



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
21 FEBRUARY 2018**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R J Kendrick, Dr M E Thompson, R B Parker, 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), 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.

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), John Brewin (Chief Executive, Lincolnshire Partnership NHS Foundation Trust), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Dr Sunil Hindocha (Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group (LWCCG)), Ian Jerams (Director of Operations, Lincolnshire Partnership NHS Foundation Trust), Wendy Martin (Executive Lead Nurse and Midwife Quality and Governance, Lincolnshire West CCG), Sarah-Jane Mills (Chief Operating Officer, Lincolnshire West CCG), Andrew Rix Chief Operating Officer, South Lincolnshire CCG), David Stacey (Programme Manager, Public Health), Mike Casey (General Manager, TASL) and Rachel Redgrave (Head of Commissioning for Mental Health, Autism & LD, South West Lincolnshire CCG) and Chris Miller (TASL).

County Councillor R A Renshaw attended the meeting as an observer.

63 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

There were no apologies for absence received.

64 DECLARATIONS OF MEMBERS' INTEREST

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
21 FEBRUARY 2018**

Councillor Mrs K Cook advised the Committee that in respect of agenda item 7, she was a Lincolnshire Partnership NHS Foundation Trust Governor; and a Lincolnshire Partnership NHS Foundation Trust service user.

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

**65 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY COMMITTEE
FOR LINCOLNSHIRE HELD ON 17 JANUARY 2018**

The Chairman highlighted that Councillor A Stokes had been omitted from the list of councillors attending the meeting as observers.

The Committee was also advised that the STP Project Plans and additional information on the Dental Services would be circulated to members of the Committee when they were available.

RESOLVED

That the minutes of the meeting of the Health Scrutiny Committee for Lincolnshire, held on 17 January 2018, be agreed and signed by the Chairman as a correct record, subject to Councillor A Stokes being added to the list of councillors attending the meeting as observers.

66 CHAIRMAN'S ANNOUNCEMENTS

The Chairman referred to the announcements circulated within the agenda pack which included the following areas:-

- Grantham and District Hospital – Overnight Closure of Accident and Emergency Department;
- Lincolnshire's Community Maternity Hubs; and
- Director of Public Health – Derek Ward.

A set of supplementary Chairman's Announcements was tabled at the meeting for members of the Committee to consider. The supplementary information provided the Committee members with an update relating to:

- Grantham A & E Overnight Closure;
- Extended GP Hours in East Lindsey;
- Hospital Waiting Times – South West Lincolnshire CCG Area;
- Winter Pressures: Temporary Change of Use of Rochford Unit, Pilgrim Hospital, Boston; and
- Winter Pressures: Hospitals Alerts (Operational Pressures Escalation levels) in Hospitals in Neighbouring Counties.

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
21 FEBRUARY 2018

The Committee was also advised that the two additional papers circulated at the meeting relating to:

- Information relating to A & E attendances at Lincoln County Hospital for the first two weeks of February 2018, which related to the Walk-in Centre Item;
- A revised performance table for the Thames Ambulance Service item. The sheet provided a replacement for the table shown on page 76 of the agenda pack and included validated figures for KPI16a (Renal Patients); and a new column with week 7 figures.

RESOLVED

That the Chairman's Announcements presented as part of the agenda on pages 19/20; and the supplementary Chairman's Announcements tabled at the meeting be received.

67 ALTERNATIVE PROVISIONS TO THE WALK-IN CENTRE

Pursuant to Minute Number 48 from the meeting held on 13 December 2017, the Committee gave consideration to a report from the Lincolnshire West Clinical Commissioning Group (CCG), which provided an update on the progress that had been made in implementing plans to enhance primary care services and the CCG's public awareness campaign as to alternative provisions to the Lincoln Walk-in Centre.

The Chairman welcomed to the meeting Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group (LWCCG), Dr Sunil Hindocha, Chief Clinical Officer (LWCCG), and Wendy Martin, Executive Lead Nurse and Midwife - Quality and Governance (LWCCG).

The Chief Clinical Officer introduced the report and advised the Committee that NHS Lincolnshire West CCG's Governing Body had met on 29 November 2017 and 24 January 2018 to consider the details on the progress of the alternative provision plans. The alternative provision plans addressed six key areas: GP appointments and access; Urgent Care Provision; Clinical Advice and GP Access for Children; University of Lincoln Practice Plans – Students; Homeless and Vulnerable Patients and Communication and Engagement Plans. It was highlighted that at the 24 January 2018 meeting, the Governing Body had been assured and had agreed to support the recommendation to close the Walk-in Centre by the end of February 2018; but retain weekend opening only during the month of February 2018.

Attached to the report for the Committee's consideration were the following Appendices:-

Appendix 1 – Lincoln Walk-in Centre - Alternative Provisions Plan 2017;
Appendix 1A – Lincoln Walk-in Centre Consultation 2017 - Alternative Provisions Description;
Appendix 2 – Lincoln Walk-in Centre Consultation 2017 – Alternative Provisions Communications Review;

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
21 FEBRUARY 2018**

Appendix 3 – Lincoln Walk-in Centre Consultation 2017 – Alternative Provisions Engagement Plan;

Appendix 4 – Lincoln Walk-in Centre Consultation 2017 – GP Practice Case Study Summary; and

Appendix 5 – Lincoln Walk-in Centre Consultation 2017 – A & E (Lincoln) Activity Summary for Lincolnshire West CCG Patients.

In presenting the report to the Committee, the Executive Lead Nurse and Midwife - Quality and Governance, provided an update concerning the alternative provisions which made reference to the following:-

- GP Optimisation – It was reported that GP Workflow Optimisation had been implemented across the CCG's Practices to ensure the most effective use of primary care resources;
- The extension of clinical skills in the Primary Care team. It was highlighted that many practices were employing community pharmacists. It was highlighted further that four additional pharmacists had been employed, whose roles would be developed to enable them to see patients, which would release GPs to see patients who really need to see a GP;
- Same Day Access for Urgent Need – The Committee was advised that same day access for Urgent Need was currently available at all practices. Clarification was given that same day access for urgent need would happen when a patient was unable to get an appointment the same day, but considered that their need was urgent, then either a nurse or GP would call the patient back in these circumstances. If following the phone conversation, it was deemed urgent, the nurse or GP would then book the appointment for that day. It was noted that this would apply for both children and adults;
- The University Practice – It was reported that the University Practice had seen a net increase in registrations totalling some 3,150 students. The practice had also increased its same day capacity to provide an additional five pre-booked daily appointments. It was highlighted that the practice had introduced a new phone system, which would avoid patients having to wait long periods of time to speak to someone to make an appointment. The Committee also noted that the University Practice was also available to non-students;
- GP Out of Hours Service - The Committee was advised that this service was provided by Lincolnshire Community Health Services. The Out of Hours Service was accessed by calling 111, which was the recommended route for accessing urgent medical care. It was noted that in Lincolnshire the Out of Hours Service was provided from bases in Lincoln, Gainsborough, Grantham, Boston, Louth, Skegness and Spalding. The Committee noted that the capacity of Out of Hours provision at weekends would be monitored to ensure that there were facilities to support any additional demand that was assessed as requiring face to face treatment by the Clinical Assessment Service or 111;
- Clinical Assessment Service – It was noted that the Clinical Assessment Service had been launched within the NHS 111 system. It was noted further that 111 calls would be picked up by a trained health advisor, supported by a team of clinicians; and

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
21 FEBRUARY 2018

- Community Engagement – Appendix 2 and 3 to the report provided the Committee with details of the Alternative Provisions Communications Review and Engagement Plan.

The Chief Operating Officer, Lincolnshire West Clinical Commissioning Group, advised the Committee that there had not been any significant impact on A & E attendance figures. An updated A3 spreadsheet showing A & E attendances was circulated to members at the meeting. The Committee noted that Urgent Care streaming had been in place since October 2017, which had enabled patients to be diverted from A & E. It was also reported that there had been a reduction in the number of patients self-presenting.

It was reported that all practices that were likely to have been affected by the closure of the Walk-in Centre, arrangements had been put in place to support patients needing same day appointments. Appendix 4 to the report provided the Committee with a document which summarised current available capacity to accommodate need. The Committee was advised that the Abbey Medical Practice had been busier since the Walk-in Centre had closed. It was noted that most patients were within the catchment area of the practice and were registered, but were using the Walk-in Centre as a GP practice. The Abbey Practice had been receiving extra support to help them meet demand but this situation had improved over the last two weeks.

It was reported that the LWCCG had been working with the Lincolnshire Community Health Service who provided the Walk-in Centre Service. It was confirmed that all staff had secured alternative employment with the majority of the team taking up posts within essential urgent care services. Thanks were extended by the Chief Clinical Officer to all staff who handled the extra pressures over the Christmas and New Year period.

The Committee was advised that LWCCG Governing Body were actively monitoring data and performance relating to A & E. Appendix 5 to the report provided the Committee with such data. It was highlighted that the average monthly A & E attendances in October 2017 to December 2017 (Q3) had dropped compared to the average monthly A & E attendances January 2017 to September 2017 (Q1 to Q3), and that 2017 attendances were less than those recorded in 2016.

The Committee was advised further that the LWCCG would be continuing to roll-out the alternative provisions as identified in the Appendices to the report. The Committee was advised further that the CCG would support, post closure of the Walk-in Centre, for a period of additional General Practice Out of Hours provision at weekends (from 1 March 2018 to 8 April 2018). This was to ensure that an effective and safe transition to the alternative services had been achieved.

During debate, the Committee raised the following issues:-

- Some members of the Committee extended their congratulations to the LWCCG for the progress that had been made with regard to alternative provisions;

- Reference was made to the confusion experienced by members of the public on the different types of services available; for example although not relevant to this item, the signage at Louth Hospital still identified the hospital as having an A & E rather than Urgent Care provision;
- Abbey Road Practice – Confirmation was given that arrangements were still in place with the practice. Confirmation was given that same day access was a standard requirement for all practices. In cases where this was not happening, patients needed to voice their concerns through their practice Patient Participation Groups. It was highlighted that Healthwatch had recently undertaken a targeted survey;
- Praise was extended by one member of the Committee to the Primary Care Streaming at Lincoln Hospital, who had found the service to be quick and efficient. The Committee was reminded that the purpose of an A & E was to deal with serious life threatening injuries; and the streaming of patients who attended A & E had enabled the more minor injuries to be dealt with in urgent care;
- Some concern was expressed relating to the number of patients who had open access to the Walk-in Centre would be let down by the system. The Committee was advised that the Abbey Road Practice had taken on additional staff to deal with the increase. Members noted that currently the facilities at Abbey Road Practice had some constraints as they were currently operating from two sites. Going forward, it was hoped to extend the facilities onto one site;
- A further concern was expressed as to whether enough had been carried out to contact the difficult to reach people to make them aware of the changes to service provision. It was reported that work with this particular group was ongoing and that this particular group of individuals did not use the Walk-in Centre. It was also reported that a range of media releases had been used to target hard to reach groups. Engagement activities had also been undertaken by using facebook, twitter, engagement events at Children's Centres; and the use of information leaflets;
- A further concern was raised as to whether the Lincoln GP practices would reach a point of saturation due to an increase in the number of patients. It was highlighted to the Committee that the patients were not new patients, as they were already on GPs list. It was highlighted further that patients that were registered with a GP had access to routine appointments and urgent care;
- Some concern was expressed to the fact that urgent same day appointments were not available in the Sleaford area. The Chief Clinical Officer of Lincolnshire West CCG indicated that he would pass this observation to South West Lincolnshire CCG, in whose area Sleaford was located;
- One member highlighted that the definition of urgent care varied from GP to GP. It was further highlighted that Healthwatch tended only to receive complaints when patients had failed to receive a good service. The Committee was advised that sometimes the reasons for not providing a good service were as a result of staff shortages/or a lack of understanding by staff. There was agreement that there was a lack of understanding by the public on the definitions of emergency care and urgent care; and what services were provided by A & E. It was felt that more publicity and education would help in

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
21 FEBRUARY 2018

this matter. The Committee noted that there needed to be a more consistent approach to urgent care and that some reception staff needed to receive further training in relation to this matter. Some members felt that this training needed to be done sooner rather than later. Officers advised that receptionists had received care navigation training in the last six months; and that training was an ongoing to ensure the enhancement of all staff. It was highlighted that if a patient was unable to get an appointment with a GP, they could always ring 111. Officers agreed that more publicity needed to be undertaken in relation to the arrangements relating to the proposed grouping of practices; and for late night and Saturday opening times. Confirmation was given that where provision was required out of hours, the route would be through the 111 service;

- One member enquired as to whether lessons had been learnt as a result of the process. The Committee was advised that some workshops sessions had been planned to look at lessons learnt;
- Some members expressed concern that the Committee had not received all the relevant information to make an informed judgment, particular reference was made to the usage of the Walk-in Centre during the January 2018 period compared to the alternative provision usage i.e. increase in the number of GP appointments; increase in the number of 111 requests. It was also felt further information relating to the number of bookable GP appointments in Lincoln would also be useful; and
- One member enquired as to whether there was anything members of the Committee could do to help with patient registration. The Chief Clinical Officer agreed to send the Health Scrutiny Officer information which could be circulated to all members of the Committee.

The Committee agreed that some progress had been made, and that more information need to be provided to evidence the said progress.

RESOLVED

1. That the Health Scrutiny Committee for Lincolnshire acknowledged that whilst some progress had been made, the decision for the phased closure the Walk-in Centre had been made by the Lincolnshire West Clinical Commissioning Governing Body on 24 January 2018.
2. That the Committee was still not clear from the evidence provided that sufficient progress had been made relating to improved access to General Practice and to the development of alternative provisions.
3. That as a result of (2) above, further information be requested relating to these areas being presented to the Committee for review in three months' time.

68 NON-EMERGENCY PATIENT TRANSPORT SERVICE FOR NHS
LINCOLNSHIRE CCGS - THAMES AMBULANCE SERVICE LIMITED
(TASL)

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
21 FEBRUARY 2018**

Pursuant to Minute No 49 (2) from the meeting held on 13 December 2017, the Committee gave consideration to a report from the Thames Ambulance Service Limited (TASL), which provided the Committee with an update on service provision, and an overview of the actions being taken by Lincolnshire West Clinical Commissioning Group.

At the meeting held on the 13 December 2017, the Committee had recorded a vote of no confidence in relation to the non-emergency patient transport service provided by the Thames Ambulance Service Limited. The Committee had also requested that performance reports should be received on a monthly basis, and that such reports should include any available comparative information on the service provided by Thames Ambulance Service Limited in other areas.

The Committee had received a revised table to replace page 76 of the circulated agenda. The revised information included validated figures for KPI6a (Renal Patients); and a new column with week 7 figures.

The Chairman welcomed to the meeting the following presenters from TASL, Mike Casey, Interim Manager for Lincolnshire, and Chris Miller.

The Interim General Manager advised that he was aware of the concerns and the vote of no confidence agreed by the Committee at their meeting on 13 December 2017; and reference was also made to the concerns raised with TASL (Risk Summit) led by NHS England on behalf of Lincolnshire, Leicestershire and Northamptonshire Clinical Commissioning Groups. Details of the main concerns raised were detailed on page 74 of the report presented.

It was reported that the Lincolnshire West Clinical Commissioning Group (LWCCG) was continuing to work very closely with the management team at TASL. The Committee were advised that following the issue of a Contract Performance Notice on the 7 November 2017, TASL had been issued with an Exception Notice for failure to achieve the agreed trajectory in the Recovery Action Plan (RAP) in January 2018, in line with the NHS Contract.

The Committee was advised that TASL was determined to drive change within its organisation to ensure continuous improvement to service delivery. The Committee was advised further that TASL wholeheartedly recognised the current organisational pressure they were under with regards to service delivery and contractual commitments. Some assurance was given that the appointment of a new management structure, including a new Chief Executive, the current recovery action plan, and support from the parent company HTG, TASL were expecting improvements to service delivery to be seen in the first few weeks of 2018, to continue and become more sustainable to deliver the contracts KPIs from April 2018.

There was a recognition that TASL had expanded too quickly in a short space of time without having robust processes and systems in place to accommodate the increased workload. The Committee was advised that there had been significant involvement from the Parent Company of TASL, HTG. This involvement had

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
21 FEBRUARY 2018

included the provision of a stronger internal governance structure, and direct support for the leadership of the organisation.

The Committee noted that following reporting to the Quality Surveillance Group; NHS England had called a Risk Review meeting on 20 November 2017 with all interested parties; this was then followed up with meetings held in December 2017 and January 2018. It was highlighted to the Committee at the January 2018 meeting with NHS England, NHS England had agreed that progress had been made; and as a result NHS England had agreed to move from monthly to two monthly reporting.

During discussion, the Committee raised the following issues:-

- Some members felt that the item should have been included on a future agenda at a later date, as little progress had been made. The Committee was advised that for the March meeting representatives from the Lincolnshire West CCG would be attending the Committee to provide an update relating to Non-Emergency Patient Transport contract monitoring of TASL. Then, at the April meeting representatives from TASL would be providing the Committee with an update report identifying progress made;
- Some members welcomed the changes to the TASL Management Team and to the openness and honesty of the two representatives in attendance at the meeting;
- Some members felt that having sight of the Recovery Action Plan would help them see the direction of travel and help them identify what was happening with regard to organisational cultural issues relating to voluntary drivers. The Committee was advised that TASL was more than happy to share the action plan, subject to the agreement of the CCGs, as it was a key driver as to what needed to be achieved by TASL. With regard to organisational cultural issues, representatives from TASL advised that a significant amount of work had been carried out with voluntary car drivers; and at a recent North East Lincolnshire meeting apologies had been extended to voluntary car drivers in that area for TASL's hasty decision in applying processes. It was noted that work was ongoing with voluntary car drivers relating to uplifting mileage, training for drivers and the provision of mobiles. The Committee was advised that a significant amount of work had been undertaken with regard to TASL's complaints, as the complaints system had not been fit for purpose. It was highlighted that a required action from NHS England had been to set up a central complaints system, a better government structure; and changes to organisational policies. It was noted that some progress had been made with the NHS;
- One member requested a further breakdown of patient activity, as it was felt that each category of patient were equally as important. Representatives from TASL advised that the information presented was standard activity. It was felt that information might be able to be broken down further into ward activity;
- One representative acknowledged that there had been some improvement, however, the fact remained that complaints were still being received. One area highlighted was the eligibility criteria. The Committee was advised that the initial model provided, which had been the national model was currently under review with commissioners. The TASL representative confirmed that a

copy of the action plan once it had been signed off would be forwarded on to the Health Scrutiny Officer to circulate to all members of the Committee, subject to the agreement of the CCG;

- One member enquired as to whether TASL had reversed its decision in relation to voluntary car driver's mileage from home to first pick-up. The Committee was advised that the arrangements had been changed to enable volunteer car drivers to qualify after the first ten miles;
- Clarification was given by TASL that all complaints were being dealt with by central complaints, even those prior to November 2017;
- Number of journeys not meeting deadlines – The Committee was advised that in some areas, hospitals had brought third parties to provide non-emergency patient transport, which would be an additional cost to the NHS;
- Some questions were asked with regard to certain aspects of the contract, which included: whether TASL had put in enough money to recruit employees to deliver the KPIs; and whether the organisation had the right calibre of staff to deliver the contract; and when it was anticipated the majority of KPIs would be changing to either amber or green. Confirmation was given that TASL was now moving forward in the right direction with the establishment of a new management team. Reassurance was given that TASL would be focussing on call handling, journey planning; transporting patients to and from hospital in a timely manner; and having positive conversations with voluntary car drivers to get them back to helping bridge any gaps in service, as TASL was committed to drive changes to ensure better service provision. The Committee was also advised that there was sufficient money in the contract to deliver the service; and that that the parent company HTG was 100% committed to making the contract a success.

The Chairman on behalf of the Committee extended his thanks to the two presenters from TASL for being open and honest in their responses.

RESOLVED

That two monthly progress reports be received from TASL concerning the performance of non-emergency transport services, with the next report at the Committee's April meeting.

Note: At 12:40pm, the Committee adjourned for lunch and re-convened at 2.00pm.

69 LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP: MENTAL HEALTH PRIORITY

The Committee gave consideration to a report from the Lincolnshire Sustainability and Transformation Partnership and Lincolnshire Partnership NHS Foundation Trust, which provided information relating to recent progress and strategic activity in relation to the NHS direction for delivery of Mental Health Services in Lincolnshire.

The Chairman welcomed to the meeting John Brewin, Chief Executive, Lincolnshire NHS Partnership Trust, Ian Jerams, Director of Operations, Lincolnshire Partnership NHS Foundation Trust, Andrew Rix, Chief Operating Officer South Lincolnshire CCG

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
21 FEBRUARY 2018

and Rachel Redgrave, Head of Commissioning for Mental Health, Autism and Learning Disability, South West Lincolnshire CCG.

The Chief Executive, Lincolnshire NHS Partnership Trust in his introduction advised the Committee that Lincolnshire Partnership NHS Foundation Trust (LPFT) was the specialist, regulated NHS Mental Health Care Provider for Lincolnshire, providing a range of mental health crisis, inpatient and community services over a range of services in over 56 locations in Lincolnshire to over 65,000 patients per year.

Paragraph 2 of the report listed provided a list of successes to date that had been delivered/planned through the Sustainability and Transformation Partnership.

Appendix A to the report provided the Committee with Lincolnshire's position against future Mental Health and Learning Disability Service ambitions for 2018/19.

It was highlighted that the Lincolnshire Sustainability and Transformation Partnership was facing the challenge of finding investment for the purposes of nationally directed mental health development and transformation of new services, within a Lincolnshire health system with a collective forecast deficit of circa £110m. A further additional pressure for LPFT funding was from regulators concerning the standard of mental health estate. It was reported that the Care Quality Commission had recommended that the Trust work towards the replacement of inpatient facilities, which still offered dormitory bedroom accommodation. It was noted that the cost of meeting this recommendation was estimated to be up to £30m. It was noted further that capital monies had been spent on the introduction of the Psychiatric Intensive Care Unit, which had resulted in significant system financial savings as well as a quality benefit to patients, carers, and families.

It was reported that the current national profile of Mental Health and Learning Disability services was unparalleled, particularly with a recent Royal profile. It was noted that the Lincolnshire system had a great opportunity to implement the proposals detailed in the report, and that recent NHS Planning Guidance for 2018/19 had re-emphasised the need for systems to ensure services were in place in the timescales described.

A discussion ensued, from which the following issues were raised:-

- Some members indicated that they would like to see more detail than that contained in the report. The Committee was urged to look at Appendix A which provided more information. In response to an observation that limited detail had been included as to how services had improved and whether targets had been achieved. It was noted that some services were new and performance information was still to be received;
- Older Adult Transformation Plans at Pilgrim Hospital, Boston – The Committee was advised that this was still at a consultative stage;
- Some questions were raised relating to Neighbourhood Teams, particularly in the Lincoln area. It was noted that there needed to be a mental health component in Neighbourhood Teams; and that the progression of

neighbourhood teams were at different rates in different areas within the county;

- One member extended congratulations to the Lincolnshire Partnership NHS Foundation Trust for their decision to move from dormitory accommodation to individual rooms. Reference was also made for the need for the crisis team to be strengthened to enable patients to receive care in the community;
- Housing Accommodation for those in transition. The Committee was advised that work was ongoing with District Councils regarding this matter. Community support was an important area, as loneliness was a major contributory factor to mental health;
- Page 87 - One member enquired as to whether the Trust had all the necessary staff to deliver mental health crisis and liaison services by 2021. The Committee was advised that the Trust would have enough staff if they employed a further 24 FTE;
- Page 88 – Increase employment support services by 100% - One member enquired whether there was any information relating to the cost of the system. It was reported that at the moment there was no cost information;
- One member suggested that more could be done with employers to take on more voluntary work experience individuals;
- Problems encountered from 'legal highs' – The Committee was advised that the taking of drugs/consumption of alcohol had a massive impact on individuals with mental health issues. It was highlighted that problems had increased since there had been a reduction in support in these areas; and
- A question was asked as to how the proposals affected the STP. The Committee was advised that there would be discussion with the community in relation to where the STP was going in due course. The Committee was further advised that the STP fitted into a system approach for which CCGs had responsibility.

The Chairman extended his thanks on behalf of the Committee to the presenters from Lincolnshire Partnership NHS Foundation Trust.

RESOLVED

That the progress made in putting systems in place to deliver mental health services in Lincolnshire be received and that further update reports on the Mental Health priority within the STP be received at six monthly intervals.

70 JOINT HEALTH AND WELLBEING STRATEGY UPDATE

Consideration was given to a report from Derek Ward, Director of Public Health, which asked the Committee to comment on the proposed approach to, and the findings from the engagement by the Health and Wellbeing Board for Lincolnshire, as part of developing the next Joint Health and Wellbeing Board Strategy for Lincolnshire.

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
21 FEBRUARY 2018

Appendix A to the report provided the Committee with details of the proposed structure and governance arrangements for the new Joint Health and Wellbeing Board Strategy.

David Stacey, Programme Manager Strategy presented the report to the Committee and made reference to the following issues:-

It was reported that the purpose of the JHWS was to set the strategic commissioning direction for the next five years for all organisations who commissioned services in order to improve the health and wellbeing of the population and reduce inequalities. It was highlighted that the current JHWS produced by the Health and Wellbeing Board for Lincolnshire was due to end in 2018, and the Health and Wellbeing Board for Lincolnshire had been engaged on the development of a new JHWS based on the evidence included within the newly refreshed JSNA for Lincolnshire.

It was highlighted that there had been a high degree of commonality across the different engagement stages and the overall emerging priorities identified from the engagement were:-

- Adult Mental Health
- Mental Health and Emotional Wellbeing (Children and Young People)
- Housing
- Carers
- Physical Activity
- Dementia
- Obesity

The Committee was advised that the Health and Wellbeing Board for Lincolnshire at its 26 September 2017 meeting had agreed that further work would be undertaken on the priorities, which had included consideration of the thematic areas as well as the Joint Strategic Needs Assessment priority areas. It was noted that the Health and Wellbeing Board had supported the need to include safeguarding as a cross cutting theme based on the opportunity for the JHWS to also act as the Children and Young People Plan for Lincolnshire; and had also agreed to the governance arrangements required for further developing the final JHWS and its subsequent delivery.

During discussion, the Committee raised the following issues:-

- That the consultation events should have been more evenly spread across the county, particular reference was made to the fact that an event had not been held in Boston. The Programme Manager Strategy confirmed that this would be taken on board for future engagement sessions going forward. One member extended congratulations to officers for the interactive event held in Lincoln;
- One member enquired whether there had been engagement with the health service and social care. The Committee was advised that the Health and Wellbeing Board membership comprised of representatives from health and social care. Confirmation was also given that there was continued overlap

14

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

21 FEBRUARY 2018

between the two areas. The Committee was advised further that the issue of Delayed Transfers of Care (DTOCs) was an item that was considered by Adults and Community Wellbeing Scrutiny Committee; and

- One member enquired as to how the plans Sustainability and Transformation Partnership could be influenced by the JHWS. It was confirmed that future engagement sessions would have invitations extended to representatives working on the STP.

RESOLVED

That the information on the proposed approach to and findings from the engagement by the Health and Wellbeing Board for Lincolnshire as part of developing the Joint Health and Wellbeing Strategy for Lincolnshire be received.

71 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 focused where it would be of greatest benefit.

Detailed within the report were populated work programmes up to 18 April 2018 meeting. Pages 99/100 also provided a list of items to be programmed.

Items put forward from the Committee included the following:-

- Dentistry;
- Specialised Commissioning;
- Adult Immunisation;
- Developer and Planning Contributions for NHS Provision;
- Winter Pressures – reflection on 2017/18; and
- ULHT Update – Double Special Measures.

RESOLVED

That the work programme as presented be agreed subject to the inclusion of the items mentioned above.

The meeting closed at 4.00 pm