



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
17 OCTOBER 2018**

**PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)**

Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R J Kendrick, R A Renshaw, R H Trollope-Bellew and R Wootten.

Lincolnshire District Councils

Councillors C L Burke (City of Lincoln Council), Mrs P F Watson (East Lindsey District Council), Mrs R Kaberry-Brown (South Kesteven District Council) and P Howitt-Cowan (West Lindsey District Council).

Healthwatch Lincolnshire

Dr Maria Prior.

Also in attendance

Tracy Pilcher (Chief Nurse, Lincolnshire East CCG), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Ruth Cumbers (Urgent Care Programme Director, Lincolnshire East CCG), Simon Evans (Health Scrutiny Officer), Jane Marshall (Director of Strategy, Lincolnshire Partnership NHS Foundation Trust), Sarah-Jane Mills (Chief Operating Officer, Lincolnshire West CCG), Rachel Redgrave (Head of Commissioning for Mental Health, Autism & LD, South West Lincolnshire CCG), Simon Evans (Director of Operations, United Lincolnshire Hospitals NHS Trust) and Christopher Higgins (Deputy Director of Operations, Lincolnshire Partnership NHS Foundation Trust).

County Councillors Dr M E Thompson, Mrs S Woolley and Mrs Penny West (Member of the Public) attended the meeting as observers.

40 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors C Matthews, P Gleeson (Boston Borough Council), C J T H Brewis (South Holland District Council) and Dr B Wookey (Healthwatch).

The Committee was advised that Dr Maria Prior (Healthwatch) was the replacement member for Dr B Wookey (Healthwatch) for this meeting only.

41 DECLARATIONS OF MEMBERS' INTEREST

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE  
17 OCTOBER 2018**

Councillor Mrs K Cook advised the Committee that she was a patient; and on the governing body of Lincolnshire Partnership NHS Foundation Trust.

Dr M Prior advised the Committee that she was on the governing body at Lincolnshire West CCG.

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

Councillor Mrs R Kaberry-Brown advised that she was currently a patient of United Lincolnshire Hospitals NHS Trust.

**42 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE MEETING HELD ON 12 SEPTEMBER 2018****RESOLVED**

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 12 September 2018 be agreed and signed by the Chairman as a correct record.

**43 CHAIRMAN'S ANNOUNCEMENTS**

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the Supplementary Chairman's announcements circulated at the meeting.

Some members of the Committee expressed their support to the action taken by the Chairman relating to the Grantham and District Hospital – Overnight Closure of Accident and Emergency Department. The Committee was advised that the Chairman had sought clarification from the Minister of State on the status of the referral made by the Committee on 31 January 2018; and whether the Minister's letter represented a determination of the January 2018 referral. The Chairman advised that he would update members of the Committee as soon as a response was received.

**RESOLVED**

That the Chairman's Announcements presented as part of the agenda on pages 19 – 26; and the supplementary announcements circulated at the meeting be noted.

**44 WINTER PLANNING**

The Chairman welcomed to the meeting Ruth Cumbers, Urgent Care Programme Director, Lincolnshire East Clinical Commissioning Group and Simon Evans, Director of Operations, United Lincolnshire Hospitals NHS Trust, which updated the Committee on Winter Planning across the Health and Care Economy in Lincolnshire.

The Urgent Care Programme Director, Lincolnshire East Clinical Commissioning Group advised the Committee that winter planning had started even earlier this year to work out the best way of responding to winter pressures as a county.

The Committee noted that for several years' winter pressures for the health and social care system in Lincolnshire had continued throughout the whole of the year; and that it was no longer just through the winter period. It was highlighted that it was known that there was increased need for urgent care and emergency departments across Lincolnshire during the winter months. To help with the pressure points, part of the solution was to encourage patients to access alternatives to emergency care where appropriate.

The Committee was advised that in September 2018, the Urgent Care Team had launched the ASAPLincs app and website. It was highlighted that ASAP had been designed to support individuals to make the right choice and signpost citizens to the most appropriate service for their condition. The report highlighted that the most common referral method to ED in Lincolnshire during 2017/18 was self-referral. It was noted that in Lincolnshire 58% of the self-referrals could have been dealt with elsewhere. The Committee was advised that following the introduction of a similar app in Gloucestershire, 15,000 people had downloaded the app in its first year and that A & E attendances had dropped by 16,000 across two acute sites, as had GP appointments involving minor ailments. It was highlighted that the public needed reassurance to look at other options and the ASAP was one way of helping with that reassurance.

The Committee was advised that the Winter Plan had been produced by the Urgent Care Team with contributions from partners across the health and care community. The plan confirmed organisational resilience and business continuity mitigations. Page 4 of the report provided the Committee with details on how the system aimed to manage pressures. It was highlighted that to support winter planning the Delivery Board had agreed to set-up a "winter room", which would be staffed seven days per week with representatives from across the urgent care system to support day to day operational resilience to manage demand, capacity and flow. It was highlighted further that the system had also put plans in place to improve ambulance conveyance to the acute hospital sites. The Committee was advised that "Home First Prioritisation" would run throughout the winter period.

It was reported that week commencing 15 October 2018, a piece of work with the East Midlands Ambulance Service had commenced to review the qualitative reasons behind conveyances. This would help crews understand the way they worked. The auditing of the work would focus on frail and older people (over 75). It was noted that the emphasis was on identifying frailty and how the system worked to reduce the number of avoidable A & E attendances and admissions for frail elderly patients. Details of the frailty work within the United Lincolnshire Hospitals NHS Trust was shown at the bottom of page 6 of the report.

The Committee was also advised that the Pilgrim Hospital site was now nearing completion if its ambitious 'Big Change' programme with the new 12-bed orthopaedic

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE  
17 OCTOBER 2018**

ward set to open on 1 October 2018. It was noted that Pilgrim Hospital had undergone some major reconfiguration of its urgent, emergency and ambulatory care services. It was noted that the entire 'Big Change' programme was to improve the patient experience and journey through the hospital, in addition to alleviating pressure on the emergency department; and ensuring patients did not experience long waits in A & E.

It was reported that the new integrated assessment unit would allow patients to be seen and assessed quicker; with all teams working together to ensure that the most appropriate treatment was delivered as soon as possible. It was highlighted that the £1.8 million capital investment project was a major improvement for services at the Pilgrim Hospital site.

In relation to Primary Care, the Committee was advised that GPs were now offering appointments outside of core working hours, making it easier for patients to get an appointment; and that appointments were available in advance and to book on the day.

The Committee was advised that the Winter Plan would be assured by Regulators NHS England and NHS Improvement, and was due to be signed off by the Lincolnshire Urgent and Emergency Care Delivery Board by 31 October 2018.

During discussion, the Committee raised some of the following points:-

- One member enquired as to where Louth fitted into the Winter Planning. The Committee was advised that there were plans in place for patients at Louth. There was some discussion on confusion caused by the A & E sign at Louth Hospital and the problems this caused relating to public perception. The Committee was advised that there was a cost associated with the removal of the said sign, and contact details would be provided for the relevant Highways Team;
- Launch of the ASAPLincs app. Some members enquired as to where the launch had been publicised. The Committee was advised that the app had been advertised through social media, on the back of buses countywide, various papers countywide; and that there had been a huge launch week commencing 5 September 2018 across Lincoln. The next phase would involve schools, children's centres and the media up to Christmas. Other members highlighted that every publicity route should be explored as not everyone had access to computers. Officers took on board the comments raised and also highlighted that leaflets had been issued to all district and parish councils. The Committee requested further information on the Communications Plan;
- One member enquired how patients would be made aware of the changes to GP appointments and their availability. The Committee was advised that there would be communication made available to the general public from their surgeries regarding the changes to opening times outside of core working hours;
- Some concern was expressed that some patients were being sent for treatment in Lincoln, when the service was available at Boston. The

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**  
**17 OCTOBER 2018**

Committee noted that some services were centralised for example the cardiac service provision. It was highlighted that it was not the intention to make people travel when there was no need. It was noted that Pilgrim Hospital, Boston could be used to support Lincoln County Hospital; when demand was high. Likewise, during the summer Lincoln County Hospital was taking patients that Boston could not accept, due to increased demand;

- One member enquired whether the Communication Plan included how to get the message out about the new ASAPLincs app to community groups across the county. The Committee was advised that a lot of communication had been done in the community sector for example in local gyms, coffee shops and any other meeting places. One member highlighted that GP surgeries could be help get the message out by placing a message on their in-practice notification screens;
- A question was asked as to when the NHS would know if they were likely to receive additional funding for the proposed winter schemes. The Committee was advised that the system was better prepared this year. During the summer 16 schemes had been prioritised and were already in a position for a bid to be made should funding become available;
- One member enquired as to what the Winter Communication Plan consisted of and what platforms were intended to be used. It was noted that similar plans were in place as they had been in the previous year to reduce routine and elective operations before Christmas; and that priority would be given to urgent cases and cancer care;
- Concern was expressed that in the previous year there had been a reduction in the number of beds for the children's departments, so that staff could support the A & Es. With the extreme pressures on services currently at Pilgrim Hospital, Boston, a question was asked whether it was proposed to reduce or suspend services further to deal with pressures as they arose; and if such action was to be taken when would the Committee be advised of such happenings. The Committee was advised that to sustain services through the winter, services had to be more resilient. Steps had been taken to make services more resilient such as streaming in A & E; steps were also being taken in Primary Care and other services, so that there were contingency plans in place for A & E. With regard to paediatrics there were a number measures in place that the Committee was already aware of and it was not expected that these would change. There was fragility especially with sickness and leave but locums would be used to bridge any gaps;
- One member extended thanks personally to staff at Pilgrim Hospital, Boston for their impressive emergency service; and
- A question was asked as to why some cardiac patients were still sent to Glenfield Hospital, when Lincoln had a superb unit. Confirmation was given that Lincoln was an excellent centre, however, it still was unable to deal with some specialist procedures; and a minority of patients were dealt with by Glenfield Hospital.

The Chairman extended thanks on behalf of the Committee to the two representatives.

RESOLVED

1. That the approach to this year's winter planning be noted.
2. That a request be made for the Committee to be kept informed of the situation over the winter period and is made aware of any fragilities as soon as possible; and a request is made for an update on the successes or failings of the plan after the winter period.

45 LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION  
PARTNERSHIP: MENTAL HEALTH

The Chairman welcomed to the meeting the following representatives:-

Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust, Rachel Redgrave, Head of Commissioning, Mental Health, South West Lincolnshire Clinical Commissioning Group and Christopher Higgins, Deputy Director of Operations, Lincolnshire Partnership NHS Foundation Trust.

The Chairman also advised that a member of the public, Mrs Penny West had requested to address the Committee with regard to the report. The Chairman invited Mrs West to speak for a period of 3 minutes to address the issues set out in the report.

In her short address to the meeting Mrs West raised the following questions:-

- Page 30 of the report - The provision of community mental health services for working age adults (People aged 18 to 65). Whether people aged 66 and over would be disadvantaged; and whether this was an example of age discrimination. Reassurance was given that there was no discrimination on the basis of age, but traditionally mental health services had been organised into 0 – 18, 18 – 65, and 65+. Confirmation was given that people would be able to access services regardless of age;
- Page 34 of the report – Older Adult Services. Whether the beds provided were short term and whether issues of patient isolation were being addressed. Clarification was given that works were about to commence to upgrade patient environment at Brant Ward, Lincoln to create single rooms to protect patient dignity. Confirmation was given that day room facilities would also be available; and
- Page 32 of the report – Workforce Development – whether there would be 'deskilling' of staff. The Committee was advised that the workforce plan was to support the service transformation. To ensure successful delivery it was critical there was a skilled and well-supported workforce, who was trained to deliver evidence based interventions at the right level. It was highlighted that nurses would always be supported by a doctor. It was highlighted further that the changes to roles were to help meet the recruitment difficulties Lincolnshire was facing.

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**  
**17 OCTOBER 2018**

In guiding the Committee through the report presented there was an acknowledgement of the Health Scrutiny Committee for Lincolnshire and the Lincolnshire Health and Wellbeing Board's support to mental health work stream.

It was highlighted that the content of the report focussed on what was in the Lincolnshire Sustainability and Transformation Partnership (LSP). It was highlighted further that the priorities for the Lincolnshire Partnership NHS Foundation Trust (LPFT) were the repatriation of mental health patients back to Lincolnshire, and the transformation of the community mental health teams. Page 29 of the report detailed that the LPFT was currently looking at bringing back both male and female patients who currently went out of county for bed based psychiatric intensive care and acute mental health placements. The report highlighted that since the start of the programme the number of male patients going out of area for psychiatric intensive care had been reduced to zero and the total number of patients who went out of area for care had reduced and regularly dipped below the trajectory of 18 patients. It was highlighted further that the plan was to reduce the number going out of county further.

The report highlighted that part of the solution to reduce the numbers was to improve the provision in Lincolnshire through the transformation of community mental health teams. The Committee was advised that over the last 18 months, the division had listened to patients and stakeholders; and that their comments had been used to shape the current service plan to ensure that it was fit for purpose. It was noted that the service plan consisted of three distinct pathways: Long Term Care, Psychosis/Trauma and common mental health disorders. Details relating to the transformation were shown on pages 30 to 32 of the report.

The Committee was advised that the Lincolnshire Mental Health Crisis Concordat had been successful in securing capital funding of £640k to develop 'places of safety' in both Lincoln and Pilgrim Emergency Departments; and to build a mental health crisis hub. The Committee noted that LPFT had also received additional income for perinatal mental health services for women and families; and that the county council continued to support the improvement of mental health services for children and young people with investment in Healthy Minds, in addition to the Section 75 Contract for Adult Care and the Managed Care Network. It was also highlighted that Lincolnshire had excellent community services in place for children and young people; and an excellent inpatient unit for Child and Adolescent Mental Health Services in Lincolnshire based in Sleaford.

Reference was also made to the Lincolnshire Multi-Agency review of crisis care commissioned by Lincolnshire County Council to obtain a clear picture of commissioned mental health crisis services across Lincolnshire. Details of the key issues of the review were listed on page 33 of the report. It was highlighted that the review had not demonstrated anything that was not already known, but had provided an opportunity to reflect on how Lincolnshire needed to work across the system of provision to respond.

In conclusion, the Committee noted that the Lincolnshire Sustainability and Transformation Partnership and the Lincolnshire Health and Wellbeing Board were

supporting mental health and learning disability developments for the benefit of Lincolnshire patients.

During discussion, the Committee raised the following points:-

- Some reassurance was sought as to when patients were sent out of area, they were receiving the same excellent care that was provided in Lincolnshire. Reassurance was given that adult contracts were regularly reviewed and visits were made. It was noted that for Children and Young People the LPFT worked closely with NHS England. Further reassurance was given that part of the commissioning role was to do quality and safety checks to make sure appropriate standards were maintained;
- Some concern was expressed relating to the transition from children to adults; and the responsibilities up to the age of 25. Clarification was given that the 0 – 25 age range for responsibility was for Special Educational Needs and Disabilities. For mental health services, the service would work with the young person up to the age of 24, and then steps would be taken on an individual needs basis dependent when transition took place;
- Whether staffing levels at the Psychiatric Intensive Care Unit (PICU) been maintained. It was reported that it had been a challenge to recruit staff, due to its nature and environment. There had however been an increase in the salary, which had seen some benefit with regard to maintaining staffing levels;
- The number of Child and Adolescent Mental Health Services (CAMHS) placed out of area. The Committee was advised that the number of children placed out of area fluctuated. It was noted that out of area placements were sought for the most complex and specialist needs and that these were the responsibility of NHS England;
- Had the refurbishment work at Ash Villa been completed? The Committee was advised that the refurbishment work had been completed;
- Location of the Physical Healthcare Clinics – It was reported that some localities now had physical healthcare clinics, details of which would be shared with the Committee;
- Numbers of people attending the benefit groups. It was noted that it was on the increase and that the Grantham Community Mental Health Team was trialling benefit drop in sessions to support patients with this dimension of living. One member enquired whether this was a role for the Citizens' Advice Bureau (CABx) and not for mental health professionals. Reference was also made by a member to a reduction in funding to the CAB from the County Council which had affected some the CABx, particular reference was made to the Lincoln CAB. Clarification was given that the CAB did also receive funding from other organisations; and to the fact that the Grantham CAB had continued to expand;
- Whether waiting times for psychology services had reduced. The Committee was advised that waiting times had reduced significantly; and that work would continue on reducing the waiting times to a single referral route in for patients and a multi-disciplinary team working together to make sure that the patient saw the most appropriate professional for their care;

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**  
**17 OCTOBER 2018**

- Some concern was expressed to the 18 patients placed out of area; of which 11 were female being away from their families. Some assurance was sought that this figure needed to be reduced; and what steps were being taken. The Committee was advised that the matter was being considered and at the moment it was felt that a female PICU was not the answer and that a different approach was needed. It was highlighted that a bid had been put in as part of the STP to develop estate and that more would be known in November;
- Where the Bi-Polar Group met and how many attendees were from Lincolnshire. The Committee was advised that this information would be provided after the meeting;
- Crisis Hub – The Committee was advised that the Lincolnshire Mental Health Concordat had been successful in securing capital funding to develop places of safety and to also build a crisis hub. It was reported that the new hub would provide space for patients and carers to access advice and support from LPFT mental health services, alongside supporting organisations such as housing, homelessness support, relationship advice, debt management and drug and alcohol services;
- The increase in young people needing mental health support. One member enquired whether there were enough resources. The Committee was advised that GPs would advise that there were enough resources in place, but children had to be quite poorly to get in to them. The Committee was advised that Healthy Minds was now promoted in schools to ensure that children received help earlier; and
- A request was made for a copy of the Workforce Plan and details of the localities of the physical healthcare clinics to be made available to the Committee.

The Chairman on behalf of the Committee extended thanks to the three representatives for their informative presentation.

**RESOLVED**

1. That the progress of the STP mental health priority be noted.
2. That a copy of the Workforce Plan and details of the locations of the Physical Healthcare Clinics be made available to the Committee.
3. That a report on Home Treatment Services be presented to the Committee when released in early 2019.

**46     ANNUAL REPORT OF LINCOLNSHIRE WEST CLINICAL COMMISSIONING GROUP**

The Chairman welcomed to the meeting Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group (LWCCG).

The Committee was asked to give consideration to the Annual Report for 2017/18 for LWCCG (pages 1 to 54 only), a copy of which was detailed at Appendix A to the report.

The Committee were invited to ask questions from which the following points were raised:-

- Page 74 Involving Patients and the Public – The Committee was advised that the CCG had well established communication and feedback mechanisms in place to keep patients and the public well informed, which were used to promote local and national campaigns, and services provided;
- Page 5 – some concern was expressed concerning the diseases that impacted most upon life expectancy in Lincolnshire West, particular reference was made to deaths under 1 years of age;
- Page 92 – Women and Children, particular reference was made to maternity choices. The report highlighted that it was essential that women and children had safe, high quality care, at the right time and at the right place; and as close to home as possible; with a choice of place of care wherever possible; and that the care delivered was by the most appropriate levels of staff with the skills and expertise required. It was highlighted that the Local Maternity Systems Group continued to work across the system; and that the transformation team were hosted by Lincolnshire East CCG;
- Page 58 – Better Care – Some concern was raised at the CCG's performance for Maternal smoking at delivery; choices in maternity services. A question was asked what was being done to improve performance. The Committee was advised that the Lincolnshire approach was being driven through the Better Births Lincolnshire Programme, whose work included supporting smoking cessation during pregnancy; encouraging breast feeding; and reducing neonatal mortality and still births. It was highlighted that smoking prevalence during pregnancy was a Lincolnshire wide issue and that work was being undertaken by the four CCGs and Public Health regarding this matter. It was highlighted that every still birth was a tragedy and that 20% of mums had been smoking throughout their pregnancy;
- It was highlighted that the report made reference to the stopping of services that did not deliver good results; as there appeared to be no detail as to what these areas might be. It was highlighted that any substantial changes to a service would lead to a full consultation; where a specific treatment had no clinical or minimal benefit to the patient, it was unlikely there would be a consultation. It was highlighted that even before any consultation, a full equality impact assessment would be carried out as many changes would be countywide not just in LWCCG area;
- The likely location of the two primary hubs. The Committee was advised that the likely location of the two primary hubs would be south of Lincoln and in the Gainsborough area;
- Actions that were being taken to improve areas not meeting the minimum criteria, such as dementia care, psychosis, physiological therapies, staff engagement etc. It was noted that work was ongoing to look at ways to provide mental health services differently;
- The Committee noted that there was a will to develop integrated care with a system approach. To improve what was already available, Lincolnshire would

need to identify people who needed diagnostic testing earlier and then have the necessary follow up support available as a system;

- Page 86 advised of a number of objectives that needed to be met. Confirmation was sought as to whether these had been met. The Committee was advised there was number of the cancer targets not meeting the 62 day standard, there was however targeted work ongoing to meet the cancer pathway. It was highlighted that in the last six months the United Lincolnshire Hospitals Trust was now in the top 70, as some positive improvements had been made. There was a realisation that this figure was still not good enough; and there was a will to achieve 85% for a longer period. It was also noted that improvements had been made to get men to have a blood test earlier for the detection of prostate cancer. The Committee was advised that Cancer Care was an item included in the agenda for the 14 November 2018 meeting.

The Chairman on behalf of the Committee extended his thanks to the representative.

#### RESOLVED

That the Annual Report of Lincolnshire West Clinical Commissioning Group be noted and that the Committee receive an update on the 360 degree stake holder survey to a future meeting of the Committee.

#### 47 LOUTH COUNTY HOSPITAL INPATIENT SERVICES - SURVEY

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which asked the Committee to finalise its response to the survey being undertaken by Lincolnshire East Clinical Commissioning Group on Inpatient Services at Louth County Hospital.

The Health Scrutiny Officer confirmed that a copy of the draft response had been circulated by email, a copy of which was circulated at the meeting. It was highlighted that the response had been based on the views of the working group who were in support of Option 2.

During consideration of the draft response document, the following comments were raised:-

- Reference was made to the East Lindsey District Council Resolution from their 10 October 2018 meeting; which urged the Lincolnshire East Clinical Commissioning Group (LECCG) to maintain the level of excellence at Louth County Hospital and for LECCG to engage in full and proper consultation with the community before any decision was made. Reference was also made to the Louth Town Council Resolution from their 9 October 2018 meeting which recognised the reduction in hospital bed provision that should only be introduced when there was adequate neighbourhood working and social care and that support for Louth Hospital was extended for continued services in both outpatient and inpatient departments and that this should be built on. (Copies of which were circulated at the meeting);

- Page 1 of the response letter to Dr Stephen Baird – A suggestion was made that the second sentence in the last paragraph should be amended to include social care. The Committee following a short discussion agreed that reference to social services should not be included in the response as LECCG was not responsible for social services and a suggestion was made that East Lindsey District Council should write to the Leader of the Council Councillor M J Hill OBE if it wished to raise any issues regarding social care; and
- Page 2 of the response letter to Dr Stephen Baird – That the heading Arrangements for the Survey Period should be amended to read '*Arrangements for the Engagement Period*' and that other references throughout the response should be amended accordingly.

## RESOLVED

1. That the attendance of Councillors Mrs P F Watson and C Matthews at the engagement events held in Louth on 2 October 2018 be noted.
2. That the Health Scrutiny Committee for Lincolnshire approves its final response to Louth Hospital In-patient Engagement exercise, based on the draft response of the working group, subject to the above amendments being made.

48 INTEGRATED CARE PROVIDERS CONTRACT ARRANGEMENTS - CONSULTATION

The Committee gave consideration to a draft response document concerning the Integrated Care Provider Contract, which had been emailed out to members of the Committee, a copy of which was tabled at the meeting.

The Health Scrutiny Officer presented the draft response of the working group.

The Committee noted that a separate response was also being prepared on behalf of the Lincolnshire Health and Wellbeing Board.

## RESOLVED

That the working group's response to the Integrated Care Providers Contract Arrangements be approved.

49 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 scrutiny activity was focussed where it could be of greatest benefit.

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE  
17 OCTOBER 2018**

The Committee gave consideration to the work programme as detailed on pages 106 to 107 of the report presented. The Committee noted that the Dental Services in Lincolnshire item was to be deferred to a future meeting.

**RESOLVED**

That the work programme presented be agreed subject to the change as detailed above.

The meeting closed at 12.40 pm