



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
22 JULY 2020**

Lincolnshire County Council

Councillors C J T H Brewis (Vice-Chairman), M T Fido, R J Kendrick, C Matthews, R A Renshaw, M A Whittington, R Wootten and L Wootten.

Lincolnshire District Councils

Councillors S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), Mrs S Harrison (East Lindsey District Council), S Barker-Milan (North Kesteven District Council) and Mrs A White (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Deborah Hussey (Quality Improvement and Assurance Lead Specialist Services, Lincolnshire Partnership NHS Foundation Trust), Jane Marshall (Director of Strategy, Lincolnshire Partnership NHS Foundation Trust), Liz Ball (Interim Chief Nursing Officer, Lincolnshire Clinical Commissioning Group), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Maz Fosh (Chief Executive, Lincolnshire Community Health Services NHS Trust), Tracy Pilcher (Director of Nursing, Lincolnshire Community Health Services NHS Trust), Yolanda Martin (Associate Director of Communications, Lincolnshire Partnership NHS Foundation Trust), Siu-Ann Pang (Head of Mental Health, Learning Disability & Autism Specialised Commissioning, NHS England & NHS Improvement Midlands) and Steve Roberts (Associate Director of Operations, Older Adult Services, Lincolnshire Partnership NHS Foundation Trust).

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

1 ELECTION OF CHAIRMAN

RESOLVED

That Councillor C S Macey be elected as Chairman of the Health Scrutiny Committee for Lincolnshire for 2020/21.

COUNCILLOR C S MACEY IN THE CHAIR

2 ELECTION OF VICE-CHAIRMAN**RESOLVED**

That Councillor C J T H Brewis be elected as Vice-Chairman of the Health Scrutiny Committee for Lincolnshire for 2020/21.

3 INTRODUCTIONS BY THE CHAIRMAN

The Chairman welcomed everyone to the meeting, and advised that in addition to the confirmed members of the Committee, the following people were also present at the meeting:

- Councillor Mike Thompson, (Executive Support Councillor for NHS Liaison and Community Engagement);
- Jane Marshall,) Director of Strategy, Lincolnshire Partnership NHS Foundation Trust);
- Deborah Hussey, (Quality Improvement and Assurance Lead for Specialist Services, Lincolnshire Partnership NHS Foundation Trust);
- Steve Roberts, (Associate Director of Operations, Older Adult Services, Lincolnshire Partnership NHS Foundation Trust);
- Yolanda Martin, (Associate Director of communications, Lincolnshire Partnership NHS Foundation Trust);
- Siu-Ann Pang, (Head of Mental Health, Learning Disability & Autism Specialised Commissioning, NHS England & NHS Improvement Midlands;
- Liz Ball, (Interim Chief Nursing Officer, Lincolnshire Clinical Commissioning Group);
- Kakoli Choudhury, (Public Health Consultant); and
- Simon Evans, (Health Scrutiny Officer).

The Committee was advised further that it was expected that Maz Fosh, Chief Executive, Lincolnshire Community Health Services NHS Trust and Tracy Picher, Director of Nursing, Lincolnshire Community Health Services would be joining the meeting later in the proceedings.

The Chairman reminded members of the Committee and other participants of meeting etiquette, and the role of the Committee members as constructive scrutineers.

4 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence had been received from Councillor Mrs R Kaberry-Brown (South Kesteven District Council).

The Committee noted that Councillor L Wootten (South Kesteven District Council) had replaced Councillor Mrs R Kaberry-Brown (South Kesteven District Council) for this meeting only.

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

5 DECLARATION OF MEMBERS' INTEREST

There was no declaration of members' interest made at this stage of the meeting.

6 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE MEETING HELD ON 17 JUNE 2020

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 17 June 2020 be agreed and signed by the Chairman as a correct record.

7 CHAIRMAN'S ANNOUNCEMENTS

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

The supplementary announcements provided information on the following four items:

- Fishtoft Road Dialysis Unit, Boston;
- Review of Renal Services;
- Powers for Local Authorities During Covid-19; and
- Parking at Hospitals.

The Chairman also advised the Committee that if they were in agreement, he would send a letter to Dr Jason Wong, congratulating him on his recent appointment as Deputy Chief Dental Officer for England.

The Committee noted that following a request from presenters, it was the Chairman's intention to reverse items 7 and 8, and therefore item 8 would be then next item on the agenda.

RESOLVED

1. That the Supplementary Chairman's announcements and the Chairman's announcements as detailed on pages 15 and 16 of the report pack be noted.
2. That on behalf of the Committee, a letter be sent to Dr Jason Wong, congratulating him on his appointment as Deputy Chief Dental Officer for England.

8 LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST: CHILD AND
ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

The Committee was advised that Item 8 could be found on pages 25 to 35 of the agenda pack.

It was noted that a decision to close Ash Villa South Rauceby School (attached to the Ash Villa Unit) was due to be made on 31 July 2020 by Councillor Mrs P A Bradwell OBE, (Executive Councillor for Adult Care, Health and Children's Services), as there were no pupils on roll at the school.

The Chairman advised that there were three contributors for this item: Jane Marshall, Director of Strategy Lincolnshire Partnership NHS Foundation Trust, Deborah Hussey, Improvement and Assurance Lead for Specialist Services, Lincolnshire Partnership NHS Foundation Trust and Siu-Ann Pang, Head of Mental Health, Learning Disability & Autism Specialised Commissioning, NHS England & NHS Improvement Midlands.

The Director of Strategy, Lincolnshire Partnership NHS Foundation Trust highlighted to the Committee that a new model of care had been designed as a potential solution to improve Child and Adolescent Mental Health Service (CAMHS) care in Lincolnshire from March 2020. However, when the Ash Villa CAMHS Inpatient Unit near Sleaford was suddenly temporarily closed in October 2019, due to a lack of medical cover, the mobilisation of the planned new model of care was brought forward, with the interim intensive home treatment team commencing the service on 4 November 2019, ahead of the planned date of March 2020.

The Committee noted that the 13 bedded unit at Ash Villa was commissioned by the NHS England Specialist Commissioning Team. The young people who had been in receipt of care at Ash Villa were aged between 13 to 18 years of age and had severe and /or complex mental disorders.

It was noted that since the Committee had given consideration to the pilot at its meeting on 22 January 2020, the outcomes of the new model of care were:

- There had been no serious incidents;
- There had been two out of area patient admissions to General Adolescent Units during the five months of 2019/20, since Ash Villa had been temporarily closed, compared to 22 in the same time period in 2018/19. It was highlighted this had resulted in one of the patients travelling to Northampton and the other patient having to travel to Bristol;
- The Service had done everything it could to minimise the number of children and young people travelling out of area. Confirmation was given that at the time of writing the report, there were no Lincolnshire children and young people out of area;
- There were approximately 2,100 Lincolnshire children using the service at any one time;
- There had been a significant reduction in length of stay;
- The number of occupied bed days were reducing; and
- That positive feedback from patients and carers had increased.

During discussion, the Committee raised the following points:

- Out of hour's provision – The Committee noted that the model of delivery was based on service availability seven days a week from 08:45 to 19:00. Confirmation was given that out of hours provision was available 24/7;
- Respite provision - The Committee was advised that there was no respite provision;
- Plans to move back to the Ash Villa site – The Committee noted that it was not the intention to move back to Ash Villa, as the building was not suitable. It was noted further that the new model was working well, and fitted with the Trust's vision to support young people in their own home;
- Support for Parents – Reassurance was given that support was provided to the child, or young person and the family as part of the offer of support. It was noted that the support might be offered digitally, on-line; by telephone or when necessary face to face;
- The Committee was advised that referrals could be made through various routes, for example GP, school, and self-referral. The Committee noted that there was not a single point of access;
- Out of county placements – There was an understanding that the two placements mentioned earlier in the presentation had travelled some distance to access help. It was highlighted that steps were being taken to work with providers within East Midlands to help reduce travelling. A question was asked what transport arrangements were in place. Reassurance was given that the Trust wanted to support families; and the Trust was working hard to help prevent out of county placements;
- Young Person Unit in the county - Confirmation was given that Lincolnshire did not have a Children and Young Person Unit in the county; and that the testing of the pilot for intensive home treatment; and new ways of working had reduced the need for in-patient provision;
- Future plans for Ash Villa – Confirmation was given that conversations were on going regarding the future use of the building. Confirmation was given that Ash Villa did not meet the required specifications set by NHS England for an in-patient unit. A request was made for a report concerning the future of the Ash Villa site;
- Success of the Pilot – A request was made for a further report regarding the success of the pilot. The Committee noted that NHSE were looking to extend the pilot until March 2021, so that lessons could be learnt from the model in Lincolnshire;
- A question was asked whether all children who required special care were being identified by GP services. The Committee was advised that there were excellent GPs in the county, who were able to identify when children and young people required specialist help and would make a referral. It was however noted that there had been a reduction in the number of referrals made during Covid-19, and that this was a concern;
- What assistance was provided to young people who passed the 18 year old threshold? It was reported that lots of planning was conducted before the transitional period; and that there was a clear transition process which

involved the young person and the family, to ensure that a plan was put in place to make sure that the necessary support was provided. The Committee was advised that a copy of the protocol would be shared with the Committee after the meeting;

- How the surge in demand for CAMHS, arising from Covid-19 was going to be managed. The Committee noted that this would form part of the NHS recovery plan. It was noted further that work was on-going with schools and primary care to get the message out, that the service was there for children and young people who needed to access it;
- Lessons to be learnt from the feedback detailed on page 32 of the report pack. Reassurance was given that lessons could always be learnt, and that the Trust needed to get better at reflecting and taking actions forward;
- What form of engagement and consultation would be conducted regarding the changes? The Committee was advised that NHS England/NHS Improvement would be leading on the consultation; and the model recommended would be similar to the one conducted for Learning Disabilities; where all interested parties involved in the service were invited to have input, to ensure that an open honest conversation was had;
- When the Committee would expect a further report regarding the consultation. The Committee was advised that a report following the initial phase of the pilot, after the end of October 2020 would be appropriate.

RESOLVED

1. That Lincolnshire Partnership NHS Foundation Trust be commended for the positive feedback on the interim home treatment team service for Child and Adolescent Mental Health Services.
2. That a further report be received by the Committee after the initial phase of the pilot ending in October 2020.
3. That the Committee wished it to be put on record its concern with regard to the distance children and families will be expected to travel to access a General Adolescent Unit outside Lincolnshire.

9 LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST: RESPONSE TO COVID-19

The Chairman invited Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust (LPFT) and Deborah Hussey, Quality Improvement and Assurance Lead for Specialist Services, Lincolnshire Partnership NHS Foundation Trust to present the report. The report was detailed on pages 17 to 23 of the report pack.

The Committee was advised that some examples of service changes in respond to the pandemic were shown on pages 18 and 19 of the report pack. It was highlighted that services had been adapted to ensure that the organisation remained responsive to its patients, whilst respecting the restrictions in place.

It was reported that levels of patients being referred to the services had reduced during the lockdown period, but the number of people being seen by LPFT services had remained the same. Details of activity and performance statistics were provided on page 20 of the report pack. It was highlighted that the number of people being seen by digital and telephone contacts had increased, as the model of delivery changed during the crisis.

In conclusion, it was highlighted that the Trust had adapted its service delivery to meet patient needs during lockdown; ensured that key delivery targets were met; established staff well-being support, which included the Black, Asian and Minority Ethnic (BAME) workforce; set up recovery and restoration processes to move to the 'new normal' way of working; and the completion of a questionnaire to gauge staff and patient experiences of working during the Covid-19 pandemic.

During discussion, the Committee raised the following points:

- The effect of the pandemic on the service – The Committee was advised that modelling had suggested that the effects of the pandemic on mental health would be seen for up to ten years. The Committee noted that a recovery plan was being developed for Lincolnshire, which included a universal offer of support relating to emotional wellbeing. The Committee was advised that plans were in place and work was in progress; and that by working together with other organisations the Trust would through its restoration process be looking at different ways of spotting early signs of need and then providing services earlier. The Committee was advised that an update on the offer could be considered by the Committee at a future meeting;
- The effect of social distancing on the service – The Committee was advised that ten acute adult mental health beds had been taken out of wards to ensure compliance with social distancing;
- It was highlighted that page 19 of the report pack made reference to a 'mothballed inpatient unit', which was currently being explored as a temporary unit. The Committee was advised that this referred to Ash Villa during Covid-19 being used as a possible temporary accommodation unit; and
- Support for staff – The Committee was reassured that all steps were being taken to provide support to staff, which included testing; additional psychological support services to provide staff with emotional support; more support for staff experiencing domestic abuse; and a special programme of work, led by the Medical Director, to support the BAME workforce.

RESOLVED

1. That the Committee's gratitude be recorded to all staff at Lincolnshire Partnership NHS Foundation Trust on its response to Covid-19.
2. That a report concerning the 'Universal Offer' be considered by the Committee at a future meeting.

ADULT HOME TREATMENT SERVICE

The Chairman highlighted to the Committee that information pertaining to this item could be found on pages 37 to 40 of the report pack.

The Chairman advised that there were three contributors for this item: Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust, Deborah Hussey, Quality Improvement and Assurance Lead for Specialist Services, Lincolnshire Partnership NHS Foundation Trust and Steve Roberts, Associate Director of Operations, Older Adult Services, Lincolnshire Partnership NHS Foundation Trust.

The Associate Director of Operations, Older Adult Services, Lincolnshire Partnership NHS Foundation Trust presented the report and made reference to the Older People Home Treatment Team Outcomes as detailed on pages 38 to 40 of the report pack. It was highlighted the model had reduced in-patient admissions and the number of patients treated out of area; it had also provided improved treatment efficiency; improved patient wellbeing; reduced clinical incidents; and reduced medication use.

The Committee was advised that the Older People Home Treatment Team pilot over the last 18 months had proven to be successful across all performance, financial and quality indicators. It was highlighted that a process of consultation (or targeted engagement) was now required in order to consider the Home Treatment model as a permanent arrangement taking into account staff, carer, patients and stakeholder views.

During discussion, the Committee made the following comments:

- Need for the service – The Committee noted that it was difficult to foresee need going forward, but it was anticipated that need would increase. It was highlighted that the service was not standalone; and that a continuous care pathway in mental health had been set up, It was noted further that a single point for decision making had been introduced across the pathway, to help decisions to be made in a timely manner;
- Joint working – The Committee was advised that the service worked with a network of services and providers across the county;
- Positive effects of Covid-19 - It was noted that there had been positives from the pandemic, one in particular was that of community engagement; and the need to try to perpetuate some of the enthusiasm going forward, as part of the universal offer;
- Older Adult Home Service Treatment Service and the definition of Age for Older. The Committee was advised that the Home Treatment Team dealt with the most acute patients, who did not need to be in hospital; and that contact through the pandemic had continued to be face to face. It was noted that the other mental health teams, had experienced a reduction in demand; and the service looked at alternative ways to being able to provide the service required. As mentioned earlier in the item a digital offer was made, as was telephone calling; all patients were monitored and received contact. Clarification was given that for dementia there was no age limit and that the

term older age had traditionally referred to someone 65 and above, but services were largely offered irrespective of age;

- Ward Provision – Confirmation was given that only one ward was necessary as the need was no longer there. Since the commencement of the model, of the 394 referrals only 28 of the patients had required progression to in-patient admission. This had represented a potential admission avoidance of circa 93% (366 patients avoided admission);
- Positive feedback – The Committee was advised that overall, patient experience of the model had been consistently high and that this information could be shared with the Committee; and
- When targeted engagement or consultation was likely to take place. Reassurance was given that the Trust would seek the views of staff, carers, patients and stakeholders and that the Trust would be commencing targeted engagement or consultation as soon as it could. The Committee noted that Rochford Ward was temporally closed to fund the Older Adult Home Treatment Service; and that the Trust was happy to commence targeted engagement or consultation, if the Health Scrutiny Committee was in agreement. It was confirmed that the Committee was in agreement with this approach.

The Chairman on behalf of the Committee extended thanks to the contributors for the first three items on the agenda.

RESOLVED

That the progress made with the older adult's home treatment service be noted; and that an item on the targeted engagement/consultation be considered a future meeting of the Committee.

11 INTEGRATED URGENT CARE IN LINCOLNSHIRE

The Chairman advised that the report for this item had been circulated separately by email to all members of the Committee.

The Chairman advised further that there were two contributors for this item: Maz Fosh, (Chief Executive, Lincolnshire Community Health Services NHS Trust) and Tracy Pilcher, (Director of Nursing, Lincolnshire Community Health Services NHS Trust).

The Committee received an introduction from the Chief Executive, Lincolnshire Community Health Services NHS Trust, which provided an update on the Integrated Urgent Care Services in Lincolnshire, which was in line with the integrated urgent care commissioning standards, which sought to bring urgent care access, treatment and clinical advice into a much closer alignment through a consistent and integrated NHS 111 service model. Details of the Lincolnshire integrated urgent care delivery model was included in paragraph one of the report.

In guiding the Committee through the report, the Director of Nursing, Lincolnshire Community Health Services NHS Trust made reference to:

- NHS England's twenty seven standards for Urgent Treatment Centres (UTCs) the Trust had to meet, to ensure that a consistent service was provided to the public. It was noted that the standards specified that UTCs should be integrated with local urgent care services, usually led by general practitioners and should be ideally located with primary care facilities. Details of the nationally mandated UTC standards were shown in paragraph 2 of the report;
- How Lincolnshire Community Health Services were delivering its elements of urgent care; and how this was being achieved. Paragraph 4 of the report provided the Committee with details relating to the significant amount of transformation that was taking place to move to the integrated model. It was noted that the Clinical Assessment Service (CAS) was well established and was operating 24/7 365 days a year providing phone based clinical advice and guidance with timely call backs to patients to support care, closer to home. The Committee noted further that e-consultations (video conferencing) had been introduced within CAS for those patients wishing to use it. The Committee was advised that the Louth and Skegness UTCs had gone live in October 2019; and Lincoln and Boston UTCs had gone live in December 2019. It was also highlighted that the re-building of Boston UTC had commenced. Further transformational changes were shown within paragraph 4 of the report;
- The Committee noted the changes made during Covid-19. The changes had included an increase in the daily CAS activity of 21%, increasing daily cases to 399; a reduction in attendances at Gainsborough and Spalding Minor Injuries units; a reduction in attendance at Louth and Skegness UTCs; and the designation of Grantham and District Hospital as a temporary UTC (This decision had been taken by the United Lincolnshire Hospitals NHS Trust Board of Directors on 11 June 2020), as part of plans to provide a Covid-19 free 'green' site at Grantham Hospital.

During discussion, the Committee raised the following points:

- Some concern was expressed for Grantham & District Hospital to return to having an A&E; and not a temporary Urgent Treatment Centre. Confirmation was given that Grantham had a 24/7 walk in UTC. This model had allowed temporary changes to clinical pathways to support United Lincolnshire Hospital NHS Trust (ULHT) in their efforts to create Covid-19 free 'green' site at Grantham;
- Confirmation was given that Lincolnshire Community Health Services Trust (LCHS) did not have a contract with ULHT in relation to the Grantham UTC, but that a Memorandum of Understanding was in place. It was highlighted to the Committee that the arrangements were for a temporary period and both ULHT and LCHS were working together to ensure services were provided during Covid-19;
- Complaints from Grantham residents contacting NHS 111. It was reported that Grantham residents when contacting NHS 111 were being directed to either Lincoln or Pilgrim Hospital. The Committee was advised that profile

details for Grantham had now been updated to reflect the temporary changes. The Committee was invited to pass on any further queries to LCHS;

- Good Communication - The need to make sure that patients were aware of what was on offer and how it could be accessed;
- Staffing – The Committee was advised that a full workforce review had taken place, which ensured that there was the correct number of staff, with the right skills in the right place to meet demand now and for the future;
- GP Out of hours – It was highlighted that GP out of hours was still available where a UTC was integrated. Confirmation was also given that provision was still available at Grantham Hospital;
- Staffing of the Clinical Assessment Service – The Committee was advised that CAS was staffed with suitably qualified staff and included GPs; and that the service was agile; and that in busy times clinicians were able to log on remotely. It was noted that the average waiting time was ten minutes; and as staff numbers had increased, patients were contacted more quickly;
- Reference was made to the role of Primary Care Networks in supporting urgent care, but these were not yet coterminous with Neighbourhood Teams;
- Whether the new NHS 111 could actual cope with the demand. It was highlighted that for patients in Lincolnshire, calls made into NHS 111, which were categorised as being suitable for LCHS services were passed to the CAS. It was highlighted further that CAS was available 24/7, 365 days a year to provide self-care advice where appropriate, provide a telephone consultation with a clinician to assess patient's needs; and when a patient was assessed as needing additional support, the CAS clinician had a range of options available to them to ensure that the best option was provided to the patient, which included: video consultation; same day direct booking into general practice; same day booked appointment into a UTC, or a home visit; or onward referral to the community nursing team;
- Whether Care Homes had access to NHS 111. The Committee was advised that all care homes had a special number to be able to ring to access the CAS service;
- Reassurance was given that anyone presenting themselves at Grantham temporary UTC would be dealt with accordingly; or transferred for treatment, if necessary. There was an appreciation that on occasions it was confusing for members of the public, and it was highlighted that patients were being encouraged to use the 'talk before you walk' concept, by calling NHS111;
- Concern was expressed that the 'overnight walk-in' arrangements had not been reinstated at Louth and Skegness UTC'. Reassurance was given that the situation was being monitored; and that patients had access to home visits and booked consultations. The Committee noted that If there was an increase in numbers, the overnight provision would be re-instated;
- A question was asked as to how many people had been referred from Grantham to A&Es elsewhere and confirmation was sought whether the figure was still at 3.88% (which represented 44 people). The Committee was advised that the figure was closely monitored; and that currently the figure was between 3 and 5%; and

- The effect of the building works at Pilgrim Hospital, Boston on the UTC. The Committee was advised that the UTC was in a different location; and that the A&E continued to meet the needs of the public.

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

RESOLVED

That the update report on Integrated Urgent Care in Lincolnshire be noted; and that a request be made for a further update to the Committee in three months.

12 CORRESPONDENCE AND OTHER DEVELOPMENTS

The Chairman advised the Committee that the report for this item could be found on pages 41-57 of the report pack. The Committee was advised further that to date a response had not been received to the letter sent on behalf of the Committee to the Secretary of State for Health and Social Care

The Chairman invited Simon Evans, (Health Scrutiny Officer) to present the report. The Committee was advised of the action taken by Lincolnshire County Council and South Kesteven District Council relating to the plans for NHS Services in Lincolnshire, in particular the impact of services at Grantham and District Hospital.

Attached at Appendix A to the report was a copy of the letter sent on behalf of the Committee to the Secretary of State for Health and Social Care on 23 June 2020; and at Appendices B and C were copies of letters sent following the Lincolnshire County Council resolution made on 26 June 2020 for the Committee's consideration.

The Committee was advised that once any response was received, a copy would be forwarded on to members of the Committee.

RESOLVED

1. That the Committee note that following the Committee's decision on 17 June 2020, a letter had been sent to the Secretary of State for Health and Social Care on 23 June 2020, as shown in Appendix A.
2. That the resolutions passed by Lincolnshire County Council on 26 June 2020 and South Kesteven District Council on 1 July 2020 in relation to NHS Services in Lincolnshire, particularly those services at Grantham and District Hospital be noted.
3. That an update from United Lincolnshire Hospitals NHS Trust on 16 September 2020 on the progress with the restoration plan be noted.
4. That Lincolnshire Clinical Commissioning Group has been requested to report on the Healthy Conversation 2019 engagement exercise and that an

update on the Lincolnshire Long Term Plan will be given at the 16 September 2020 meeting, be noted.

13 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK
PROGRAMME

The Chairman invited Simon Evans, (Health Scrutiny Officer) to present the report, which was shown on pages 59 to 67 of the report pack.

During a short discussion, a suggestion made was for introducing a break in proceedings going forward. The Chairman agreed to consider this matter at the agenda setting meeting in early September.

The Chairman advised the Committee that Liz Ball was retiring from the NHS; and that this would be her last meeting she would be attending. The Committee was reminded that Liz had been the Committee's special advisor from the NHS, attending each meeting in her role. On behalf of the Committee the Chairman extended thanks to Liz for her contributions over recent years.

RESOLVED

That the work programme presented be received.

The meeting closed at 1.24 pm