.

Sustainability and Transformation Plan (STP)

- The Trust is actively involved in the STP particularly in helping describe and contribute to the priority of providing locality based integrated out of hospital care- Neighbourhood Teams.
- There is increasing alignment and collaborative working with the Community Trust (LCHS), both in service delivery, and in joining back office functions to make savings.
- We have also formed a "virtual" MCP (Multi-specialty Community Provider). This is an alliance between the 2 Trusts and a GP federation to explore how we could collaboratively provide, with other key stakeholders, a full range of locality services.
- A number of staff are engaged in a variety of other STP work programmes, including; finance, estates, operational efficiency, communications, HR workforce, and organisational development.

2. Consultation

This is not a consultation item.

3. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

From the above it can be seen that the Trust is addressing a number of key themes identified in the Joint Health and Wellbeing Strategy. Although MH was described as a key component of all the priorities there were none that were specific to MH. Since the JSNA was initially undertaken the Trust no longer provides services for alcohol and drug dependence.

1. Provision of psychological support for (older) people with long term conditions
2. Working with south-west Lincolnshire CCG to meet targets for dementia diagnoses.
3. 24/7 response for CYP in a crisis, and working with LCC to provide Healthy Minds Lincolnshire, an emotional wellbeing service for CYP
4. Transformation of LD services, and implementation of the employment pledge for LD service users
5. Success and national recognition (centre of excellence) for Individual placement and support (employment) team
6. Development and implementation of a joint suicide prevention strategy
7. Implementation of smoking and alcohol CQUIN. This is an incentivised programme to ensure patients receive advice and support to reduce these activities.

4. Conclusion

1. The Trust is currently well placed following a full CQC inspection, and strong end of year performance
2. The NHS environment remains challenging and there are many pressures on resources and staffing. There are good plans in place to address these where possible
3. To enable the Trust to continue to meet these challenges there a number of key programmes in place, the most significant is the Continuous Quality Improvement work that will support long term sustainability.
4. The STP process is still relatively new, focussing on the health and social care system rather than individual organisations, whilst actively participating in this it is critical that the trust maintains its focus on people with MH and LD problems, to ensure we provide the quality of services they deserve.
5. The Trust is working closely with Commissioners to ensure that additional resources are available to provide the full range of services to fully meet the needs of patients with MH and LD problems in the county.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire Partnership NHS Foundation Trust Presentation to the Care Quality Commission Quality Summit 15 July 2017

6. 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 John Brewin Chief Executive Officer, Lincolnshire Partnership NHS Foundation Trust

NHS
Lincolnshire Partnership
NHS Foundation Trust

Lincolnshire Partnership NHS Foundation Trust

Quality Summit

Dr John Brewin, Chief Executive
15th June 2017

Making a difference - showing we care

Safe | Effective
Responsive to people's needs
Caring | Well-led

NHS
Lincolnshire Partnership
NHS Foundation Trust

Welcome

56 locations
240 beds
2,000 staff
54,000 referrals a year
279,000 community contacts a year
income £100m approx
10,000 members

Safe | Effective
Responsive to people's needs
Caring | Well-led

Contents

- Response to the 2017 CQC Report
- Areas of success
- Areas for further attention
- Support from the wider system
- Patients going out of area

Safe | Effective
 Responsive to people's needs
 Caring | Well-led

You said we did



Response to the CQC Report

- Delighted to have received a **Good** rating
- Community CAMHS retains **Outstanding**
- Move to **Good** on **Safe**
- Work still to do on **Effective**
- Adult acute inpatient wards and CMHTs

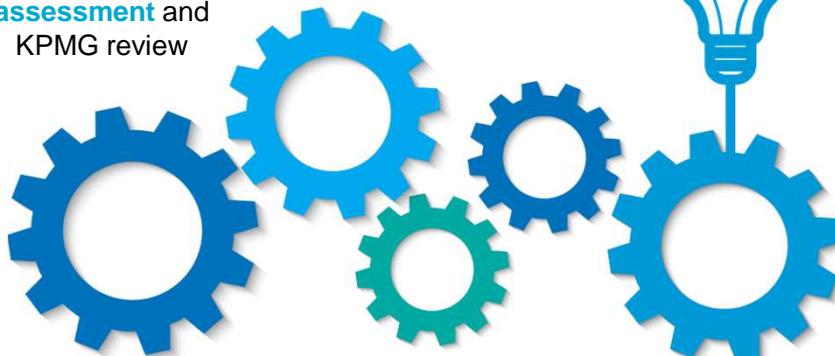
Safe | Effective
Responsive to people's needs
Caring | Well-led

What contributed...

Proactive role in **Continuous Quality Improvement**

Well-led self assessment and KPMG review

Learning from others and sharing best practice with others



Staff survey results

System leadership and collaboration

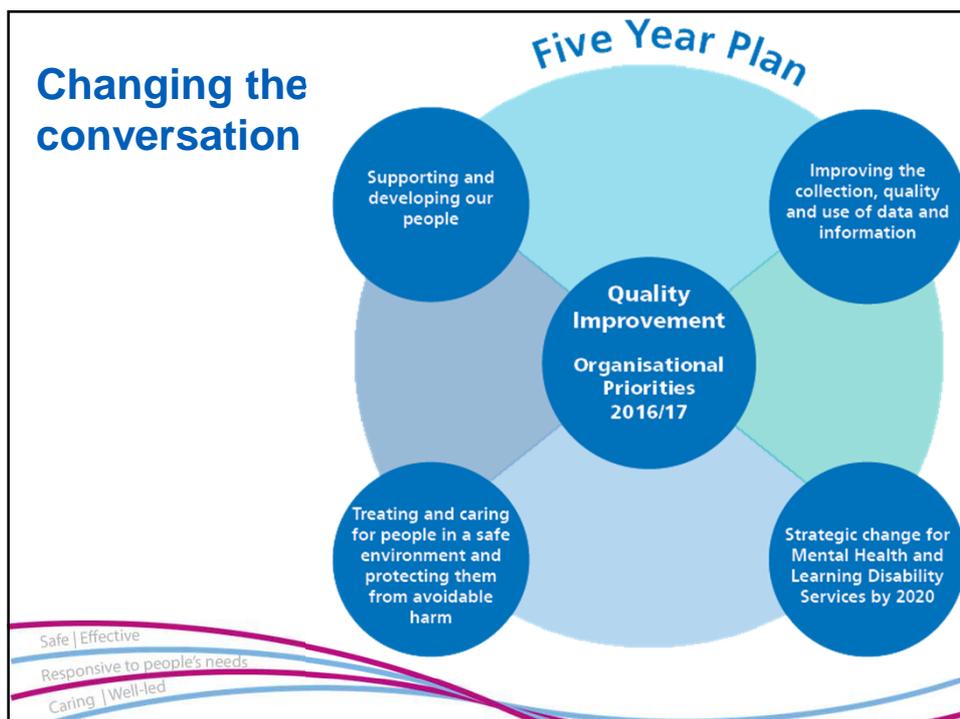
Safe | Effective
Responsive to people's needs
Caring | Well-led

What we did to improve



What we are doing now





Out-of-area placements

- **Male PICU** 10 beds
- **Female HDU** 10 beds planned for 2018
- **Clinical decisions unit** - six place unit to prevent admissions
- **Crisis team** - expanded support and home treatment service
- **Community rehabilitation service**

NE Lincs CAMHS

0
inpatient admissions

all 5 rehab wards

AIMS accredited

Safe | Effective
Responsive to people's needs
Caring | Well-led

System collaboration

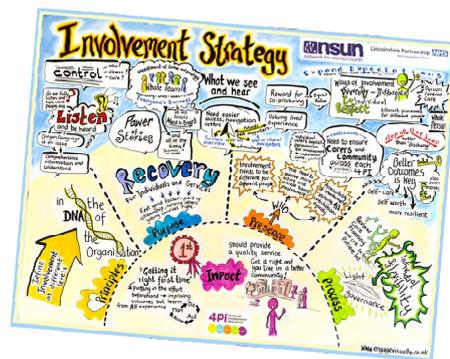
- Five Year Forward View for Mental Health.
- System commitment to reduce out of area placements.
- Getting mental health expertise in primary care, neighbourhood teams and acute services.



Safe | Effective
 Responsive to people's needs
 Caring | Well-led

Summary

- CQC result - GOOD
- Segment 1 NHSI
- National Staff Survey
- CQI approach
- Financially stable
- Developing our culture
- System support into the STP.



Safe | Effective
 Responsive to people's needs
 Caring | Well-led

Agenda Item 8

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

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

Report to	Health Scrutiny Committee for Lincolnshire
Date:	19 July 2017
Subject:	Joint Health and Wellbeing Strategy Prioritisation

Summary:

On 14 June 2017, the Health Scrutiny Committee established a working group to consider the 35 themes in the Joint Strategic Needs Assessment (JSNA); and to select which themes merited prioritisation for the purposes of drafting the revised Joint Health and Wellbeing Strategy. Following the Working Group, a draft statement has been prepared which is attached for the Committee's consideration and approval.

Actions Required:

The Health Scrutiny Committee is recommended to approve the statement (attached at Appendix A) as its response to the consultation on which themes in the Lincolnshire Joint Strategic Needs Assessment should be prioritised for inclusion in the Joint Health and Wellbeing Strategy.

1. Background

As reported to the Committee on 14 June 2017, Local Authorities and Clinical Commissioning Groups (CCGs) have a joint duty to prepare a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) through the Lincolnshire Health and Wellbeing Board (HWB).

The JSNA is an assessment of the current and future health and care needs of the local population and is used by the HWB to develop the JHWS and provides a shared evidence base to support the planning and commissioning of health and care services.

On 14 June 2017, the Health Scrutiny Committee established a working group, comprising Councillors Carl Macey, Chris Brewis, Kate Cook, Jackie Kirk, Mrs Pauline Watson and Mark Whittington. The working group met on 4 July and considered and commented on the JSNA themes. The working group's views have been incorporated in the attached statement (Appendix A), which the Committee is invited to consider and adopt as its formal feedback on which themes in the JSNA could be prioritised for inclusion in the JHWS.

Next Steps - Joint Health and Wellbeing Strategy

The response from the Committee, together with all the feedback, will be reported to the Health and Wellbeing in September, with a view to its development of the themes.

3. Conclusion

The Health Scrutiny Committee is recommended to approve the statement (attached at Appendix A) as its response to the consultation on which themes in the Lincolnshire Joint Strategic Needs Assessment should be prioritised for inclusion in the Joint Health and Wellbeing Strategy.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Draft Statement by the Health Scrutiny Committee for Lincolnshire on Prioritisation of the Themes in the Joint Strategic Needs Assessment for Inclusion in the Joint Health and Wellbeing Strategy

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, Health Scrutiny Officer, who can be contacted on 01522 553607 or by e-mail at Simon.Evans@lincolnshire.gov.uk

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

Draft Statement on Prioritisation of the Themes in the Joint Strategic Needs Assessment for Inclusion in the Joint Health and Wellbeing Strategy

General Comments

The Health Scrutiny Committee for Lincolnshire highlights the need for the Joint Health and Wellbeing Strategy (JHWS) to focus on targeting of resources towards those areas with greatest needs within Lincolnshire in order to address the significant inequalities between areas. This also includes making services readily accessible, particularly for the most vulnerable members of the community.

The Committee would also like to highlight that it believes the JHWS should have a strong preventive focus which targets early intervention and education over more costly treatment and interventions later. However, the Committee would like assurance that the JHWS is being used as a crucial piece of evidence for the local NHS in shaping the Lincolnshire Sustainability and Transformation Plan.

Lastly, the Committee is concerned that delivering the JHWS whilst resources are already stretched across the county will represent a significant challenge to the Health and Wellbeing Board for Lincolnshire and how this will be addressed needs to be highlighted in the JHWS.

Priorities for consideration

The Committee agrees that many of the topics within the Joint Strategic Needs Assessment are inter-linked and so prioritising one topic creates a knock on effect to a number of other areas.

Taking a principle of focusing on prevention the Committee would wish to see the following areas prioritised in the next JHWS for Lincolnshire:

Mental Health

The Committee would very much like to see this issue prioritised within the next JHWS as it represents an area which underpins and links to many other areas of need including suicide, drug and alcohol misuse, domestic abuse and smoking. The Committee also noted that access to services for those with mental health needs, particularly children and young people, can be difficult due to lack of key professional resources such as clinical psychologists in the county.

Dementia and Falls

The Committee would like to see these themes included as priorities due to the increasing needs linked to these issues because of an ageing population and the significant costs to the health and care economy as a result.

Carers

Due to the number of unpaid carers in the county and the level of support they provide, which would otherwise have to be paid for by health and care services, the Committee believes that it is important that carers needs are included within the JHWS.

Financial Inclusion

The Committee would like to highlight this issue as it affects a large portion of the community and not just those on low incomes or living in poverty. It also affects older people who might be asset rich (i.e. own their own homes) but are cash poor and, therefore, struggling to make ends meet. Tackling this priority also has an impact on addressing others areas of need such as Housing.

Road Traffic Collisions

Due to the high number of deaths and serious injuries on Lincolnshire's roads, which is considerably higher in Lincolnshire than other areas, and the rural nature of much of the road network in the county, the Committee would propose that this should be a priority in the next JHWS. They also highlighted the importance of maintenance of road signs to ensure speed limit signs are clearly visible on rural roads in the county.

Learning Disabilities, Special Educational Needs and Autism

The Committee agrees that these are important needs for consideration within the next JHWS particularly where the evidence shows that as awareness increases then so does diagnosis and with this brings an increased demand on services to support people. The Committee also highlighted concern at the low level of diagnosis of learning disability and the low level of Learning Disability Health Checks undertaken. Finally the Committee considered these issues to be interlinked with a number of others areas of need such as financial inclusion (through employment opportunities for people with learning disabilities) and carers (as many of these individuals with have needs being met through unpaid, informal family carers).

Conclusion

The Committee noted the timescales and next steps and looks forward to seeing the outcome of the JHWS engagement by the Health and Wellbeing in September 2017.

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:	19 July 2017
Subject:	Health Scrutiny Committee for Lincolnshire - Work Programme

Summary:

This item enables the Committee to consider and comment on the content of its work programme, which will be reviewed at each meeting of the Committee to ensure that its content is relevant and will add value to the work of the Council and its partners in the NHS. Members are encouraged to highlight items that could be included for consideration in the work programme.

The Committee is also invited to consider a request from the Health and Wellbeing Board that an item relating to NHS screening and immunisation be added to the work programme.

Actions Required:

The Health Scrutiny Committee is invited to:

- (1) review, consider and comment on the work programme as set out in Appendix A to this report;
- (2) highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme; and
- (3) consider the request from the Health and Wellbeing Board that the Health Scrutiny Committee consider the issues raised in the report by Healthwatch Lincolnshire entitled: *NHS Immunisation and Screening for patients in Lincolnshire* and report to the Health and Wellbeing Board on its findings.

1. Background

The overview and scrutiny of the health service and other areas within the remit of this Committee should be positive, constructive, independent, fair and open. The scrutiny process should be challenging, as its aim is to identify areas for improvement. Scrutiny activity should be targeted, focused and timely and include issues of corporate and local importance, where scrutiny activity can influence and add value.

Health overview and scrutiny committees should not involve themselves in relatively minor matters or individual cases, particularly where there are other processes (for example NHS complaints processes), which can handle these issues more effectively.

All members of overview and scrutiny committees are encouraged to bring forward important items of community interest to the committee whilst recognising that not all items will be taken up depending on available resource.

Purpose of Scrutiny Activity

Set out below are the definitions used to describe the types of scrutiny, which relate to the Health Scrutiny Committee's work programme:

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

Policy Review - The Committee is reviewing the implementation of policy, to consider the success, impact, outcomes and performance.

Performance Scrutiny – This describes circumstances where the Health Scrutiny Committee is scrutinising periodic performance, issue specific performance or external inspection reports, for example from the Care Quality Commission.

Consultation - The Health Scrutiny Committee is responding to (or making arrangements to) respond to a consultation, either formally or informally. This includes pre-consultation engagement. This includes consultations on any proposals for a substantial variation or development in local health provision.

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

Requests for specific items for information should be dealt with by other means, for instance briefing papers to members.

Identifying Topics

Selecting the right topics where scrutiny can add value is essential in order for scrutiny to be a positive influence on the work of the local NHS. The Committee

may wish to consider the following questions when highlighting potential topics for inclusion in the Committee's work programme: -

- Will scrutiny input add value?
Is there a clear objective for scrutinising the topic, what are the identifiable benefits and what is the likelihood of achieving a desired outcome?
- Is the topic a concern to local residents?
Does the topic have a potential impact for one or more section(s) of the local population?
- Is the topic a priority area?
Does the topic relate to Joint Health and Wellbeing Strategy or other strategy documents, such as the Sustainability and Transformation Plan?
- Are there relevant external factors relating to the issue?
Is the topic a Department of Health or NHS England priority area or is it a result of new government guidance or legislation?

Scrutiny Review Activity

Where a topic requires more in-depth consideration, the Committee may commission a scrutiny panel to undertake a scrutiny review, subject to the availability of resources and approval of the Overview and Scrutiny Management Board. The Committee may also establish a maximum of two working groups at any one time, comprising a group of members from the committee.

Work Programme items on scrutiny review activity can include discussion on possible scrutiny review items; finalising the scoping for the review; consideration and approval of the final report; the response to the report; and monitoring outcomes of previous reviews.

2. Request from Health and Wellbeing Board – Screening and Immunisation

On 7 March 2017, the Health and Wellbeing Board considered a report published by Healthwatch Lincolnshire in February 2017 on *NHS Immunisation and Screening for Patients in Lincolnshire*, which is available on the Healthwatch Lincolnshire website: -

<http://www.healthwatchlincolnshire.co.uk/healthwatch-lincolnshire-nhs-immunisation-and-screening-in-lincolnshire-report/>

On 7 March 2017, the Health and Wellbeing Board agreed to receive the report and sought a further report from the Lincolnshire Health Protection Board at a subsequent meeting to address some of the issues raised in the Healthwatch report.

Subsequently, on 20 June 2017, the Health and Wellbeing Board agreed that its concerns in regard to screening and immunisation should be referred to the Health Scrutiny Committee for Lincolnshire for consideration. This referral has been made in accordance with the *Protocol Between Health and Wellbeing Board, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire*, which enables matters to be referred from the Board to the Committee. If the Health Scrutiny Committee accepts this request to consider screening and immunisation, it is suggested that the Committee consider a report from the Lincolnshire Health Protection Board and pass on any findings to the Health and Wellbeing Board.

3. Conclusion

The Committee’s work programme for the coming year is attached at Appendix A to this report.

The Committee is invited to review, consider and comment on the work programme as set out in Appendix A and highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

The Committee is also invited to consider a request from the Health and Wellbeing Board for the inclusion of an item in the Committee's work programme relating to screening and immunisation.

3. Appendices

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

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 Simon Evans, Health Scrutiny Officer, who can be contacted on 01522 553607 or by e-mail at Simon.Evans@lincolnshire.gov.uk

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**Work Programme: July 2017 – April 2018**

<i>19 July 2017 – 10 am</i>
United Lincolnshire Hospitals NHS Trust – Care Quality Commission Inspection
Lincoln Walk In Centre – Consultation
Lincolnshire Partnership NHS Foundation Trust – Update
Joint Health and Wellbeing Strategy Prioritisation

<i>13 September 2017 – 10 am</i>
East Midlands Ambulance Service – Outcomes of Care Quality Commission Inspection
Commissioning of Emergency Ambulances Services
Commissioning of Continuing Health Care
Long Leys Court Consultation

<i>11 October 2017 – 10 am</i>
Sustainability and Transformation Plan Update
Dental Procurement

<i>8 November – 10 am</i>

<i>13 December – 10 am</i>

<i>17 January 2018 – 10 am</i>
Outcomes of NHS England Consultation on Congenital Heart Disease

<i>21 February 2018 – 10 am</i>

21 March 2018 – 10 am
Annual Report of the Director of Public Health
Arrangements for the Quality Accounts 2018-19

18 April 2018 – 10 am

Items to be Programmed

- Lincolnshire Sustainability and Transformation Plan Consultation Elements: -
 - Women's and Children's Services
 - Emergency and Urgent Care
 - Stroke Services
 - Cancer Care

- Specialised Commissioning