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

Direct Dialling: 01522 552104

E-Mail: katrina.cope@lincolnshire.gov.uk

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

A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 8 November 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, R H Trollope-Bellew and M A Whittington

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	Estimated Time
6	**Immunisation in Lincolnshire** *(To receive a report from Dr Tim Davies from NHS England, which provides details of the local arrangements for the delivery of immunisations to the population. Also, Tony McGinty, Interim Director of Public Health to provide a presentation to the Committee concerning the Scrutiny of the National Immunisation Programme in Lincolnshire)*	29 - 38	
7	**Lincolnshire Pharmaceutical Needs Assessment 2018** *(To receive a report from Chris Weston, Public Health Consultant, which invites the Committee to receive the project plan timelines from the 'Lincolnshire Pharmaceutical Needs Assessment Steering Group' and to initiate a working group to comment on the draft Pharmaceutical Needs Assessment during the 60-day public consultation)*	39 - 60	
8	**Health Scrutiny Committee for Lincolnshire - Work Programme** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comment on its work programme)*	61 - 64	

Tony McArdle
Chief Executive
31 October 2017

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
11 OCTOBER 2017

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R A Renshaw, Dr M E Thompson, R H Trollope-Bellew and M A Whittington.

Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council), C J T H Brewis (South Holland District Council (Vice-Chairman)) and B Russell (South Kesteven District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Dr Kakoli Choudhury (Consultant in Public Health Medicine), Sarah Furnley, Gary James (Accountable Officer, Lincolnshire East CCG), Jane Marshall (Director of Strategy and Performance, Lincolnshire Partnership NHS Foundation Trust), Andrew Morgan (Chief Executive, Lincolnshire Community Health Services NHS Trust), Katrina Cope (Senior Democratic Services Officer), Dr Sue Elcock (Medical Director, Lincolnshire Partnership NHS Foundation Trust), Simon Evans (Health Scrutiny Officer) and John Turner (Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership).

County Councillors Mrs S Woolley, L Wootten and R Wootten attended the meeting as observers.

28 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors R Kendrick, Mrs R Kaberry-Brown (South Kesteven District Council), P Howitt-Cowan (West Lindsey District Council) and T Boston (North Kesteven District Council).

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, had appointed Councillor B Russell (South Kesteven District Council) to the Committee in place of Councillor Mrs R Kaberry-Brown (South Kesteven District Council) for this meeting only.

29 DECLARATIONS OF MEMBERS' INTEREST

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

Councillor C J T H Brewis advised the Committee that he was currently a patient of the Anglia Community Eye Service, Wisbech.

30 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE HELD ON 13 SEPTEMBER 2017

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 13 September 2017 be approved and signed by the Chairman as a correct record.

31 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements contained within the agenda for the meeting, the Chairman advised the meeting that an item from NHS England on Dental Services in Lincolnshire had been withdrawn just prior to the agenda being finalised. The rescheduling of this item would therefore be considered as part of the work programme item further in the agenda.

Circulated at the meeting was a letter and accompanying document from Wendy Martin, Executive Lead Nurse/Midwife & Quality, NHS Lincolnshire West Clinical Commissioning Group, concerning the Lincoln Walk-in Centre Consultation, which had been received by the Health Scrutiny Officer on Tuesday 10 October 2017. The Chairman invited the Committee to take five minutes to consider the document.

During a short discussion, the Committee commented on the following issues:-

- The Health Scrutiny Officer confirmed that in relation to item 1 – (Briefing on Financial Position of United Lincolnshire Hospitals NHS Trust) no further information had been received, other than that already made available in the public domain;
- One member advised that in relation to item 2 – (United Lincolnshire Hospitals NHS Trust: Recruitment of Nurses) announcement had been made that there would be an expansion in the training of nursing associates (which involved support staff working alongside fully qualified nurses). The nursing associate could then start a nursing apprenticeship over a two year period, which would then lead them to becoming a fully qualified nurse over a total of four years, rather than three years as for current degree students. A request was made for future reports to indicate the net recruitment position. The Health Scrutiny Officer confirmed that the Committee would be receiving an update from United Lincolnshire Hospitals NHS Trust at its 8 November 2017 meeting; and

- One member enquired as to whether the Director of Finance, Procurement and Corporate Affairs at United Lincolnshire Hospitals NHS Trust had given any indication as to what the overspend would be at the end of the year. The Chairman advised that the projected figure had been stated as £75m; and that a further update would be received at the November meeting.

32 LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP UPDATE

The Chairman welcomed to the meeting John Turner, Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership (STP), Andrew Morgan, Chief Executive, Lincolnshire Community Services NHS Trust and Sarah Furley, Programme Director, Lincolnshire Sustainability and Transformation Partnership.

In a short introduction, the Chairman advised the Committee that two councillors had made a request to address the Committee on this item in relation to Grantham A & E, which was referred to in the report. The Chairman highlighted that as the STP was a county-wide issue, there was not an automatic right for local members to speak on this item. However, on this occasion, the Chairman highlighted that he had decided to allow the councillors to speak, and he urged the Committee to give full consideration to all aspects of the STP report; and not just the Grantham A & E issue.

The Chairman welcomed Councillors Mrs L Wootten and R Wootten to the meeting; and advised the Committee that he proposed to allocate them both three minutes each, and that they would be invited to speak to members of the Committee following officers presenting the report.

The Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership (STP) started his address by advising the Committee that throughout the county on a day to day basis, dedicated NHS staff provided excellent services. However, stepping back from day to day provision, the NHS in Lincolnshire had some very challenging issues to address.

The Committee was advised that there were significant challenges across the county relating to recruitment of specialist staff; and that agency staff were helping to keep NHS services across the county working. Other challenges for the NHS included the demographics of Lincolnshire; in particular, it's increasingly ageing population.

It was reported that the current model of NHS provision across Lincolnshire was out of date and inconsistent and that over the years the NHS had been reactive in its planning, rather than being proactive. The current model clearly was not sustainable and was not suitable for patients, or for staff. It was highlighted that the Sustainability and Transformation Plan would try and address the challenges and ensure that health services in Lincolnshire were delivered in an efficient and effective way, ensuring that the services provided met the needs of patients. The Committee noted that many services across the county were working well and that there were no plans to change them.

The Committee was advised that the STP plan was a plan that focussed on progressing seven key priorities, which comprised of:-

- Mental Health;
- Neighbourhood Teams;
- Implementation of GP Forward View;
- Acute Care Reconfiguration;
- Urgent and Emergency Care Transformation;
- Operational Efficiencies; and
- Planned Care.

Outline details against each of the seven priorities was provided within the report for the Committees consideration.

It was reported that the seven priorities were all supported by a number of enabling work streams such as IT solutions; ensuring that the estate was able to support the delivery of service reconfiguration; the up-skilling of the workforce; delivering financial leadership; and ensuring that robust and meaningful engagement happened with patients, carers and stakeholders to successfully implement the STP.

It was reported further that the Lincolnshire STP had formed a Capital & Estates working group that was collaboratively working together to ascertain future capital and estate requirements, having both scoped short and medium term future needs against current estate. The STP would ensure more joined up working, and take a more systematic approach to providing a standard, consistent, more local focussed approach to sustainable service provision.

In conclusion, the Committee noted that the NHS faced some big challenges, and that the STP would try to meet those challenges and address them by working in partnership with others, whilst operating within available resources, and ensuring that services were provided in a sustainable way.

Both of the Grantham Councillors in their address to the Committee highlighted that previous engagement as part of the Lincolnshire Health and Care (LHAC) programme hardly represented the views of the residents of Lincolnshire. It was also highlighted that South Kesteven District Council and Lincolnshire County Council had registered their views against the STP proposals in their current form; and that there was a need for the NHS to act upon the views that emerged from any public consultation. Concern was expressed to the down grading of the Grantham A & E, despite local residents concerns; and to the prospects for Grantham A & E in the future. It was highlighted that staff working at the Grantham hospital were very hard working, but were overworked and demoralised, as a result of the uncertainty surrounding Grantham hospital. Reassurance was sought that the people of Lincolnshire would have the opportunity to have their say concerning the services to be provided in the proposed STP.

During debate, the Committee raised the following issues:-

- Some concern was expressed to the proposals detailed in the report and to the current financial situation of the United Lincolnshire Hospitals NHS Trust (ULHT). The Committee was advised that the STP proposed a broad range of activities, some of which had already been taken forward; all of which had had the involvement of staff. An example given was the changes that had taken place with regard to Learning Disabilities, which was an item to be considered by the Committee later in the agenda. An acknowledgement was given that there was always more that could be done with regard to engagement. Reassurance was given that where a service reconfiguration was to take place, the NHS was required to undertake public consultation, in accordance with National Policy;
- Concern was expressed regarding the current Grantham A & E reduced service; and to the fact that there was a lack of trust from local residents, as a result of the (ULHT) not being open and honest regarding its future plans. The Committee was advised that at the recent South West Lincolnshire Clinical Commissioning Group AGM meeting, it had been stated that there were significant problems with specialist staffing across the county. It was noted that two pieces of work were being considered:-

  1. How the limited hours service at Grantham A & E could be improved during the winter period in the short term. The Committee was advised that once the work was completed, this would be openly shared when the Trust was in a position to do so; and
  2. The long term future for Grantham A & E and, what services would be provided.

  There was an appreciation of the lack of trust from members the public, but it was hoped that the steps now being taken would give reassurance to the public. One member stressed that it was key to get the views of the public on all aspects of the STP;
- Some members appreciated that there was a need for change. However, it was the way that the changes happened that caused concern. An example given was the formation of Neighbourhood Teams; as these were being rolled out in some parts of the county, a question was asked whether there had there been any consultation on the introduction of Neighbourhood Teams. The Committee was advised that in partnership, local issues were being addressed with input from the local community. It was highlighted that there was a consensus that Neighbourhood Teams were the right thing for Lincolnshire; and that the principle also fitted in with National Policy. A concern was raised that the principle adopted seemed to indicate that a judgement had been made prior to any consultation. The Committee was advised further that the development of Neighbourhood Teams would provide joined up integrated services at a community based level, which would move services away from existing fragmented service provision;
- One member expressed concern as to the frustration raised by members of the public for the time taken to being consultation on any changes, some three/four years after the beginning of the Lincolnshire Health and Care (LHAC) process. It was highlighted that on several occasions the public had been advised of a forthcoming public consultation as part of the Lincolnshire

Health and Care programme. LHAC had now been subsequently replaced by the STP, which was due to go for public consultation in the Spring of 2018. The effect of delays and uncertainty was harmful for the process, as members of the public were losing confidence;

- One member highlighted that the aspirations detailed in the report, should contain more detail of what was planned; especially when a consultation was planned. It was further highlighted that the continual change to service names caused confusion with members of the public. It was agreed that it had taken a long time to get to the current position. It was noted that some of the delay had been caused by the timing of national and local elections. It was highlighted further that any change to NHS services, statute clearly stated that formal public consultation should be undertaken. There was recognition that the present and in the future the best outcomes would be achieved by working together to make the best from the money and resources available. An acceptance was given that there was not a lot of detail contained in the report, but more information could be made available if the Committee wished to see it. In summary, the Committee was advised that doing nothing was not an option;
- One member stressed the importance of the role of a GP within a community. It was also stressed that there was a need to keep any communication to the general public as simple as possible; this would then avoid any confusion, and help in building up public confidence. The Committee was advised that GP's would be at the centre of all Neighbourhood Teams; and that GP services were the bedrock of the NHS delivering 90% of all patients' contacts. The Committee was further advised that how changes were explained was vitally important;
- The importance of removing misleading highways signage, particular reference was made to signs from Wragby that directed people to the 'A & E' at Louth County Hospital, where A & E services were no longer provided. It was noted that Louth might be designated as an 'Urgent Treatment Centre' and GP Access Centre;
- Recruitment of GPs. The Committee was advised that following an international recruitment drive 26 additional GPs had been recruited, all from Eastern Europe. It was highlighted that GPs were collaborating to ensure their future resilience. The Committee noted that a GP Federation was a formal arrangement by which GPs could join together to provide more local services; and
- The link of the STP with the Joint Strategic Needs Assessment (JSNA); and whether the latest version of the JSNA was being used. It was confirmed that at each stage of the development of the STP, account had been taken of the JSNA; and the latest version of the JSNA would continue to be used as the STP evolved and developed.

The Chairman asked the Committee if they minded him asking a question from a member of the public. The Committee agreed.

The Question related to page 21 (Section1.4.1 – Mental Health), the question was whether the enhancement of Crisis Resolution and Home Treatment teams from

January 2018 would mean these teams would provide services to older adults (adults over 65). The Committee was advised that the service was aimed at the 15-65 age range and that the enhancement would not extend into the age range of above 65. It was reported that the issue of service provision for those over 65 was recognised, and that LPFT was working on developing a plan to see how it could meet the needs of people in specific service gaps. Reference was also made to the Mental Health Liaison Service 'plugging' the current gaps in service provision.

One member enquired whether a representative from the Gainsborough Neighbourhood Team would be able to attend a future meeting to explain the workings of Neighbourhood Teams, or the Committee having the opportunity to visit the Gainsborough Neighbourhood Team to see how it worked. The Committee was advised that a representative from the Gainsborough Neighbourhood Team would be able to attend a future meeting of the Committee.

A request was made for an update concerning Grantham Hospital, following the winter pressures. The Committee was advised that an update from ULHT was already included in the work programme for the 8 November 2017.

The Chairman asked the Committee whether they wished to consider any of the seven priorities in the STP at a forthcoming meeting. During a short discussion, the Committee suggested the following for priorities:-

- Mental Health;
- Neighbourhood Teams;
- Implementation of the GP Forward View; and
- Operational Efficiencies (including Finance).

The Committee also agreed to receiving quarterly updates on the STP.

As there was no firm date for the consultation elements of the STP, the Committee agreed that they would like to record their concern at the lack of full, extensive and meaningful consultation on the proposals contained in the STP.

RESOLVED

1. That updates be requested on a quarterly basis (or as required if there is substantial change) on the progress of the Lincolnshire Sustainability and Transformation Partnership.

2. That of the seven priorities listed in the Lincolnshire Sustainability and Transformation Plan, more detailed consideration be given by the Committee to the following four priorities:

    - Mental Health
    - Neighbourhood Teams
    - Implementation of the GP Forward View
    - Operational Efficiencies (including Finance)

3. That it be recorded that the Committee would like to express its serious concern at the lack of full, extensive and meaningful consultation on the proposals contained in the Lincolnshire Sustainability and Transformation Plan, and further expresses its concern that no consultation will be taking place on the Plan before April 2018; the residents of Lincolnshire deserve to be treated better than this and their very serious concerns and reservations about the future direction of health care provided in the county needs to be of paramount importance in the decision making process.

33 LEARNING DISABILITIES: CONSULTATION ON THE PERMANENT CLOSURE OF LONG LEYS COURT

Councillor Mrs K Cook wished it to be noted that she was currently a patient of Lincolnshire Partnership NHS Foundation Trust.

The Chairman welcomed Dr Sue Elcock, Medical Director, Lincolnshire Partnership NHS Foundation Trust and Jane Marshall, Director of Strategy and Performance, Lincolnshire Partnership NHS Foundation Trust to the meeting.

The Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership introduced the item and provided some background information to the proposed consultation plan. Attached at Appendix A to the report was a copy of the proposed consultation document for the Committee's consideration.

In a joint presentation, the Director of Strategy and Performance, Lincolnshire Partnership NHS Foundation Trust (LPFT) and the Medical Director, Lincolnshire Partnership NHS Foundation Trust advised the Committee that following the temporary closure of the inpatient service at Long Leys Court, extensive engagement had been undertaken with patients, family members and the wider public to explore what already worked well in learning disability services in Lincolnshire; and to also establish what could be done better. The feedback received from patients, family members and staff had then informed the development of a new integrated community service, which had been in place from 1 April 2016.

It was reported that the current community service had significantly reduced the delays that often occurred between different teams of professionals, and ensured that most patients were treated in their own home. It was highlighted that the service was more consistent and was accessible across Lincolnshire, as the four hubs were situated in Boston, Lincoln, Spalding and Grantham.

The Committee was advised that in addition to the community service, and working alongside the hubs, was a Crisis Home Assessment and Treatment (CHAT) team which operated 24 hours a day, seven days a week, to provide intensive support in service users' homes.

It was highlighted that on the occasions when people needed more than the community service, more intensive support was provided into the person's home environment. And on the rare occasions some patients with a learning disability

required admission to a specialist learning disability hospital, a specialist inpatient bed would be sought from outside of the county. The Committee noted that since the 1 April 2016, when the new community model had become fully operational, only three service users had needed to be admitted into a specialist learning disability hospital.

The Committee was advised that the £5 million a year expenditure on the new community based learning disability services was approximately the same as the former inpatient service. Reference was made to the '£635,000 STP footprint' saving cited in the report and a request was made for more detail on the expenditure of the former and current service.

In conclusion, it was felt that the current community service had proved to be very successful and it was believed that it should be retained. It was believed that there was no longer a need for a dedicated inpatient unit in Lincolnshire.

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

- One member enquired whether in some cases, would travel costs be subsidised. The Committee was advised that journeys would be subsidised in certain instances;
- The Committee was advised that Long Leys Court had been temporarily closed in June 2015, due to quality and safety concerns, then following a period of engagement with patients, staff, and stakeholders, an interim community service had then been launched in April 2016. The Committee noted that the new service had been positively received, with only 10% of the patients using CHAT being admitted to hospital and two of the cases had been as a result of them being referred at a too late stage for admission to be prevented;
- Funding - The Committee was advised that LPFT wanted to see the £5m maintained and protected for the Learning and Disability service;
- Some members expressed their support for the positive report presented; and to the proposed service;
- One Member requested more details on where patients were sent when they were placed out of county. The Committee was advised that this depended on where the patients lived. The Committee was advised further that a full analysis was conducted, before any placement was made. It was reported that at present there were five people with learning disabilities who had been placed out of county. It was highlighted that patients were only placed out of county to ensure that they received the right service to meet their individual needs; and
- One member enquired whether patients with lower needs were signposted by GPs to get help. The Committee noted that there were some gaps, but these were being developed. Particular reference was made to patients with dyspraxia. One of the Trust representatives agreed to speak to the organiser of the Lincoln Dyspraxia Group.

Overall, the Committee felt that engagement concerning Long Leys Court should be targeted to people with learning disabilities, their carers and their families.

RESOLVED

1. That the Committee's preference be recorded for targeted engagement with people with learning disabilities, their carers and their families on the proposed closure of Long Leys Court.

2. That the reason for the decision in (1) above be based on the specialised nature of the service provided in this instance; and the fact that alternative provision had been in place since 1 April 2016, with no serious adverse comments received since that time.

34 LINCOLN WALK-IN-CENTRE - DECISION OF LINCOLNSHIRE WEST CLINICAL COMMISSIONING GROUP

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which advised the Committee of the decision of Lincolnshire West Clinical Commissioning Group in relation to the Lincoln Walk-in-Centre and invited the Committee to consider a way forward.

A copy of the decision taken by the Lincolnshire West Clinical Commissioning Group on 27 September 2017 was detailed on page 49 of the report.

During discussion, the Committee expressed concern to the lateness of information received from the Lincolnshire West Clinical Commissioning Group; and to the fact that the intention was to close the centre following the winter period, despite comments from members of the public to keep the Centre open.

A further concern raised was that little seemed to have been done in relation to educating the public with regard to alternative routes to health services.

It was agreed that for the 13 December 2017 and 21 February 2018 meetings information from the Lincolnshire West Clinical Commissioning Group should be circulated in advance in accordance with the statutory standard agenda and report publication requirements.

RESOLVED

1. That the decision of the Lincolnshire West Clinical Commissioning Group Governing Body on 27 September 2017 on the Lincoln Walk-in Centre, set out below, be noted:-

   "To continue to implement plans to enhance primary care services and raise awareness of the public as to the alternative provisions available and subject to evidence-based reviews by the Governing Body in November 2017 and January 2018 in the key areas of:

   - *university students;*
   - *children under-five;*

- *additional primary care appointments; and*
- *access for patients requiring treatment at weekends*

to close the Lincoln Walk-in-Centre at the end of the winter period."

2. That updates from the Lincolnshire West Clinical Commissioning Group on 13 December 2017 and 21 February 2018 (following each Governing meeting of the CCG) be received as to the progress made on providing alternatives to the Lincoln Walk-in-Centre, including the four items listed in the Governing Body's decision.

3. That assurance and evidence be sought as part of the updates that alternatives to the Lincoln Walk-in-Centre are in place, before the Committee make a decision on whether it can support the closure or decide on any future action.

4. That the Chairman be authorised specifically to request clear and jargon-free information from Lincolnshire West Clinical Commissioning Group, with this information being made available and circulated to the Committee in accordance with the standard agenda and report publication requirements (five clear days prior to the date of the of the meeting).

35 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

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 work programme from 8 November 2017 to 16 May 2018 for the Committee's consideration.

The Committee was invited to highlight any additional scrutiny activity which could be included for consideration in the work programme.

The items to be taken forward onto the work programme for future meetings included:-

- Quarterly updates on the progress of the STP;
- Dental Services in Lincolnshire;
- Update on the workings of the Gainsborough Neighbourhood Team;
- Detailed consideration of the following four priorities from the Lincolnshire Sustainability and Transformation Plan:- Mental Health; Neighbourhood Teams; Implementation of the G P Forward View, and Operational Efficiencies (Including Finance); and
- Updates from Lincolnshire West Clinical Commissioning Group for 13 December 2017 and 21 February 2018 meetings.

RESOLVED

That the work programme as detailed in Appendix A be received, subject to the inclusion of the items listed above.

The meeting closed at 12.50 pm

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

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**8 November 2017**
Subject:	**Chairman's Announcements**

1. Centre for Public Scrutiny Event: Scrutinising Sustainability and Transformation Partnerships

On 9 November 2017, I am due to attend a course entitled Scrutinising Sustainability and Transformation Partnerships (STPs), which is being run by the Centre for Public Scrutiny. The course states it aims to explain how STPs are intended to alter service delivery. The course will also explore some of the new terminology associated with STPs such as accountable care systems, new models of care and vanguards. The intention is that the course will help delegates better to hold health partners to account. I will provide feedback on the course at the Committee's December meeting, and share any materials that are available.

2. Targeted Enhanced Recruitment Scheme – General Practitioners

On 12 October, 2017, the Department of Health announced that from 2018, GP surgeries in some areas will benefit from the *Targeted Enhanced Recruitment Scheme,* which will offer a one-off payment of £20,000 to attract GP trainees to work in areas of the country where training places have been unfilled for a number of years. To support this initiative, the Department of Health has also asked Health Education England (HEE) to seek that many of the 1,500 additional medical training places that will be funded from next year are located in priority areas, including rural and coastal communities.

The Department of Health has also announced a new international recruitment office will be set up by NHS England to help local areas to recruit GPs from overseas, with plans to expand fast-track routes into general practice for doctors trained outside the European Economic Area in countries such as Australia.

3. Flu Vaccination and Managing Winter Pressures

On 12 October 2017, NHS England, Public Health England, the Department of Health and NHS Improvement jointly announced measures to increase the uptake of flu vaccinations. This will include providing free flu vaccines for care home staff at a cost nationally of up to £10 million. NHS trusts are urged to ensure they make vaccines readily available to their staff and record why those who choose to opt out of the vaccine programme do so. Doctors, nurses and other healthcare workers will be reminded of their duty to protect patients by being vaccinated.

As part of the announcement, contingency actions have been identified to respond to pressures on frontline services this winter, which include setting up a new National Emergency Pressure Panel to provide independent clinical advice on appropriate regional and national responses.

4. Annual Reports and Accounts of Lincolnshire Health Organisations

The four Clinical Commissioning Groups and the three main NHS providers in Lincolnshire have been holding annual meetings during September and October. The Health Scrutiny Committee for Lincolnshire has been represented at most of these meetings.

At these annual meetings, annual reports and accounts for the previous year are highlighted by the organisations. The annual reports and accounts for 2016-17 are available at the following links:

NHS Lincolnshire East Clinical Commissioning Group: -
https://lincolnshireeastccg.nhs.uk/about-us/key-documents/annual-report-1/2016-2017-1

NHS Lincolnshire West Clinical Commissioning Group: -
http://www.lincolnshirewestccg.nhs.uk/LibraryDocs/annual-report-2016-2017/

NHS South Lincolnshire Clinical Commissioning Group: -
https://southlincolnshireccg.nhs.uk/about-us/key-documents/annual-report-1/annual-report-2016-2017

NHS South West Lincolnshire Clinical Commissioning Group: -
http://southwestlincolnshireccg.nhs.uk/about-us/key-documents/annual-report-1/annual-report-2016-2017

Lincolnshire Community Health Services NHS Trust
https://www.lincolnshirecommunityhealthservices.nhs.uk/about-us/our-publications/annual-reports

Lincolnshire Partnership NHS Foundation Trust
http://www.lpft.nhs.uk/about-us/accessing-our-information/annual-reports-and-accounts

United Lincolnshire Hospitals NHS Trust: -
https://www.ulh.nhs.uk/about/trust/annual-reports/

5. East Midlands Ambulance Service NHS Trust - New Operating Model

In July 2017 NHS England announced that all ambulance services in England would move to a new set of performance standards, through the national Ambulance Response Programme (ARP), by the beginning of winter this year. Details of the ARP were reported to this Committee on 13 September 2017.

The East Midlands Ambulance Service NHS Trust (EMAS) has provided an update on the new operating model and confirmed that it implemented the ARP in July and together with NHS England highlighted the benefits that it would bring. .

EMAS has stated that it now needs to introduce a new operating model (its vehicle and staff skill mix and rotas) to ensure it can deliver the ARP's key benefits for patients.

ARP has been introduced nationally to give a more clinically appropriate response to 999 calls and to improve response times to critically ill patients. EMAS's operating model change (including a current rota consultation with its staff) is about improving services for its patients. EMAS has stated that it needs the right operating model to deliver ARP and ensure it has the right balance of ambulances and fast response cars, and the right staff on duty at the right time and in the right place to respond to 999 calls.

EMAS has stated that its new operating model will not result in any reduction in the overall number of staff available in its divisions, and the way that people access the 999 emergency ambulance service will not be different as a result of this change. People will still ring 999 and the Emergency Operations Centres will ask the same questions that they do now to determine the best response for each patient.

EMAS is currently consulting with its staff to work with them to implement the necessary changes and the intention is to launch its new operating model on 2 April 2018.

6. Head and Neck Cancer Surgery at United Lincolnshire Hospitals NHS Trust

On 25 October 2017, I received a letter from NHS England (Specialised Commissioning East Midlands) which advised that with effect 24 October 2017 United Lincolnshire Hospitals Trust (ULHT) had ceased to provide major or complex head and neck cancer surgery, or transoral laser resection.

This change followed a review by independent experts, which identified some risks about the complex head and neck cancer services provided at ULHT. The review did not raise any concerns around the quality of the surgery undertaken at ULHT.

Most patients that require this major or complex surgery already have this surgery at Nottingham University Hospitals NHS Trust (NUH). The plan is that all of the complex surgery is done in Nottingham. It is understood that this affects one to two patients per month who have been receiving surgery at Lincoln County Hospital. In effect the change is the transfer of a low volume of surgery from a non-specialist centre to a specialist centre.

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

Open Report on behalf of United Lincolnshire Hospitals NHS Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**8 November 2017**
Subject:	**United Lincolnshire Hospitals NHS Trust – Financial Special Measures Update**

Summary:

United Lincolnshire Hospitals NHS Trust entered Financial Special Measures on 1 September 2017. There are a number of support packages that are in place to assist the Trust develop a recovery plan to exit Financial Special Measures. A draft recovery plan has been developed and submitted to NHS Improvement (NHSI).

The draft recovery plan is not aimed at reducing services or the quality of the services. It is based on make the current services more efficient and effective. The draft plan is awaiting a response from NHSI, and achievement of financial sustainability may affect the future range and scope of services.

Actions Required:

The report is to note.

1. Background

1.1 United Lincolnshire NHS Trust was placed in Financial Special Measures on 1 September 2017 by NHS Improvement (NHSI).

1.2 The current financial position is highlighted in the table below, covering Month 6 (up to September 2017).

Financial Duty	Annual Plan / Target £m	Current Target	YTD Plan £m	YTD Actual £m	RAG
Delivering the Planned Deficit	-48.564	-48.564	-27.352	-42.955	R

- The Trust plan for 2017/18 is a control total deficit of £63m before sustainability and transformation fund (STF) income.

- The Month 6 position was an in-month deficit of £6.3m, which is £1.9m adverse to the planned in-month deficit of £4.4m.

- The Trust will not deliver its control deficit and a financial recovery plan submitted to NHSI identified a most likely deficit of £83m, with a stretch target of £75m.

- The £75m financial recovery plan assumes full delivery of £18.2m of efficiencies in year.

- The deterioration in the income and expenditure position directly impacts on cash and the level of borrowings needed in 2017/18. The Trust will require external cash support in line with the forecast outturn in 2017/18.

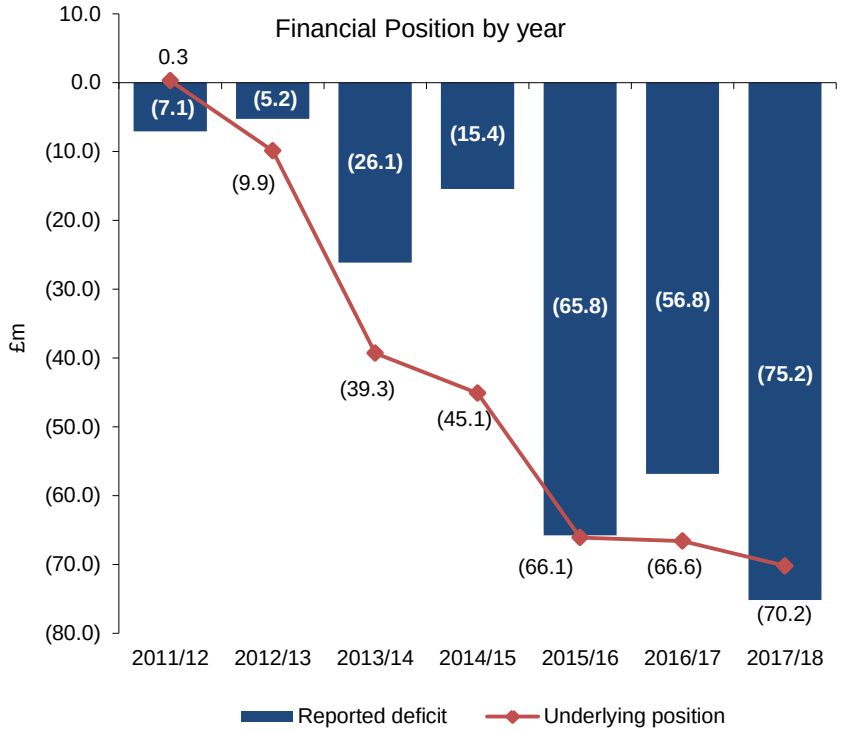
2 Long Term Financial Issues

2.1 The Trust has not achieved a breakeven position since 2011/12 and the graph below identifies that the underlying financial position has been deteriorating since that point. The significant changes in the underlying run rate occurred in 2013/14 and 2015/16.

2.2 In 2013/14 this was driven by increases in staff costs, £11.5m, agency costs, £5.4m and clinical non pay costs, £5.9m. In 2015/16 this was driven by increases in agency staff, £10.2m and Clinical Negligence Schemes for Trusts payments, £6.1m, clinical non-pay costs, £9.9m.

2.3 The issues have arisen by the cost of delivering and investing in services over three main sites and a large rural geography whilst struggling to deliver the national efficiency agenda. This has resulted in a significant structural deficit that the Trust is working with the Lincolnshire health economy to address.

2.4 The position in recent years has been exacerbated by the need to rely on higher than national average levels of agency staff in order to deliver the services in a safe environment due to a large number of clinical vacancies. This has placed a financial burden on the Trust as the agency bill is currently around £30m per year.



2.5 The table below describes the drivers of the deficit and how the underlying deficit can be broken down.

Reason	Cost
Duplication of services across multiple hospitals	£30m
Use of agency staff	£13m
Loss of elective (planned) work	£13m
ULHT inefficiencies	£14m
Total	£70m

3 Impact of Financial Special Measures

3.1 Financial Special Measures has various elements to it, many of which have already been put in place. These are detailed below.

- NHS Improvement appoints an executive director sponsor
- An improvement director is appointed by NHS Improvement for each financial special measures provider
- Board vacancies to be filled on the direction of NHS Improvement
- Regular progress reviews are held with NHSI
- Provider is required to publish on its website home page that it is in financial special measures, and the reasons for this

- Potential removal of provider's autonomy over key spending decisions
- NHS Improvement control over applications for Department of Health financing
- A financial improvement notice issued for a time-limited period
- Rapid (by end of week 1) articulation of key issues
- Recovery plan (with milestones) - including accelerated proposals on service consolidation or closure, Lord Carter Review and organisational form and workforce review - with buy-in from key stakeholders
- Provider and NHS Improvement agree the recovery plan (by end of month 1)
- Appointment of turnaround /recovery support (full time), possibly including peer support

4 Exiting Special Measures

4.1 The exiting of financial special measures requires three elements to be completed, as follows:

1) Robust recovery plan setting out the key changes required to remedy the financial position
2) Plan to be approved by ULHT Board and NHSI within one month
3) Having a detailed delivery plan and evidence of significant wins within a further two months

4.2 NHSI may require evidence of delivery over a further three month window and if these elements are not met, NHSI may consider any, or a combination of the following:

1) extend special measures by 3-6 months,
2) make changes to the Board
3) initiate an org form change if issues are due to org capability or capacity
4) initiate a wider local health economy process,

5 External Support

5.1 As highlighted in 3.1 above, there are a number of support arrangements that are put in place to support the organisation and a number of these are in place already.

5.2 The Trust has already undertaken the following, in terms of obtaining support:

- appointing a Turnaround Director who will support the Board in progress to exiting financial special measures
- appointing an external partner to support the development and delivery of the recovery plan.
- Receiving support from the national NHSI team through a senior financial colleague within the Trust

6. Turnaround Plans

6.1 The Trust has produced a high level turnaround plan this is summarised in the table below.

6.2 The final plan was submitted to NHSI for sign off on 23 October 2017.

Impact on services/engagement with staff and public

6.3 The key themes of the turnaround plan are to reduce the costs of delivering services through initiatives such as recruiting more substantive clinical staff to reduce agency costs and using current resources in a more productive way. The underlying aim is not to cut or reduce the level of service delivered to the patients but how to use our money more effectively to deliver a more efficient service without reducing the quality. The Trust is progressing its plans with regard to quality special measures and the two recovery plans will dovetail together so that neither finance nor quality is compromised.

6.4 The Trust has engaged with over 2,000 people including staff and the public for their ideas on how we can reduce waste and develop our services in the future. The Trust has received over 1,200 finance ideas which are all being considered and will be included in our plans for how the services will be shaped over the forthcoming years, as part of our 2021 vision.

6.5 The draft turnaround plan does not include any planned reduction to service provision at any of the Trust sites. However, the Trust is awaiting a formal response from NHSI, and achievement of financial sustainability may affect the future range and scope of services. All schemes are subject to a full quality impact assessment (QIA) signed by the Medical Director and Director of Nursing and to ensure patient quality is not reduced. The QIA has not been completed yet and may affect the final plan. This is to ensure that decisions made to get a grip on our finances do not affect the quality of the care we provide. In fact, the more money we save the more care we can deliver.

High Level Financial Turnaround Programme

Theme	Full Year Effect Plan £m
Directorates	2.5
Efficient management of resources	2.9
Theatre Efficiency	1.8
Agency	3.0
Clinical services Review	0.2
Procurement	0.8
Estates	0.7
Outpatients	1.7
Workforce	4.7
Total	18.3

Description of the Themes

- Directorates – Maximising savings within the current services through ongoing efficiency work
- Efficient Management of Resources – Management of non-clinical discretionary expenditure
- Theatre Efficiency – Working at improving the use of theatres so we can treat more patients within a set timeframe
- Agency – Reducing the demand for agency staff by improving the recruitment of our own staff
- Clinical Services Review – Developing and delivering plans for Trauma and Orthopaedics and General Surgery to streamline the current working practices of those services
- Procurement – Delivering the same quality of products at a cheaper price
- Estates – Making more effective use of the portfolio of properties
- Outpatients – Improving the efficiency of the current outpatient services, reducing the unutilised outpatient appointments and making best use of current clinics.
- Workforce – Undertaking reviews of workforce requirements across the Trust to ensure the models are fit for purpose and deliver the right outcomes for patients.

7. Progress made to date

7.1 The Trust has made steady progress against the financial turnaround targets to date. The current delivery as at month six (September 2017) is £3.7m against the year to date plan of £3.2m on the heading Financial Efficiency Plan.

7.2 There has been no delivery to date on the other themes. The majority of the financial turnaround programme is phased into the second half of the financial year.

7.3 This increased requirement will be supported by the aforementioned Turnaround Director, External Partner, NHSI experts and the Trust's own newly established programme management office (known as the PMO) and governance structure set out in section 8.

8. Governance arrangements

8.1 Tracking delivery of overall financial recovery plan will be undertaken and monitored as follows:

- Progress against the Finance recovery plan to be presented to Executive Team twice a month
- Finance is one of five key priorities for each Board meeting (the others being quality, fire compliance, A&E performance and Cancer performance)
- Performance meetings with Clinical Directorates will include a focus on finances to raise concerns around slippage and ensuring delivery is on track
- 2021 Finance strategy group already developed and approved an efficiency framework and to lead on developing a long term financial model
- All Efficiency ideas to be documented and to go through a QIA sign off process before being adopted

- Executive or Clinical lead sponsor for each efficiency scheme
- Capacity and capability to deliver to be addressed, in part by recruiting to 2021 PMO

8.2 Key Delivery Meetings

Financial Turnaround Group (FTG) reports to 2021 Programme Board and provides assurance to Finance, Service Improvement and Delivery Committee (FSID) and Trust Board

- Fortnightly meetings chaired by the Chief Executive
- Terms of Reference and Membership agreed
- PMO supports the meeting and records actions

Financial Turnaround Implementation Group report to Financial Turnaround Group

- Fortnightly meetings chaired by Director of Finance
- Terms of Reference and Membership under review – this is the group responsible for delivery using the Financial Efficiency Programme (FEP) framework and escalation to Financial Turnaround Group
- PMO supports the meetings and records action

PMO Support Overall

- Programme Delivery Manager to be allocated to manage the day-to-day running of the finance programme
- Co-ordinate delivery of the programme / projects, pro-actively monitoring its overall progress against plans, highlighting issues to the delivery group and co-ordinating corrective action
- Manage the programme control process, including monitoring dependencies, escalating to Financial Turnaround Group as agreed and maintain a risk register
- Support the implementation of a project tracking system and work within the agreed framework as this develops
- Compile and maintain a programme evidence library and provide highlight / escalation reports to FTG
- Provide Project Support Officer for meetings to maintain action logs
- Project Managers to be allocated as agreed by 2021 Programme Board

9. Update on Improving Quality and Safety of ULHT Services

9.1 Since the last update given to the Committee in July, ULHT has continued to drive up the quality of its services. It is now 6 months since the Trust was placed into quality special measures. While this time has been challenging for the Trust, there is also much to be proud of.

9.2 It takes time to turnaround the quality and safety of services at a Trust our size and to really sustain changes, but we have made big strides. Here is some of the progress we have made:

- Investing £2.5m a month to improve the fire safety of our hospitals which includes over 400 new fire doors.
- Supporting our vulnerable patients better through training staff and improving our policies and practice. There has been some useful partnership work established with Lincolnshire Partnership NHS Foundation Trust around the care of patients with learning disabilities.
- Introduced a new temporary senior management team at Pilgrim Hospital to drive through changes and we now have two new permanent heads of nursing and two general managers in place to sustain these changes.
- Over half of our senior managers have successfully completed a two day leadership course on the qualities needed and the expectations of leaders at ULHT. The remaining are scheduled to complete the course by March 2018.
- Launched a new and improved 'voicing your concerns' policy for staff highlighting five ways they can raise concerns.
- Our core learning and appraisal rates have improved significantly, with 80.1% of staff having had an appraisal as of September 2017. This compares with just 64.9% in March 2017. Our core learning rates have also improved significantly, with a compliance of 89.6% in September 2017. This compares with an overall compliance of just 49% in July 2014
- Ward accreditation launched in October. Wards will be regularly inspected by a team of independent senior nurses and assessed against a range of 13 quality standards. During an inspection of a ward, the senior nursing team will look at many areas of care including how falls and pressure ulcers are prevented on the ward, how the correct nutrition for patients is maintained, the experience of patients, the workforce in the area, infection prevention performance and the end of life care provided.
- The “Golden hour” introduced each day where heads of nursing and matrons set aside the time to do structured checks of the wards to see how we are providing care to patients, to ensure that each area of the hospital is providing the same high quality standard of care. The areas looked at include uniforms, ward environment , patient care plans, safeguarding plus many others that could affect patient care and where any improvements need to be made.
- All new health support care workers joining the Trust are now automatically enrolled to sit the Care Certificate, which ensures they are all learning the same skills, knowledge and behaviours to provide compassionate, safe and high quality care, as well as opening up the opportunity to go on to study to become a registered nurse in future.

9.3 Over the next few months, our priorities include maintaining progress delivered so far and on improving infection prevention and medical recruitment. Our infection prevention team has been re-structured and work has taken place around processes, policies and guidance. This includes the recent launch of our new uniform policy and dress code, to ensure that staff contribute to protecting our patients from the risk of infection. Work is now underway on refreshing our information and guidance for patients around infection prevention. Future work is planned around safe use of sharps and a campaign on hand hygiene.

9.4 Work has begun on establishing a medical bank, to reduce our reliance on agency doctors. We have also been to a number of recruitment fairs to encourage medical

staff to join ULHT, and more work is being done on the Lincolnshire attraction strategy to really push that work forward.

10 Long-Term Strategy for ULHT

10.1 ULHT has a bright future. We have a vision to provide excellence in rural healthcare. As part of our long-term 2021 strategy, we have one vision, three ambitions, five programmes of work and five values. Improving quality and safety and improving our finances are both priorities within our 2021 strategy (our bit of the STP). Recently we ended our county-wide engagement of the public and staff on our strategy.

10.2 We have involved our staff, patients and public in the development of the strategy, though surveys, meetings and on social media.

10.3 In total, we have had feedback from more than 2,000 people, which will contribute to the future direction of our Trust and services.

10.4 The majority of the public and our staff have told us they agreed ULHT needs to change and were behind our ambition to be an excellent trust. There was support for changing hospital services and consolidation onto fewer sites and staff supported the principle of doing more for less but wanted ULHT to invest in its staff.

10.5 Other themes coming out of our engagement were around where we can make improvements and savings, including around reducing waste, staffing, restructuring services and changing our processes. All people's ideas are being reviewed and considered in development of our draft strategy and also in the implementation of any changes.

10.6 Our draft strategy will be launched in November.

11 Consultation

11.1 This is not a consultation item.

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

12.1 This report is an update on the current position of United Lincolnshire NHS Trust with respect to financial special measures and the potential impact on the Strategy

13. Conclusion

13.1 This report is provided to notify the Committee of the impact of Financial Special Measures on United Lincolnshire NHS Trust, and the steps being taken to exit Financial Special Measures, and updates on improving the quality of our services.

14. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
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Open Report on behalf of Dr Tim Davies, NHS England Screening & Immunisation Lead, Public Health England - East Midlands

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**8 November 2017**
Subject:	**Immunisation in Lincolnshire**

Summary:

This report describes the local arrangements for the delivery of immunisations to the population of Lincolnshire and the current performance of the vaccination programmes.

Actions Required:

The Health Scrutiny Committee for Lincolnshire is invited:

(1) To review, consider and comment on the report.

(2) To consider how to respond to the Health and Wellbeing Board, from whom the request to consider this item was received.

1. Background

The Health and Wellbeing Board (HWB) considered a report published by Healthwatch Lincolnshire (HWL) in February 2017 on NHS Immunisation and Screening for Patients in Lincolnshire. Subsequently the HWB agreed that its concerns in regard to immunisation should be referred to the Health Scrutiny Committee for consideration.

This paper describes local arrangements for the delivery and assurance of the national immunisation programme. From a data perspective it focuses on the vaccination programme for those under the age of 5 years.

National Immunisation Programmes

In the UK there is a comprehensive immunisation programme that covers some of the key public health threats. This programme aims to protect population health through both individual and herd immunity, which is achieved when a sufficient proportion of the target population is immunised to suppress the spread of disease to non-immune or unimmunised individuals. The national immunisation programme follows advice given to the Department of Health by the Joint Committee on Vaccination and Immunisation, an independent advisory committee of experts.

Immunisation programmes for children up to the age of 5 years have uptake targets of 95%. For some diseases such as measles this high figure is required to achieve a good level of herd immunity. For some other diseases the level of immunisation required to provide herd immunity is rather lower but the targets remain at 95%.

The routine immunisation schedule along with selective immunisation programmes and additional vaccines for high risk individuals can be found in Appendix A.

Local Arrangements

The reorganisation of the NHS and Public Health functions arising from the implementation of the Health and Social Care Act 2012 fundamentally shifted roles and responsibilities with respect to immunisation programmes.

NHS England is responsible for the commissioning and system management of the routine immunisation programme through its local offices. Lincolnshire is covered by the Central Midlands office within the Midlands and East Region. A specific Screening and Immunisation Team (SIT) provides this function which, in addition to NHS England employed staff, includes dedicated public health professionals employed by Public Health England who are “embedded” within NHS England.

Local authorities through their Director of Public Health (DPH) have a duty to provide advice and advocacy to protect the population of Lincolnshire, ensuring that immunisation programmes are effective and to challenge where there are issues.

NHS Clinical Commissioning Groups (CCGs) have delegated authority for co-commissioning primary care and so also need to have oversight and scrutiny of the routine vaccination programmes as a quality and performance measure of primary medical services.

Encouraging and supporting improved uptake in vaccine preventable disease programmes reduces the risk of outbreaks of vaccine preventable diseases and reduces the negative health impacts and inequalities as a result.

In Lincolnshire, there is a quarterly immunisation programme board chaired by the Screening and Immunisation Lead (SIL). These meetings allow for useful discussions on the current position of the programmes and decisions on best strategies for improving uptake. Representation on the board includes:

- NHS England
- Public Health England
- CCGs
- Lincolnshire County Council
- Lincolnshire Community Health Services NHS Trust
- Local Medical Committee
- General practice

The NHS England SIL is a member of the Lincolnshire Health Protection Board which is chaired by the Lincolnshire County Council Director of Public Health. The Board meets quarterly and receives reports on the performance of the immunisation programme in Lincolnshire. The board has the opportunity to discuss and challenge the quality and performance of the programme.

Overview of Performance of Childhood Vaccinations

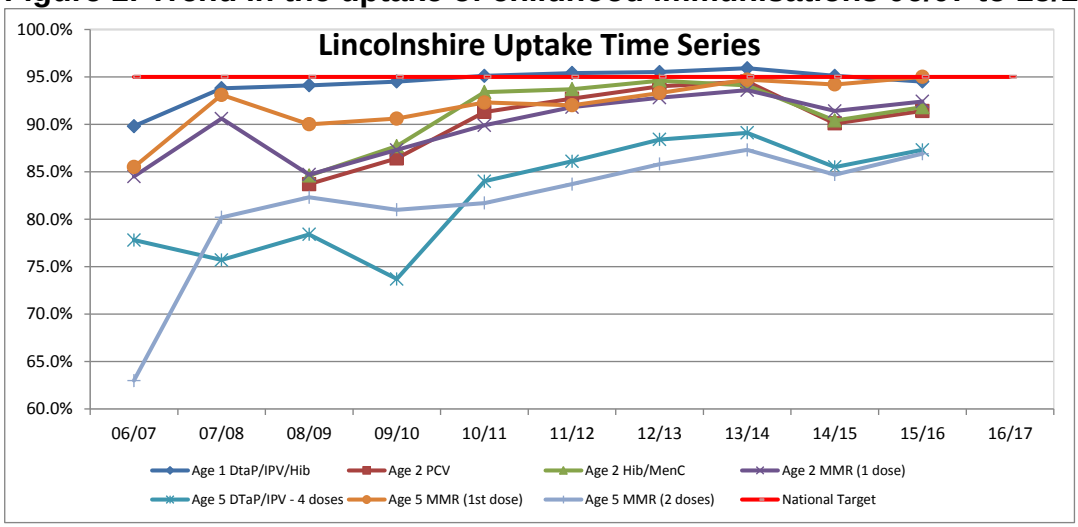
Generally the performance of childhood immunisations measured at 1 year is good with an uptake at or around the 95% target. Uptake of vaccines measured at age 2 years and 5 years are areas where improvement could be made.

Table 1: Uptake of immunisations by age group for 15/16, 16/17 and Q1 17/18

Lincolnshire	Target	COVER (published) 2015/16	COVER (published) 2016/17	COVER Q1 2017/18
Age 1 DtaP/IPV/Hib	95.0%	✗ 94.5%	✓ 95.1%	✗ 94.5%
Age 2 PCV	95.0%	✗ 91.4%	✗ 91.8%	✗ 90.3%
Age 2 Hib/MenC	95.0%	✗ 91.8%	✗ 92.3%	✗ 91.3%
Age 2 MMR (1 dose)	95.0%	✗ 92.4%	✗ 93.1%	✗ 91.0%
Age 5 DTaP/IPV - 4 doses	95.0%	✗ 87.3%	✗ 87.0%	✗ 88.4%
Age 5 MMR (2 doses)	95.0%	✗ 86.9%	✗ 86.3%	✗ 88.0%

Glossary
DtaP - Diphtheria, Tetanus, Pertussis (Whooping Cough)
IPV – Inactivated Polio Vaccine
Hib – Haemophilus influenzae type b
PCV – Pneumococcal Conjugate Vaccine
MenC – Meningitis C
MMR – Measles, Mumps and Rubella

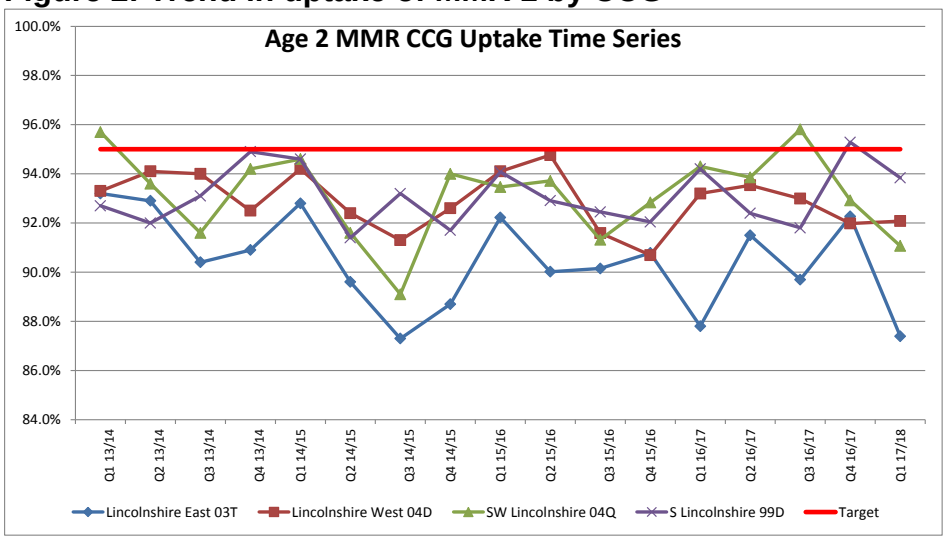
Figure 1: Trend in the uptake of childhood immunisations 06/07 to 15/16*



***16/17 data is not available until the end of October 2017**

If uptake is looked at by CCG, it can be seen that the Lincolnshire East CCG has the lowest uptake. This pattern is reflected in all of the under 5 vaccination programmes in Lincolnshire.

Figure 2: Trend in uptake of MMR 1 by CCG



Another way of measuring performance is by comparing uptake in Lincolnshire with uptake in other similar parts of the country as defined by the Office of National Statistics. Figure 3 below shows that for the last year Lincolnshire is currently 5th or 6th out of nine peer areas for vaccinations measured at age 1. Please note that not all of the nine peer areas have data plotted on the graph in order to facilitate clarity.

Figure 3: Uptake of immunisations at 1 year compared to peers and National average for 2013/14 to 2016/17

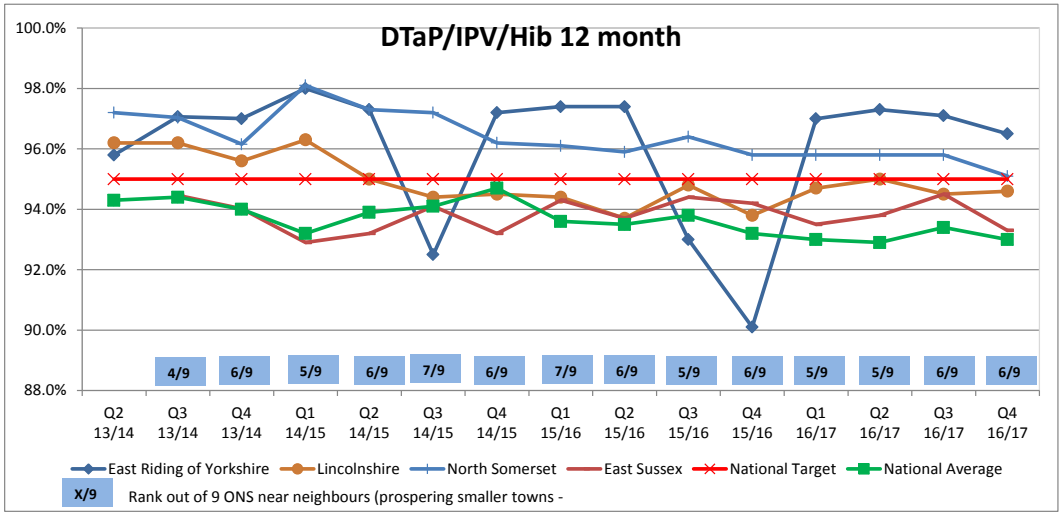
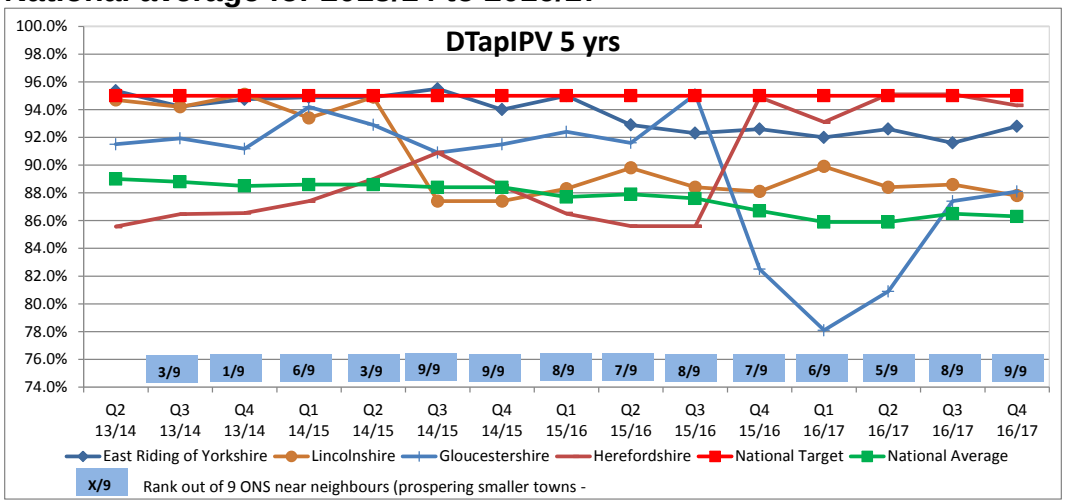


Figure 4 below shows that for immunisations measured at age 5 years Lincolnshire has varied between 6th and 9th out of 9 peer areas. It should be noted that in both figures 3 and 4 Lincolnshire's performance is above the national average.

Figure 4: Uptake of immunisations at 5 year compared to peers and National average for 2013/14 to 2016/17



Discussion and actions being taken

Immunisation is a choice; every parent needs to be able to make an informed decision each time an immunisation is offered to their child. Nationally we are witnessing a slow decline in uptake rates for childhood vaccination. This is thought to be due to a number of issues including complexity of the programme, hurdles to accessing primary care, lack of visibility of some of the diseases that we immunise against, and a small rise in those who do not believe in the need or importance of vaccination for a variety of reasons.

Actions that have or are being taken to try to increase the uptake of childhood vaccinations in Lincolnshire include:

1 The child health information service sends monthly data to almost all general practices giving the practice data on their own uptake rates and also providing lists of children who are coming up to a milestone birthday (ages 1, 2 and 5 years) who have not had all of the vaccines that they should have had.

2 Training for practice nursing staff is available on an annual basis to ensure these staff are kept up to date with the needs of the programme.

3 All practices have been surveyed as to the detail of the way they organise childhood immunisation services within their practice. The outcome of this will be used to inform developmental visits to all practices in Lincolnshire East CCG to focus on what is good and what could be done better drawing on the experience of peer practices within the county.

4 The screening and immunisation team within NHS England provides advice and support to individual clinicians in primary care who may have immunisation queries on a day to day basis.

5 An immunisation conference was held within Lincolnshire in February 2017 attracting over 100 professionals.

6 The Council and local NHS Health Protection Team have an improvement plan in place to improve uptake across the County, especially where factors outside of the general practice are affecting uptake rates.

2. Conclusion

A comprehensive programme of immunisations is being delivered across Lincolnshire. There are governance arrangements in place to support the delivery and assurance of the programme with opportunity for challenge and scrutiny in order to improve quality and performance; and therefore minimising the risks of harm to the local population.

3. Consultation

This is not a consultation item.

4. Appendices

Appendix A: The routine Immunisation Schedule Autumn 2017

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/633693/Complete_imm_schedule_2017.pdf

5. Background Papers

None

This report was written by Dr Tim Davies, NHSE Screening & Immunisation Lead PHE East Midlands, who can be contacted on 07875 669468 or email: tim.davies5@nhs.net

The routine immunisation schedule from Autumn 2017

Age due	Diseases protected against	Vaccine given and trade name		Usual site
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, *Haemophilus influenzae* type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMR VaxPRO[2] or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Two to eight years old[1] (including children in reception class and school years 1-4)	Influenza (each year from September)	Live attenuated influenza vaccine LAIV[3]	Fluenz Tetra[2]	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	DTaP/IPV	Infanrix IPV or Repevax	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMR VaxPRO[2] or Priorix	Upper arm
Girls aged 12 to 13 years	Cervical cancer caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y disease	MenACWY	Nimenrix or Menveo	Upper arm
65 years old	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV)	Pneumococcal Polysaccharide Vaccine	Upper arm
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple	Upper arm
70 years old	Shingles	Shingles	Zostavax[2]	Upper arm

1. Age on 31 August 2017.
2. Contains porcine gelatine.
3. If LAIV (live attenuated influenza vaccine) is contraindicated and child is in a clinical risk group, use inactivated flu vaccine.

All vaccines can be ordered from www.immform.dh.gov.uk free of charge except influenza for adults and pneumococcal polysaccharide vaccine.

Selective immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, four weeks and 12 months old[1,2]	Hepatitis B	Hepatitis B (Engerix B/HBvaxPRO)
Infants in areas of the country with TB incidence >= 40/100,000	At birth	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country[3]	At birth	Tuberculosis	BCG
Pregnant women	During flu season At any stage of pregnancy	Influenza	Inactivated flu vaccine
Pregnant women	From 16 weeks gestation	Pertussis	dTaP/IPV (Boostrix-IPV or Repevax)

1. Take blood for HBsAg at 12 months to exclude infection.
2. In addition hexavalent vaccine (Infanrix hexa) is given at 8, 12 and 16 weeks.
3. Where the annual incidence of TB is >= 40/100,000 – see www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people

Additional vaacines for individuals with underlying medical conditions

Medical condition	Diseases protected against	Vaccines required[1]
Asplenia or splenic dysfunction (including due to sickle cell and coeliac disease)	Meningococcal groups A, B, C, W and Y Pneumococcal Haemophilus influenzae type b (Hib) Influenza	Hib/MenC MenACWY MenB PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Cochlear implants	Pneumococcal	PCV13 (up to two years of age) PPV (from two years of age)
Chronic respiratory and heart conditions (such as severe asthma, chronic pulmonary disease, and heart failure)	Pneumococcal Influenza	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Chronic neurological conditions (such as Parkinson's or motor neurone disease, or learning disability)	Pneumococcal Influenza	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Diabetes	Pneumococcal Influenza	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Chronic kidney disease (CKD) (including haemodialysis)	Pneumococcal (stage 4 and 5 CKD) Influenza (stage 3, 4 and 5 CKD) Hepatitis B (stage 4 and 5 CKD)	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine Hepatitis B
Chronic liver conditions	Pneumococcal Influenza Hepatitis A Hepatitis B	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine Hepatitis A Hepatitis B
Haemophilia	Hepatitis A Hepatitis B	Hepatitis A Hepatitis B
Immunosuppression due to disease or treatment[3]	Pneumococcal Influenza	PCV13 (up to two years of age)[2] PPV (from two years of age) Annual flu vaccine
Complement disorders (including those receiving complement inhibitor therapy)	Meningococcal groups A, B, C, W and Y Pneumococcal *Haemophilus influenzae* type b (Hib) Influenza	Hib/MenC MenACWY MenB PCV13 (to any age) PPV (from two years of age) Annual flu vaccine

1. Check relevant chapter of green book for specific schedule.
2. To any age in severe immunosuppression.
3. Consider annual influenza vaccination for household members and those who care for people with these conditions.

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

Open Report on behalf of Tony McGinty, Interim Director of Public Health

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**8 November 2017**
Subject:	**Lincolnshire Pharmaceutical Needs Assessment 2018**

Summary:

Completion of a Pharmaceutical Needs Assessment (PNA) is a statutory duty for Health and Wellbeing Boards to undertake at least every three years. Data contained within the assessment will be used to plan pharmaceutical services in the county to best meet local health needs.

The production of the 2018 PNA for Lincolnshire has commenced, and a draft PNA is being prepared to go to consultation between Monday 11 December 2017 and Saturday 11 February 2018. A final PNA is expected to be published by 1 April 2018.

Actions Required:

The Health Scrutiny Committee for Lincolnshire is requested to:

1. note that the process to produce a revised Pharmaceutical Needs Assessment (PNA) by 1 April 2018 has commenced;

2. receive the project plan timelines from the 'Lincolnshire Pharmaceutical Needs Assessment Steering Group' on the production of the 2018 Lincolnshire Pharmaceutical Needs Assessment; and

3. initiate a working group to comment on the draft Pharmaceutical Needs Assessment during the 60-day public consultation.

1. Background

The Pharmaceutical Needs Assessment (PNA) is a report of the present and future needs for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. To prepare the report, data is gathered from pharmacy contractors, dispensing GP practices, pharmacy users and other residents, and from a range of sources (commissioners, planners and others). The report also includes a range of maps that are produced from data collected as part of the PNA process.

The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs.

The first PNA was completed on behalf of Lincolnshire HWB and submitted to NHS England by April 1 2015, as was required by law. The next PNA is due by 1 April 2018.

The HWB has requested Lincolnshire County Council Public Health prepare a revised assessment for 1 April 2018. Lincolnshire County Council has convened a PNA Steering Group to support the development of the PNA.

An external pharmaceutical expert resource, Soar Beyond Limited, has been commissioned to support the preparation of the draft PNA 2018 report. Soar Beyond have extensive expertise in producing PNAs, having produced 8 in 2015, and have been commissioned to support 12 to date in 2017/18.

The PNA Steering Group held its first meeting on 11 July 2017. At this meeting a Terms of Reference for the group and Project Plan (Appendix A) for the PNA were agreed.

Surveys were undertaken with the public, commissioners, dispensing practices and community pharmacy contractors in Lincolnshire, to seek opinion on current pharmaceutical services provided in Lincolnshire.

The PNA Steering Group held a meeting on 19 September 2017 to agree the data to be used for the PNA.

Soar Beyond Limited, are presently preparing a draft assessment, which will be presented to the Steering Group meeting on 1 November 2017.

2. Consultation

A public questionnaire has been produced by the PNA Steering Group to seek views and comments on current pharmaceutical service provision. Supported by community pharmacies, GP practices, libraries, Healthwatch, and the local authority and Clinical Commissioning Groups (CCGs) communications teams, the questionnaire has been made available through various channels. A total of 1145 responses have been received from all age groups above the age of 16 years. A summary of the responses has been provided in Appendix B.

In addition, a commissioner questionnaire, pharmacy contractor questionnaire, and dispensing GP practice questionnaire have been compiled, to ascertain current commissioning and provision of services.

Responses have been analysed and will help inform any further public engagement to be undertaken during the consultation and the Equality Impact Assessment (EIA).

A 60-day consultation is a mandatory component of the PNA preparation. The consultation follows a period (June – September 2017) of data gathering on health needs, service provision and views of residents on the existing levels of pharmacy provision. The proposed consultation will be on the findings of the draft PNA, approved by the HWB at its December meeting. It is anticipated that the consultation questions will broadly cover the following:

- To what extent do you agree or disagree with this assessment? (The findings on whether there are gaps or not in pharmaceutical provision)
- To what extent do you agree or disagree with the other conclusions contained within the draft PNA?
- In your opinion, how accurately does the draft PNA reflect each of the following: current provision of pharmaceutical services, current pharmaceutical needs of Lincolnshire's population, future pharmaceutical needs of Lincolnshire's population (over the next three years)?
- Any other comments?
- We will also collect some (optional) basic data about the respondent (in line with Lincolnshire County Council guidance).

The Pharmaceutical Regulations mandate that the consultation must be for a minimum of 60 days. The planned dates for the consultation are from 11 December 2017 to 11 February 2018.

The regulations also list a range of stakeholders whom must be consulted. A stakeholder list has been developed, in conjunction with the Steering Group, and used to help distribute the questionnaires.

The Health Scrutiny Committee is invited to initiate a working group during this time in order to feed into this consultation of the draft PNA.

Additional to its approval of a draft PNA for the HWB to approve, the PNA Steering Group will propose a consultation plan for the draft PNA. The Steering Group has membership of some of the key stakeholders – pharmacy (represented by the Lincolnshire Local Pharmaceutical Committee), health services (represented by the Clinical Commissioning Groups, Lincolnshire Local Medical Committee, and Lincolnshire County Council), residents (represented by Healthwatch, and Lincolnshire County Council and Clinical Commissioning Group engagement leads).

The EIA will be used to identify any vulnerable groups which may need to be targeted. As a minimum, it is envisaged that the draft PNA will be consulted through the following methods:

- Questionnaires: distribution through pharmacies, libraries and other venues and online through Healthwatch, Clinical Commissioning Group newsletters and Lincolnshire County Council website
- Talks: presentations at various groups where dates allow – and then distribution of questionnaires
- Media: traditional and social media communications

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

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population, as defined in the Lincolnshire Joint Strategic Needs Assessment (JSNA). The JSNA, as well as defining the needs of the local population, also identifies a strategic direction of service delivery to meet those needs, and commissioning priorities to improve the public's health and reduce inequalities. The PNA should therefore be read alongside the JSNA.

The Joint Health and Wellbeing Strategy (JHWS) is guided by the JSNA and other relevant sources of information. The commissioning of services to address ill-health is informed by the JSNA. The PNA is informed by the JSNA.

Regulation 9 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations requires that JHWS, when carrying out assessments for the purpose of publishing PNAs, have regard to:

- the number of people in its area who require pharmaceutical services
- the demography of its area
- the risks to the health or wellbeing of people in its area

Pharmaceutical service providers have the potential to play a greater role in identifying and helping address priority health needs as they are strategically placed in the community and have daily interactions with the local population.

4. Conclusion

The draft PNA 2018 is currently being prepared in close consultation with the external consultants, Soar Beyond Ltd. The draft assessment will be considered by the Steering Group at a meeting on 10 November 2017.

Upon recommendation of a draft PNA by the Steering Group, the assessment will be put to HWB members at the meeting on 5 December 2017 to approve for consultation. Pending approval, it will be made available for a mandatory 60-day consultation.

The results of consultation will be considered by the Steering Group at its meeting on 27 February 2018, and a final PNA produced with recommendation for the HWB to publish, at its meeting on 27 March 2018.

The final PNA must be published no later than 31 March 2018.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire 2018 PNA Project Plan
Appendix B	Summary report on the public questionnaire

6. Background Papers

The following background papers were used in the preparation of this report:

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013	http://www.legislation.gov.uk/uksi/2013/349/contents/made

This report was written by Chris Weston, Public Health Consultant, who can be contacted on 01522 553006 or chris.weston@lincolnshire.gov.uk

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Appendix A

Project Plan for Lincolnshire 2018 PNA

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	Jun 2017	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
Contract commencement date (20th June 2017)										
Kick off meeting with local authority Authorised Officer (AO) • Detailed project plan shared and agreed with AO (by 20th June 2017) • Agree accountabilities • Identify and approach potential members for PNA Steering Group • Draft Terms of Reference shared • Communications Plan agreed, including frequency and mechanism for local authority checkpoint meetings • Contacts list developed for key stakeholders • RAG rated Risk and Issues Logs set up										
Steering Group Meeting Number 1 • Steering Group and Project Governance established • Project plan shared and agreed • Communications Plan and Terms of Reference agreed • PNA localities agreed • Questionnaire templates shared and agreed		11th								
Stakeholders identified • For dissemination of information • Contact details obtained and initial contact made • Share project plan and brief on what the Pharmaceutical Needs Assessment is										

	Jun 2017	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
Data collection and stakeholder engagement • Distribution of pharmacy user questionnaires (advertising posters also sent to all pharmacies and GP practices in the county) • Distribution of pharmacy contractor questionnaires • Distribution of commissioner questionnaires										
Information collection • Receipt and review of planning and strategy documents e.g. JSNAs, Housing Strategies, Commissioning Intentions, STP etc. • List of all providers of pharmaceutical services from NHS England • List of any commissioned services by CCGs e.g. minor ailment services, out of hours, local hospitals • Information from county council e.g. demographics, specific health needs and any commissioned services										
Deadline for questionnaires to be completed										
Steering Group Meeting Number 2 - agree and finalise data for draft PNA				19th						
HWB meeting: Assurance report to share project plan and feedback on questionnaires				26th						

Current and future service provision detailing and analysis
• Pharmacies categorised by type (40hr/100hr/internet) – maps provided as per Pharmaceutical Regulations 2013, to include cross-border pharmacies. The following maps will also be provided if commissioned by the local authorities:
  o Opening times maps produced
  o Travel access maps: drive times (average, peak, off-peak), walking, public transport – plus population numbers by travel time
  o Demographics analysis (supported by local authority)
  o Health and lifestyle analysis (supported by local authority)
• Planning - housing developments and new care home developments listed and analysed for prospective impact on future pharmaceutical needs (supported by local authorities)
• Pharmacies who provide advanced services
• Pharmacies who provide enhanced / locally commissioned services										

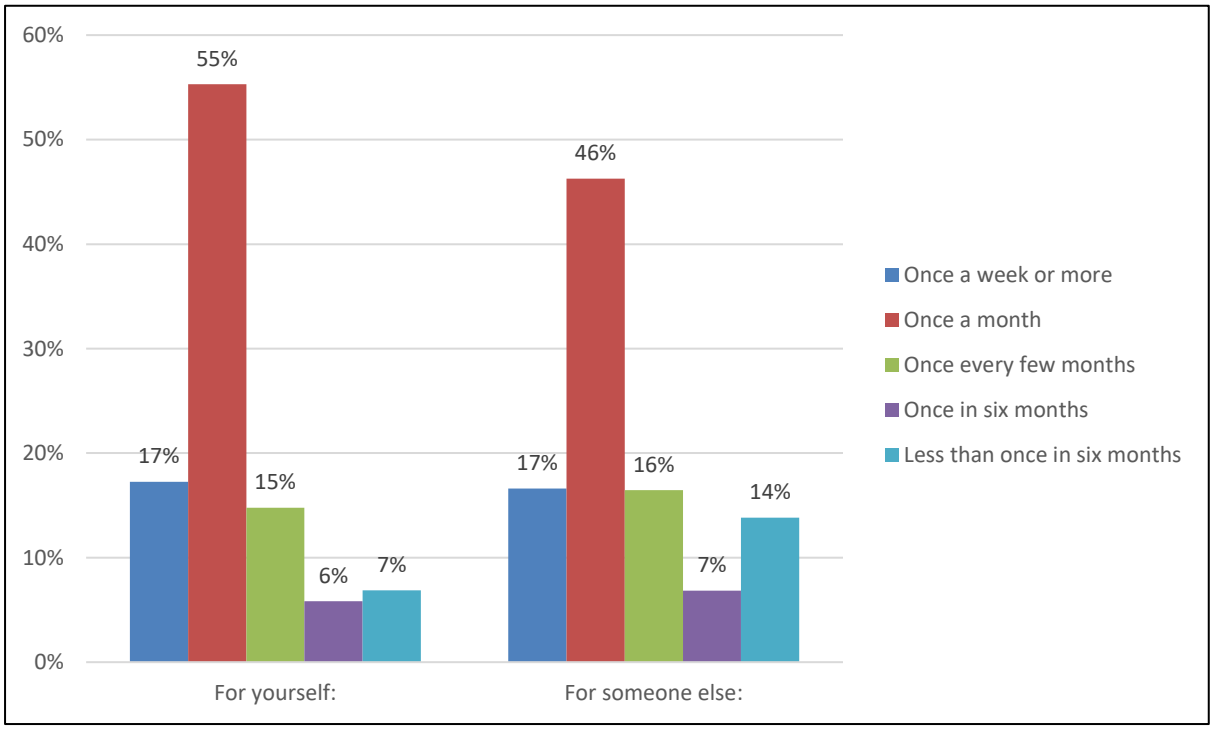
	Jun 2017	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
Collation and analysis of all information collected • Triangulate information received from duplicate sources, identifying and resolving any discrepancies and gaps • Comparison with information and recommendations from 2015 PNA										
Review and identify gaps in service, current and future • Identification of any changes (service provision, current and future needs etc.) • Identify potential gaps • Make recommendations										
Draft PNA completed • Complete the draft assessment, clearly articulating any gaps identified and propose recommendations • Compile specific consultation questions • Highlight any specific communities and / or providers identified as affected by the analysis of gaps										
Steering Group Meeting Number 3 - agree draft PNA						10th				
HWB meeting: present Draft PNA for feedback							5th			
Consultation period (60 day consultation Mon 11th Dec to Sun 11th Feb (Incl.) - 63 days) • Host PNA on county councils' website • Advertise consultation through existing consultation channels (e.g. communications and engagements leads with CCGs, HealthWatch, Patient Participation Groups etc.) • Send link of draft PNA to consultees as required by the Pharmaceutical Regulations (listed within the Communications Plan), and any specific individuals, populations and stakeholder groups identified within the stakeholder engagements undertaken in the Summer • If required, hold direct stakeholder engagement events (face to face meetings, webinars, online surveys etc.) with specific populations / providers identified as potentially affected by the analysis of gaps										

	Jun 2017	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
Consultation findings reports • Collate, analyse and make recommendations on the consultation responses										
Draft final PNA • Produce consultation findings report and draft final document for Steering Group and HWB review										
Steering group Meeting Number 4 - make changes to the draft PNAs and agree final PNA									27th	
HWB meeting: present Final PNA for feedback										27th
Final PNA for publication • Make amendments to draft final PNA following Steering group and HWB feedback • Produce final PNA in pdf format for hosting on HWB website • Send links of final PNA to consultees as required by the Pharmaceutical Regulations (listed within the Communications Plan), and any specific individuals, populations and stakeholder groups identified within the stakeholder engagement undertaken in the summer										29th
PNA published										29th

Appendix B: Results of the public questionnaire

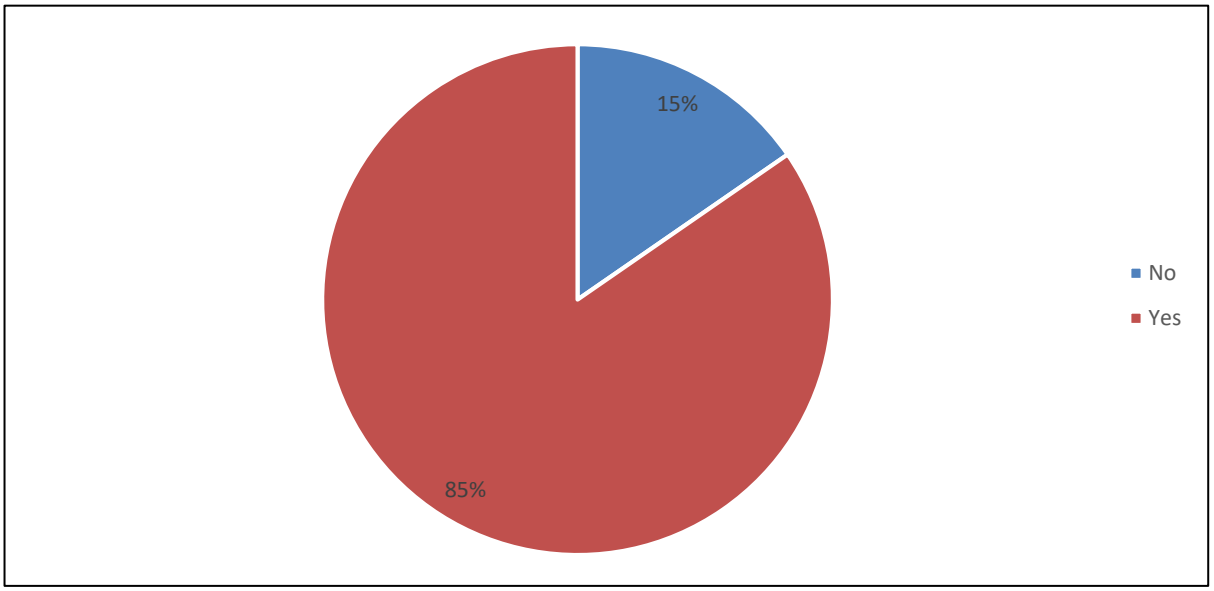
Total number of responses: 1,145

Q1. How often have you visited the pharmacy in the last six months?



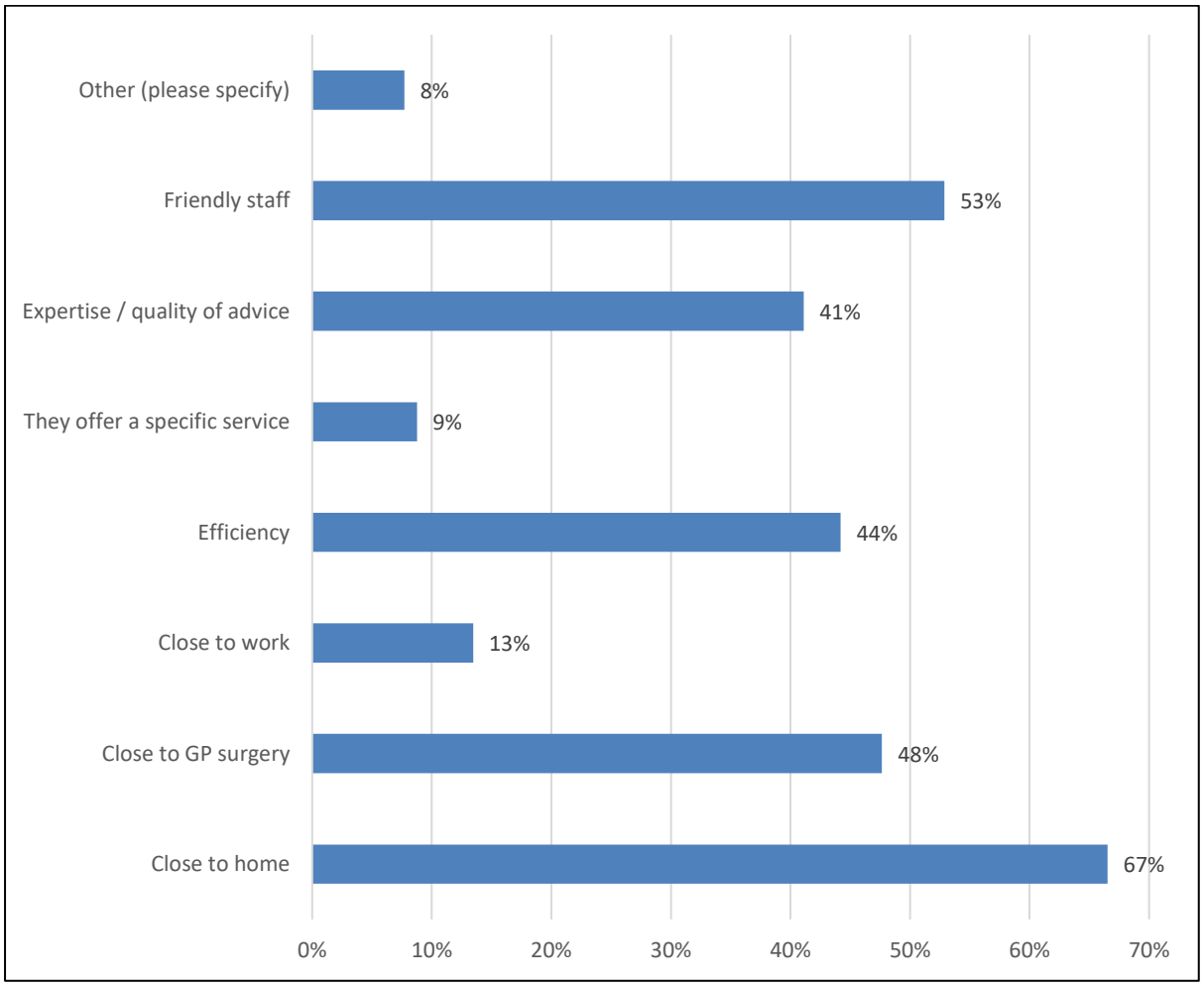
Most respondents visited a pharmacy once month, whether this was for themselves (55%) or on behalf of someone else (46%).

Q2. Do you have a regular or preferred pharmacy that you visit?



85% of the public stated they had a preferred pharmacy.

Q3. When considering a choice of pharmacy, which of the following helps you choose?

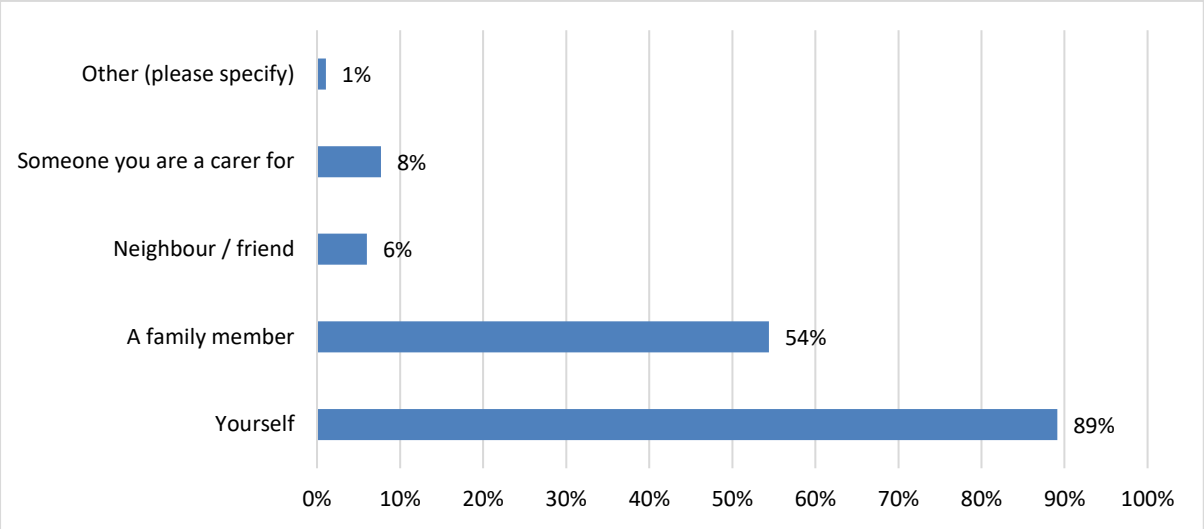


Responses below for the other category:

Location (17)	Accessibility (1)
Opening times (11)	Online service (1)
Parking (9)	Reputation (1)
Delivery of medication (4)	

Proximity of a pharmacy to a person's house, or a GP surgery are important factors on when deciding which pharmacy to go to. Having friendly staff, efficiency and the expertise/quality of service were also important factors.

Q4. Who would you normally visit the pharmacy for?

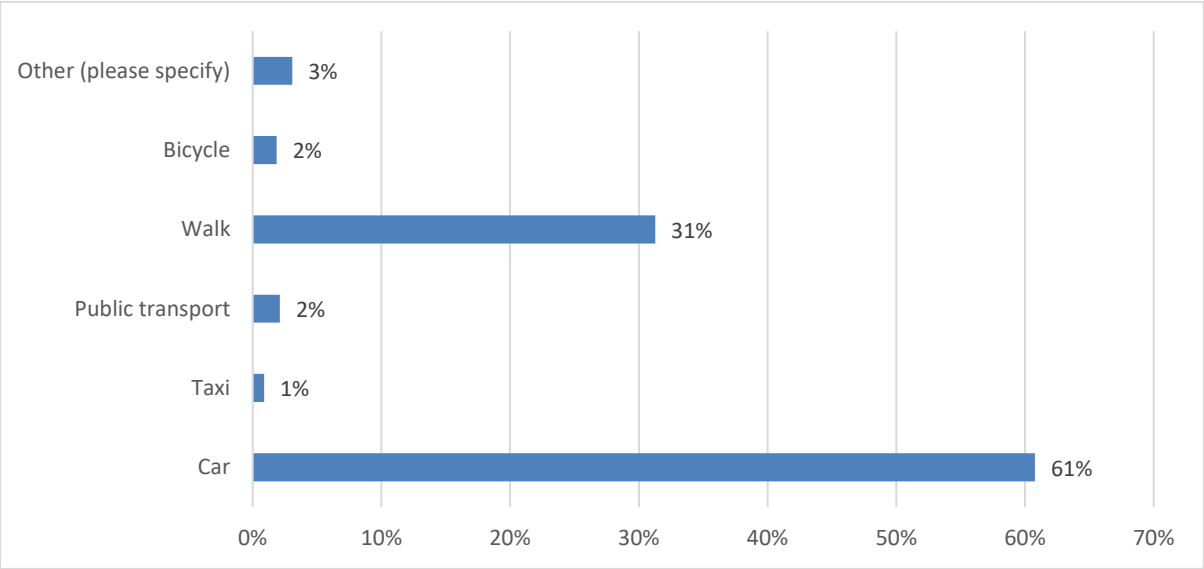


Responses below for the other category:

Spouse (3)	Child (2)
Friend (2)	Carer (1)

Respondents usually visited the pharmacy for themselves (89%) or for a member of their family (54%)

Q5. How would you usually travel to the pharmacy?

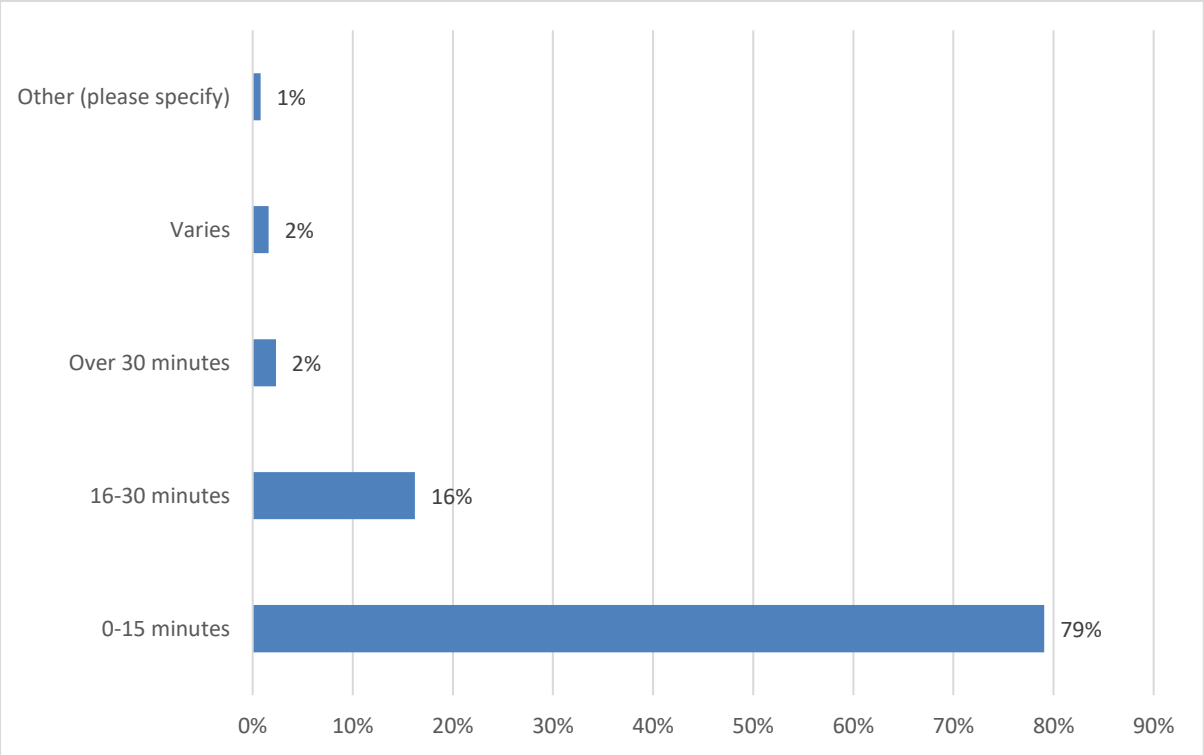


Responses below for the other category:

Car (12)	Public transport (3)
Mobility scooter (9)	Walk (1)
Wheelchair (3)	

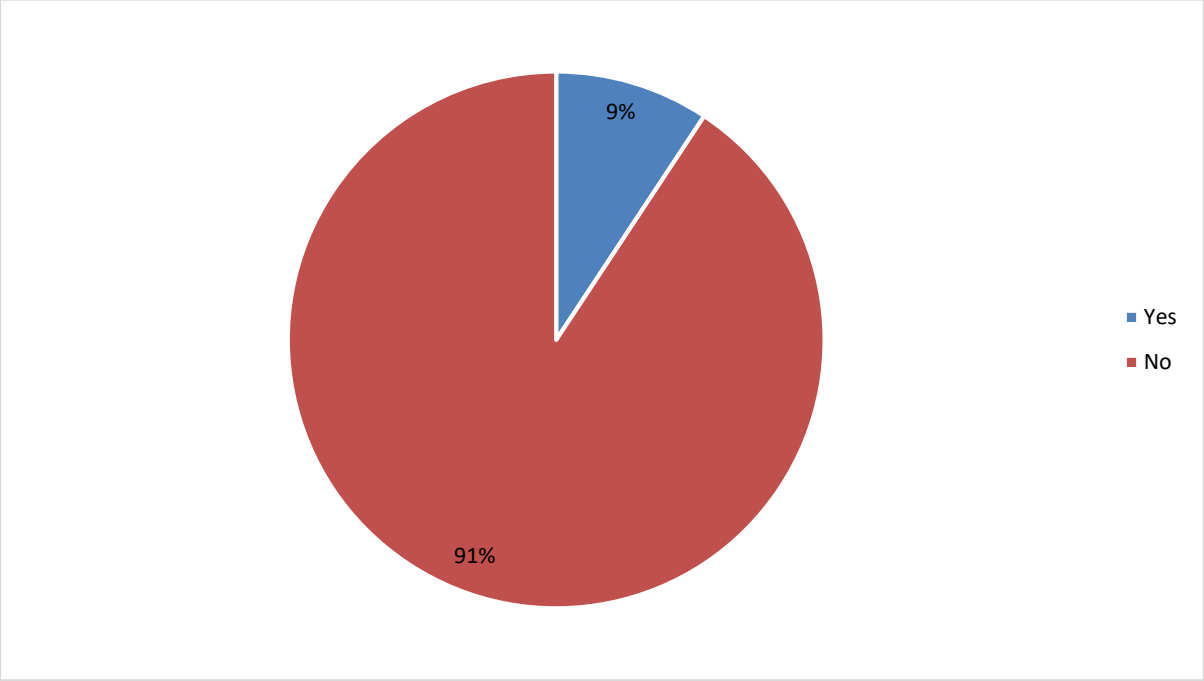
Overall, 61% of respondents travelled by car to their pharmacy compared to the 31% who walked

Q6. On average, how long does it take you to travel to a pharmacy?



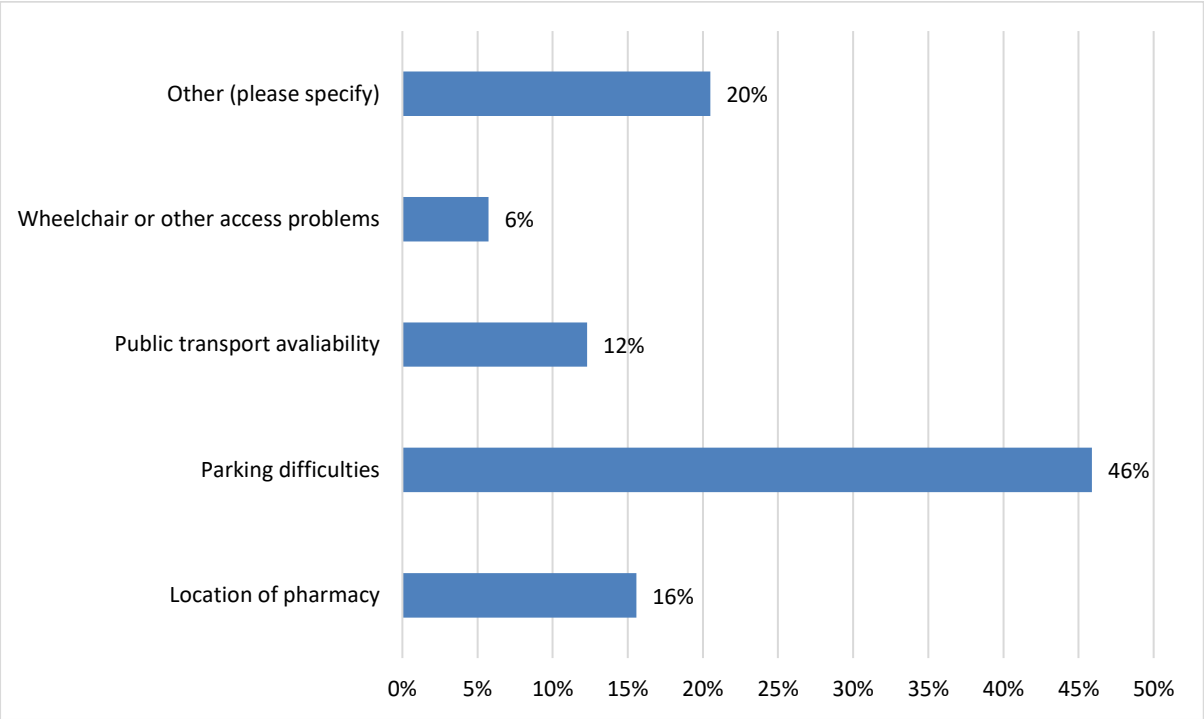
Most respondents (79%) were able to travel to a pharmacy in 15 minutes or less.

Q7. Do you have any difficulties when travelling to a pharmacy?



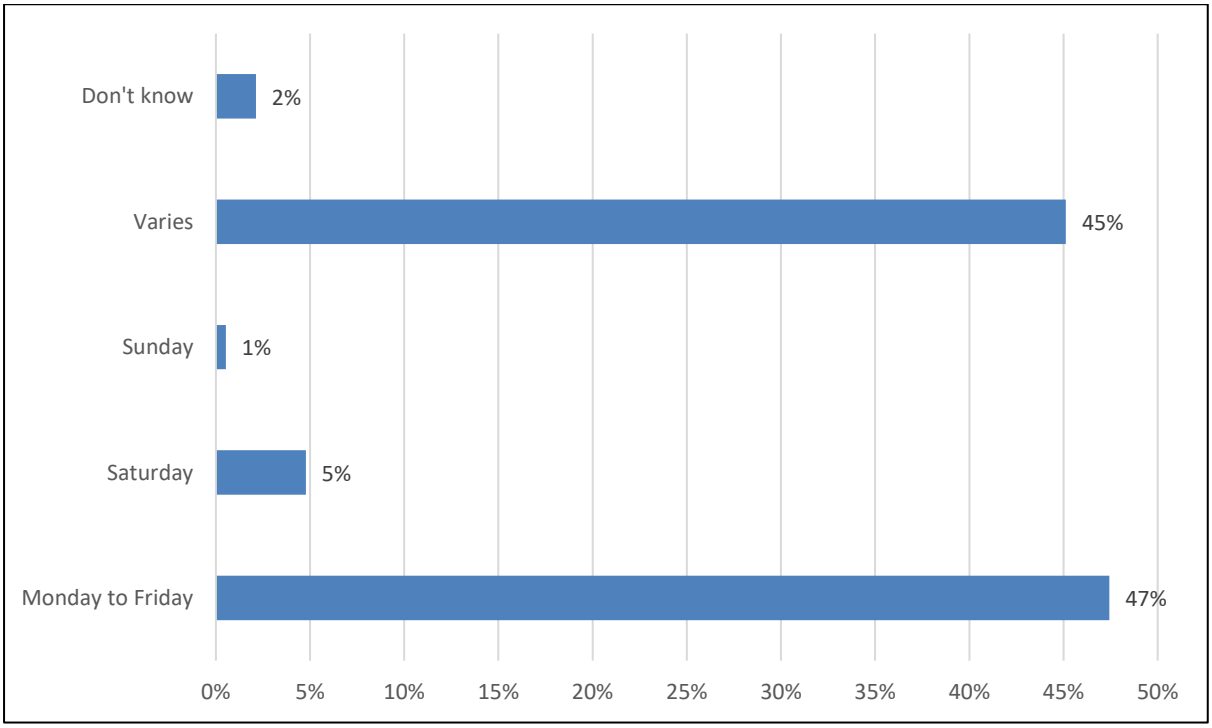
Most (91%) had no difficulties when travelling to a pharmacy.

Q8. If you answered yes to the previous question, please select one of the following reasons



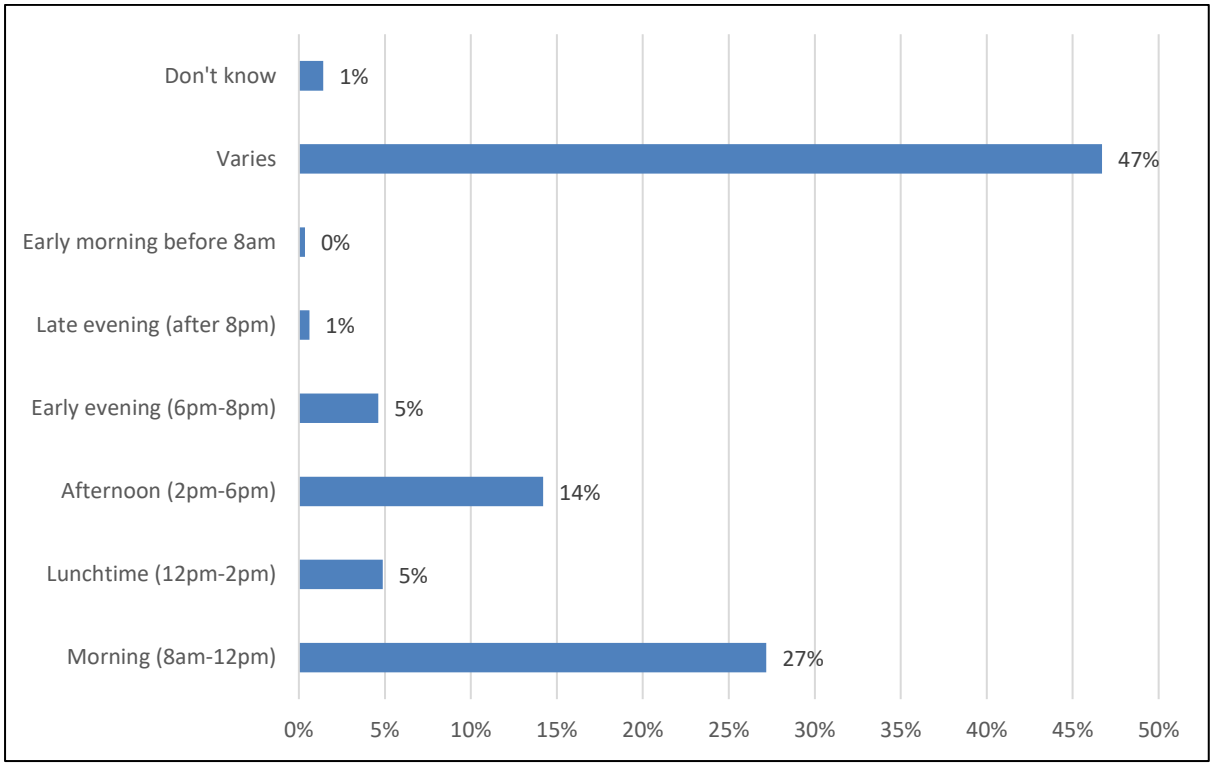
46% of those who had difficulties while travelling to a pharmacy attributed it to parking difficulties

Q9. What is the most convenient day for you to visit a pharmacy?



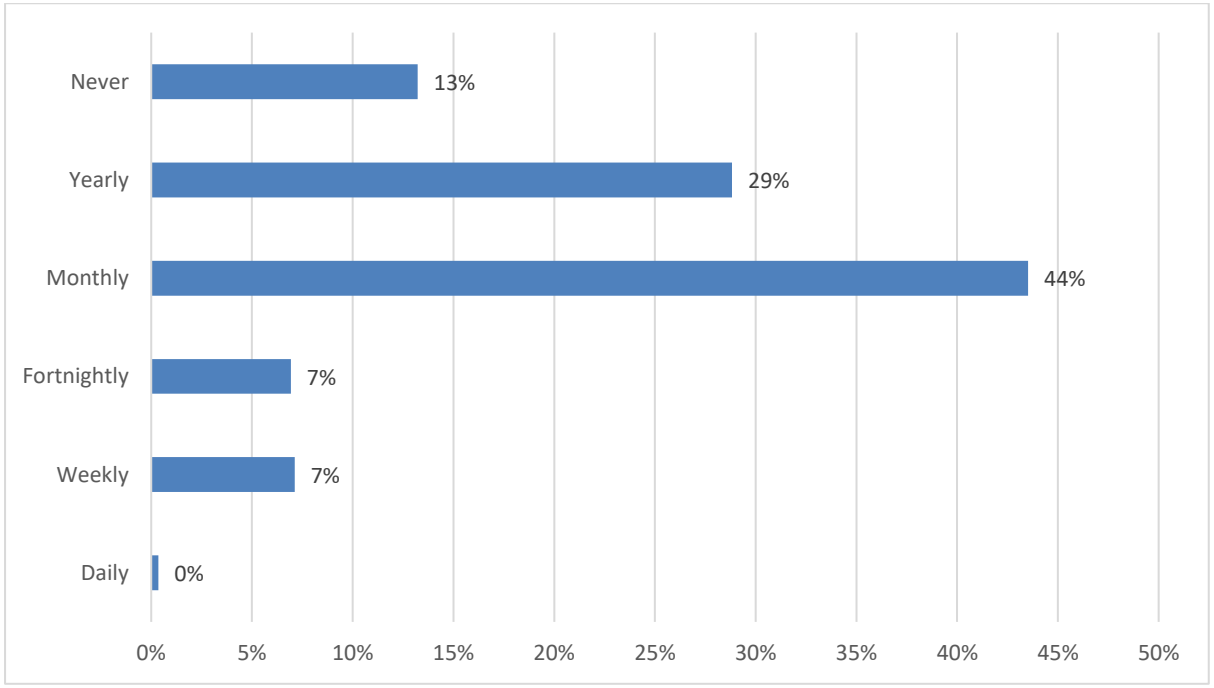
45% of respondents stated the most convenient day for visiting pharmacies varied, while 47% said Monday to Friday was most convenient.

Q10. When do you prefer to visit a pharmacy?



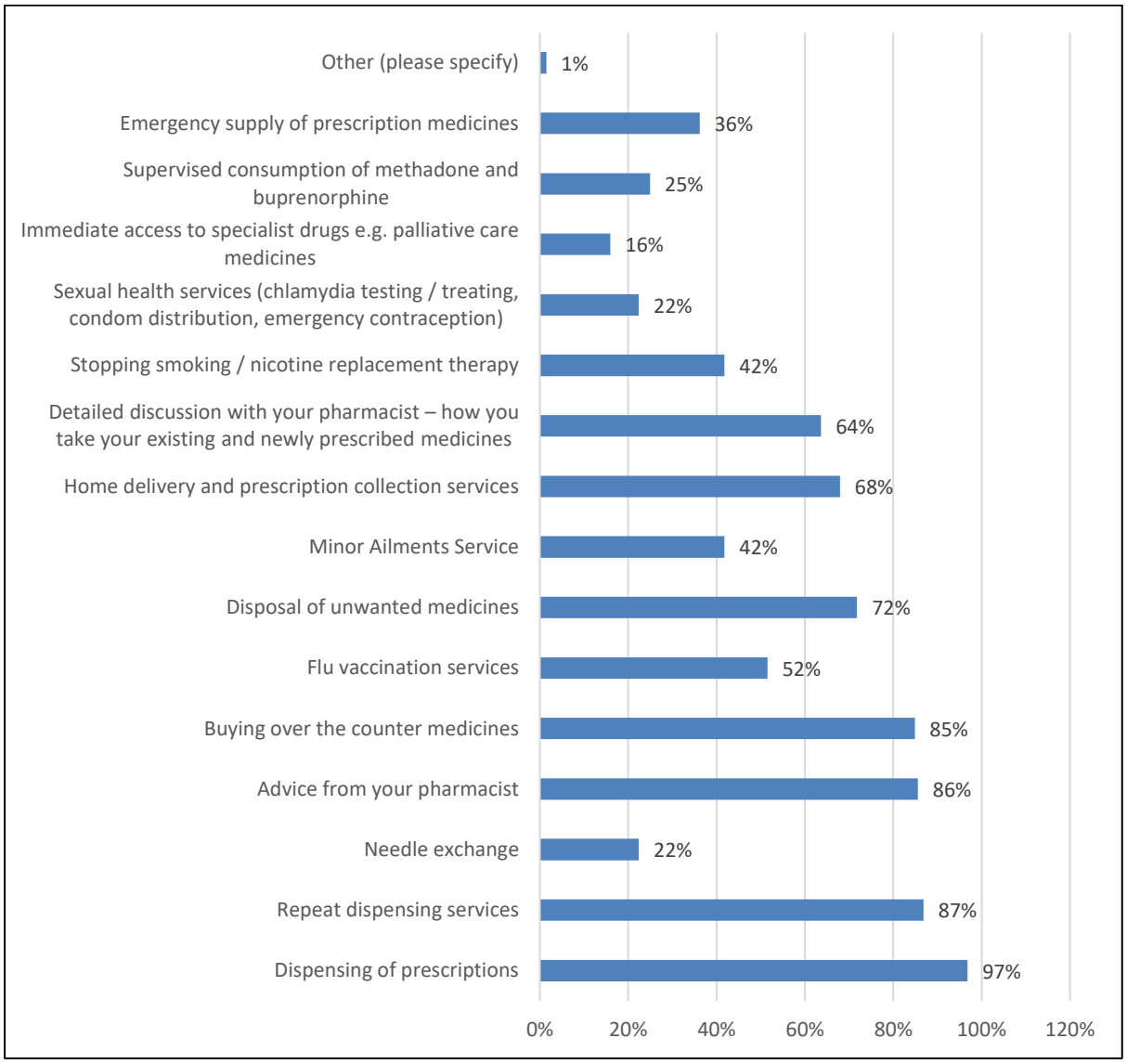
Most of the respondents had no preference on what time of day they visited a pharmacy, with 27% preferring to go in the morning.

Q11. How regularly do you typically buy an over the counter (i.e. non-prescription) medicine from a pharmacy?



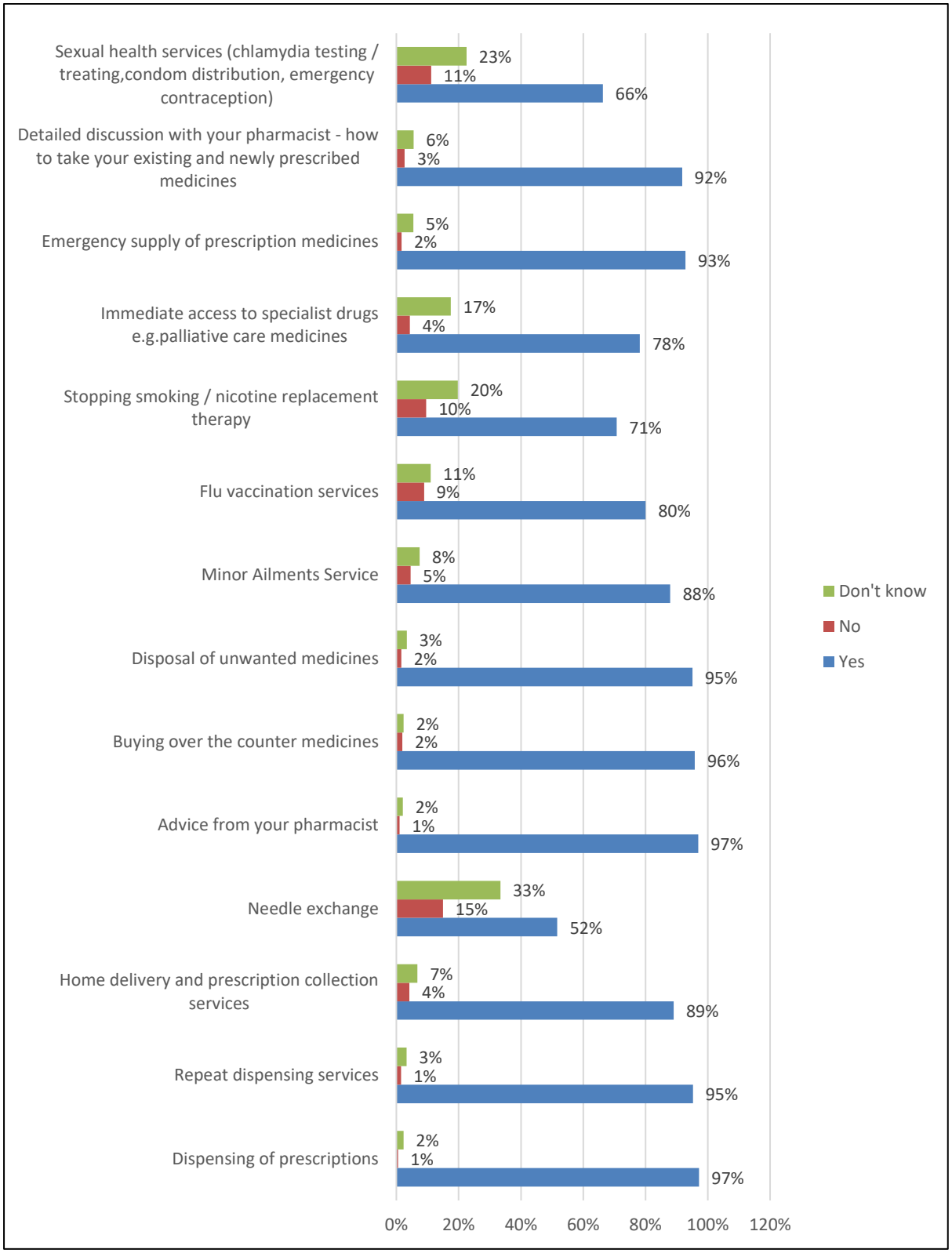
44% of the respondents bought an over the counter (i.e. non-prescription) medicine monthly

Q12. Which of the following pharmacy services are you aware that a pharmacy may provide?



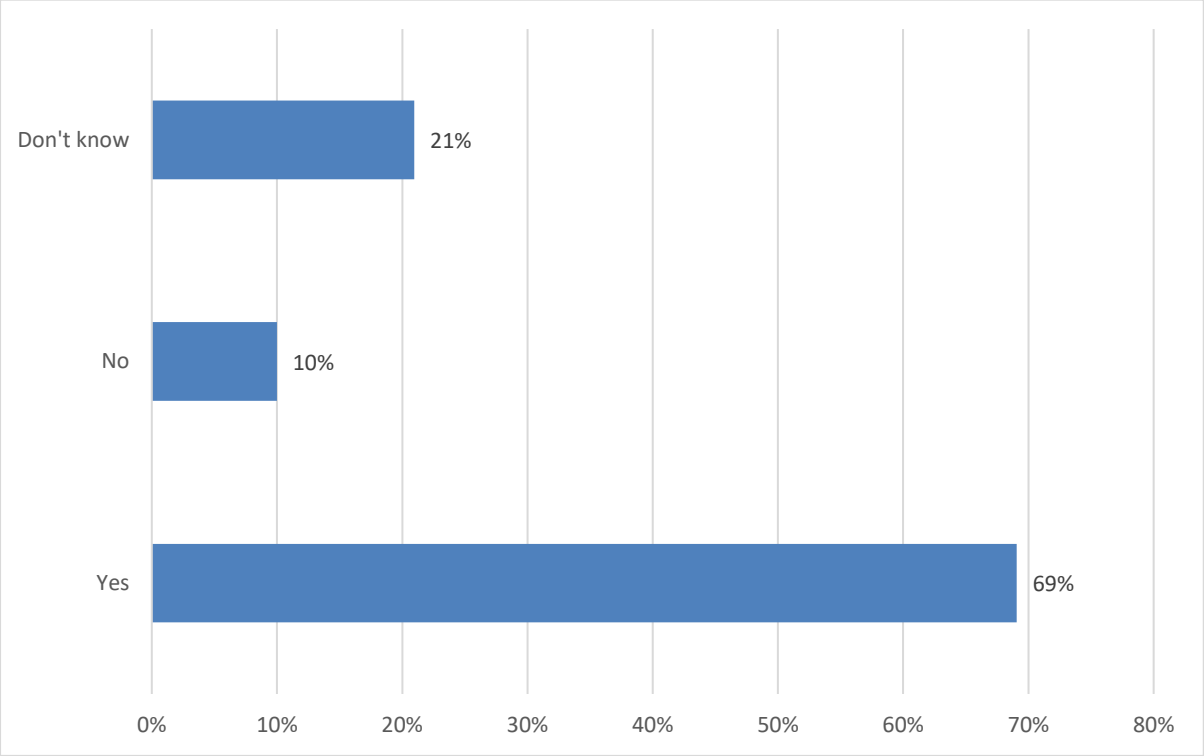
Most respondents were aware of the more common services available in pharmacies, for example 97% were aware of dispensing of prescriptions, however services such as needle exchange (22%), sexual health services (22%), immediate access to specialist drugs (16%) were less commonly known.

Q13. What services would you like to see provided by your local pharmacy?



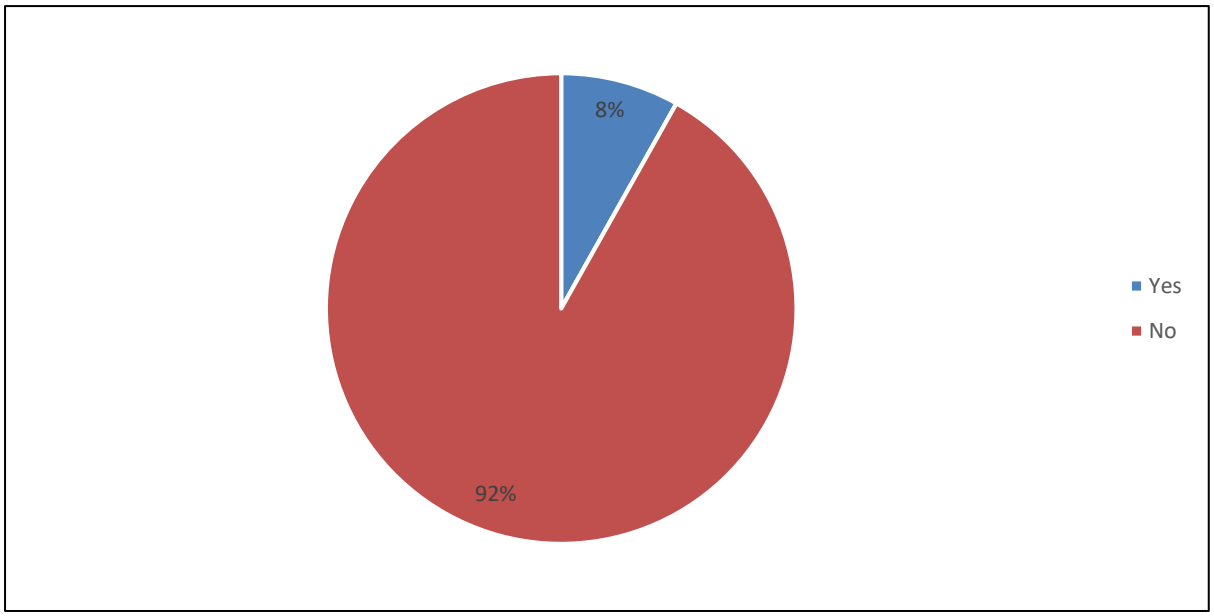
Most of the respondents would like to see the above services provided by their local pharmacy, however only 52% would be in favour of needle exchange.

Q14. Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit?



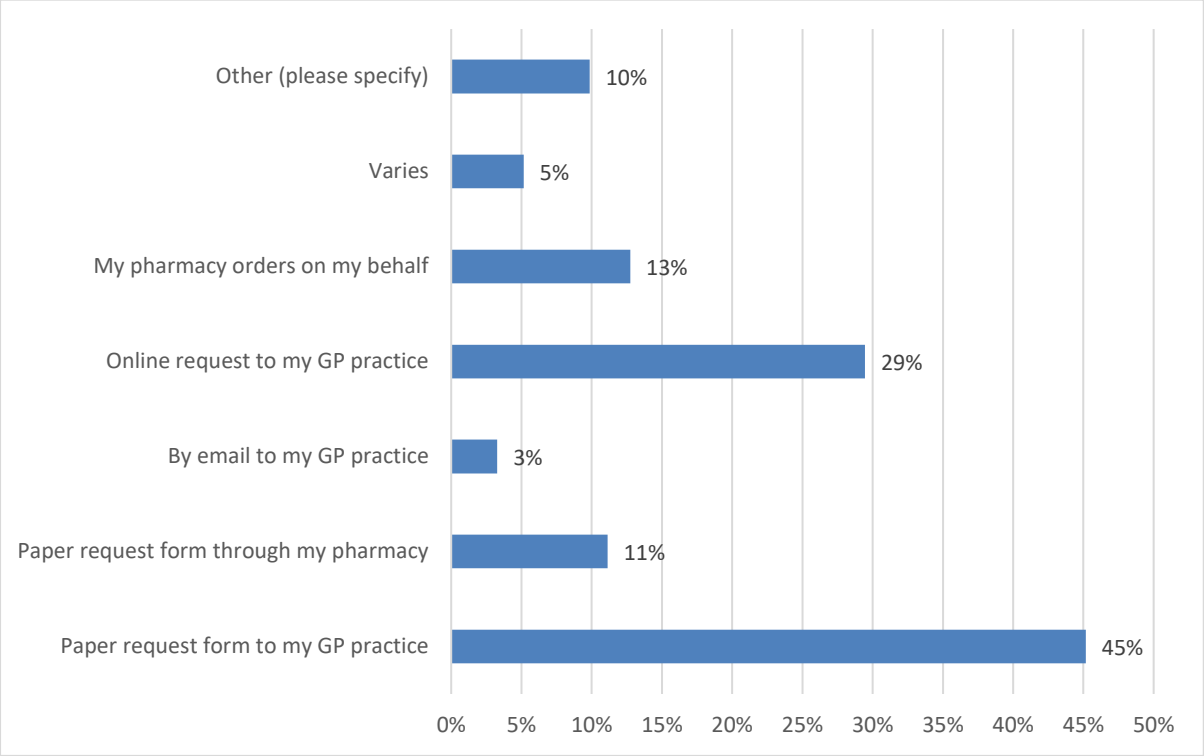
69% of respondents were aware of a consultation room being available which wasn't overheard

Q15. Have you ever used an internet pharmacy to obtain prescription medicines?



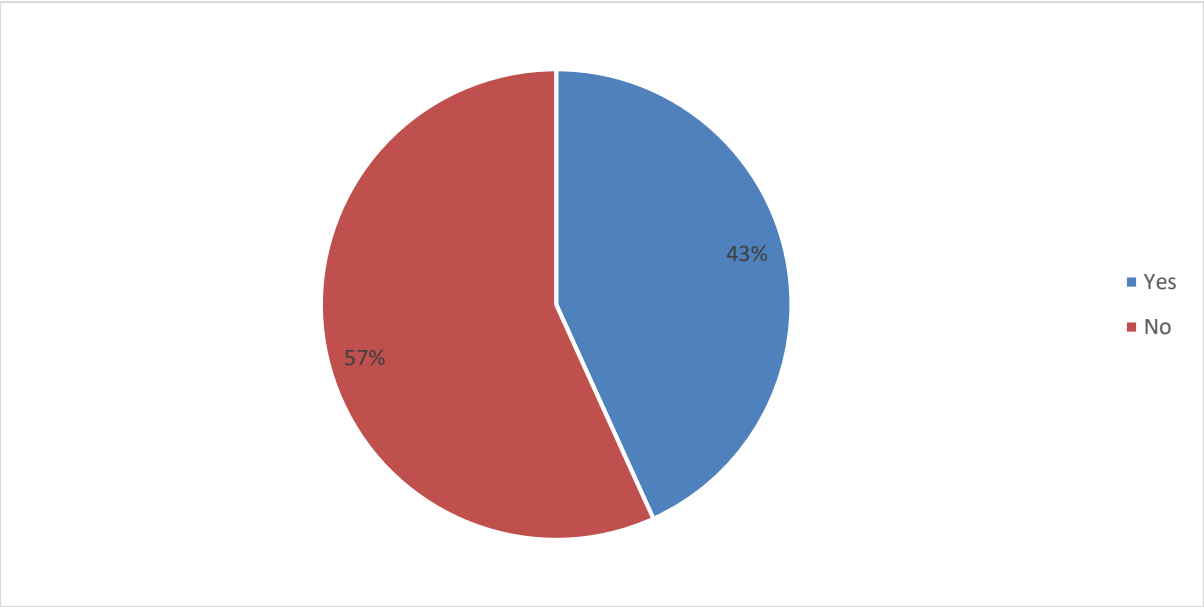
Only 8% of the respondents had ever used an internet pharmacy to obtain prescription medicines.

Q16. If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions?



Most respondents (45%) stated they tended to collect prescriptions through paper requests obtained from their GP practice.

Q17. Do you routinely get your prescriptions dispensed by your GP practice i.e. a dispensing practice, not a community pharmacy?



57% had their prescriptions dispensed by their GP practice.

Q18. Any other comments you would like to make about your pharmacy?

Excellent service (31)	Excellent staff (15)
Informative staff (23)	Convenient (12)
Helpful staff (22)	Good service (11)
Friendly staff (21)	Longer opening times (9)
Valuable service (19)	Average service (8)
Efficient (18)	Better parking (7)
Friendly service (16)	Helpful service (4)
	Contraception injections would be helpful (1)

Overall, the public's opinion of their pharmacy was positive.

Please note that some figures will add up to more than 100%. This is either due to respondents being able to give more than one response to a question or figures have been rounded up to the nearest whole percent.

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

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

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**8 November 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 is reviewed at each meeting of the Committee so 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.

Actions Required:

The Health Scrutiny Committee is invited to:

(1) review, consider and comment on the work programme set out in the report; and

(2) highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

1. Work Programme

Set out below are the items covered on this meeting's agenda: -

United Lincolnshire Hospitals NHS Trust –Update
Immunisation in Lincolnshire
Lincolnshire Pharmaceutical Needs Assessment

Planned items for the Health Scrutiny Committee for Lincolnshire are set out below:

13 December 2017 – 10 am	
Item	*Contributor*
Lincoln Walk-in-Centre and Lincolnshire West Clinical Commissioning Group Update	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group Dr Sunil Hindocha, Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group
Non-Emergency Patient Transport – Thames Ambulance Service	Margaret Serna, Chief Executive, Thames Ambulance Service
Joint Health and Wellbeing Strategy Update	David Stacey, Programme Manager (Strategy and Performance) Adult Care and Community Wellbeing, Lincolnshire County Council
Winter Planning in the NHS	*Contributors to be confirmed*
Dental Services in Lincolnshire	*Item to be confirmed.*
Congenital Heart Disease Services – Report of Decision Made by NHS England Board on 30 November 2017	Simon Evans, Health Scrutiny Officer

17 January 2018 – 10 am	
Item	*Contributor*
Lincolnshire Sustainability and Transformation Partnership - Update	John Turner, Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership Sarah Furley, Programme Director, Lincolnshire Sustainability and Transformation Partnership
Lincolnshire Sustainability and Transformation Partnership: Two Priorities for Detailed Consideration	*Contributors to be confirmed*
Lincolnshire Pharmaceutical Needs Assessment – Finalisation of the Committee's Response to the Consultation	Simon Evans, Health Scrutiny Officer

17 January 2018 – 10 am	
Item	*Contributor*
North West Anglia Foundation Trust – Update on Peterborough City Hospital and Stamford and Rutland Hospital	Stephen Graves, Chief Executive, North West Anglia NHS Foundation Trust

21 February 2018 – 10 am	
Item	*Contributor*
Lincoln Walk-in-Centre	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group Dr Sunil Hindocha, Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group
Lincolnshire Sustainability and Transformation Partnership: Two Priorities for Detailed Consideration	*Contributors to be confirmed*
East Midlands Ambulance Service NHS Trust Update	Richard Henderson, Chief Executive, East Midlands Ambulance Services NHS Trust

21 March 2018 – 10 am	
Item	*Contributor*
Annual Report of the Director of Public Health	Director of Public Health, Lincolnshire County Council
Arrangements for the Quality Accounts 2018-19	Simon Evans, Health Scrutiny Officer
Pharmaceutical Needs Assessment – Final Approved Document	Simon Evans, Health Scrutiny Officer

18 April 2018 – 10 am	
Item	*Contributor*
Lincolnshire Sustainability and Transformation Partnership - Update	John Turner, Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership Sarah Furley, Programme Director, Lincolnshire Sustainability and Transformation Partnership

16 May 2018 – 10 am	
Item	*Contributor*

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
- Lincolnshire East Clinical Commissioning Group Update
- South Lincolnshire Clinical Commissioning Group Update
- South West Lincolnshire Clinical Commissioning Group Update
- Commissioning of Continuing Health Care

2. Conclusion

The Committee's work programme for the coming year is set out above. The Committee is invited to review, consider and comment on the work programme and highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

3. 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