HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
16 DECEMBER 2015

PRESENT: COUNCILLOR MRS C A TALBOT (CHAIRMAN)

Lincolnshire County Council

Councillors R C Kirk, S L W Palmer, Mrs S Ransome, Mrs J M Renshaw, T M Trollope-Bellew and Mrs S M Wray

Lincolnshire District Councils

Councillors G Gregory (Boston Borough Council), Mrs P F Watson (East Lindsey District Council), M Wilson (City of Lincoln Council), C J T H Brewis (South Holland District Council (Vice-Chairman)) and Mrs R Kaberry-Brown (South Kesteven District Council)

Healthwatch Lincolnshire

Dr B Wookey

Also in attendance

Andrea Brown (Democratic Services Officer), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Simon Evans (Health Scrutiny Officer), Jonas Gibson (Commissioning and Development Manager), Dr Peter Holmes (Chairman - Lincolnshire East Clinical Commissioning Group), Gary James (Accountable Officer - Lincolnshire East Clinical Commissioning Group), Lynne Moody (Director of Quality and Executive Nurse - South Lincolnshire Clinical Commissioning Group) and Catherine Southcott (Commissioning Officer)

62 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors D P Bond (West Lindsey District Council), J Kirk (City of Lincoln Council) and T Boston (North Kesteven District Council).

The Chief Executive reported that under the Local Government (Committee and Political Groups) Regulations 1990, he had appointed Councillor M Wilson to the Committee in place of Councillor J Kirk (City of Lincoln Council) for this meeting only.

63 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of Members' interests at this stage of the proceedings.

In relation to Item 5 – *Children and Adolescent Mental Health* Services, Councillor Mrs J M Renshaw asked the Committee to note that she had a grandchild who benefitted from Children's Services in prevention.

64 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed everyone to the Committee and reported, with sadness, that Lynne Moody (Director of Quality and Executive Nurse for South Lincolnshire CCG) had announced she would be retiring in March 2016. The Chairman went on to make the following announcements:-

i) United Lincolnshire Hospitals NHS Trust – Retirement of Chairman

On 27 November 2015, the Chairman of United Lincolnshire Hospitals NHS Trust, Ron Buchanan, announced his retirement in March 2016 following two years in the role. A replacement Chairman was being sought and a requirement for the successful candidate was to have *"experience of leading organisational change to achieve improvement, proven governance and financial skills, and an understanding of the challenges facing NHS healthcare providers"*. The Chairman felt that this would be a challenging role and looked forward to the appointment of the new Chairman.

ii) United Lincolnshire Hospitals NHS Trust – Meetings

On 27 November 2015, the Chairman met with Kevin Turner in his role as Acting Chief Executive of United Lincolnshire Hospitals NHS Trust. This was the final meeting with Kevin Turner in his role as acting Chief Executive as Jan Sobieraj formally took up the appointment as substantive Chief Executive of the Trust on 7 December 2015.

Kevin took on the Acting Chief Executive role in July 2015, following the retirement of Jane Lewington. The Chairman intended to write to Kevin to formally thank him, on behalf of the Committee, for his contributions to the work of the Committee over the last few months, in particular for his candour and openness at meetings of the Committee.

On 10 December 2015, the Chairman met with Jan Sobieraj, Chief Executive of the Trust, where a number of issues were discussed, including recruitment and retention of staff, the financial position of the Trust and the importance of providing services to patients.

iii) Treatment for Anxiety and Depression in Lincolnshire

A report by the Health and Social Care Information Centre was released on 7 December 2015, entitled the *Psychological Therapies Annual Report*, which

highlighted the fact in Lincolnshire the improvement rate for anxiety and depression was far higher than the national average of 60.8%. The services provided in the Grantham and Sleaford areas had seen a treatment improvement rate of 76.8% which was the highest in the country. These therapy services were provided by Lincolnshire Partnership NHS Foundation Trust and it was positive to see Lincolnshire recording the highest figure in the country.

iv) East Midlands Congenital Heart Centre

The Chairman was pleased to report that the East Midlands Congenital Heart Centre had continued to develop its services in line with NHS England's commissioning standards, following the New Congenital Heart Disease Review.

A Consultant Congenital Cardiac Surgeon had been newly appointed to replace a surgeon who had recently left the Centre. This Consultant would be working alongside two existing Congenital Cardiac Surgeons bringing the Centre's complement of surgeons to three. Additionally, two Paediatric Cardiology Consultant posts had been filled, specialising in intervention and MRI respectively.

Work was underway to physically expand the unit to ascertain how extra beds could be accommodated within the Unit. This included plans to use the existing parent accommodation for beds in the Unit with the refurbishment of some nearby rooms for use as the new parents' rooms. Heart Link had agreed to refurbish the rooms and provide new carpets if the rooms were decorated.

On 14 January 2016, the Chairman would be attending the next Stakeholder Meeting at Glenfield Hospital where some of the artistic impressions of the proposed changes would be shared by the architects.

v) Healthwatch Lincolnshire – Views on Children and Adolescent Mental Health Services

It had been intended for the Committee to receive a report from Healthwatch Lincolnshire providing their views of Children and Adolescent Mental Health Services (CAMHS), however the item was removed from the agenda following the agenda planning meeting on 3 December 2015 as the Chairman felt it did not give a balanced view in relation to commissioners and providers. This item would be rescheduled for February 2016.

vi) St Barnabas Hospice – Chief Executive

On 15 December 2015 the Chairman met with Chris Wheway who had been recently appointed as Chief Executive of St Barnabas Hospice. The discussion included developments at St Barnabas and it was agreed that the Committee would receive a general presentation on St Barnabas' contribution to palliative and end of life care at the meeting in March 2016.

vii) Health Scrutiny Committee Training – 18 November 2015

The Chairman thanked Gary James (Accountable Officer – Lincolnshire East CCG), for his support at the Committee training session. The session had been well attended with 13 members and two replacement members in attendance. Suggestions for future training sessions would be discussed during Item 9 – *Work Programme*.

65 MINUTES OF THE MEETING OF THE COMMITTEE HELD ON 18 NOVEMBER 2015

RESOLVED

That the minutes of the meeting held on 18 November 2015 be approved and signed by the Chairman as a correct record.

66 CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES

A report by Andrew McLean (Children's Services Manager for Commissioning) was considered which described the overview of the commissioning of the Child and Adolescent Mental Health Service (CAMHS). This included funding, performance monitoring, local need and delivery against national benchmarking. The report also included the proposed revised model of delivery following successful application for Local Transformation Planning NHS England Funds.

Jonas Gibson (Commissioning Manager and Contract Lead for CAMHS – Lincolnshire County Council), Catherine Southcott (Commissioning Officer – Lincolnshire County Council) and Amanda Newman (CAMHS Team Leader – Lincolnshire Partnership NHS Foundation Trust) were all in attendance for this item of business.

Members were given an overview of the report which included the background to Children's and Adolescent Mental Health Service (CAMHS). The service provided highly specialist mental health services delivered by clinical experts from Lincolnshire Partnership NHS Foundation Trust (LPFT) and was funded by Lincolnshire County Council and the four Clinical Commissioning Groups (CCGs).

The structure of CAMHS was on a four tier basis with Tier 1 being access to universal support services through to Tier 4 which supported inpatient specialist, acute needs.

Tier 1 services were available to all children and young people and were provided by Primary Care and universal service professionals, i.e. General Practitioners, Health Visitors and School Nurses and other support groups or helplines. These services offered general advice and treatment for less severe problems; promoted good mental health; aided the early identification of problems and referred to more targeted or specialist services. In addition, schools played a vital role at this level.

Lincolnshire County Council Children's Services had the delegated lead responsibility from the CCGs for CAMHS at Tiers 2 and 3 which was agreed in the form of a Section 75 Agreement and due to expire on 31 March 2018. Services for Tier 2 CAMHS for children and young people experiencing moderately severe mental health problems included:-

- Primary Mental Health Team offering:-
    - Free training on understanding mental health concerns for all professionals working with children and young people aged 0-18 in Lincolnshire;
    - Consultation to professionals and families about specific concerns relating to a child;
    - Assessment and treatment for children aged 0-18 with mild to moderate mental health concerns, normally 6-8 sessions. Maximum waiting time from referral to intervention should be 6 weeks;
- Looked After Children Team offering:-
    - Training for foster carers, adoptive parents, leaving care workers and residential care staff;
    - Fast track access for assessment and treatment for Looked After Children and care leavers up to age 25. Maximum waiting time from referral to intervention should be 4 weeks;
- Therapeutic Services for Children: Sexually Harmful Behaviours and Victims of Sexual Abuse (including for those with non-diagnosable mental health concerns)

Services for Tier 3 CAMHS for children and young people with more severe complex and persistent mental health needs included:-

- Community Teams providing treatment via a range of therapies. Maximum waiting time from referral to intervention was 12 weeks;
- Forensic Psychology Service providing an assessment of risk and planning treatment for children and young people experiencing mental health issues who also posed a risk to the public or had offended;
- Self-Harm assessment and intervention service which assessed children and young people following admission on to paediatric wards following an incident of self-harm;
- Youth Offending Service providing assessment and treatment of mental health concerns; and
- Learning Disability Service for children and young people with profound learning disabilities and mental health concerns.

NHS England Specialised Commissioning had responsibility for commissioning Tier 4 inpatient services.

CAMHS was available to all children and young people in Lincolnshire from birth to the age of 18 years (or 25 years of age for those leaving care services) with referral criteria that service users were required to meet in order to access support. CAMHS delivered by LPFT provided screening, assessment and both short and medium term intervention, stabilisation and resolution for a range of newly emerging or low severity

mental health problems in children and young people and ongoing treatment and management of more severe, long term and/or complex mental health conditions.

Core CAMHS was a multi-disciplinary community mental health service and the type of help provided may include family therapy; individual therapy; cognitive behavioural therapy; solution focused brief therapy; group work; psychiatric intervention; psychotherapeutic intervention; counselling and medication, where necessary.

The service formed part of the 'children are healthy and safe' commissioning strategy and the Children's Services strategic objectives of ensuring children and young people were "Healthy and Safe" and "Ready for Adult Life" Lincolnshire County Council also commissioned "Kooth", an online counselling service for young people aged 11-25 as part of the Universal Offer. The service was available 24/7 for young people with emotional or mental health concerns. The service helped young people manage their emotional wellbeing concerns at the earliest opportunity before those problems escalated further resulting in the potential need for more specialist service intervention.

The current core CAMHS funding was split between Children's Services (£724,589) and the CCGs (£4,843,532) and formed the S75 Agreement. This gave a total value of £5,568,121 per annum which was then contracted to LPFT. Further bids for funding and grants had been submitted and awarded, including the Better Care Fund (£350,000), non-recurrent Parity of Esteem money and Local Transformation money, during the contract period. These funds had been used to support specific developments.

Governance arrangements were intended to provide a framework for delivery of multiple working strands, including CAMHS, to monitor the achievement of the priorities of the Health and Wellbeing Strategy. The arrangements reflected the changing commissioning landscape and would enable health and social care commissioners to have joint engagement and ownership of joint commissioning arrangements.

Lincolnshire County Council and the CCGs had jointly funded a Chief Commissioning Officer post to oversee the joint commissioning arrangements between the two bodies. The post was a key link in the joint commissioning arrangement of CAMHS. The contract which monitored CAMHS sat within the Children's Commissioning Team and oversaw all aspects of commissioning arrangements for 0-25 years. Within the Commissioning Team, a dedicated CAMHS Officer undertook quarterly performance monitoring reviews as part of the ongoing contract management meetings which included representatives from Lincolnshire County Council, CCGs, LPFT as well as the Chief Commissioning Officer. The strategic oversight of CAMHS was also presented through the Health and Wellbeing Board.

Performance of the existing CAMHS contract was closely monitored. Stakeholder engagement, financial information, business continuity planning and Care Quality Commission (CQC) Reporting was also reviewed annually.

In comparison to the historic national target wait of 18 weeks, the waiting times for Lincolnshire CAMHS were significantly reduced in order to strive to achieve a better outcome for the young people of Lincolnshire. Targets for Tier 2 service wait remained the same at 6 weeks, Looked After Children wait remained the same at 4 weeks and Youth Offending Services wait remained the same at 4 weeks (although this saw an actual 6 week wait in 2015/16). Tier 3 Services wait had been reduced from 12 weeks to a target of 6 weeks despite an actual performance of 3 weeks wait in 2015/16.

It was acknowledged that the reduced waiting times for 2016/17 were ambitious but reflected the level of funding being invested versus the greater demand and requirements which must be delivered in order to meet Future in Mind requirements, on which the funding for the transformation bid was targeted. The target times were based on two response rate targets: Degree of Urgency and Specific Service Requirement. The young person would always be subjected to the quicker of the two response targets based on their individual need. Degree of Urgency would fall into one of three categories: Emergency, Urgent or Routine.

The total number of referrals received into the service during 1 April 2014 to 31 March 2015 was 4,569 which was slightly reduced from the previous year. For the first three months of this financial year 1,093 referrals were received and 1,586 face to face contacts made.

Within the new CAMHS model, referrals could be made by any professional or agency working with the child or young person through the Single Point of Referral (SPR) mechanism. This mechanism would also support self-referral, by children, young people and their parents/carers. Inappropriate referrals could be identified earlier and redirected to Universal Services.

In 2014/15 patient experience had been measured through a number of mechanisms, including patient and parent questionnaires. The number of returns for young people for the period 1 January to March 2015 was 172 with an overall satisfaction rate of 89.12%, in comparison to the previous quarter which was 90.04%. As part of performance information, LPFT detailed feedback from stakeholder questionnaires measuring the individual experience and satisfaction rate of service users. Negative comments were addressed through the contract management process and tracked for continuous service delivery improvement. Comments were also provided to each locality team for consideration and discussion. More generic issues were addressed on "You said – We did" boards within reception areas.

LPFT also supported Lost Luggage, a group of young people who were actively involved in the work of LPFT. The group met outside school hours, explored creative and fun ways of enabling young people's voices to be heard. Lost Luggage had already championed an anti-stigma message by producing a DVD, a radio jingle and were involved in drama projects and performances at the Drill Hall in Lincoln.

On 17 March 2015, NHS England released "Future in Mind" which outlined radical changes for improvements to mental health and emotional wellbeing services for

young people nationally. "Future in Mind" recommended a number of changes under five broad themes:-

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency;
- Developing the workforce

As a result of this announcement, NHS England provided an opportunity to bid for funding for CAMHS which met the proposals above, in addition to some further work streams on perinatal services, community eating disorder services and clinical training. A Local Transformation Plan was submitted which identified the work to be undertaken with other agencies, including Schools, Police, CAMHS Provider and Public Health to use a multi-agency approach to improve outcomes. The bid was written on behalf of Lincolnshire County Council and all Clinical Commissioning Groups in Lincolnshire and had progressed through the Women & Children's Board, Health and Wellbeing Board and East Midlands NHS Specialised Commissioning. The bid was successful in securing £1.4m per year, over five years pending tracking, and would total a minimum of £7m additional income.

It was intended to commission an integrated new model of service delivery for Lincolnshire CAMHS based on a robust specification which combined the following:-

- A non-tier system which included a Community Based Eating Disorder Service, Tier 3+ provision which would operate a 24/7 service for those in crisis and give particular support for vulnerable groups to reduce health inequalities. This was expected to commence on 1st April 2016;
- A service built on NICE clinical pathways explicit in the number of interventions provided, frequency of contact and anticipated length of time in treatment incorporating at CAPA approach;
- A model which focuses on empowering the voice of young people, delivering evidence based practice and improved outcomes utilising mechanisms such as Child Outcome Research Consortium (CORC), Outcome Orientated CAMHS (OO-CAMHS), Patient Related Outcomes Monitoring (PROM), Strength and Difficulty Questionnaires (SDQ's) and Child Experience of Service Questionnaire (CHI-ESQ);
- Increased support for transitions and behavioural support through the development of multi-agency pathways;
- Developing staff through Children and Young People's Improving Access to Psychological Therapies Programme Training (CYP IAPT). This service was a transformation programme delivered by NHS England which aimed to improve existing CAMHS working in communities and would include identification of clinical and non-clinical staff for IAPT training;
- Establishment of a Single Point of Referral (SPR) so all referrals were received into a daily triage function, prioritising referrals within stretching and ambitious wait times, including a four hour response time for emergency referrals;

To date, Lincolnshire had:

- Undertaken stakeholder consultation with over 55 local groups;
- Implemented a further Section 75 Agreement between the Local Authority and CCGs;
- Revised the CAMHS specification;
- Participated in East Midlands review of readiness to implement "Future in Mind", which resulted in an internal action plan which was shared with key stakeholders such as Chief Commissioners for Learning, LPFT and CCGs;
- A gap analysis was undertaken between the existing and proposed service and areas of priority identified;
- Commissioned Perinatal Specialist Teams to provide a specialised service for the prevention and treatment of Serious Mental Illness in the antenatal and postnatal period supporting Mother and Baby;
- Started costing various options for Children and Young People's Improving Access to Psychological Therapies Programme Training;
- Clarified the specific support to be given to vulnerable groups, including reduced wait times;
- Identified how to deliver a community based Eating Disorder/Tier 3+ out of hours crisis service;
- Developed self-harm, transition and behaviour pathways;
- Commissioned a Behavioural Outreach Support Service for pupils displaying challenging behaviour, a Physical Disabilities Support Service with Autism and Learning Disabilities Service to support the needs of pupils across the county;
- Commenced a review of the services which support Readiness for School and Child's Health priorities including Health Visiting, School Nursing and services delivered from Children's Centres as part of a holistic package of support for Children & Young People;
- Applied for Schools Pilot funding which, despite being unsuccessful, showed engagement of schools to support mental health services and the commitment to the ethos within that bid remained;
- Provided development and consultation days to support frontline practitioners through training days on mental health issues such as reducing stigma;
- Started to develop a web-based universal access offer making it clear to service users and their families what services could be expected and how to access CAMHS. The planned "go live" date was January 2016; and
- Attained Local Transformation Planning money.

Other highlights of the new model were to include:-

- Extended opening hours;
- Crisis support;
- A professional advice line between 9am and 5pm;
- Training, consultation, support to Universal services and Professionals;
- More robust support for transitions to Adult Mental Health Services with clearer optimum treatment journey;
- Accessible locations;

- Timely services to ensure that demand and capacity be proactively managed to minimise waiting; and
- Flexible service delivered in line with views of young people.

Members were given the opportunity to ask questions during which the following points were noted:-

- The new tierless service was to concentrate on the needs of the person rather than multi-agency services working in silos. Focus had been on providing a service where both demand and capacity could be managed;
- It was acknowledged that there were areas of deprivation in the county including the coastal ribbon and that was a key consideration when managing the demand in future. Teams had already started to be moved to match the demand as the issue had previously been recognised;
- There was still a process in place to follow for patients and performance management formed part of that process. Some of the work undertaken in Lincolnshire in respect of performance management was being rolled out nationally. Performance information was received from LPFT on a quarterly basis and one outcome had a stakeholder input. Continuous improvement was included as was finance and productivity to ensure the service was managed efficiently within the budget available. This information was then reported to the Chief Commissioning Officer on a quarterly basis;
- Although schools had committed to primary care in respect of CAMHS, it was reported that some schools were not active in utilising the service. It was acknowledged that further work would be required within these particular schools;
- It was suggested that some high performing schools had correlation between self-harm and eating disorders, etc. CAMHS were struggling to engage the schools acknowledgement and it was felt that because young people were academically able, these issues were overlooked;
- Work had been ongoing over approximately two years to consider improvements to the service. Additional money received by CAMHS was referred to. It was explained that the bid submitted was a detailed report of the transformation to take place within Lincolnshire and was a joint vision of that service. The bid had been well received by NHS England and one of very few who were successful without requiring submission of further information;
- The Committee noted their concern that the report did not give assurance of seamless working between services;
- The figures noted within the table on page 25 of the report included emergency assessments required to be undertaken within 24 hours and routine assessments within 72 hours. It was suggested that the emergency figures be removed and reported separately as the figures were not accurate at present;
- The Committee requested how many routine assessments were meeting performance deadlines without including the emergency figures;
- The difference between CAMHS and Adult Social Care services was considerably different as children and families received a more intensive service with CAMHS which was not provided by Adult Services. The transition pathway was being reviewed nationally as it was acknowledged that there was

a gap in service. Integrated team meetings within Adult Services had been implemented to handover casework as the transition process started at 17.5 years.

- Concern was raised about the families and their anxieties during this change. They had come to trust their support workers so the transition and re-engagement with a new team was encouraged to be done in a sensitive manner;
- NICE guidelines included pathways for suicidal thoughts and self-harm with the Adult Crisis Team seeing 16 year olds in liaison with CAMHS. It was explained that despite some medical consultants occasionally struggling with suicidal thoughts these young people still required help. The more often young people presented with suicidal thoughts or self-harm the more they were at risk. It was also stressed that young people who were more vocal than others or caused issues at school were often as much at risk as those who withdraw. United Lincolnshire Hospitals NHS Trust (ULHT) had made good progress with their pathways in this area and CAMHS had provided out-of-hours on-call assessment services to assist with safe discharges more timely;
- Self-harm issues within A&E were also being addressed with qualified self-harm nurses on duty working alongside ULHT staff;
- Concern was raised that a lack of clear service areas, without a tierless system, would not highlight where performance targets may not be met or any gaps in service;
- Certain measures were required to be monitored within national guidance. In relation to clinical measures a decision was required on what the key measures should be. Sufficient training to ensure staff had good levels of understanding in these areas was essential. It was agreed that patients should have the ability to rate their service as their mental health was so important;
- Clarity of the table on page 25 of the report was requested with a clear explanation of the content of that table. The Committee were unhappy that the report was not clear enough to enable them to scrutinise it sufficiently.

The Chairman thanked Officers for their attendance. Although acknowledged that this report was an introduction to CAMHS, the Chairman expressed the Committee's disappointment at the lack of detail within the report. A request was made that a further, detailed, report be presented to the Committee at its' meeting in June or July 2016 to provide performance information following the commencement of the contract for a tierless service on 1 April 2016.

RESOLVED

1. That the report and comments made be noted; and
2. That an update and report on progress of performance since the commencement of the tierless service on 1 April 2016 be scheduled for a future meeting of the Health Scrutiny Committee for Lincolnshire.

67 LINCOLNSHIRE EAST CLINICAL COMMISSIONING GROUP - GENERAL UPDATE

A report by Gary James (Accountable Officer – Lincolnshire East Clinical Commissioning Group) which provided an update in relation to the activities for Lincolnshire East Clinical Commissioning Group (CCG) including the commissioning activities of the CCG and the wider developments the CCG had been involved with.

Gary James (Accountable Officer – Lincolnshire East Clinical Commissioning Group) and Dr Peter Holmes (Chairman – Lincolnshire East Clinical Commissioning Group) were both in attendance for this item.

Members were given an overview of the report which provided information on the development within Lincolnshire East Clinical Commissioning Group. The CCG currently had 30 member practices which were structured across three localities covering over 1,060 square miles. The locality structure was fundamental to how the CCG operated and member practices were embedded within the localities and communities which they served.

The CCG covered a population of 243,650 although a greater population growth than the national average had been experienced since the 2001 census. There had been substantial inward migration into the CCG area of older people from industrial centres from the Midlands and this had influenced the age structure of the populations and the prevalence of long term health conditions. 24.7% of the population were aged 65 years or older in comparison to England as a whole which was 16.9%. 23.7% of the population within Lincolnshire East had a limiting long term illness or disability which was significantly higher than the England average of 17.6%.

A number of areas had been the focus of the CCG, including the following:-

- Mental Health: Dementia
- Care for the Over 75s
- Neighbourhood Teams
- Integrated Urgent Care
- Care Home Projects
- Community Hospitals
- Optimising Prescribing in Primary Care
- C2 Evaluation and Future
- Caravan Dwellers

The lead commissioning responsibilities included:-

- United Lincolnshire Hospitals NHS Trust
- Urgent Care and System Resilience
- Information Management and Technology

When the CCG was authorised, NHS England had responsibility for commissioning all primary care services including GP services, pharmacies, optician services and dental services. In 2014/15 NHS England gave CCGs the opportunity to take on the

commissioning responsibility for GP services. The rationale being that the local focus of the CCG would enable a more tailored approach to local commissioning and stronger links between the strategic direction of other services commissioned by CCGs with GP services. The statutory responsibility for GP services remained with NHS England but these were delegated to CCGs through the co-commissioning arrangements.

Lincolnshire East CCG achieved full delegated responsibility for GP services. Appropriate governance arrangements had been implemented to manage any conflict of interest. The CCG also had a Primary Care Commissioning Committee (PCCC) which was a formal committee of the governing body. No GP's within the Lincolnshire East CCG sat on the PCCC which was composed of Governing Body lay members and CCG officers. These meetings were held in public.

Priorities for primary care commissioning would be to develop a primary care strategy detailing the direction of travel and models for GP services in the future.

The delivery of the NHS Constitution standards for Accident & Emergency, ambulance services and cancer had deteriorated during 2015/16. The planned care standard had been redefined in terms of incomplete patient pathways and was being met overall (94% against a target of 92%). Challenges remained at speciality level including urology, plastic surgery and neurology. Steps were being taken to improve these areas of performance including working with the Emergency Care Improvement Programme (ECIP) to improve A&E performance and working on improvement programmes and referral to other providers to improve planned care and cancer performance. Planned care and cancer had shown improvement in recent months but A&E performance remained a challenge. At CCG level performance was 94.95% against a target of 95%. However, at ULHT specifically, performance for CCG patients was 89.3%.

In relation to Financial Management, the CCG had a total commissioning allocation of £368 million with each CCG required to:-

- Achieve a 1% overall surplus;
- Provide for a contingency of 0.5%;
- Allocate 1% of resources to be spent non-recurrently;
- Stay within a running cost of £21.20 per head of population

It was reported also that, out of 211 CCGs, they were rated as below:-

- Diabetes – 6th worst
- Coronary Heart Disease – 2nd worst
- Hypertension – 5th worst
- Chronic Kidney – 5th worst
- Stroke – 4th worst

Focus was on dementia in primary and secondary care which was both challenging and controversial. Alongside diagnosis rates, the CCG were trying to provide a better process of diagnosis rates. For dementia patients and those with long term

conditions, a more structured care pathway was required for those elderly and frail patients.

Members were given the opportunity to ask questions during which the following points were noted:-

- Despite being involved in the countywide strategy for dementia care, it was felt that this may lack local flexibility. Although countywide focus was on diagnosis, care navigators and a structured organised care network, it was acknowledged that the service needs in one area may be very different to that in another therefore local flexibility was required;

At this stage of the meeting, Councillor Mrs P F Watson declared an interest on page 34 of the report, *C2 Evaluation and Future*, and the project with East Lindsey District Council, due to her involvement in the project in her capacity as a Trustee and Director of Magna Vitae.

- Recruitment into General Practice remained a challenge but if practices were able to recruit a full cohort of staff, including administration, nurses and GPs then this model would allow more experienced clinicians to deal with more complex patients. However, not all surgeries had the same view on that type of model so discussions were starting with these practices;
- It was suggested that many patients from the Louth and Mablethorpe areas travelled to Grimsby Hospital rather than ULHT. This was acknowledged but reported that Grimsby Hospital was also not meeting their A&E target;
- IT services in relation to electronic discharged required improvement;
- In relation to caravan and chalet residents on the east coast, these were complex patients as two types of temporary residency registration were available. Practices registering a resident on a permanent basis required a considerable amount of paperwork to be completed;

Before taking a question from Councillor Gregory, the Chairman sought assurance that this was not in relation to ULHT given his pecuniary interest as an employee of ULHT. Councillor Gregory assured the Chairman that his question did not relate to his pecuniary interest.

- Budgets were calculated and adjusted taking into consideration morbidity in those areas. The prescribing budget would also be considered alongside performance;
- Although it appeared that Neighbourhood Teams were a new initiative, this was not the case. The section within the report described how the Neighbourhood Teams worked, something which had not previously been reported;
- In relation to Neighbourhood Teams, some East Lindsey practices were nearer to Louth than Skegness so the boundaries were changed to make them closer to the localities;
- Holbeach was in an unusual situation where they had two practices in two separate CCG areas (Lincolnshire East CCG and South Lincolnshire CCG). Engagement with two District Councils was also required in this instance. It

was reported that one practice was looking to move premises although it was unclear if it would remain as it was or if both practices would move into one CCG area.

The Chairman thanked both Gary James and Dr Peter Holmes for the presentation which had been well received and requested that a future update be scheduled for a future meeting of the Committee.

RESOLVED

1. That the report and comments be noted; and
2. That an update and report on progress be scheduled for a future meeting of the Health Scrutiny Committee for Lincolnshire.

68 RESPONSE OF THE HEALTH SCRUTINY COMMITTEE TO THE JOINT STRATEGIC NEEDS ASSESSMENT REVIEW

A report by Simon Evans (Health Scrutiny Officer) was considered which provided the proposed draft response, produced by the established working group, for the approval of the Committee as part of the stakeholder engagement phase.

Members were given an overview of the report, following the meeting of the Task & Finish Group on 11 November 2015. It was reported that some factual amendments were required. This information would be circulated to the Committee with the relevant amendments included as track changes to enable the changes to be clearly seen. These amendments have been noted below:-

1. Introduction – second sentence to read – *The Health Scrutiny Committee for Lincolnshire understands that there will be further opportunities for the Committee to contribute, for example during a further engagement phase on the interpretation of the JSNA and suggestions for priorities for inclusion in the Joint Health and Wellbeing Strategy in 2017.*
2. Introduction – third sentence to read – *The Committee also acknowledges that the JSNA is a key evidence base in the development of the Joint Health and Wellbeing Strategy.*
3. Involvement in Stakeholders – third sentence to read – *The Committee suggests that to further emphasise this importance, the CCG Council, which comprises the senior management representatives of each of the four CCGs, should be specifically engaged in the continued maintenance and interpretation of the JSNA.*
4. Involvement in Stakeholders – second paragraph to read – *The Health Scrutiny Committee believes that the views of the voluntary sector must be taken in to account, as these organisations see services from a different viewpoint. They may also have data that could inform the JSNA.*
5. Data and Specific Topics – first bullet point to read – *neurological conditions, where there is a need for adequate evidence to establish whether services in Lincolnshire meet need and to ensure that commissioning decisions fully take account of the needs of people with such conditions.*
6. Data and Specific Topics – second bullet point to read – *cancer, where there should be more evidence to support an emphasis on prevention and the*

appropriate funding for such services as the early prevention and detection of cancer.

7. Data and Specific Topics – third bullet point to read – *childhood obesity, where more evidence is required on how existing services can impact on the number of overweight or obese children, as this is a topic where the Health Scrutiny Committee would like to see further action.*
8. Data and Specific Topics – fourth bullet point to read – *rural isolation, where contextual intelligence could be better integrated into the JSNA and used to support improved implementation of services.*
9. Data and Specific Topics – final paragraph – *The Committee also supports the intention for the restructuring of the JSNA to provide a more flexible approach to the existing 35 topic commentaries.*

Members were given the opportunity to ask questions during which the following points were noted:-

At this point of the meeting, the Chairman declared an interest due to her participation in a research project with Durham University regarding public health budgets.

- Within the draft response, it was suggested that the Committee believed that public health funding be ring-fenced for public health activities as this often supported prevention. Following discussion regarding the possibility of absorbing that budget in to other County Council areas, the Chairman requested a vote to formally document the decision of the Committee. It was agreed that the comment to continue to ring-fence this budget remain in the final response;
- It was suggested that the third bullet point under *Data and Specific Topics* include the word "urgent" prior to "further action". The Committee voted on this amendment which was unsuccessful;

RESOLVED

1. That the report and comments be noted;
2. That the comment under *Resources* that *"The Health Scrutiny Committee believes that the ring-fence should remain"* be included within the final response; and
3. That the final response, with the reported factual amendments, be approved and submitted on behalf of the Health Scrutiny Committee for Lincolnshire.

69 DRAFT CLINICAL STRATEGY PRIORITIES OF LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST: JOINT STATEMENT OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE AND HEALTHWATCH LINCOLNSHIRE

A report by Simon Evans (Health Scrutiny Officer) was considered which presented the joint response of the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire, submitted to Lincolnshire Partnership NHS Foundation Trust (LPFT) on their Draft Priorities.

Members were advised that a working group to review the draft priorities of Lincolnshire Partnership NHS Foundation Trust was established and met on 12 November 2015. The final statement was submitted to the Trust on 26 November 2015 on behalf of the Committee and Healthwatch Lincolnshire.

The report which the Committee considered on 21 October 2015 listed seven draft priorities (noted below) which the working group further considered. The working group involved Councillors Mrs C A Talbot and S W L Palmer and Sarah Fletcher, Chief Executive of Healthwatch Lincolnshire.

1. Maintain compliance with the Care Quality Commission (CQC) Fundamental Standards of Care;
2. Ensure long-term sustainability for the Trust;
3. Improve access to our services;
4. Provide better support for people who are discharged or waiting for services;
5. Supporting our people to be the best they can be;
6. Increase service user and carer involvement in all aspects of service design and delivery; and
7. Support the Lincolnshire Health and Care (LHAC) programme and promote service integration.

The Committee did not make any additional comments on the draft response.

RESOLVED

1. That the joint statement, at Appendix A to Agenda Item 8, of the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire to the Draft Priorities of Lincolnshire Partnership NHS Foundation Trust submitted to the Trust on 26 November 2015 be noted; and
2. That a further opportunity for the Committee to comment on the content of the clinical strategy of Lincolnshire Partnership NHS Foundation Trust be presented to the Health Scrutiny Committee for Lincolnshire in February 2016.

70 WORK PROGRAMME

The Committee considered its work programme for forthcoming meetings.

The Health Scrutiny Officer advised that the meeting in January would be all day with the afternoon session including contributions from the Trust Development Authority (TDA) and NHS England – Midlands and East (Central Midlands) on the Lincolnshire Recovery Programme Board.

The Chairman noted that a Cancer Summit had taken place in February 2015 prior to Sarah-Jane Mills (Director of Planned Care and Cancer Services – Lincolnshire West Clinical Commissioning Group), the former Chief Executive of St Barnabas, being appointed.

It was reported that an enquiry had been made by a member of the public in relation to the Men Behaving Badly initiative. Following discussion, it was agreed that this query be referred to Public Health as it was within their remit.

RESOLVED

That the contents of the work programme be approved.

The Chairman took the opportunity to wish the Committee a very happy Christmas and a peaceful New Year.

The meeting closed at 1.04 pm