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

Direct Dialling: 01522 552104

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

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

A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 15 May 2019 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL

MEMBERS OF THE COMMITTEE

County Councillors: C S Macey (Chairman), Mrs K Cook, M T Fido, R J Kendrick, C Matthews, R A Renshaw, M A Whittington and R Wootten

District Councillors: 1 Vacancy (Boston Borough Council), C L Burke (City of Lincoln Council), 1 Vacancy (East Lindsey District Council), T Boston (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and P Howitt-Cowan (West Lindsey District Council)

Healthwatch Lincolnshire: Dr B Wookey

AGENDA

Item	Title	Pages
1	**Apologies for Absence/Replacement Members**	
2	**Declarations of Members' Interest**	
3	**Minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 17 April 2019**	3 - 12
4	**Chairman's Announcements**	13 - 14
5	**Lincolnshire NHS Healthy Conversation 2019 - General Progress Update** *(To receive a report from John Turner, Accountable Officer, Lincolnshire Clinical Commissioning Groups, which provides the Committee with a general update on Healthy Conversation 2019. Charley Blyth, Director of Communications and Engagement, Lincolnshire Sustainability and Transformation Partnership will be in attendance for this item)*	15 - 24

Item	Title	Pages
6	**Healthy Conversation 2019 - Urgent and Emergency Care** *(To receive a report from representatives from the Lincolnshire Sustainability and Transformation Partnership, which provides the Committee with the opportunity to consider proposals for Urgent and Emergency Care. Dr David Baker, Chair, South West Lincolnshire Clinical Commissioning Group, Dr Yvonne Owen, Medical Director, Lincolnshire Community Health Services NHS Trust and Ruth Cumbers, Urgent Care Programme Director, Lincolnshire Sustainability and Transformation Partnership will be in attendance for this item)*	25 - 40
7	**Clinical Commissioning Groups - Developing Management Arrangements** *(To receive a report from John Turner, Accountable Officer, Lincolnshire Clinical Commissioning Groups, which provides the Committee with an update on Clinical Commissioning Groups Management arrangements)*	41 - 42
8	**Health Scrutiny Committee for Lincolnshire - Work Programme** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comments on its work programme)*	43 - 50

Debbie Barnes OBE
Head of Paid Service
7 May 2019

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
17 APRIL 2019

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors Mrs K Cook, R J Kendrick, C Matthews, R A Renshaw and R Wootten.

Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), C L Burke (City of Lincoln 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), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Sue Cousland (General Manager, Lincolnshire Division, EMAS), Simon Evans (Health Scrutiny Officer), Christopher Higgins (Interim Director of Operations, Lincolnshire Partnership NHS Foundation Trust), Jane Marshall (Director of Strategy, Lincolnshire Partnership NHS Foundation Trust), Mike Naylor (Director of Finance, East Midlands Ambulance Service NHS Trust) and Will Legge (Director of Strategy and Transformation, East Midlands Ambulance Service).

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

98 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors M T Fido, M A Whittington, Mrs P F Watson (East Lindsey District Council), and T Boston (North Kesteven District Council).

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, had appointed Councillor L Wootten to replace Councillor M A Whittington for this meeting only.

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

99 DECLARATIONS OF MEMBERS' INTEREST

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

100 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 20 MARCH 2019

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 20 March 2019 be agreed and signed by the Chairman as a correct record, subject to a minor correction on page 7 (final paragraph) the word 'preforming' being amended to read '*performing'*.

101 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.

The Supplementary Chairman's announcements made reference to the Healthwatch Lincolnshire Website; United Lincolnshire Hospitals NHS Trust – Paediatric Admission Unit, Pilgrim Hospital; New Initiative to Support Mental Health Family Members and Carers; and United Lincolnshire Hospitals NHS Trust – Recruitment of Chief Executive.

The Chairman advised the Committee that at the moment there was no further information available on the interim arrangements for the Chief Executive at United Lincolnshire Hospitals NHS Trust.

RESOLVED

That the Chairman's Announcements presented as part of the agenda on pages 21 to 24; and the supplementary announcements circulated at the meeting be noted.

102 UPDATE ON LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST SERVICES (INCLUDING THE OLDER ADULTS MENTAL HEALTH HOME TREATMENT TEAM)

The Chairman welcomed to the meeting the following representatives from Lincolnshire Partnership NHS Foundation Trust (LPFT) Services:-

- Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust (LPFT); and

- Chris Higgins, Director of Operations LPFT.

The Committee was advised that LPFT were committed to their vision of providing care as close as possible to people's homes; and to exploring new ways of working to build up resilience within the community. The Committee was advised further that LPFT were also keen to improve the quality of the physical environment for the wards LPFT operated, in order to protect patient dignity and privacy.

It was reported that whilst upgrading the Brant Ward, Lincoln, LPFT had decided to try out a pilot called 'Home Treatment Team' (HTT), the results of which were detailed on pages 26 to 28 of the report presented. The Committee was advised that the older adult functional Mental Health Home Treatment Team was proving to be very successful as an alternative to inpatient beds. The Committee noted that LPFT would be engaging with patients and the public on the potential for retaining the HTT when the Brant Ward re-opened later in the year following its refurbishment.

It was highlighted that since the commencement of the older adult HTT and the temporary closure of Brant Ward, there had been improvements in length of stay. The Committee was advised that the average length of stay for patients under the care of the HTT was 23 days. This was significantly lower than the length of stay of Brant Ward (pre-HTT) at 59 days.

The Committee was advised further that the average length of stay had also reduced on the Rochford Ward, Pilgrim Hospital, Boston (the remaining older adult functional mental health ward) from 76.2 days to 45.2 days with HTT being in place. It was highlighted that no patient had been re-admitted to an inpatient bed within 30 days of discharge (30 days being an indicator of appropriate discharge) from Rochford Ward, since the HTT had been in place.

It was reported that there had been 100% patient satisfaction with the HTT, 73.91% of people reported that they were 'extremely likely' to recommend the service and 26.9% were 'likely' to recommend. Some feedback comments were detailed on page 27 of the report for the Committee to consider.

The Committee noted that the Clinician Related Outcome Measures had also shown high levels of clinical staff satisfaction with patient condition on discharge from the service as well as 'very good' referrer satisfaction. The Committee noted further that when using the 'Warwickshire Edinburgh Wellbeing Scale' validation tool, the HTT was able to demonstrate a statistically significant improvement in the self-reported wellbeing of patients following HTT intervention. A chart on page 28 of the report provided details of the proportion of clients in each group before and after intervention.

It was highlighted that for the five months October 2018 to February 2019, there had been five clinical incidents associated with HTT, in comparison to 123 clinical incidents associated with the Brant Ward in the five months May 2018 to September 2018. It was highlighted further that the HTT had reported zero serious incidents since it had become operational in October 2018.

In conclusion, the Committee was advised that the Lincolnshire Partnership NHS Foundation Trust was committed to a vision of providing care as close as possible to people's homes; and the Trust was keen to explore new ways of working to build resilience in communities. The Committee was also advised that there was a need to improve the quality of the physical environment for the wards that the LPFT operated to ensure that patient privacy and dignity was protected as they received inpatient care and treatment.

During discussion, the Committee raised the following comments:-

- The need for completion of a cost benefit analysis, in order to create a business case to present to commissioners for retention of the HTT;
- The importance of socialisation and collaboration to aid recovery. The Committee was advised that the HTT was able to access services that were already available within the community;
- The Committee welcomed the report, and the fact that the HTT was able to find more time for the patient;
- The need to ensure that medication was reviewed regularly;
- The effect of the potential reduction in in-patient beds for those patients detained under the Mental Health Act. The Committee was advised that such patients would be detained in one ward. Reassurance was given that there would be extended provision but not 24/7. It was noted that there was an Adult Crisis Team available from 8pm to 8am, should a patient require help or assistance;
- A question was asked as to what happened prior to the HTT. The Committee was advised that the service had been provided in the in-patient wards 9am to 5pm, with an inadequate range of services outside of 9am to 5pm; and that patients would end up at A & E. HTT had solved the problem by bridging the gap and by stopping people going to hospital. Reassurance was given that the Trust was committed to keeping in-patient beds when they were needed and were committed to investing in community teams. It was noted that the newly refurbished Brant Ward would be a great patient environment; and that work was still to be done to reconfigure the Rochford Ward;
- One member from personal experience welcomed the positive approach to delivering the service in a different way; and to the fact that HTT bridged a gap that had previously existed, when people required that extra level of support. Reassurance was given that arrangements were in place to provide assistance out of hours and that the Trust was aware that there was more work to be done. The Committee was advised that the Trust was looking at setting up its own internal helpline later in the year, which would provide 24/7 support to patients. The Committee was advised further that a lot of work was also being done with the third sector, and charities to provide help and advice;
- How staff had adjusted to the new way of working. The Committee was advised that staff that had previously worked on the Brant Ward had received a full two week induction into the community team and had shadowed staff, until they had felt comfortable, as providing care in the home provided an extra level of risk. The Committee noted that it was hoped to roll out the 'pilot' to the Rochford Ward; and that the Trust was also weighing up the cost benefits of

providing the HTT service. Some Committee members welcomed the change and felt that patients would benefit from the service. The Trust acknowledged that the environmental issues at the Rochford Ward had always caused some problems; and that there was some pressure for the Trust to come up with a solution. It was noted that the service was operating successfully for 'functional' mental health patients; it was hoped the same service would be applied to 'organic' mental health (dementia) patients. One member expressed concern regarding the future of the Rochford Ward. The Committee was advised that the pilot had proved that the community model worked; and that the Rochford Ward was not fit for purpose; and that there would be further conversations as to where in-bed facilities would be based; as it was very important to improve the in-patient experience; and

- The Committee extended their thanks to the representatives from the Trust for their report, and expressed their support for the older adult mental Health Home Treatment Team. The Committee also requested a further update on the service once the pilot had been evaluated.

RESOLVED

That the update on Lincolnshire Partnership Foundation Trust Services (including the Older Adults Mental Health Home Treatment Team) be noted, and that a further update concerning the Older Adult Mental Health Home Treatment Team pilot be received by the Committee once the evaluation process has been completed.

103 EAST MIDLANDS AMBULANCE SERVICE NHS TRUST - LINCOLNSHIRE DIVISION UPDATE

The Chairman welcomed to the Committee the following representatives from the East Midlands Ambulance Service NHS Trust:-

- Mike Naylor, Director of Finance, East Midlands Ambulance Service;
- Sue Cousland, General Manager, Lincolnshire Division East Midlands Ambulance Service; and
- Will Legge, Director of Strategy and Transformation, East Midlands Ambulance Service.

The Committee gave consideration to a report from the East Midlands Ambulance Service NHS Trust – Lincolnshire Division, which provided an update on the following areas:-

- Ambulance response performance information;
- Handover delays at acute hospitals;
- Collaboration with Lincolnshire Integrated Voluntary Emergency Service LIVES;
- The urgent care tier;
- The Ambulance fleet;
- Recruitment;

- Blue light collaboration; and
- The transformation programme within the Lincolnshire Division.

Detailed at Appendix A to the report was a copy of a report considered by the Accident and Emergency Delivery Board concerning Hospital Handover Delays for January 2019. Appendix B provided details relating to the Falls Response Programme – Performance Summary; and Appendix C provided the Committee with a copy of the Transformation Brief which had commenced in April 2019.

The Committee received a short presentation, which provided information on the key elements being focussed on by EMAS; an overview of progress that had been made and, what the highlights were for 2018/19; Quarter four performance and the residual challenges for Lincolnshire, details of which were contained within the report presented.

The Committee was advised that the Lincolnshire Division of EMAS currently had a total fleet of 82 ambulances, which were supported by 'in house' mechanics seven days a week 365 days of the year. The Committee was advised further that from March 2019 Lincolnshire had received the first 39 new vehicles to replace 28 of the oldest vehicles in the fleet; and an additional 11 new vehicles to support the expansion in workforce. In addition to this the Committee was advised that 15 new Urgent Care Vehicles had also arrived and these were based at Sleaford, Boston, Grimsby and Market Rasen stations. It was also highlighted that the Lincolnshire Division was also working with fleet colleagues to trial an electric vehicle and that a review was currently being undertaken relating to the current fast response vehicle resource.

It was highlighted to the Committee that one of the largest, but positive challenges had been the large scale recruitment of staff into EMAS. It was reported that during 2018/19, 484 new staff had been recruited through a mixture of transfers from other services; the up skilling of existing staff or external recruitment. It was highlighted further that the largest proportion of new staff had been from external recruitment, with 331 trainee technicians being welcomed into EMAS. The Committee noted that for the Lincolnshire Division this equated to 91 new ambulance technicians, 8 paramedics and a further 14 urgent care assistants. The Committee noted further that the recruitment process would continue into 2019/20.

It was reported that handover delays at acute hospitals continued to be a challenging aspect, and the significant pressures it posed in a rural county such as Lincolnshire. Details of the average pre-handover delays were shown on page 4 of the report. The Committee was advised that Appendix A to the report detailed a national requirement for Acute Trusts to take responsibility for patients conveyed to their sites within a maximum time frame of 30 minutes in order to release crews to assess patients waiting to receive a resource in the community. The Committee was advised that EMAS continued to work in close collaboration with Lincolnshire Integrated Voluntary Emergency Service (LIVES), who remained an integral component of urgent and emergency response across the county. Performance information for each of the four Clinical Commissioning Groups was provided for the Committee to consider as part of the presentation; as were details pertaining to the Ambulance Response

Programme, which had come in to effect from 1 April 2019. The Committee was advised that the geographical area of Lincolnshire and the ageing population remained a challenge; and that processes and procedures were being put in place which would help EMAS achieve the response programme targets.

The presentation also highlighted to the Committee the achievements made by EMAS. The Committee was advised that EMAS was very proud of their team in Lincolnshire. It was noted that there had been a threefold increase in the number of responses received from the division to the national staff survey in 2018, which had totalled 51% compared to 19% in 2017. Details relating to the initial feedback and areas of positive feedback were shown on page 9 of the report.

It was also highlighted that the organisation had received an unannounced inspection by the Care Quality Commission during early April 2019; and initial informal feedback had indicated that staff morale had improved, and that there had been a positive change in culture, and that all front line staff were caring and compassionate.

Other areas of achievement mentioned included, the organisation's transformation programme, details of which were shown in Appendix C to the report; the EMAS Strategy and Vision of 'The Big 3' responding, developing and collaborating; releasing time to care, which was a piece of work which primarily focussed on increasing efficiency to make sure more time was spent with the patient; the success of the Blue Light Collaboration during 2018/19, which involved the opening of co-located fire and ambulance stations in Sleaford and Louth. The Committee noted that the very first 'tri-located' blue light service property in the country was to be located on the South Park, Lincoln, and that a phased move for all the three services was planned to take place during June to September 2019. Also mentioned, was the Physician Response Unit, and the provision of providing an urgent care tier of staff to support Health Care Professional admission. It was highlighted that there were 15 urgent care crews in Lincolnshire covering the county, based at Boston, Sleaford, Grimsby and Market Rasen.

The Committee was advised of the divisional work programme for 2019/20; and EMAS appreciated that Lincolnshire was different; and that EMAS was committed with its caring staff and dedicated senior leadership team to provide a responsive, developing and collaborative service to the residents of Lincolnshire.

During discussion, the Committee raised the following points:-

- Some of the Committee expressed their thanks to the representatives for their open and frank report; and for the way EMAS was taking the lead in dealing with culture and morale. Reference was also made to the positive effect modernising the fleet would have on the service. Representatives confirmed that things were beginning to change, but there was still a lot more to do;
- The effect of the collaborative working with LIVES on the EMAS performance figures. One member requested figures showing separation of the data;
- Staff turnover. The Committee was advised that EMAS had around a 9% staff turnover;

- Confirmation was given that Peterborough City Hospital was not taking any more patients than they had done previously;
- Confirmation was given that EMAS had found the national targets challenging; and that it was correct to continue to strive to meet the national targets. The Committee was advised that Lincolnshire was leading the way nationally, trying to find ways of collaborative working to overcome the rurality of Lincolnshire;
- Paramedic project at GP surgeries. The Committee was advised that the 18 month pilot of using Specialist Paramedics in emergency care was working well along the east coast. The specialist paramedics were able to deal with Category 2 and 3 calls; which enabled them to enhance their primary care skills but also keep the necessary skill set required for A & E. Some members welcomed the pilot, as it provided more experienced staff the opportunity to be utilised in a different way, but still providing career progression;
- The need to improve handover times;
- A question was asked whether all 999 calls were emergency calls. The Committee was advised that 'Fit to Sit' had been introduced in Lincolnshire; and that if patients were stable then a family member was able to drive them in; in a 'You take Yourself ' policy. It was highlighted that some of the suggestions were not always taken on board by the patients. It was noted that EMAS would always support the actions of the ambulance crew;
- Anaphylactic shock – One member enquired whether first responders were trained to deal with such incidents. Reassurance was given that first responders would be trained to administer adrenalin; and that call handlers were also trained to be able to advise people what to do in such a situation;
- Some clarification was sort regarding the availability of 999 for members of the public. Confirmation was given that the frontline 999 was available 24/7;
- Manual Handling - The Committee was advised that obesity was a national problem, and that patients over 25 stone would have an assessment, prior to being transported and that this information would be on the EMAS system; and that additional support would be sent. It was noted that there was a reliance on GPs to provide this information. The Committee noted that there were two bariatric support vehicles that were based at Boston and Market Rasen, which had a range of lifting equipment. It was noted further that the new ambulances had a central locking system which enable them to transport patients over 25 stone in the middle of the vehicle, which then ensured stability of the vehicle;
- The need to ensure that the public were aware of what was being done. The Committee was advised that internal discussions were on-going regarding a communication campaign and that some promotion was being done as part of the Healthy Conversation;
- A question was asked what would happen when the Fall Response Programme 'pilot' finished in June 2019; and how the initiative would be evaluated. The Committee was advised that the results would be evaluated by the Lincolnshire University; and that EMAS would like the service to continue; however, the evaluation results would have to identify that the initiative was good value for money;

- One member enquired why category 3 was proving so troublesome to achieve, as targets were being missed by about an hour. A further question asked was whether the national standard would ever get close to being achieved. The Committee was advised that the reason for the target not being achieved was due to the non-availability of ambulances on the east coast. It was reported that processes were in place to help reduce the waiting time and that it was hoped that there would be some improvements by September 2019;
- One member enquired when the trial of the electric vehicle and the fast response vehicles would be taking place. The Committee was advised that the electric vehicle was a one–off vehicle, which was being trialled in Immingham. It was hoped that the review of the fast response vehicles would be made available within the next three months; and the Trust was more than happy to share the information with the Committee.

The Chairman extended thanks on behalf of the Committee to the representatives for their honesty and for the positive progress being made.

RESOLVED

That the East Midlands Ambulance Service NHS Trust – Lincolnshire Division Update be noted, and that a further update be received in six months, which should include an update on the falls response programme, the outcomes of the fast response vehicle review and the electric vehicle trial.

104 IMPLEMENTING THE NHS LONG TERM PLAN: PROPOSALS FOR POSSIBLE CHANGES TO LEGISLATION

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which invited the Committee to give consideration to a draft response to the questions in the NHS England's engagement document entitled '*Implementing the NHS Long Term Plan – Proposals for Possible Changes to Legislation.'*

A copy of the completed draft response document had been circulated to members of the Committee prior to the meeting. The Committee was invited to comment on the said document.

Discussion ensued, from which the following comments were raised:-

- Health Scrutiny Regulations – Confirmation was given that there was no plan to amend Health Scrutiny Regulations – Role of the Health Scrutiny Committee; and
- That questions 1 and 4 responses should be adapted to take account of specialist services at a regional and national level.

The Committee extended thanks to the Health Scrutiny Officer for all his work in preparing the draft response document.

RESOLVED

That subject to the amendments detailed above, approval be given to the completed draft response document circulated relating to the questions in the NHS England's engagement document entitled: *'Implementing the NHS Long Term Plan – Proposals for Possible Changes to Legislation'.*

105 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.

The Committee gave consideration to the work programme as detailed on pages 67 to 69 of the report presented.

The Health Scrutiny Officer highlighted that slippage might occur with regard to the Healthy Conversation items due to the availability of clinicians.

RESOLVED

That the work programme presented be agreed subject to the inclusion of the items highlighted in minute numbers: 102 and 103.

The meeting closed at 12.20 pm

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

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**15 May 2019**
Subject:	**Chairman's Announcements**

1. Skellingthorpe Health Centre

The Skellingthorpe Health Centre is a branch of the Glebe Medical Practice, which is based in Saxilby. The total number of patients registered at the Glebe Medical Practice, including the Skellingthorpe Health Centre, stands at 8,167 (April 2019). The Skellingthorpe Health Centre currently opens between 8am and 1pm, Monday to Thursday. The Saxilby site is open Monday to Friday, 8am – 6.30pm.

The Glebe Medical Practice is seeking initial views on the possible closure of the Skellingthorpe Health Centre, prior to a formal consultation and the submission of a formal request for closure to Lincolnshire West Clinical Commissioning Group. At this stage no formal request has been submitted to the Clinical Commissioning Group. If a decision is made to close the Skellingthorpe Health Centre, the timescale would be within the next twelve months.

The Glebe Medical Practice has stated that providing the service across two sites has become increasingly difficult with challenges such as appropriate staffing and lone working. The Glebe Practice comprises two GP partners and employs a team of doctors, nurses and other medical staff. Until recently there had been five partners, but three of them had left the practice for other roles.

The Glebe Medical Practice's survey has indicated that the majority of the Skellingthorpe-based patients access their GP using their own transport and many of them use the Saxilby site. The distance between Skellingthorpe and Saxilby is almost four miles.

2. Healthy Conversation 2019 Engagement Events

The following engagement events have been announced as part of the Healthy Conversation 2019 engagement exercise:

All Events 2-7pm drop in sessions		
Date	**Location**	**Venue and Postcode**
Monday 20 May	Sleaford	New Life Centre, 25 Mareham Lane, Sleaford, NG34 7JP
Tuesday 21 May	Gainsborough	United Reformed Church, Gladstone Street, Gainsborough, DN21 2JR
Wednesday 22 May	Lincoln	Lincoln City Football Club, Sincil Bank, Lincoln, LN5 8LD
Wednesday 12 June	Stamford	The Theatre Lounge, Broad Street, Stamford, PE9 1PJ
Thursday 13 June	Spalding	Spalding United Reformed Church, Pinchbeck Road, Spalding, PE11 1QD

The above events represent the completion of wave one Healthy Conversation 2019 events. Previously wave one events have taken place at: -

- Boston (13 March)
- Louth (14 March)
- Skegness (19 March)
- Grantham (20 March)

A further two waves of engagement events are planned.

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

Open Report on behalf of Lincolnshire Sustainability and Transformation Partnership

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**15 May 2019**
Subject:	**Lincolnshire NHS *Healthy Conversation 2019* – General Update**

Summary:

This report provides a summary of the Healthy Conversation 2019 campaign, detailing the activity-to-date, feedback and results, and next steps in the campaign.

Actions Required:

To note the progress on the delivery of the Healthy Conversation 2019 campaign.

1. Introduction

Objective

The ongoing need for modernisation in how the county's health care is provided must be informed by of our patients, public, their representatives, our partners and of course, our staff's views. After engaging with, and seeking the advice of wider stakeholders, the health care system in Lincolnshire agreed that to allow the gathering and understanding of these groups' views, a county wide campaign that offered a consistent and recognisable point of contact would be appropriate.

2. Activity to date

Lincolnshire NHS's *Healthy Conversation 2019* campaign went live on 5 March 2019. This first day involved:

- A series of internal and stakeholder briefing sessions
  - Staff team briefing process – face to face
  - Briefs to all communication points of access across NHS organisations to ensure public were dealt with effectively and quickly, first time, should they wish to contribute feedback.
  - Email briefs to lay members and non-executive directors, council of members, GPs, MPs, local councillors, health and care stakeholders and partners (all 'internal' audiences)
  - A catch all email to those unable to attend face to face briefings
  - Briefings emails sent to all partners, stakeholders, and local 'influencers' (for example, education sector, large local businesses) (all 'external' audiences)
- A press call to brief the media, led by clinicians
- Lift of public embargo at 3pm
- Proactive social media and press bulletin schedule commenced for the following fortnight initially

Days two to eight were dedicated to press office management and responding to public enquiries.

13 March was our first public engagement event. The initial events delivered in this series were:

13 March - Boston

14 March - Louth

19 March - Skegness

20 March - Grantham

Each event was a consistent format, with a series of information and listening stands, supported by expert clinicians and support staff. The route through the event stands was:

- Integrated Community Care – self-care, primary care, diabetes, Integrated Neighbourhood Working
- Mental Health
- Acute Services
- Urgent Treatment Centres (at Grantham)
- Information Management & Technology
- Healthwatch long term plan
- Travel and transport

At each event, attendees were able to talk directly to staff who captured their feedback, as well as complete feedback forms and the more formal survey. The survey has been requested in numerous languages (Romanian, Polish, Russian, Latvian, Lithuanian, and Portuguese), and have been translated to all. These feedback forms and survey were also on our website and available in paper format on request as well the public being able to email and phone directly to the team.

In addition to the public events to date, we have also been working alongside our partner, The People's Partnership, in order to hear the views of Lincolnshire's communities with protected characteristics and those who we would otherwise not be readily represented. These findings will inform this work, as well as our Equality Impact Assessments.

3. Outcomes

Press Relations

The initial press call was attended by seven key print press and broadcasters in the county:

The Lincolnite

Health Correspondent BBC East Midlands

BBC East Midlands

Grantham Journal

Lincs FM

BBC Radio Lincolnshire & Sunday Politics (Yorkshire & Lincolnshire)

Lincolnshire Live

Quotes and interviews within the resulting articles were all delivered by senior clinicians.

The core themes that the press subsequently led with were:

1) Urgent and emergency care – headlines included 'A&E downgrade at Grantham'
2) Publicity of *Healthy Conversation 2019* (county wide)

Overall the balance of media reports was neutral, with the negative articles being concentrated in the urgent and emergency care theme. A full list of the first day's media coverage was as follows: -

05/03/2019	Lincolnshire Reporter	Grantham A&E to be downgraded to Urgent Treatment Centre
05/03/2019	Lincolnshire Reporter	Disappointment as A&E fears come true for Grantham and Louth campaigners
05/03/2019	Boston Standard	Healthy Conversation proposals for Lincolnshire's health service

05/03/2019	Sleaford Standard	Healthy Conversation proposals for Lincolnshire's health service
05/03/2019	Louth Leader	Healthy Conversation proposals for Lincolnshire's health service
05/03/2019	Grantham Journal	Public consultation on future of healthcare service in Lincolnshire to begin
05/03/2019	Grantham Journal	Breaking news: Downgrade of Grantham A&E formally announced
05/03/2019	Market Rasen Mail	Healthy Conversation proposals for Lincolnshire's health service

After the first ten days, press activity dropped significantly. It increased again when the engagement events took place (13 March – Boston; 14 March – Louth; 19 March – Skegness; and 20 March – Grantham). In this period, the balance of coverage was much more positive.

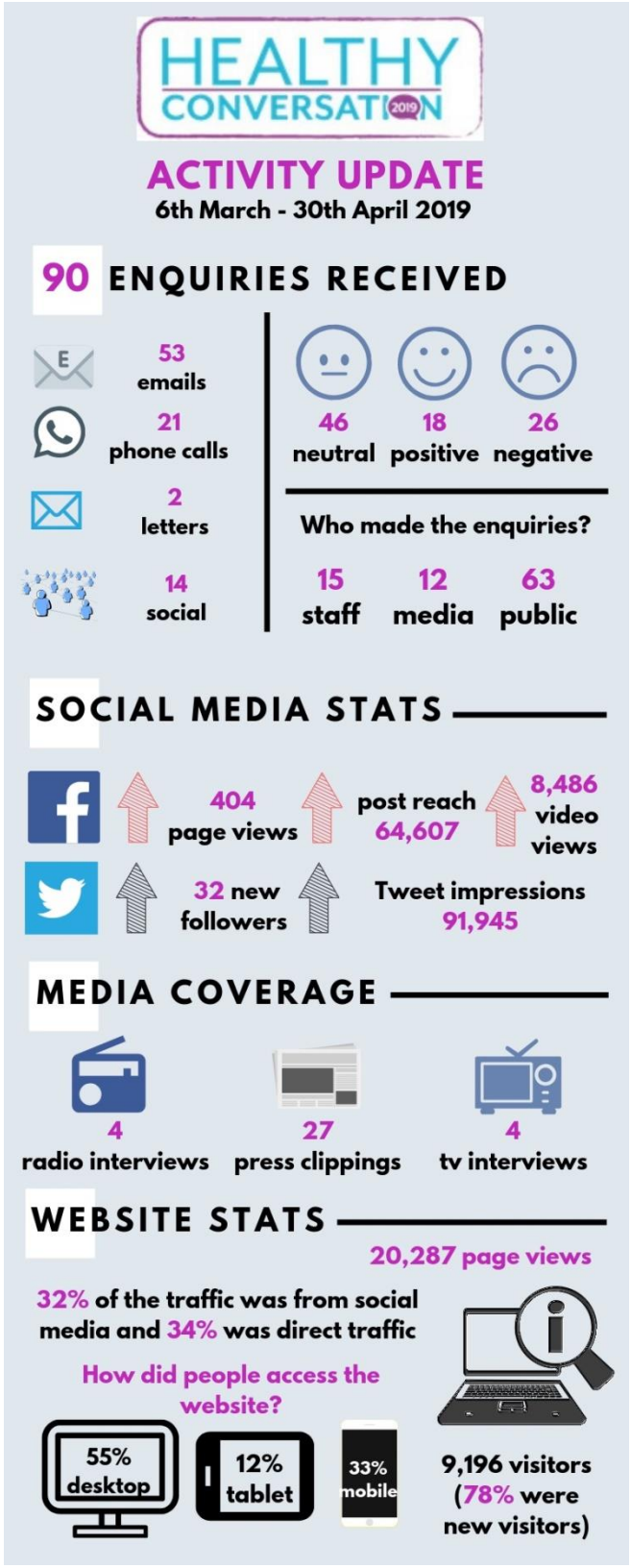
The core themes of coverage during this period were:

1) Publicity of *Healthy Conversation 2019* (county wide)
2) Urgent and emergency care – headlines included 'A&E downgrade at Grantham'
3) Future stability of Pilgrim Hospital (Boston)

The focus became increasingly on the *Healthy Conversation 2019* campaign coverage, opposed to the themes, as the events continued.

A full list of subsequent media coverage can be found at Appendix A.

This infographic captures the volume of activity up to the end of April managed by our press and public relations office. A monthly version is published on the website for public viewing.



Public Engagement Events

The engagement events to date have been attended by 233 people. The core themes that were raised within feedback (through direct verbal feedback, formal forms and the surveys analysed to date) were:

Boston:

- Accessibility of stroke services in the future
- Loss of services to Boston as a whole

Louth:

- Threat of hospital closure (this was an initial concern that alleviated once responded to)

Skegness:

- Accessibility of stroke services in the future
- Loss of services to Boston as a whole

Grantham:

- A&E downgrade perception
- Urgent Treatment Centres and what they are

Throughout all events, we consistently heard that the public are concerned about:

- Transport to services for patients and family
- NHS111 and its effectiveness
- East Midlands Ambulance Service and response times
- Issues of overburden on Lincoln County Hospital

As of the end of April, 500 surveys had been completed and submitted. Our updates on engagement activity is also published on the website for public viewing, as is a full overview of the key themes from public feedback in our 'you said, we did' section. Any individual who requested direct information or feedback since the campaign began, has received a reply.

Examples of feedback we heard and responses given to date:

My husband could be treated in Boston for his skin cancer but services have been moved to Lincoln. Lincoln cannot cope and don't have the capacity.

In the 1990's Boston was the European epi-centre for the worst breast cancer rates. I would imagine that figures for the area are still high - have these been taken into account when deciding to 'centralise' them in Lincoln? Moving services to Lincoln will cause implications for transport - public transport is very poor. I would like to know what the correct figures are, compared to other parts of the country and county.

Suggestion: Direct trains between Boston/Skegness and Lincoln and regular trains. Rebuild the lines around the county that were closed in the late 60/70s. Bus routes to be clearly provided at all bus stops with times of buses

My son had a stroke at 30 if the unit closed at Pilgrim he would have been dead before he arrived at Lincoln.

Grantham hospital is being sidelined - everything at Lincoln + to some extent Boston. Not good enough - Grantham serves a large area, including population living in Leics + Notts. Ambulance services are stretched. Not sufficient public transport. Lincoln too far away for urgent cases!

You claim that the "emerging" option is to develop a UTC at GDH to provide 24 hour, 7 day a week access to urgent care services locally, yet you then go on to say that "overnight ...NHS111 will serve as the entry point to the UTC during this "out of hours" period', because that means a limited and reduced service. So this is not, in reality, a 24 hour service if it has "out of hours" provision. I am much less interested in WHERE I am treated than in the EXPERTISE that I would like to see in the people treating me - and the specialist equipment and facilities needed to make the best job of treating me.

Totally unacceptable wait times for EMAS. More ambulances need and hospital staff i.e A/E needed to receive patients.

4. Next Steps

A communication and engagement plan is in place as *Healthy Conversation 2019* progresses over the summer and into autumn.

This incorporates key learnings from our first stage of activity, including:

- Featuring more partners and their work in our engagement events, such as EMAS
- Making more of the opportunity to spotlight positive activity happening across Lincolnshire's NHS upon recruitment, for example our Talent Academy, schools in-reach etc
- Continuing to develop and promote our 'good news stories' and case studies, and focusing more upon the patient point of view within these

Completion of first wave engagement events is to the following schedule:

- Monday 20 May – Sleaford New Life Centre
- Tuesday 21 May – Gainsborough United Reformed Church
- Wednesday 22 May - Lincoln City Football Club, Sincil Bank, Lincoln
- Wednesday 12 June – Stamford Theatre Lounge
- Thursday 13 June – Spalding United Reformed Church

In conjunction with these events, we will continue to attend partner and stakeholder events in order to promote and discuss *Healthy Conversation 2019*, as well as hosting our standard events throughout the county.

Our ‘you said, we did’ communications will continue; publication of the key themes, requests and responses captured throughout these listening events in order to demonstrate the commitment made to the public.

Continuation of proactive and positive public and stakeholder engagement will develop into more detailed discussions around themes identified across the system and more visibility of the campaign and its content across the county.

5. Conclusion

The Healthy Conversation 2019 campaign has delivered a recognisable and effective platform to enable our key stakeholder groups to share feedback with Lincolnshire’s NHS.

Priorities now are:

- To ensure we highlight the importance of prevention and self-care, community care, and mental health throughout the remainder of the campaign
- To engage with a broader and deeper section of Lincolnshire’s public, delivering a fully representative engagement piece
- Providing evidence regarding the impact of public feedback upon continued transformation planning

6. Appendices

Appendix A	Media Coverage in the Days following the Press Call

7. Background Papers

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

This report was written by Charley Blyth, Director of communications and engagement, who can be contacted on 01522 307315 or charley.blyth@lincs-chs.nhs.uk.

Appendix A

Media Coverage in the Days following the Press Call

06/03/2019	Horncastle News	Health campaigners for Boston-s-Pilgrim-Hospital-vow-to-keep-fighting-
06/03/2019	Sleaford Standard	Campaigners for Boston's Pilgrim Hospital vow to keep fighting in face of latest proposals by health bosses
06/03/2019	Sleaford Standard	Grantham Campaigners react to news of downgrade plans
06/03/2019	Radio Lincolnshire	changes to NHS .2:11.58-2:18.16 interview transcribed
08/03/2019	Lincolnshire Reporter	Matt Warman A concrete commitment to our NHS
08/03/2019	Grantham Journal	Residents react in fury over plans to downgrade Grantham Hospital
08/03/2019	Lincolnshire Reporter	Local Democracy Weekly Diagnosis downgrade for county's hospitals
13/03/2019	Louth Leader	https://www.louthleader.co.uk/news/have-your-say-at-the-healthy-conversation-2019-engagement-events-1-8847056
13/03/2019	Horncastle News	Have-your-say-at-the-healthy-conversation-2019-engagement-events
13/03/2019	Lincs. FM News	Public feedback session in Boston on health changes
14/03/2019	Lincs. FM News	Interview with Tracy P at noon
14/03/2019	Grantham Journal	Have your say on plans for Grantham Hospital in 'Healthy Conversation'
15/03/2019	Grantham Journal	We've waited so long - now we have our say Martin Hill page 36
15/03/2019	Grantham Journal	Let's have a "healthy conversation" about Grantham Hospital Dr Neill Hepburn page 36
15/03/2019	Grantham Journal	Chance to have your say on hospital services at Drop-in session page 7
16/03/2019	Grantham Journal	We have waited so long - now we have our say
16/03/2019	Grantham Journal	Let's Have a healthy conversation about Grantham hospital
17/03/2019	Skegness Standard	Chance to have say on health service issues
19/03/2019	Lincolnshire Reporter	Jan Sobieraj Let's start a healthy conversation
19/03/2019	Lincolnshire Free Press	Have your say on future of NHS page 5
20/03/2019	Calendar News	Plug for Healthy Conversation session on Grantham today
21/03/2019	Lincs FM	Interview with Kevin Turner about A&E services and funding at Pilgrim hospital, Boston
22/03/2019	Grantham Journal	People make voices heard on hospital page 5
22/03/2019	Grantham Journal	Grantham people make their voices heard at NHS engagement event
26/03/2019	County News	Have your say on health page 5

*Not all press clippings have been collated to date.

This page is intentionally left blank

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

Open Report on behalf of Lincolnshire Sustainability and Transformation Partnership

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**15 May 2019**
Subject:	***Healthy Conversation 2019* - Urgent and Emergency Care**

Summary:

The report describes the national and local context regarding the vision and strategy that will deliver an effective and accessible Urgent and Emergency Care System in Lincolnshire.

Actions Required:

(1) The Committee is requested to note and comment on the report.

1. Background

Each year the NHS provides around 110 million urgent same-day patient contacts. Around 85 million of these are urgent GP appointments, and the rest are A&E or minor injuries-type visits. It is estimated that between 1.5 and 3 million people arriving at A&E each year could have their needs addressed elsewhere, be that via NHS111, their local pharmacy or by visiting the GP. This cohort of patients attend A&E because it is perceived the most convenient or quickest option however there are significant consequences to the rising demand on our A&E department; and the impact is felt throughout the acute hospital and the urgent care system as a whole.

Both locally and throughout England over the past three years, the NHS:

- cared for 23 million A&E attendances in 2016/17, 1.2 million more than the preceding three years;
- boosted the capacity and capability of NHS 111, which now takes in excess of 15 million calls each year, up from 7.5 million;
- expanded “Hear and Treat” and “See and Treat” ambulance services so that they now cover more than 3.5 million people, with the provision of telephone advice and treatment of people in their homes saving needless trips to hospital;
- developed an integrated urgent care model, offering a single point of entry for urgent care via NHS 111. In excess of 50% of all calls in Lincolnshire are now streamed to the Clinical Assessment Service (CAS);
- introduced Urgent Care Streaming into A&E to reduce the flow of minor injuries and minor illnesses into the Emergency Department;
- Local health and social care partners adopted good practice to enable appropriate patient flow, including better and more timely hand-offs between A&E clinicians and acute physicians, ‘discharge to assess’, ‘trusted assessor’ arrangements, streamlined continuing healthcare processes, and seven day discharge capabilities. Locally this has led to a reduction in Delayed Transfers of Care to 2.4% against a target of 3.5%;
- over 85% of all assessments for continuing health care funding are now taking place out of hospital in the community setting;
- NHS 111 online has commenced, allowing people to enter specific symptoms and receive tailored advice on management;
- rolled out evening and weekend GP appointments;
- We have strengthened support to care homes to ensure they have direct access to clinical advice, including appropriate on-site assessment;
- Working closely with the Association of Ambulance Chief Executives and the College of Paramedics, we have implemented the recommendations of the Ambulance Response Programme designed to reduce long ambulance waits;
- We are in the process of delivering standardised new ‘Urgent Treatment Centres’ which will open a minimum of 12 hours a day, seven days a week, integrated with local urgent care services. They will offer patients who do not need hospital accident and emergency care, treatment by clinicians with access to diagnostic facilities including X-ray.

2. National Context

The *NHS Long Term Plan* was published in January 2019 and describes an emergency care system under sustained pressure at the same time responding to real changes in demography, public expectation and vision for future delivery.

Milestones for Urgent and Emergency Care in the Long Term Plan:

- In 2019 England will be covered by a 24/7 Integrated Urgent Care Service, accessible via NHS 111 or online.

All hospitals with a major A&E department will:

- provide Same Day Emergency Care services at least twelve hours a day, seven days a week by the end of 2019/20;
- provide an acute frailty service for at least 70 hours a week that will work towards achieving clinical frailty assessment within 30 minutes of arrival;
- aim to record 100% of patient activity in A&E, Urgent Treatment Centres and Same Day Emergency Care via Emergency Care Data Sets by March 2020; and
- test and begin implementing the new emergency and urgent care standards arising from the Clinical Standards Review, by October 2019;
- further reduce delayed transfers of care, in partnership with local authorities.
- By 2023, CAS will typically act as the single point of access for patients, carers and health professionals for integrated urgent care and discharge from hospital care.

Urgent Treatment Centres

The *NHS Long Term Plan* sets out action to ensure patients get the care they need, fast, and to relieve pressure on A&Es. It describes how urgent treatment centres are being designated across England and increasing in numbers compared with new A&E departments. Patients who need hospital care resulting in emergency admissions will increasingly be treated through 'same day emergency care' without requiring an overnight stay. The Plan is that this model will be rolled out across all acute hospitals, increasing the proportion of acute admissions typically discharged on the day of attendance from a fifth to a third, consequently improving bed occupancy; increasing flow and reducing bed waits and ambulance handover delays in the Emergency Department which is often the result of over-crowded departments.

The Government has committed to improvements in 'out-of-hospital' services to reduce very substantial pressures associated with the care of emergency patients. In doing so, more patients will be looked after effectively by GPs, community health and social care services without the comparative expenditure growth as acute services. This commitment includes the delivery of Urgent Treatment Centres thus allowing patients access to a consistent offer of non-acute urgent care. Urgent Treatment Centres will work alongside other parts of the system including primary care, pharmacy, the East Midlands Ambulance Service, Lincolnshire Community Health Services NHS Trust, Lincolnshire Partnership NHS Foundation Trust, Adult Social Care, LIVES etc to deliver alternative access for patients who do not need to attend A&E.

Compared to an A&E, Urgent Treatment Centres are typically GP-led. They will be accessible at least twelve hours per day 365 days per year offering appointments that can be booked through NHS 111 or via a GP referral. Urgent Treatment Centres will be equipped to diagnose and deal with many of the most common ailments people attend A&E for despite not requiring acute hospital services. As such, Urgent Treatment Centres are designed to ease pressure on hospitals allowing Emergency Departments to treat the most serious cases. All

Urgent Treatment Centre services will be considered in future as type 3 A&E and where the Urgent Treatment Centre is co-located with an existing emergency department there may be justification for joint clinical leadership from an Emergency Department consultant. Current Primary Care Streaming provision within A&E will be incorporated in the Urgent Treatment Centreas part of the Integrated Urgent Care offer and patients will continue to be streamed but to a more comprehensive and sophisticated, alternate service.

Urgent Treatment Centres will be the term used to consistently describe the facility which provides direct access to the urgent and emergency care network, including assessment and initial treatment to any patient, as described above and the term Emergency Department will continue to be used to describe hospital-based facilities able to receive, assess, treat and refer all patients (both adults and children) with urgent and emergency care problems. They include all the facilities of an Urgent Treatment Centre and in addition an Emergency Department, specifically configured for the reception, resuscitation, diagnosis and onward referral of patients with urgent and emergency care needs. Emergency Departments are always open, are under the continuous supervision of a team of consultants in Emergency Medicine, and receive patients from the ambulance service and other sources. Emergency Departments will continue to deliver 24 hour access to complex diagnostics (including CT and MRI scanning), medical and surgical assessment units and critical care facilities, access to specialist facilities to treat rarer but life-threatening conditions such as major trauma, heart attack, stroke and critical illness in children.

The Healthy Conversation 2019

The *Healthy Conversation 2019* was launched on 5 March 2019 with a series of county wide public engagement events complemented by a significant traditional and social media campaign to inform and engage the public in the future NHS service offer in the county.

There is a dedicated section *Healthy Conversation 2019* on urgent and emergency care including a description of the “as is” and proposed “to be”; frequently asked questions; and the ability for the public to contact the Healthy Conversation team for advice, make suggestions; ask questions or raise queries. This is set out in Appendix A.

There is a full description of the NHS England mandated actions for Urgent and Emergency care described above as well the Lincolnshire STP future vision for UEC including our intention to have a network of Urgent Treatment Centres across Lincolnshire – on our existing acute hospital sites and in Skegness and Louth, with the potential for a further Urgent Treatment Centre at Stamford, Gainsborough and Spalding. The Urgent Treatment Centres will be staffed by multi-disciplinary teams of doctors, nurses, therapists, and other professionals with at least one person trained in advanced life support for adults and children.

The public has been asked to engage with the *Healthy Conversation* to understand and contribute to the future offer for urgent and emergency care, how is it accessed and where it is delivered. Throughout the engagement we have described how Lincolnshire has three A&E departments; two Urgent Care Centres at Louth and Skegness Hospitals; and a further five Minor Injury/Illness Units. (Gainsborough John Coupland Hospital, Spalding Johnson Hospital), as well as the facilities run by a Medical Group in Sleaford and North West Anglia Foundation Trust at Stamford Hospital.

Louth and Skegness

The Healthy Conversation 2019 describes how Louth and Skegness Urgent Care Centres will become Urgent Treatment Centres and will see an enhancement in services currently delivered including diagnostics and a multi-agency team of specialists available. Without Urgent Treatment Centres at these two locations the additional pressure at Boston Pilgrim would be unmanageable based on the size of the department and anticipated growth in demand.

Gainsborough, Spalding and Stamford

The remaining three sites at Gainsborough, Spalding and Stamford are also being proposed or considered as Urgent Treatment Centres. There will be Urgent Treatment Centres in front of the Emergency Departments department at Lincoln County and Boston Pilgrim Hospitals which will remain type 1 Emergency Departments (for definition of “type”, see attached appendix) however based on advice from NHSE that “co-location with, and strong links to, other community urgent care services, such as mental health crisis support, community pharmacy, dental, social care and the voluntary sector will also be beneficial in providing an effective and integrated service. There are advantages if they can be co-located alongside hospital A&E departments to allow the most efficient flow of patients to the service that best serves their need but this will be determined by geographic distribution of urgent care sites and patient flows”, Urgent Treatment Centres will be located on these sites. Current Urgent Care Streaming at Lincoln County Hospital and Boston Pilgrim Hospital will become part of the overarching GP led, Urgent Treatment Centre service.

Grantham

Whilst decisions relating to Grantham are outstanding due to the ongoing work around the acute services review, our emerging option is to have 24/7 access to urgent care through the introduction of an Urgent Treatment Centre at Grantham Hospital. This would reinstate 24/7 urgent care locally meaning that the vast majority of patients who need care quickly could receive it at Grantham. Senior clinical staff are confident that this emerging option is the best service for the Grantham population. The Urgent Treatment Centre would be open 24/7. The emerging option suggests that in the ‘out of hours’ period, access would be through 111 for the reasons of patient safety. We will be listening to a wide range of feedback in order to inform our thinking, including people’s views on how the service could best be accessed.

Grantham is currently designated as an A&E department, which cannot easily be classified as either type 1 or type 3 (see Appendix B for definitions). The major change should the site be re-designated at an Urgent Treatment Centre is that it would in future be accessible via appointments as well as walk-ins. Grantham Hospital has not had a full A&E department for a number of years. Our preferred emerging option envisages that the vast majority of conditions and patients that are treated at Grantham Hospital today will be able to receive care in the Grantham Urgent Treatment Centre. A fully functioning A&E department requires a comprehensive range of back up services and facilities, such as specialist critical care and specialist medicine, emergency surgery, paediatric assessment and maternity services which are not available at Grantham Hospital. If a person is critically ill or injured, they will be conveyed to an alternate site as is currently the case. The service which has been available in the A&E Department in Grantham in recent years is very close to an Urgent Treatment Centre service. However the opening times are restricted to between 8am and 6.30pm and remains to be consultant led. In comparison, an Urgent Treatment Centre typically will be GP led and our proposal at Grantham is for the Urgent Treatment Centre to reinstate to 24/7 access and be an integrated community model.

Urgent Treatment Opening Hours

The opening hours of all urgent treatment centres will be determined following public engagement as part of the Healthy Conversation which is an engagement exercise and we will be listening to patients' and the publics' views over the coming months regarding changes to services. This engagement will contribute to revising this preferred emerging option.

Feedback from Healthy Conversation Events

Throughout all the *Healthy Conversation* events, we have consistently heard that the public are concerned about: -

- Transport to services for patients and family
- NHS111 and its effectiveness
- East Midlands Ambulance Service
- Issues of overburden on Lincoln County Hospital

Events taking place within Boston and Skegness have generated comments from the public including: -

Please do not downgrade services at Pilgrim Hospital. I feel it would cause financial strains in many cases, poor public transport, well-being and mental health would be strained for patient and family, how would Lincoln cope?

Suggestion: Direct trains between Boston/Skegness and Lincoln and regular trains. Rebuild the lines around the county that were closed in the late 60/70s. Bus routes to be clearly provided at all bus stops with times of buses

Events taking place at Grantham have generated comments from the public including:

Would you be able to quickly confirm whether the new urgent treatment centre at Grantham Hospital will be a walk in centre or whether patients will need to access it through NHS111?

Grantham hospital is being sidelined - everything at Lincoln + to some extent Boston. Not good enough - Grantham serves a large area, including population living in Leics + Notts. Ambulance services are stretched. Not sufficient public transport. Lincoln too far away for urgent cases!

You claim that the "emerging" option is to develop an Urgent Treatment Centre at Grantham and District Hospital to provide 24 hour, 7 day a week access to urgent care services locally, yet you then go on to say that "overnight ...NHS111 will serve as the entry point to the Urgent Treatment Centre during this "out of hours" period', because that means a limited and reduced service. So this is not, in reality, a 24 hour service if it has "out of hours" provision. YOU SHOULD MAKE IT ABUNDANTLY CLEAR THAT WHAT YOU ARE DOING IS DENYING THE PEOPLE OF GRANTHAM AND DISTRICT PROPER ACCESS TO 24 HOUR SERVICES, as has now been the case for some 31 months.

I am much less interested in WHERE I am treated than in the EXPERTISE that I would like to see in the people treating me - and the specialist equipment and facilities needed to make the best job of treating me.

I am writing to request more information. I would like to know what will happen to staff that are currently employed by ULHT at Grantham hospital, since this has not been discussed anywhere. It appears that little consideration has been given to staff who currently work at Grantham. As you can imagine it is not nice hearing all this news with no consideration for the staff that currently work there. How will this affect staff? Who will be their employer? Will they still have jobs? Will they be forced to work at Boston or Lincoln? When is this all likely to happen?

Online comments/enquiries regarding urgent care have included the following:

Would you be able to quickly confirm whether the new urgent treatment centre at Grantham Hospital will be a walk in centre or whether patients will need to access it through NHS111?

You claim that the "emerging" option is to develop a Urgent Treatment Centre at Grantham and District Hospital to provide 24 hour, 7 day a week access to urgent care services locally, yet you then go on to say that "overnight ...NHS111 will serve as the entry point to the Urgent Treatment Centre during this "out of hours" period', because that means a limited and reduced service. So this is not, in reality, a 24 hour service if it has "out of hours" provision. YOU SHOULD MAKE IT ABUNDANTLY CLEAR THAT WHAT YOU ARE DOING IS DENYING THE PEOPLE OF GRANTHAM AND DISTRICT PROPER ACCESS TO 24 HOUR SERVICES, as has now been the case for some 31 months.

We have had our A&E downgraded under these plans. I accept the proposals are better than what we have now, but please do not insult our intelligence by pretending we haven't lost our Accident and Emergency department title!

For us to even accept this change to an urgent treatment centre, in line with NHS guidelines of simplifying access to services for patients, so we present at the right place, at the right time.

Then we insist on having the same opening hours as Skegness and Louth's urgent treatment centres.

They have their doors open 24/7, we insist on consistency.

Alternatively you could close Skegness and Louth overnight too, only allowing them access via 111 too! I know this is not a viable option, as it would leave the north east coast of Lincolnshire, extremely vulnerable.

With only having 111 access, your proposing that minor injuries sustained by intoxication, would need to phone 111, explain what's happened and try to gain access to our urgent treatment centre! You can see the issues that could cause! But injuries that can easily be treated locally by our overnight staff!

The staff will be in the building anyway, they will be advanced nurse practitioners, with at least one person with enhanced rehabilitation skills, with consultant support available over the phone, so absolutely no reason why our doors shouldn't be open 24 hrs a day.

Feedback and responses to questions/queries/suggestions raised are managed via the NHS Communication and Engagement team. Public engagement responses will be captured and will influence future decisions regarding Urgent and Emergency Care in the county including the location and opening hours of Urgent Treatment Centres and future reconfiguration of the Grantham Hospital Site.

Finance

In July 2018 an application from Lincolnshire for Wave 4 Capital Funding to NHS England to build an Urgent Treatment Centre and expanded resuscitation space at both Lincoln and Pilgrim Hospitals was made. This application was made as part of the wider Sustainability and Transformation Partnership Estates Strategy and the two Urgent Treatment Centre builds were ranked locally as the highest prioritised schemes from all the estates work required across the system. The application was unfortunately not supported nationally.

In January 2019 the original consultants supporting the Sustainability and Transformation Partnership Estates team were commissioned by the Sustainability and Transformation Partnership to update the Outline Business Case in preparation for a future bidding rounds. The team has been working on a weekly basis with colleagues from across the system including lead commissioners in Lincolnshire East and Lincolnshire West CCGs and the Urgent Care Team to update the previous submissions. It is intended this work will

generate the best possible delivery option for the sites including applicable revenue costs, so the system in the best possible position to respond to future funding opportunities.

Consultants have been working to update the following:

- The Outline Business Case for each site
- The associated potential/possible high level architectural designs for both sites
- The associated risk and benefit analysis
- Updated costs of the proposed schemes

Next Steps

The next steps for the future bidding round (Wave 5) are presently not confirmed nationally but we are aware that no funding decisions will be taken until after the Chancellors Autumn Statement

Workforce

A comprehensive and system wide workforce model for future delivery of Urgent Care has been developed over time. The model is based on assumptions regarding activity/demand/demographics as well as a shift in patient flow to the community and away from the acute hospital sites. The model forms part of the overarching STP workforce development and is being overseen by the Lincolnshire Workforce Advisory Board, which is chaired by Jan Sobieraj. Current predictions are that total in-post workforce is similar to that needed for the future service model, although skill mix, location and the balance between care functions all need to be reviewed and acted upon.

There is an overall need to increase skill levels and attract both enhanced and advanced workforce through recruitment and upskilling. Due to the increased skill levels suggested by the model the overall direct workforce costs would rise by approximately 5%. The model will continue to be developed taking into consideration, for example parallel digital challenges and opportunities.

There is a countywide shortage of NHS staff which mirrors the national picture however Lincolnshire has particular difficulty in recruiting in the more rural and isolated parts of the county. There has been much debate as to whether there should be defined staffing ratios in the NHS. However it could be argued this misses the point – in Lincolnshire we want the right staff, with the right skills, in the right place at the right time. There is no single ratio or formula that can calculate the answers to such complex questions across providers because the answer inevitably differs across the geography of Lincolnshire and within organisations. Reaching conclusions requires the use of evidence, evidence based tools, the exercise of professional judgement and a genuine multi-professional approach which is what will be in place across our urgent care system. Getting the right staff with the right skills to care for our patients all the time is not something that can be mandated or secured nationally as is the case with models of care. However locally, providers and commissioners, together in

partnership, listening to their staff and patients, are responsible and will work make these expectations a reality.

Conclusion

The Urgent Treatment Centre Programme of work is inextricably linked and co-dependent on wider commissioning decisions being made regarding primary care access hubs and integrated urgent care (IUC) contracting decisions. The ability to create Urgent Treatment Centres is being supported through all the key enabler programmes of the STP – primarily workforce, communications and engagement and IM&T areas. The programme of work provides monthly updates to NHS England and there is positive assurance of the considerations being made locally.

Appendices

Appendix A	Healthy Conversation 2019 Leaflet
Appendix B	Accident and Emergency Department Classification

Background Papers

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

This report was written by Ruth Cumbers, Urgent Care Programme Director ruth.cumbers@lincolnshireeastccg.nhs.uk

Let's start a healthy conversation about Lincolnshire's urgent and emergency care

The vast majority of urgent care services are delivered by GPs and their practice teams. In addition, currently in Lincolnshire, we have;

- A&E Departments in Lincoln, Pilgrim and Grantham (restricted opening times and admission criteria)
- Urgent Care Centres in Louth and Skegness (each 24/7)
- Minor Injury Units in Gainsborough, Spalding, Stamford and Sleaford.

All of these services are supported by the NHS 111 service (backed up locally by the Lincolnshire Clinical Assessment Service known as CAS) and GP out of hours services across the county. In Lincolnshire, an average of 524 calls are made to NHS111 every day.

The development of these services over the last 30 years has sometimes resulted in confusion for the public about which service is best for their needs. In order to improve services and tackle this confusion Lincolnshire, like the rest of England, is required to simplify urgent and emergency care by introducing Urgent Treatment Centres and GP Extended Access Hubs.

What is an Urgent Treatment Centre?

Urgent Treatment Centres (UTCs) will be new in Lincolnshire, and will play a central role in providing urgent care to people, and protect A&E services for those patients who need specialist emergency care. UTCs are a facility you can go to if you need urgent medical attention but it's not a life-threatening situation. They are staffed by multi-disciplinary teams of doctors, nurses, therapists, and other professionals with at least one person trained in advanced life support for adults and children.

UTCs are GP-led and are required to be open for at least 12 hours a day, 7 days a week (including bank holidays). You can walk into UTCs during some opening hours, and you may be referred to an urgent treatment centre by NHS 111 or by your GP at any time.

Conditions that can be treated at an UTC include:

- sprains and strains
- suspected broken limbs
- minor head injuries
- cuts and grazes
- bites and stings
- minor scalds and burns
- ear and throat infections
- skin infections and rashes
- eye problems
- coughs and colds
- feverish illness in adults
- feverish illness in children
- abdominal pain
- vomiting and diarrhoea
- emergency contraception

HEALTHY CONVERSATION 2019

www.lincolnshire.nhs.uk

What do you think services should look like?

Visit **https://www.lincolnshire.nhs.uk/healthy-conversation** to see more detail on these suggestions and get involved in a **#HealthyConversation, call us on 01522 307307** or email **lhnt.hc2019@nhs.net**

What is a GP Extended Access Hub?

GP Extended Access Hub offers increased access to GP services, including at evenings and weekends. These are community-based facilities providing booked urgent appointments for illnesses typically managed in GP practices.

The main differences between an UTC and a GP Extended Access Hub are:

- A GP Extended Access Hub does not offer X-ray and diagnostics
- A GP Extended Access Hub does not have a walk-in facility for appointments, these need to be pre-booked via NHS 111/CAS

Our emerging options for UTCs are;

- New UTCs at both Lincoln and Pilgrim Hospitals supporting the A & E departments
- A new UTC at Grantham Hospital to provide 24 hours / 7 day a week access to urgent care services locally. This would replace the current restricted A & E service and reinstate local 24/7 urgent care
- UTCs at Louth and Skegness Hospitals with 24/7 access maintained
- UTC at Stamford, open for a minimum of 12 hours a day
- We also want to explore whether the current Minor Injuries Units at Spalding and Gainsborough should be maintained as they are currently, or developed further into UTCs
- To maintain the current GP Extended Access Hub at Sleaford

Through the addition of UTCs in Lincolnshire, we will simplify access into urgent and emergency care for all users, and provide local care for the majority of patients. We want to hear from you about what is important to you from your local urgent and emergency care services, and how you would like us to best spend the money we have on it in the county to deliver:

- better support for people to self-care;
- the right advice and treatment in the right place, first time to people with urgent care needs;
- highly responsive local urgent care services so people no longer choose to queue in our specialist A&E departments;
- people with more serious or life threatening urgent care needs receive their treatment in A&E departments with the right facilities and expertise, in order to maximise chances of survival and a good recovery; and
- urgent and emergency services working together so people receive a better experience and better health outcomes.
-

What do you think services should look like? We would like to hear what is important to you as we plan the implementation of Urgent Treatment Centres.

We would welcome your feedback and thoughts on this as part of our Healthy Conversation 2019. Let us know by visiting https://www.lincolnshire.nhs.uk/healthy-conversation to see more detail on these suggestions and get involved in a #HealthyConversation.

You can also email lhnt.hc2019@nhs.net or attend one of our engagement events, please visit : https://www.lincolnshire.nhs.uk/healthy-conversation/get-involved/event-calendar to view our events calendar.

HEALTHY CONVERSATION 2019

www.lincolnshire.nhs.uk

Appendix B

Accident and Emergency Department Classifications

Currently Accident and Emergency Departments are classified by Type: -

- Type 1 is consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients.

- Type 2 is consultant led single specialty accident and emergency service (e.g. ophthalmology, dental) with designated accommodation for the reception of patients.

- Type 3/Type 4 is another type of department currently classified as minor injury units (MIUs) or Urgent Care Centre. A type 3 department may be doctor led or nurse led. It may be co-located with a major A&E or sited in the community. A crucial distinguishing aspect of a type 3 department is that it treats at least minor injuries and illnesses (sprains for example) and can be routinely accessed without appointment. An appointment based service is not a type 3 A&E service even though it may treat a number of patients with minor illness or injury.

Standards for Urgent Treatment Centres (NHS England – July 2017)

Urgent treatment centres must conform to the following minimum standards. Sustainability and Transformation Partnerships and commissioners may also choose to build upon or add to these, according to their requirements.

(1) Urgent treatment centres should be open for at least twelve hours a day seven days a week, including bank holidays, to maximise their ability to receive streamed patients who would otherwise attend an A&E department. Typically this will be an 8-8 service, but commissioners will wish to tailor to local requirements based on locally determined demand.

(2) Urgent treatment centres should provide both pre-booked same day and “walk-in” appointments, however patients and the public should be actively encouraged to use the telephone or internet to contact NHS 111 first whenever an urgent care need arises, with access via NHS 111 becoming the default option over time, as walk-in attendances diminish.

(3) Urgent treatment centres, and NHS 111, should support patients to self-care and use community pharmacy whenever it is appropriate to do so. Urgent treatment centres should promote and record the numbers of patients offered self-care management and patient education.

(4) The urgent treatment centre should ensure that there is an effective and consistent approach to primary prioritisation of “walk-in” and pre-booked appointments, and the allocation of pre-booked routine and same day appointment slots.

(5) For patients who require an appointment in the urgent treatment centre this should be booked by a single phone call to NHS 111; locally patients should be encouraged to use NHS 111 as the primary route to access an appointment at an urgent treatment centre.

(6) Patients who “walk-in” to an urgent treatment centre should be clinically assessed within 15 minutes of arrival, but should only be prioritised for treatment, over pre-booked appointments, where this is clinically necessary.

(7) Following clinical assessment, patients will be given an appointment slot, which will not be more than two hours after the time of arrival.

(8) Patients who have a pre-booked appointment made by NHS 111 should be seen and treated within 30 minutes of their appointment time.

(9) Protocols should be in place to manage critically ill and injured adults and children who arrive at an urgent treatment centre unexpectedly. These will usually rely on support from the ambulance service for transport to the correct facility. A full resuscitation trolley and drugs, to include those items which the Resuscitation Council (UK) recommends as being immediately available in its guidance 'Quality standards for cardiopulmonary resuscitation practice and training’, should be immediately available. At least one member of staff trained in adult and paediatric resuscitation present in the urgent treatment centre at all times. This should all be part of an approach of ‘design for the usual, and plan for the unusual’.

(10) An appropriately trained multidisciplinary clinical workforce will be deployed whenever the urgent treatment centre is open. The urgent treatment centre will usually be a GP-led service, which is under the clinical leadership of a GP. There will be an option for bookable appointments with a GP or other members of the multi-disciplinary team. Where the centre is co-located with an emergency department there may be justification for joint clinical leadership from an ED consultant.

(11) The scope of practice in urgent treatment centres must include minor illness and injury in adults and children of any age, including wound closure, removal of superficial foreign bodies and the management of minor head and eye injuries.

(12) All urgent treatment centres should have access to investigations including swabs, pregnancy tests and urine dipstick and culture. Near patient blood testing, such as glucose, haemoglobin, d-dimer and electrolytes should be available. Electrocardiograms should be available, and in some urgent treatment centres near-patient troponin testing could also be considered.

(13) Bedside diagnostics and plain x-ray facilities, particularly of the chest and limbs, are desirable and considerably increase the assessment capability of an urgent treatment centre, particularly where not co-located with A&E. Where facilities are not available on site, clear access protocols should be in place. Commissioners will need to consider patient throughput in their cost benefit analysis where capital investment will be required.

(14) All urgent treatment centres should be able to issue prescriptions, including repeat prescriptions and e-prescriptions (e-prescribing should be in place in all sites by June 2019).

(15) All urgent treatment centres should be able to provide emergency contraception, where requested.

(16) All urgent treatment centres must have direct access to local mental health advice and services, such as through the on-site provision of 'core' liaison mental health services where services are co-located with acute trusts or links to community-based crisis services.

(17) All urgent treatment centres should have arrangements in place for staff to access an up-to-date electronic patient care record; this may be a summary care record or local equivalent. This access will be based on prior patient consent, confirmed where possible at the time of access, or in the patient's best interests in an emergency situation where the patient lacks capacity to consent.

(18) There must be the ability for other services (such as NHS 111) to electronically book appointments at the urgent treatment centre directly, and relevant flags or crisis data should be made available for patients.

(19) A patient's registered GP should always be notified about the clinical outcome of a patient's encounter with an urgent treatment centre via a Post Event Message, accompanied by a real-time update of the electronic patient care record locally. For children the episode of care should also be communicated to their health visitor or school nurse, where known, within two working days.

(20) Where available, systems interoperability should make use of nationally defined interoperability and data standards; clinical information recorded within local patient care records should make use of clinical terminology and nationally-defined record structures.

(21) Urgent treatment centres should make capacity and waiting time data available to the local health economy in as close to real-time as is possible for the purposes of system-wide capacity management; relevant real-time capacity information should also be made available for use across Integrated Urgent Care nationally.

(22) Urgent treatment centres should refer to and align with the Integrated Urgent Care Technical Standards to ensure effective service and technical interoperability.

(23) Urgent treatment centres should provide the necessary range of services to enable people with communication challenges to access British Sign Language, interpretation and translation services.

(24) Where appropriate, patients attending an urgent treatment centre should be provided with health and wellbeing advice and sign-posting to local community and social care services where they can self-refer (for example, smoking cessation services and sexual health, alcohol and drug services).

(25) All urgent treatment centres should collect contemporaneous quantitative and qualitative data, including patient experience. From October 2018 all urgent treatment centres must return the data items specified in the Emergency Care Data Set. Locally collected data should be used in a process of continuous quality improvement and ongoing refinement of the service.

(26) All healthcare practitioners working in urgent treatment centres should receive training in the principles of safeguarding children, vulnerable and older adults and identification and management of child protection issues.

(27) All urgent treatment centres to ensure that Child Protection Information Sharing system is in use to identify vulnerable children on a child protection plan, looked after child or in utero. This will ensure that information is shared with social care and other NHS colleagues to enable appropriate action to safeguard the child.

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

Open Report by John Turner, Accountable Officer,
Lincolnshire Clinical Commissioning Groups

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**15 May 2019**
Subject:	**Clinical Commissioning Groups – Developing Management Arrangements**

Summary:

This item will enable the Committee to consider the developing management and staffing arrangements for the four clinical commissioning groups in Lincolnshire. This item will also cover emerging joint arrangements; and the relationships with NHS England / Improvement in the Midlands.

Actions Required:

To consider and note the information provided on the:

- initial and developing executive and staffing arrangements;
- emerging joint governing body arrangements;
- emerging joint governance committee arrangements;
- early consideration of the national *NHS Long Term Plan* commitments to the development of integrated care systems, strategic commissioning and the future roles of CCGs; and
- developing arrangements with the new NHS England/Improvement Midlands Regional Team.

1. Background

The Committee will be aware that the four Lincolnshire NHS Clinical Commissioning Groups (CCGs) – Lincolnshire West CCG, Lincolnshire East CCG, South Lincolnshire CCG and South West Lincolnshire CCG – are working increasingly closer together as part of the developing system working in the NHS in the County.

Furthermore, the recently published national *NHS Long Term Plan* emphasised the need for all Sustainability and Transformation Plan (STP) areas (of which Lincolnshire is one) to become an Integrated Care System by April 2021, and that each Integrated Care System would typically have one CCG within it.

In December 2018, the Lincolnshire CCGs commenced a national recruitment exercise to appoint to the post of single Accountable Officer covering the four CCGs. As a result of this exercise John Turner, previously Accountable Officer for both South and South West Lincolnshire CCGs, was appointed to the post, which commenced on 1 April 2019. It is anticipated that a single Executive Team serving the CCGs will be developed under John Turner's leadership.

John Turner will attend the Committee meeting on 15 May and provide the Committee with an update in relation to:

- initial and developing executive and staffing arrangements;
- emerging joint governing body arrangements;
- emerging joint governance committee arrangements;
- early consideration of the national *NHS Long Term Plan* commitments to the development of integrated care systems, strategic commissioning and the future roles of CCGs; and
- the developing arrangements with the new NHS England/Improvement Midlands Regional Team.

2. Consultation

This is not a direct consultation item.

3. Conclusion

The Committee is asked to consider the update report.

4. Background Papers

No background papers within the definition set out in Section VA of the Local Government Act 1972 were used in the preparation of this report.

This report was written by John Turner, who can be contacted via
John.Turner@SouthLincolnshireCCG.nhs.uk

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

Open Report on behalf of David Coleman, Chief Legal Officer

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**15 May 2019**
Subject:	**Health Scrutiny Committee for Lincolnshire - Work Programme**

Summary:

This item enables the Committee to consider and comment on the content of its work programme, which is reviewed at each meeting of the Committee. The Committee may wish to highlight items that could be included for consideration in the work programme.

As is clear from this report, the main focus for the Committee in the coming months is the *Healthy Conversation 2019* engagement exercise, which was launched in March 2019 and will continue into the autumn of this year. This focus on *Healthy Conversation 2019* was agreed by the Committee on 20 March 2019.

Actions Required:

(1) To note the content of the work programme, with the focus on the *Healthy Conversation 2019* engagement exercise.

(2) To review, consider and comment on the work programme set out in the report.

1. Work Programme

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

The main focus for the Committee in the coming months is the *Healthy Conversation 2019* engagement exercise, which was launched in March 2019 and will continue into the autumn. The Committee agreed this approach on 20 March 2019 and also set an outline programme of activity.

The NHS in Lincolnshire is keen that clinicians present the *Healthy Conversation 2019* items, together with senior NHS managers. As a result some of the *Healthy Conversation 2019* items planned for the dates from July onwards may be subject to change, dependent on clinician availability.

The items listed for today's meeting are set out below: -

15 May 2019 – 10 am	
Item	*Contributor*
Healthy Conversation 2019: General Update	John Turner, Accountable Officer, Lincolnshire Clinical Commissioning Groups Charley Blyth, Director of Communications and Engagement, Lincolnshire Sustainability and Transformation Partnership
Healthy Conversation 2019: Urgent and Emergency Care	Dr David Baker, Chair, South West Lincolnshire Clinical Commissioning Group Dr Yvonne Owen, Medical Director, Lincolnshire Community Health Services NHS Trust Ruth Cumbers, Urgent Care Programme Director, Lincolnshire Sustainability and Transformation Partnership
Clinical Commissioning Groups Developing Management Arrangements	John Turner, Accountable Officer, Lincolnshire Clinical Commissioning Groups

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

12 June 2019 – 10 am	
Item	*Contributor*
Healthy Conversation 2019: Women's and Children's Services	Tracy Pilcher, Chief Nurse, Lincolnshire Community Health Services NHS Trust *(and clinician to be confirmed)*
Healthy Conversation 2019: Breast Services	Mr Jibril Jibril, Consultant Surgeon and Head of Service, United Lincolnshire Hospitals NHS Trust *(to be confirmed)* Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group
Healthy Conversation 2019: Stroke Services	Dr Abdul Elmarimi, Consultant in Stroke Medicine, United Lincolnshire Hospitals NHS Trust Dr Richard Andrews, Consultant Cardiologist, United Lincolnshire Hospitals NHS Trust
Non-Emergency Patient Transport	Tim Fowler, Director of Contracting, Lincolnshire West Clinical Commissioning Group Mike Casey, Director of Operations, Thames Ambulance Service

10 July 2019 – 10 am	
Item	*Contributor*
Healthy Conversation 2019 – Mental Health	Representatives from the Lincolnshire Sustainability and Transformation Partnership
United Lincolnshire Hospitals NHS Trust: Women and Children's Services Update	Senior Management Representatives from United Lincolnshire Hospitals NHS Trust
United Lincolnshire Hospitals NHS Trust: Care Quality Commission Update	Senior Management Representatives from United Lincolnshire Hospitals NHS Trust
General Practice – Access and Demand	Dr Kieran Sharrock, Medical Director, Lincolnshire Local Medical Committee

18 September 2019 – 10 am	
Item	*Contributor*
East Midlands Ambulance Service NHS Trust - Lincolnshire Division Update	Mike Naylor, Director of Finance, East Midlands Ambulance Service NHS Trust Sue Cousland, General Manager – Lincolnshire Division - East Midlands Ambulance Service NHS Trust
Healthy Conversation 2019 – General Surgery	Representatives from the Lincolnshire Sustainability and Transformation Partnership
Healthy Conversation 2019 – *Trauma and Orthopaedics*	Representatives from the Lincolnshire Sustainability and Transformation Partnership
Healthy Conversation 2019 – Haematology	Representatives from the Lincolnshire Sustainability and Transformation Partnership
Healthy Conversation 2019 – Oncology	Representatives from the Lincolnshire Sustainability and Transformation Partnership
Delivery of the NHS England National Cancer Strategy in Lincolnshire - Update	To be advised
Winter Resilience – Review of 2018-19 and Plans for 2019-20	To be advised

16 October 2019 – 10 am	
Item	*Contributor*
Healthy Conversation 2019 – Integrated Community Care	Representatives from the Lincolnshire Sustainability and Transformation Partnership
Healthy Conversation 2019 – Grantham Acute Medicine	Representatives from the Lincolnshire Sustainability and Transformation Partnership

<u>Items to be Programmed</u>

- Developer and Planning Contributions for NHS Provision
- CCG Role in Prevention
- Lincolnshire Sustainability and Transformation Plan / Acute Services Review – Formal Consultation Elements

Appendix A to the report sets out the previous work undertaken by the Committee in a table format.

Conclusion

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

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

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

APPENDIX A

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
AT-A-GLANCE WORK PROGRAMME

KEY ✓ Substantive Item α Chairman's Announcement Planned Item	2017						2018											2019				
	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May
Meeting Length - Minutes	170	225	185	170	205	230	276	280	270	230	244	233	188	280	160	275	185	200	150	265	130	
Cancer Care																						
General Provision																✓						
Head and Neck Cancers														α					α			
Care Quality Commission																						
General																			α			
Clinical Commissioning Groups																						
Annual Assessment														α								
Lincolnshire East																✓						
Lincolnshire West															✓							
South Lincolnshire																	✓					
South West Lincolnshire																	✓					
Community Maternity Hubs								α														
Community Pain Management												α								α		
Dental Services							✓		α								α	α		✓		
GPs and Primary Care:																						
Boston – The Sidings																					α	
Extended GP Opening Hours								α			α				α							
GP Recruitment			α		α																	
Lincoln GP Surgeries		α		α																		
Lincoln Walk-in Centre		✓	α	✓		✓		✓			✓											
Louth GP Surgeries		α	α																			
Out of Hours Service														α								
Sleaford Medical Group									α													
Spalding GP Provision														α								
Grantham Minor Injuries Service												α	✓	α								
Health and Wellbeing Board:																						
Annual Report												α										
Joint Health and Wellbeing Strategy		✓						✓														
Pharmaceutical Needs Assessment					✓		✓															
Health Scrutiny Committee Role	✓																					
Healthwatch Lincolnshire											α		α		α							
Lincolnshire Community Health Services NHS Trust																						
Care Quality Commission													α		α							
Learning Disability Specialist Care				✓									✓									
Lincolnshire Sustainability & Transformation Partnership / Healthy Conversation 2019																						
General / Strategic Items				✓			✓				α	✓	α	✓			✓		✓	✓		✓
GP Forward View										✓												
Integrated Community Care										✓						✓						
Mental Health								✓							✓	α						
NHS Long Term Plan																α	✓	✓	✓			
Operational Efficiency									✓													
Stroke Services																						
Urgent and Emergency Care									✓							✓						✓

	2017						2018												2019				
KEY ✓ Substantive Item α Chairman's Announcement Planned Item	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May
Lincolnshire Partnership NHS Foundation Trust:																							
General Update / CQC		✓																α				
Older Adults Services																					✓	
Psychiatric Clinical Decisions Unit							α															
Lincolnshire Reablement & Assessment Service																	α					
Local Government Elections																			α			
Louth County Hospital														α	✓		α					
Northern Lincolnshire and Goole NHS Foundation Trust			α												α			α				
North West Anglia NHS Foundation Trust							✓									α				✓		
Organisational Developments:																							
CCG Joint Working Arrangements													✓	α				α			α	✓
Integrated Care Provider Contract														α	✓							
National Centre for Rural Care													α					α				
NHSE and NHSI Joint Working												α						α				
Lincoln Medical School			α														α					
Patient Transport:																							
Ambulance Commissioning			✓																			
East Midlands Ambulance Service			✓		α					✓	α	α	α	✓		α	α				✓	
Non-Emergency Patient Transport						✓	α	✓	✓	✓		✓	α	✓	α	α	✓	✓	✓	✓		
Sleaford Ambulance & Fire Station											α		α									
Public Health:																							
Child Obesity												α	α									
Director of Public Health Report												✓										
Immunisation					✓																	
Influenza Vaccination Programme																	α					
Pharmacy			α																			
Renal Dialysis Services														✓								
Quality Accounts	✓								✓											✓		
United Lincolnshire Hospitals NHS Trust:																							
A&E Funding		α																				
Introduction	✓																					
Care Quality Commission		✓										α	α	✓				✓	α	✓		
Children/Young People Services											✓	✓	✓	✓		✓	α	✓		✓		
Financial Special Measures			α		✓					✓												
Grantham A&E			✓				✓	α						α	α	α		✓	✓		α	
Orthopaedics and Trauma												α		α					α			
Stroke Services																		α				
Winter Resilience					α	✓	α	α			✓				✓							

This page is intentionally left blank