



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
12 DECEMBER 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), C J T H Brewis (South Holland District Council (Vice-Chairman)) and P Howitt-Cowan (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Dr Dave Baker (GP Chair, South West Lincolnshire Clinical Commissioning Group), Liz Ball (Executive Nurse, South Lincolnshire CCG), Mike Casey (General Manager, TASL), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Sarah Furley (Programme Director, Lincolnshire Sustainability and Transformation Partnership), Andy Hill (Contract Manager Lincolnshire, TASL), Dr Kevin Hill (Chair, South Lincolnshire CCG) and John Turner (Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership).

County Councillor Dr M E Thompson (Executive Support Councillor for NHS Liaison and Community Engagement) attended the meeting as an observer.

60 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors P Gleeson (Boston Borough Council), T Boston (North Kesteven District Council) and Mrs R Kaberry-Brown (South Kesteven District Council).

An apology for absence was also received from Councillor Mrs S Woolley (Executive Councillor for NHS Liaison and Community Engagement).

61 DECLARATIONS OF MEMBERS' INTEREST

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

**62 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE MEETING HELD ON 14 NOVEMBER 2018**

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 14 November 2018 be agreed and signed by the Chairman as a correct record subject to the final sentence of the fifth bullet point on page 9 being amended to read "*Confirmation was give that GP Access Hubs would be open for a minimum of twelve hours and that it was not known at this stage whether any Urgent Treatment Centres would be open 24 hours.*"

63 CHAIRMAN'S ANNOUNCEMENT

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.

The Supplementary Chairman's announcements made reference to:

- Dental Services in Mablethorpe;
- United Lincolnshire Hospitals NHS Trust (ULHT) – Children and Young Persons Services – Royal College of Paediatrics and Child Health Report; and
- Lincoln Medical School – Capital Funding.

RESOLVED

That the Chairman's Announcements presented as part of the agenda on pages 17 to 20; and the supplementary announcements circulated at the meeting be noted.

**64 THE NHS LONG TERM PLAN - IMPACT ON THE LINCOLNSHIRE
SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP**

The Chairman welcomed to the meeting John Turner, Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership (LSTP) and Sarah Furley, Programme Director, Lincolnshire Sustainability and Transformation Partnership.

In guiding the Committee through the report the Senior Responsible Officer (LSTP) made reference to the NHS Long Term Plan (LTP). The Committee was advised that the Prime Minister had set out a funding settlement for the NHS in England for the next five years. In return for this the NHS had been asked to set out a Long Term Plan for the future of the NHS service. It was highlighted that work on the LTP was being co-ordinated nationally by NHS England and NHS Improvement (NHSI). As part of the process NHS England and NHSI had been engaging with stakeholders and groups to develop policy proposals for inclusion in the plan. The Committee was

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advised that the Secretary of State for Health and Social Care had stated that his three priorities were Workforce, IMT, and Prevention; and it was expected that these would feature strongly in the LTP, along with greater emphasis on integration and system working. Details of the considered themes were shown on page 31 of the report. Particular reference was made to the clinical priorities, which were Cancer; Cardiovascular and Respiratory Diseases; Mental Health including Learning Disability and Autism.

It was highlighted that publication of the LTP was the start of the next phase; as local systems would be required to engage with patients, the public, stakeholders and health and overview scrutiny committees in developing local strategic plans in line with the LTP.

A copy of a letter sent to Council Leaders, Health and Wellbeing Boards and Health Scrutiny Committees from NHS England and NHSI was attached to the report at Appendix A. Appendix B provided the Committee with a copy of a letter from the NHS England Chief Executive and the NHSI Chief Executive which advised of their approach to planning.

It was highlighted that nationally steps were being put in place to streamline working procedures between the NHS England and NHSI, to have one team of National and Regional Directors working together. It was highlighted further that the new region had just been announced. It was reported that there would now be seven regions across the country and that Lincolnshire would be part of the Midlands Region.

The Committee was advised that planning for the content of the LTP as a system approach was already on-going. Previously, there had been individual plans; but now for 2019/20 there would be a one system approach, with Clinical Commissioning Groups and NHS Trust working together as one team. It was noted that the priorities that would be addressed were care in the local community where appropriate, diabetes and frailty. There was an emphasis on supporting more care in the community.

The Committee noted that there would be one Accountable Officer for all the four CCG's; and a single leadership team. The Committee noted further that there was a requirement for a 20% reduction in CCG running costs; and as a result there would need to be a different approach to how business was conducted going forward and a different approach to transforming services. The Committee was advised that there would be a CCG joint committee making commissioning decisions on behalf of the four CCGs.

The Committee noted that the Acute Services Review was currently going through the assurance process and that once concluded in 4 - 6 months' time, NHS England would then support the CCGs in going out for a full and public consultation. It was highlighted that the consultation would be a full and open event to gather the thoughts of the public; and that it would involve a range of activities across the County.

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The Committee noted further that once the LTP was published, there would be conversations with staff and the public concerning the plans for Lincolnshire. It was noted that these conversations could not happen until all information was in the public domain and that this would be in advance of any formal consultation. The publication of the NHS LTP had been expected in early December, but now there was some uncertainty over the publication date.

During discussion, the Committee raised the following issues:-

- Page 54 - One member referred to the 3,000 comments received in response to the questionnaire and the need for the formal consultation to attract a higher number of responses;
- The continued overnight closure of Grantham A & E remained a concern;
- Some concern was expressed that the whole system could be slowed down by small consultations, as the STP could not be viewed as a variation of the LTP. The Committee was advised that the new LTP would build on the old plans and address new issues. Clarification was given that engagement was on-going with patients and stakeholders when there were minor changes to services. However, where there was a significant material change proposed, a consultation exercise would take place;
- One member expressed concern regarding the newly formed NHS England and NHS Improvement regions, with some hospitals continuing to be in a different region; and whether this would have implications for patients. The Committee was advised that there were already good relationships with neighbouring health providers; and there was already joined up thinking. It was highlighted that a quarter of the Lincolnshire population attended hospitals outside of Lincolnshire;
- Some concern was expressed to the 20% reduction in CCG administration costs and how that would be achieved, particularly as there appeared to be some resistance to change in the NHS. The Committee noted that this time it was different; as colleagues across the country had expressed views that the current system was not working; and that the changes proposed had come from the CCGs themselves rather than from central NHS management. At the heart of any changes was the drive to ensure that a good service was provided for the residents of Lincolnshire. The 20% reduction in administration costs was a hurdle and would be a shift in working practices, which would have to be maintained by the four CCGs. It was noted that the system was up for the challenge;
- The need to ensure that the work force issues were addressed, to ensure that improvements were achieved;
- That prevention was a priority and as such needed to have adequate resources. It was felt that it needed to be a priority for national and local government;
- The impact of rurality and transport links in Lincolnshire had on service provision and the need to ensure that the County received adequate funding to compensate for these issues. The Committee was advised that rurality and transport were a shared concern across all organisations in Lincolnshire, especially on the east coast where access was an issue. It was highlighted

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that integrated community care provision across the County would help with this issue;

- One member highlighted that Ophthalmology appeared to be struggling and confirmation was sought as to whether this was the case? The Committee was advised that there had been some challenges for the 100 day programme for Ophthalmology due to the loss of staff, and that services changes were being planned to make ophthalmology more sustainable;
- A question was asked relating to the proposed integrated community care model, did that mean that staff would be integrating into primary care and GPs. Confirmation was given that staffing remained fragile; but getting the right staff was fundamental for the system to move forward. The Committee noted that with regard to rurality, Lincolnshire was a member of the Rural Health and Care Centre; and that a report was due to be published concerning workforce in the early part of 2019;
- Some Members welcomed the single CCG Joint Committee. The Committee was advised that the Joint Committee would ensure that the right issues were highlighted and managed across the County. Other members welcomed the working together of NHS England and NHS Improvement. It was highlighted that the public perception was that the NHS was one single organisation, whereas in practice the NHS was still working in silo's; and the whole principle was to get one NHS working within its constraints;
- One member enquired as to the newly appointed Regional Director for the Midlands; and also where the new single Accountable Officer would be recruited from. The Committee was advised that the newly appointed Regional Director, Dale Bywater, had been appointed following a vigorous recruitment process and had expertise in the new roles he would be undertaking; he was also familiar with Lincolnshire and its challenges. The Committee was advised further that the Accountable Officer position would be advertised nationally;
- One member extended thanks to the officers for their optimistic report; and made reference to the fact that the budget for health services would need to increase year on year to address the needs of the older population; that a career in the health service needed to be promoted better in schools; and that more needed to be done to fund the 'hidden' Lincolnshire population. The Committee was advised that the NHS offered a brilliant service; and that it needed to have ambition and hope; as there was a clear understanding of what needed to be done to address the issues in Lincolnshire. Confirmation was given that work was on going with Lincolnshire schools; and that health colleagues were always learning what other areas were doing; seeing what was working and whether these could be replicated in Lincolnshire; and
- Clarification was sought as to when engagement would commence for the LTP or the Acute Services Review. The Committee was advised that once the LTP was published, things would move quickly; and at a best guess it was felt that the LTP would be published early in 2019. As the Urgent Treatment Centres would be dealt with as a system, the consultation on them would be part of the overall consultation.

The Chairman extended thanks to the representatives.

RESOLVED

1. That the NHS Long Term Plan – Impact on the Lincolnshire Sustainability and Transformation Partnership report presented be noted.
2. That a further update report be received at the 23 January 2019 meeting to update the Committee with regard to the local planning, engagement and progress, alongside the response with regard to the future consultation plans for Grantham and District Hospital A & E Services, as requested by the Minister of State for Health.

65 ANNUAL REPORTS OF SOUTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP AND SOUTH WEST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

The Chairman welcomed to the meeting John Turner, Chief Officer, South Lincolnshire CCG and South West Lincolnshire CCG, Dr Kevin Hill, Chair, South Lincolnshire CCG; and Dr Dave Baker, Chair, South West Lincolnshire CCG.

The Chief Officer introduced the report and brought to the Committee's attention the Appendices attached to the report. Appendix A provided a copy of the Annual Report and Accounts 2017/18 for South Lincolnshire CCG; and Appendix B provided a copy of the Annual Report and Accounts 2017/18 for South West Lincolnshire CCG.

The Committee noted that John Turner was the Chief Officer for both South Lincolnshire CCG and South West Lincolnshire CCG. The report highlighted that each clinical commissioning group had a statutory duty to produce an annual report and accounts.

The Committee noted further that South Lincolnshire CCG had a population 162,000; and a budget of £229 million; and South West had a population of 133,000; and a budget of £182 million. It was highlighted that each of the CCGs had differing leadership responsibilities; details of which were contained within Appendix A and B attached to the report. It was highlighted further that the Appendices contained historical data up to 31 March 2018.

During discussion, the Committee raised the following issues:-

- One member enquired whether GP extended hours had made a difference to the number of people turning up at A & E. The Committee was advised that surprisingly more patients had turned up at A & E; as the focus had been changed to pre-booked appointments, with same day access;
- One member enquired whether there was any control through the 'Choose and Book' system to keep patients in Lincolnshire, rather than attending hospitals in bordering counties. The Committee was advised that many people in Lincolnshire lived close to borders and chose to use health facilities out of Lincolnshire, as that was their closest hospital, and likely to be their preferred hospital. It was highlighted that there was no intention on the part of the NHS to change this. The emphasis of the work was to provide more care

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in local communities, so that fewer people actually needed to go in to hospital. It was also highlighted that it was in the CCGs interest to ensure that the population of Lincolnshire received the best care possible; where the care was received was not an issue. It was highlighted that the Patient Charter ensured that patients had choice; and to the fact that Lincolnshire never had sufficient health funding; in relation to using hospitals in neighbouring counties, it was emphasised that health funding was not for Lincolnshire NHS organisations, but for the care of Lincolnshire people, wherever that might be;

- Page 128 – Some concern was expressed that the Bar Chart on page 128 appeared inaccurate. It was also highlighted that there was a lack of information for members of the public to compare GP services in their area with other GP areas. The Committee was advised that there was more information available for the public to view on GP services than there had been previously. The Committee was reminded that the information presented in the annual reports was for 2017/18 and was therefore historical. The Committee was advised that there was a primary care dashboard, from which comparison information could be made available from; and that this was an area that was being looked at, as to what information could be placed in the public domain. The Chief Officer advised that he was delighted with the quality of GP Practices in the South Lincolnshire and South West Lincolnshire CCGs;
- Page 75 – One member expressed concern that mental health patients in the more rural areas did not have the same services available to them as in the more urban areas. The Committee was advised that lots of work was going on with dementia care; and as part of that work Neighbourhood Teams initiative staff were actively searching and visiting those with dementia to make sure that the necessary care plans were in place. The Committee was also advised that work was being undertaken with a cohort of patients under the Transforming Care Project for Learning Disabilities. Work was also being done to offer facilities in Lincolnshire, so as to prevent patients going out of County;
- One member enquired as to what could be done to reduce the number of missed appointments. Confirmation was given that the issue of missed appointments was a national issue; and that some measures were already in place to try and reduce the number, for instance a text message reminding the patient of their appointment;
- What the most significant challenge was for South Lincolnshire CCG. The Committee was advised that workforce was the biggest challenge, having staff available in the right place at the right time;
- What the most significant challenge was for South West Lincolnshire CCG. The most significant challenge highlighted from the SWLCCG was finance, as there were no reserves left; and that there were significant challenges ahead to make savings;
- As the report presented related to historical data, a question was asked whether so far for 18/19, had there been any improvements in the RAG rating. Then Committee was advised that there had not been any significant improvements in the RAG rating; and
- Reference was made to commissioning under sustainable development, where it had mentioned the stopping of services. A question was asked as to

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what services these might be; and whether some had already been stopped. The Committee was advised that no services had been stopped the services were just being re-shaped.

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

RESOLVED

1. That the Annual Report for 2017/18 for the South Lincolnshire and South West Lincolnshire CCG's be noted.
2. That an update on the RAG Rating be presented to a future meeting of the Committee; along with a copy of the improvement plan.

66 NON-EMERGENCY PATIENT TRANSPORT - THAMES AMBULANCE SERVICE LTD

The Chairman welcomed to the Committee Mike Casey, Director of Operations, Thames Ambulance Service Ltd and Andy Hill, Contract Manager, Thames Ambulance Service Ltd.

A copy of the "To Follow" report had been emailed to members of the Committee prior to the meeting and a hard copy of the aforementioned report was circulated at the meeting.

The Director of Operations guided the Committee through the journey of Thames Ambulance Service Limited (TASL) had made since taking over as provider of the non-emergency patient transport services in Lincolnshire on 1 July 2017. Details of which were shown within the report represented.

The Committee noted that originally there had been 900 complaints outstanding of which 369 had related to Lincolnshire. It was noted that to date there was two outstanding complaints, one of which had been upheld; and one that was still on going.

The Committee was advised that TASL had been inspected by the Quality Care Commission (CQC) in November 2018, and that TASL was working with NHS England and the CQC prior to publication of the final report. The Committee was advised further that TASL continued to work with the CQC and the Commissioners.

It was reported that the performance KPIs had not achieved the expected trajectory since the 12 September 2018 Health Scrutiny Committee for Lincolnshire meeting. The Committee was advised that the two main factors for this were data collection and staff attrition, as the service was carrying a number of vacancies. The Committee noted that TASL had lost a number of staff as a result of the recent NHS ambulance recruitment drive; TASL had found it hard to keep up with the staff turnover. The Committee was advised further that TASL had brought in additional third party support and taxis to support the service, but these had not been always as efficient. It was reported that TASL was trying alternative ways to increase its

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recruitment drive. It was noted that TASL had appointed seven apprentices working in partnership with Lincoln College, in addition to this, agreement had been reached for TASL to utilise the NHS jobs website; and that there was a rolling recruitment drive for front line staffing in Lincolnshire.

The Committee was advised that the Operations Team remained focussed on delivering the action plan which underpinned attainment of improvement in KPI performance.

It was highlighted that in October 2018, performance had dropped against all contract performance indicators; and that the reason for this had been the current contract reporting process. The Committee noted that a new reporting process had commenced in early October 2018, which had led to some issues relating to data capture. The Committee noted further that contractual requirements had meant that TASL had to continue to report performance and where there was no recorded time the contract dictated that this was a failed journey.

The Committee was advised by TASL that by April 2019, 8 of 18 of the KPIs would be on target; and by June 2019, 15 out of the 18 KPIs would be on target.

Reassurance was given that a lot had been achieved during the course of the journey and that there was recognition that more could be done, one of which was using resources more efficiently.

During discussion, the Committee raised the following points:-

- One member highlighted that the performance data provided was very difficult to understand. The Committee was advised that the purpose of the red/green was that the KPI was either achieved or not achieved. It was highlighted that the amber indicator was for internal use only;
- One member extended thanks to the Director of Operations for his openness; and questioned how TASL were going to address the issue of EMAS recruiting ambulance personnel. The Committee was advised that certain things had already been achieved, for example a fixed number of staff for contracts; and the implementation of a rolling recruitment programme. It was highlighted there had also been links with EMAS; and linking with Lincoln College with regard to apprenticeships;
- Clarification was given that there were currently only two outstanding complaints for Lincolnshire patients. It was highlighted that so far for November only three complaints had been received;
- Accuracy of Data – The Committee was advised that for renal services there had been data issues, and the system had not captured time; these had been entered in manually. It was highlighted that the move forward to the on-line platform would be more accurate on point of delivery. Clarification was given that for November TASL could not confirm if the recording system had worked satisfactorily. There was recognition that moving forward performance needed to be recorded accurately;
- One member enquired whether there were any cultural issues. The Committee was advised that there were variants as there were five different contracts. The

Committee was advised that the workforce's opinions had changed and that now there was a feeling of being part of a team, which was evident in Lincolnshire; and that staff wanted to stay with TASL;

- Improvement – The Committee was advised that the CQC had recognised that there had been some improvement, however, they did have concerns; and as a result a lot of work had been put into the action plan. It was stated that if there was to be another CQC inspection, it would highlight that things had improved; and
- Recruitment – A question was asked as to whether volunteers would be considered for paid work. The Committee was advised that the opportunities were there and anyone was free to apply. Most volunteers liked doing what they were doing, as they liked the flexibility; which also helped TASL with extra capacity.

In conclusion, the Chairman in summing up expressed concern at the continued low performance levels. Whilst there was an understanding of why performance had dropped as a result of the new reporting system, there were frustrations that the system had not been tested enough prior to going live. Further concern was expressed that again no papers had been received to send out with the agenda for the Committee to consider; and to the on-going problems since TASL had taken over the contract; and to the fact that there was still not an agreed performance recovery action trajectory agreed by commissioners.

As a result of the concerns raised the Chairman advised he had no confidence in TASL being able to deliver a good enough service for the residents of Lincolnshire and the Committee agreed that a letter should be written to Lincolnshire West CCG (the lead CCG commissioner) advising them that the performance of TASL was unacceptable and requesting that the CCGs should seriously consider a managed strategic exit from the contract as soon as possible; and that representatives from Lincolnshire West CCG should be invited to attend the next Health Scrutiny Committee for Lincolnshire meeting to respond to the issues raised.

RESOLVED

1. That the Health Scrutiny Committee for Lincolnshire record that it had no confidence in TASL being able to deliver a good enough non-emergency patient transport service for the residents of Lincolnshire.
2. That a letter be written to Lincolnshire West CCG advising them that the performance of TASL was unacceptable and that the Lincolnshire CCGs should seriously consider a managed and strategic exit from the contract as soon as possible.
3. That representatives from Lincolnshire West CCG be invited to attend the next Health Scrutiny Committee for Lincolnshire meeting due to be held on 23 January 2019 to respond to the issues raised.

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.

The Committee gave consideration to the work programme as detailed on pages 138/139 of the report presented.

During discussion one member requested that Dental Services (including an update on dental services in Mablethorpe) should be included as an agenda item on the 23 January 2019 meeting. The Chairman advised that it had been included on the March agenda as no response had been received. In response to an enquiry as to whether a response would be received from the Secretary of State for Health and Social Care regarding Grantham Accident and Emergency Department in readiness for the January meeting, it was stated that at the moment it was unknown whether a response would be received or not.

A further item suggested for consideration was the Pain Management Service. It was felt that an update could be given as part of the Chairman's Announcements.

The issue of NHS Workforce was also raised; and when it was likely to be scheduled as an item as Healthwatch was also doing some work on this matter. The Committee was advised that the intention was that this item would be considered as part of the United Lincolnshire Hospitals NHS Trust report at the 23 January 2019 meeting.

RESOLVED

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

The meeting closed at 1.05 pm