



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
11 MARCH 2015**

PRESENT: COUNCILLOR MRS C A TALBOT (CHAIRMAN)

Lincolnshire County Council

Councillors R C Kirk, S L W Palmer, Miss E L Ransome, Mrs S Ransome, Mrs J M Renshaw and Mrs S M Wray.

Lincolnshire District Councils

Councillors C J T H Brewis (South Holland District Council (Vice-Chairman)), Miss J Frost (North Kesteven District Council), M Harness (East Lindsey District Council), J Kirk (City of Lincoln Council), M G Leaning (West Lindsey District Council) and Dr G Samra (Boston Borough Council).

Healthwatch Lincolnshire

Dr B Wookey.

County Councillor B W Keimach (Executive Support Councillor for NHS Liaison and Community Engagement) and District Councillor G Wiseman (West Lindsey District Council) attended the meeting as observers.

Also in attendance

Ron Buchanan (Chairman, United Lincolnshire Hospitals NHS Trust), Dr K Choudhury (Consultant in Public Health), Simon Evans (Health Scrutiny Officer), Cheryl Hall (Democratic Services Officer), Dr Tony Hill (Executive Director of Community Wellbeing and Public Health), Gary James (Accountable Officer, Lincolnshire East Clinical Commissioning Group), Jane Lewington (Chief Executive, United Lincolnshire Hospitals NHS Trust), Tony McGinty (Consultant Public Health - Children's), Lynne Moody (Executive Nurse and Quality Lead, South Lincolnshire Clinical Commissioning Group), Pauleen Pratt (Acting Chief Nurse, United Lincolnshire Hospitals NHS Trust), Michelle Rhodes (Director of Operations (United Lincolnshire Hospitals NHS Trust) and Chris Weston (Consultant in Public Health, Public Health Intelligence).

91 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from County Councillor T M Trollope-Bellew and District Councillor Mrs R Kaberry-Brown (South Kesteven District Council).

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It was noted that Councillors J Kirk (City of Lincoln Council) and M Harness (East Lindsey District Council) were attending on behalf of Councillors C Burke and C Macey, respectively, for this meeting only.

92 DECLARATION OF MEMBERS' INTERESTS

Councillor S L W Palmer declared a pecuniary interest in Minute 94 – 'United Lincolnshire Hospitals NHS Trust – Update Report', as he had an outstanding personal complaint against the Trust and advised that he would leave the meeting room for the duration of the item.

Councillor Mrs C A Talbot declared an interest in Minute 97 – 'Annual Report of the Director of Public Health on the Health of the People of Lincolnshire 2014', as she financially supported the Lincolnshire Rural Support Network.

Councillor Dr G Samra also declared a pecuniary interest in Minute 94 – 'United Lincolnshire Hospitals NHS Trust – Update Report', as an employee of the Trust and advised that he would leave the meeting room for the duration of the item.

93 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed everyone to the meeting and advised the Committee of the following items: -

i) Burton Road GP Surgery

The Chairman reminded the Committee that Burton GP Surgery was one of only five GP contracts in Lincolnshire, which were managed under Alternative Provider of Medical Services (APMS) arrangements. Unlike other GP contracts, which were perpetual, these APMS contracts were time limited. On 11 March 2015, NHS England had announced the outcome of the procurement exercise for Burton Road GP Surgery in Lincoln. This had been the topic of detailed consideration by this Committee during 2014.

The Chairman reported that the contract, which would begin on 1 July 2015 and would run for a minimum of five years, had been awarded to Universal Health Ltd. Letters had been posted to patients on 9 March, advising them of the new provider and it was likely that existing staff would continue at the surgery.

This represented excellent news for the patients of Burton Road GP Surgery who could now look to the future of their service with some certainty. This Committee had taken the matter very seriously and had pursued it on behalf of the patients. The Chairman was very pleased that the hard work had paid off for the Committee, for the campaigners and for NHS England who had worked with the Committee to find a better way forward for patients.

ii) GP Contracts

On 27 February 2015, the Chairman was advised of the outcomes of the procurement exercise for the other four GP contracts in Lincolnshire under the Alternative Provider of Medical Services (APMS) arrangements. The APMS contract for the Lincoln University GP Practice had been awarded to Danum Medical Services Ltd. The APMS contracts for Metheringham, the Arboretum Lincoln, and the Pottergate Gainsborough GP Surgeries had been awarded to Universal Health Ltd. These four contracts would be effective from 1 April 2015.

iii) Co-Commissioning and Lincolnshire Clinical Commissioning Groups

The Chairman reported that all four Lincolnshire Clinical Commissioning Groups (CCGs) had been included in the group of 64 CCGs in England, who had been given approval to take on the 'delegated' commissioning role for GP Services from April 2015, referred to as "co-commissioning".

Whilst the CCGs would be receiving funding for these GP services, they would not be receiving any funding for the additional administration and management of these GP contracts, which they would have to undertake.

The Chairman had agreed with Lincolnshire West CCG and Lincolnshire East CCG that they would present separate items on co-commissioning later in 2015.

iv) Meetings with Clinical Commissioning Group Colleagues

On 17 February 2015, the Chairman had met Richard Childs, the Chairman, and Sarah Newton, the Chief Operating Officer, of Lincolnshire West CCG. Arising from this meeting, an item on the development of neighbourhood teams in Lincolnshire had been planned for the June meeting; and an item on co-commissioning had been planned for later in the year.

On 5 March 2015, the Chairman had met Dr Peter Holmes, the Chairman, and Gary James, the Accountable Officer, of Lincolnshire East CCG. As a result of this meeting, the Committee would be considering future agenda items on Louth County Hospital; and the impact of temporary residents in East Lindsey on the NHS.

v) Consultation on Draft Standards and Service Specifications for Congenital Heart Disease Services

On 2 March 2015, NHS England had published the consultation report on the *Draft Standards and Service Specifications for Congenital Heart Disease Services*. The 142 page consultation report was factual in that it summarised the 459 consultation responses on a question-by-question basis. A total of five responses to the consultation had originated from Lincolnshire, including the response of the Committee. A specific reference to road links and restricted public transport in Lincolnshire had been included on page 94 of the consultation report, which was available at the following link:

www.dialoguebydesign.co.uk/project/nhs-england-consultation-draft-standards-service-specifications-congenital-heart-disease-services/

The consultation report made no recommendations. NHS England had stated that the issues raised by the consultation would be considered by various groups as part of NHS England's governance and review processes, with the final decisions on the standards and specifications made by NHS England in the summer of 2015.

vi) Special Care Dentistry Services

The Chairman had received a briefing from NHS England on the arrangements for the procurement of Special Care Dentistry in Leicestershire and Lincolnshire. Special Care Dentistry was provided for patients who required services under sedation or general anaesthesia, for children who required multiple extractions, or had complex health needs, as well as for adults with special needs. The briefing paper would be circulated to the Committee with these announcements.

vii) Lincolnshire Community Health Services NHS Trust – Appointment of Chairman

On 9 March 2015, the NHS Trust Development Authority had announced that Elaine Baylis had been appointed as the new Chairman of Lincolnshire Community Health Services NHS Trust. Elaine Baylis would take over from Dr Don White on 1 April 2015.

viii) Worldwide Review of Ambulance and Emergency Services

There had been a reference in the minutes of the last two Committee meetings to the 'worldwide review' of ambulance and emergency services, the correct title of the review was: *First Contact Emergency Care Models for Rural and Dispersed Populations*. This report had been published and would be circulated with the announcements.

ix) Quality Accounts

The Chairman referred to Minute 88 of the Committee, 11 February 2015, in which there had been a reference to Healthwatch Lincolnshire seeking advice on the propriety of their making statements on the Quality Accounts of providers of NHS-funded services, whose headquarters were outside Lincolnshire. Dr Wookey had advised that Healthwatch Lincolnshire would concentrate on Lincolnshire-based providers, together with the East Midlands Ambulance Service (EMAS).

As a result there would be a joint Health Scrutiny Committee and Healthwatch Lincolnshire statement on five Quality Accounts: EMAS, Lincolnshire Community Health Services NHS Trust, Lincolnshire Partnership NHS Foundation Trust, United Lincolnshire Hospitals NHS Trust and St Barnabas Hospice Trust.

The Health Scrutiny Committee would be making its own statement on Northern Lincolnshire and Goole Foundation Trust and Peterborough and Stamford Hospitals

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NHS Foundation Trust. Healthwatch Lincolnshire would be making its own statement on Boston West Hospital.

94 MINUTES OF THE MEETING OF THE COMMITTEE HELD ON
11 FEBRUARY 2015

RESOLVED

That the minutes of the meeting held on 11 February 2015 be agreed as a correct record and signed by the Chairman.

NOTE: At this stage in the proceedings Councillor S L W Palmer declared a pecuniary interest in Minute 94 – 'United Lincolnshire Hospitals NHS Trust – Update Report', as he had an outstanding personal complaint against the Trust and left the meeting room for the duration of the item.

Councillor Dr G Samra also declared a pecuniary interest in Minute 94 – 'United Lincolnshire Hospitals NHS Trust – Update Report', as an employee of the Trust and left the meeting room for the duration of the item.

95 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - UPDATE REPORT

A report by Jane Lewington (Chief Executive, United Lincolnshire Hospitals NHS Trust) was considered, which provided information on topic areas, which had been requested by the Committee on 19 November 2014, as follows: -

- Cancer Care, including breast cancer services
- Staff recruitment and retention
- The implementation of care bundles
- Delayed Transfers of Care
- Infection Control
- Accident and Emergency Attendances
- Financial Position

Ron Buchanan (Chairman), Jane Lewington (Chief Executive), Michelle Rhodes (Director of Operations) and Pauline Pratt (Acting Chief Nurse) of United Lincolnshire Hospitals NHS Trust were all in attendance and provided Members with a detailed presentation.

Cancer Care

The presentation highlighted the following performance figures for Cancer Care:

<u>Cancer Targets</u>	<u>Standard</u>	<u>Year To Date</u>	<u>Year End Forecast</u>
14 Day Cancer	93%	87.5%	88.8%
14 Day Breast	93%	68.3%	70.5%

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<u>Cancer Targets</u>	<u>Standard</u>	<u>Year To Date</u>	<u>Year End Forecast</u>
31 Day First Treatment	96%	96.3%	96.7%
31 Day Subsequent Treatment:			
• Drug	98%	98.7%	98.7%
• Radiotherapy	94%	88.0%	89.5%
• Surgery	94%	92.9%	93.8%
62 Day Classic	85%	77.9%	79.6%
62 Day Screening	90%	88.9%	89.3%
62 Day Up-Grade	N/A	76.5%	81.0%

The report referred to the Cancer Summit, which had taken place on 6 February 2015. The Committee asked for an outline of the outcomes from the Summit, which had been a full day event and had included clinicians, commissioners, public health professionals and patients, as well as representatives from Healthwatch Lincolnshire. The Committee was advised that local outcomes for patients with cancer compared well with other areas; but the number of cancer referrals was increasing in Lincolnshire, for example in the areas of skin cancer and prostate cancer. The County Council's Public Health function had been asked to investigate why the incidence of certain cancers was higher than the national average. The Summit had also concluded that an integrated approach to cancer care was required, including the use of tertiary centres. It was explained that the responsibility for developing a cancer strategy for Lincolnshire rested with the commissioners and South West Lincolnshire Clinical Commissioning Group was the lead commissioner for cancer services. The Committee asked that the formal outcomes from the Cancer Summit and subsequent developments in relation to cancer be pursued with the commissioners at the appropriate time.

It was expected that the Trust's Quarter 4 performance figures would demonstrate improvements, as a result of the actions put in place.

Two new radiologists had been recruited. In response to a question it was confirmed that one of the radiologists was working three days per week at Pilgrim and two days per week at Lincoln County Hospital.

Referral to Treatment Waiting Times

The following referral to treatment waiting time information was presented to the Committee:

<u>Referral To Treatment Times</u>	<u>Sep 14</u>	<u>Oct 14</u>	<u>Nov 14</u>	<u>Dec 14</u>	<u>Jan 15</u>
Admitted Performance (NHS operational standard is 90%)	80.1%	81.7%	76.2%	81.6%	81.3%

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<u>Referral To Treatment Times</u>	<u>Sep 14</u>	<u>Oct 14</u>	<u>Nov 14</u>	<u>Dec 14</u>	<u>Jan 15</u>
Non-Admitted Performance (NHS operational standard is 95%)	92.3%	90.9%	89.9%	91.2%	88.9%
Incomplete Performance (NHS operational standard is 92%)	81.1%	77.5%	81.1%	84.7%	84.6%

The Committee was advised that targets would not improve until this work on improving performance for incomplete pathways was complete.

Mechanisms were in place to enable additional clinics to be established to deal with capacity issues and working in partnership with the independent sector where able and appropriate.

Now the new Patient Administration System was becoming more stable (since December 2014) significant validation could be undertaken. Following this, the Trust would expect data quality to improve and the information reports to be increasingly reliable. Validation work was being recommended to continue until the end of June 2015.

It was confirmed that the Trust Board monitored the performance closely, which included reports from the Finance and Performance Committee.

The Committee requested information on how long it would be before there was an improvement in the waiting time performance. It was explained that the majority of the problems could not be solved by the Trust alone, but were health system issues, which needed addressing across the whole health community. There was a concern that the Trust's market share might reduce and it was important for Lincolnshire that the Trust's services were in a strong position.

The Committee further explored how the Trust would be losing income if patients were being treated elsewhere. The Trust confirmed that the main priority was patient safety.

Funding for winter pressures in 2015/2016 had been included in the base allocations for Clinical Commissioning Groups, rather than being allocated separately. It was, however, confirmed that the level of specific funding for winter pressures (referred to as 'seasonal resilience') would be less in 2015/2016 than in 2014/2015.

Staff Recruitment and Retention

It was confirmed to the Committee that the Trust was continuing with an initiative known as 'Plan for Every Post' for all medical vacancies. The report outlined the governance arrangements for the overseeing recruitment and retention, which included the Workforce and Organisational Development Board Assurance Committee.

Infection Control

It was reported that the Clostridium Difficile target was a maximum of 62 cases and to date 62 cases had been recorded. The Trust had also re-launched the "Bare Below the Elbows" Policy for all staff delivering care whether or not they were employed by the Trust. The Trust had also commenced housekeeping review to meet national cleaning standards.

The Committee referred to the closure of six wards at Pilgrim Hospital in response to the norovirus. It was confirmed that these wards had only been closed to new admissions.

The Committee also referred to the desirability of a no-smoking policy on all the hospital sites, which had been introduced by other hospitals.

Financial Position

The Trust had reported a deficit of £23.224 million at month 10 (end of January 2015) and was likely to miss the planned deficit by £3.5 million and there would be no support for this. However, the Trust had achieved its Cost Improvement Programme of 6%, which was well above the national average. The Trust had underperformed in terms of its income, including approximately £11 million from the Lincolnshire CCGs. A contributing factor to the budget deficit was also the high level of non-elective activity and slower discharges, as well as the additional costs arising from the safer staffing activities.

The Committee explored the overall level of NHS funding for Lincolnshire and observed that NHS England did not take account of rurality in its allocation of funding to CCGs. In fact, three of the four Lincolnshire CCGs had been considered to have received more resources than their 'fair share'. Furthermore, United Lincolnshire Hospitals NHS Trust had the second lowest Market Forces Factor in the tariff arrangements. There was an expectation that savings in health care would be greater in Lincolnshire than other areas.

Patient Records

In November 2014, the Committee had been advised that the Trust was planning to sort 9,000 paper patient records by December 2014, and the costs of introducing electronic patient records could be as high as £40 million. The Committee requested an update and was advised that a major business case was being prepared for the introduction of an electronic patient records system. Clinicians had agreed that a single patient record system needed to be implemented. In the meantime, the Trust would be continuing to address the issues with the paper records.

In response to a question, Members were advised that the percentage of patients sent away from Accident and Emergency departments with no advice and no follow-up within United Lincolnshire Hospitals NHS Trust, year to date, was 37.4% at Lincoln County Hospital and 25% at the Pilgrim Hospital in Boston.

RESOLVED

- (1) That the report, presentation and comments made be noted.
- (2) That a further update be provided to the Committee at its meeting on 22 July 2015, providing further information on the Trust's progress with the topics reported.

NOTE: At this stage in the proceedings, Councillors Dr G Samra and S L W Palmer returned to the room for the remainder of the meeting.

96 WINTER PRESSURES 2014/15 - UPDATE

Consideration was given to a report by Sarah Furley (Urgent Care Programme Director, Lincolnshire East Clinical Commissioning Group), which outlined four areas for consideration: -

- An update on the current performance of the Lincolnshire Urgent Care System.
- Explanation of the problems.
- Description of what had worked well since Christmas 2014.
- Recovering Performance.

Gary James (Accountable Officer, Lincolnshire East Clinical Commissioning Group) was in attendance and presented the report to the Committee.

Local Current Performance

Lincolnshire Accident and Emergency performance had deteriorated during the Winter of 2014. Despite being a national issue, the Lincolnshire health and care system had coped with the pressures better than many neighbouring systems, despite the reduced acute hospital bed capacity. This had been achieved by greater inter-agency working than ever achieved previously, and the introduction of new services and initiatives. Detailed updates were given on the following areas: -

(a) Accident and Emergency Attendances

As of 1 March 2015, United Lincolnshire Hospitals NHS Trust's Accident and Emergency attendances were up by 1.59% compared to the same year to date period in 2013/14. This was equivalent to 2,263 additional people being seen in Accident and Emergency through 2014/15. However in the last quarter, attendances were down by 4.14% compared to the same quarter in 2013/14. This was the equivalent to 955 people less using Accident and Emergency compared to January and February in 2013/14. This would suggest that activity was greater in the spring and summer months, opposed to winter and also suggested that the winter initiatives had been successful.

(b) Accident and Emergency 95% Standard (year to date)

As of 1 March 2015, United Lincolnshire Hospitals NHS Trust Accident and Emergency 95% standard was down by 3.56% at 91.23%, compared to the same year to date period in 2013/14. This was comparable with national performance.

(c) Emergency admissions

As of 1 March 2015, all emergency admissions in United Lincolnshire Hospitals NHS Trust were down by 2.2%, compared to the same year to date period in 2013/14. This was equivalent to 1,188 people not being admitted to hospital. This had suggested that the winter initiatives had been successful.

(d) Delayed Transfers of Care

There had been significant deterioration in Delayed Transfers of Care at United Lincolnshire Hospitals NHS Trust since the summer of 2013/14. Findings had shown that in the nine months between April and December 2014, a total of 10,208 bed days had been lost to Delayed Transfers of Care. This was equivalent to 37 beds at 100% occupancy, and 44 beds at 85% occupancy. Whether measured as an acute trust or as a local authority, United Lincolnshire Hospitals NHS Trust and Lincolnshire, ranked poorly nationally.

(e) Planned Care

During December 2014 and January 2015, 500 elective operations had been cancelled. Cancer and clinically urgent patients had been prioritised.

Explanation of the problems

The start of the winter pressures had begun the weekend before Christmas 2014, with high ambulance turnaround delays and a deteriorating Accident and Emergency standard. The Accident and Emergency standard had not been achieved since the end of September 2014.

In addition, between 8 and 9 December 2014, 79 people were handed back to Lincolnshire County Council's Adult Care Services from independent providers for care over the holiday period, which absorbed any surplus care capacity before Christmas.

The four day closure of primary and planned care services had added an increased demand on urgent care services.

It was noted that there had been two surges of activity on Saturday, 27 December 2014 and Saturday, 3 January 2015 with a consequential impact on the system recovery. Acute care activity did not see the same surge in demand on those dates.

What had worked well since Christmas 2014

As previously reported to the Committee in December 2014, Lincolnshire had secured five separate non recurrent funding streams since July 2014, out of the six opportunities available. Those were targeted at whole system resilience. System changes that had been introduced included: -

- Integrated discharge hubs in hospitals with multi-agency teams;
- Rapid response teams in the community and at the hospital front door;
- Members of community services joining East Midlands Ambulance Service NHS Trust Clinical Assessment Teams to direct patients to community services as alternatives to conveyance;
- Redeployment of community workforce to increase Independent Living Team weekends;
- Ambulatory emergency care, elderly care clinics, and emergency medical clinics to provide alternative pathways for GP and other urgent cases;
- The creation of a step-down Independent Living Team ward (Rochford Ward) to increase independent Living Team capacity and improve patient flow;
- Extension of minor injury services at Sleaford Medical Group;
- A shared capacity management system (Cayder) to act as a single source of information on system capacity across all providers;
- Accident and Emergency in-reach mental health services for substance/alcohol abuse and Children and Adolescent Mental Health Services emergencies;
- A mental health triage care covering the whole county;
- Extending the deployment of a third sector co-responders into EMAS 'green' urgent calls, in addition to the existing response to red calls;
- Three co-conveyancing pilots with Lincolnshire Fire and Rescue in Long Sutton, Stamford and Woodhall Spa;
- At the height of demand, annual leave and all non-clinical duties were stopped to release additional staff to serve with front line services; and
- Additional spot purchased residential and nursing home beds were purchased.

Recovering Performance

It was noted that the remaining challenge was to return Lincolnshire's Accident and Emergency performance to acceptable standards. The System Resilience Group had completed a root cause analysis (as detailed above) of this issue which points to three key areas: -

- Increasing community capacity, in particular the Independent Living Team and domiciliary care. Both services were commissioned by Lincolnshire County Council;
- Reducing delayed discharges in care, by addressing problems of patient choice of preferred destination and proactive discharge planning; and
- Making further improvements in patient flow within hospital.

Members were provided with an opportunity to ask questions, where the following points were noted: -

- Members were advised that there was still a significant need for a single multi-agency assessment to be in place within Lincolnshire, as without it, it caused major delays. Members were concerned that this was not yet in place as they were under the impression that it was;
- It was noted that LIVES First Responders of level 3 and above could attend Road Traffic Collisions;

NOTE: At this stage in the proceedings, Councillor S L W Palmer declared an interest as a LIVES First Responder.

- It was confirmed that there were no Primary Care Services available on Sundays;
- There was a National intention to provider seven-day working, however, Lincolnshire Primary Care Services would face significant pressure to deliver this initiative;
- It was noted that Healthwatch Lincolnshire's report on Planned Care and Discharge would soon be published. It was suggested that this report should be emailed to the Chairman, for her information;
- Members were advised that future funding for Winter Pressures in 2015/16 would be included in the base allocation for Clinical Commissioning Groups, rather than being allocated separately as in previous years.

The Chairman thanked Gary James for their detailed report.

RESOLVED

That the ongoing work and progress, being undertaken by the Lincolnshire's System Resilience Group, and comments made by the Committee be noted.

NOTE: At this stage in the proceedings, the Committee adjourned for lunch and on return, the following Members and Officers were in attendance: -

County Councillors

Councillors Mrs C A Talbot (Chairman), R C Kirk, S L W Palmer, Mrs J M Renshaw and Mrs S M Wray.

District Councillors

Councillors C J T H Brewis (South Holland District Council), Miss J Frost (North Kesteven District Council), M Harness (East Lindsey District Council), J Kirk (City of Lincoln Council), M Leaning (West Lindsey District Council) and G Samra (Boston Borough Council).

District Councillor G Wiseman (West Lindsey District Council) was in attendance as an observer.

Healthwatch Lincolnshire

Dr B Wookey.

Officers

Dr K Choudhury (Consultant in Public Health), Simon Evans (Health Scrutiny Officer), Cheryl Hall (Democratic Services Officer), Dr Tony Hill (Executive Director of Community Wellbeing and Public Health) and Chris Weston (Consultant in Public Health).

97 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH ON THE HEALTH OF THE PEOPLE OF LINCOLNSHIRE 2014

Consideration was given to a report by Dr Tony Hill (Executive Director of Community Wellbeing and Public Health), which set out the Annual Report of the Director of Public Health on the Health of the People of Lincolnshire 2014.

The Executive Director presented the Annual Report to the Committee and provided a detailed update on the following chapters: -

- Progress on previous recommendations;
- Premature Mortality in Lincolnshire;
- Cancer;
- Circulatory diseases;
- Suicide and mortality from undetermined causes;
- Respiratory diseases;
- Accidents; and
- Chronic liver disease.

Twenty-two recommendations were included within the report, which Members were invited to consider and comment upon.

Following the presentation of the report, the Committee was provided with an opportunity to ask questions, where the following points were noted: -

- 100 hard copies of the Annual Report were printed, costing under £2 per copy;
- It was noted that the upper age range for cervical cancer screening and breast cancer mammograms had been extended from 65 to 73;
- Members were assured that the Executive Director of Community Wellbeing and Public Health had taken ownership of the recommendations contained within the report and that the relevant partner organisations were encouraged to take them forward;
- There were two/three GP Practices within Lincolnshire which did not provide Health Checks within their practice. However, Members were assured that other GP practices covered those patients who were registered with one of the

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two/three GP practices not delivering this service. The reason why those practices were not providing this service was owing to capacity issues;

- A Councillor commented that within the Lincolnshire East Clinical Commissioning Group area the overall quality of health was lower compared to any of the other Lincolnshire clinical commissioning group areas;
- The Annual Report had been considered by the Clinical Commissioning Group Council. The Annual Report would also be presented to the individual Clinical Commissioning Group Governing Body meetings during April 2015;
- It was agreed that the Health Scrutiny Officer would investigate the National Funding Formula and in particular, how it was allocated;
- A Member queried the content of Figure 7.2 – 'from Chronic Liver Disease, directly standardised rate per 10,000 population in Lincolnshire, 2010/12', page 45 of the Annual Report refers, and it was agreed that an explanation of its content would be emailed to the Vice-Chairman of the Committee;
- It was noted that the training provided through the SafeTALK and ASIST programmes were free of charge;
- It was queried whether the disease registers should also include Neurological Diseases.

NOTE: At this stage in the proceedings, Councillor Mrs S M Wray declared an interest as the County Coordinator of the Lincolnshire Neurological Alliance.

The Chairman thanked the Executive Director of Community Wellbeing and Public Health for his report.

RESOLVED

That the Annual Report of the Director of Public Health on the Health of the People of Lincolnshire 2014 and the comments made by the Committee be noted.

98 REVIEW OF PROCESSES FOR LINCOLNSHIRE'S JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Consideration was given to a report by Chris Weston (Consultant in Public Health), which provided an overview to the upcoming review of content, processes and methodologies underpinning the Joint Strategic Needs Assessment (JSNA).

The Consultant in Public Health presented the report to the Committee and in doing so, made particular reference to the scale of the review, resources required and some indicative timescales for the review process.

It was noted that the current format of the JSNA had been in place since 2011. In 2011, the commitment was made in the JSNA overview report that future iterations of the JSNA would become more 'asset focused'. It was proposed that this review would also evaluate the potential for information linked to community assets to be included within the format.

It was suggested that the full consultation document be presented to the Committee, at the appropriate time.

RESOLVED

- (1) That the Review of Processes for Lincolnshire's Joint Strategic Needs Assessment, as detailed at Appendix A to the report, and the comments made the Committee be noted.
- (2) That the scale, scope and timescale of the whole Joint Strategic Needs Assessment review be noted.

99 STAMFORD AND RUTLAND HOSPITAL - DECISION ON REDEVELOPMENT PROPOSALS

Consideration was given to a report by Simon Evans (Health Scrutiny Officer), which invited the Committee to note the decision of the Board of Directors of Peterborough and Stamford Hospitals NHS Foundation Trust on 24 February 2015 on the redevelopment of Stamford and Rutland Hospital.

Councillor T M Trollope-Bellew had attended the Board meeting on behalf of the Committee and his update was included within the report, page 28 refers.

The Chairman recorded her thanks to Councillor T M Trollope-Bellew for his update following the meeting.

RESOLVED

That the decision of the Board of Directors of Peterborough and Stamford Hospitals NHS Foundation Trust on 24 February 2015 on the redevelopment of Stamford and Rutland Hospital, including the report from Councillor T M Trollope-Bellew be noted.

100 WORK PROGRAMME

The Committee considered its work programme for its meetings over the coming months.

During consideration of the content of the work programme, the following items were suggested for inclusion: -

- Further to Minute 95, it was suggested that the Chairman and Vice-Chairman should consider Cancer Care at the next scheduled Agenda Setting Meeting;
- It was noted that the items on 'Burton Road GP Surgery' and 'Health Education East Midlands' scheduled for 20 May 2015 had now been confirmed;

- Also further to Minute 95, it was noted that a general update from United Lincolnshire Hospitals NHS Trust had been added to the work programme for 22 July 2015;
- It was suggested that the items on St Barnabas Hospice and the Butterfly Hospice, listed under 'Items to be Programmed', should be combined into one item;
- It was also noted that there would be an item on co-commissioning at the meeting scheduled to be held on 16 September 2015; and
- It was also suggested that an item on Neurological Services in Lincolnshire should be added to the work programme.

The Chairman took the opportunity to thank the District Councillors who sat on the Committee and wished them well in the forthcoming election.

RESOLVED

That the work programme and the changes made therein be approved.

The meeting closed at 4.00 pm.