


# Agenda Item 9

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|---|--------------------------------|---|-------------------------------|
|  |                                | <b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b> |                               |
| Boston Borough Council  | East Lindsey District Council  | City of Lincoln Council                               | Lincolnshire County Council   |
| North Kesteven District Council   | South Holland District Council | South Kesteven District Council                       | West Lindsey District Council |

Open Report on behalf of Richard Wills, the Director Responsible for Democratic Services

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| Report to | <b>Health Scrutiny Committee for Lincolnshire</b>  |
| Date:     | <b>26 October 2016</b>   |
| Subject:  | <b>Annual Public Meetings of Clinical Commissioning Groups and Annual General Meetings NHS Provider Trusts</b> |

**Summary:**

Clinical Commissioning Groups, NHS Trusts, and NHS Foundation Trusts are required to prepare an annual report and accounts each year, and to hold an annual meeting in public. Where individual members of the Committee have attended these meetings, their reports are enclosed. In other instances, information is provided.

**Actions Required:**

The Committee is asked to consider the information presented, and determine whether any issues should be considered for inclusion in the Committee's future work programme.

## 1. BACKGROUND

Clinical Commissioning Groups have a duty to prepare an annual report for each financial year, setting out how it has discharged its functions in the previous financial year. The annual report must be published and presented by way of a meeting to members of the public. These meetings are often referred to as "Annual Public Meetings".

NHS Foundation Trusts are required to hold an annual meeting of the Trust's membership, which has to be open to the public. This annual meeting has a role in considering the annual report and accounts, and may be combined with a general meeting of a foundation trust's governors, which also has to consider the annual report and accounts. These meetings can be referred to as "Annual Public Meetings", "Annual Members Meetings" or "Annual Public Meetings".

NHS Trusts are required each year to hold a public meeting, at which the Annual Report and Annual Accounts are presented. This is sometimes called the "Annual General Meeting" or the "Annual Public Meeting".

The format and content of annual reports is also prescribed by legislation and guidance.

## **2. LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST – 15 SEPTEMBER 2016**

The Lincolnshire Partnership NHS Foundation Trust (LPFT) Annual Public Meeting was held on 15 September. It was not possible for anyone to attend to represent the Health Scrutiny Committee. The report to the LPFT Trust Board of Directors on 29 September 2016 included the following summary of the event:

*"There was excellent attendance from staff, service users, governors and members of the public at our recent APM. The Trust's great services were showcased at the Learning and Development centre, and there were some inspiring presentations throughout the afternoon.*

*Thank you to everyone that was involved in this event, informal feedback was extremely positive. Once again it is inspiring to see and hear about the great work that the Trust and its partners continue to do on a daily basis."*

The Trust's annual report and accounts, including quality report, is available at the following link: -

<http://www.lpft.nhs.uk/about-us/accessing-our-information/annual-reports-and-accounts>

## **3. LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST 21 SEPTEMBER 2016**

As the Annual Public Meeting of the Lincolnshire Community Health Services NHS (LCHS) Trust coincided with the last meeting of the Health Scrutiny Committee on 21 September 2016, it was not possible for the Health Scrutiny Committee to be represented. The following is based on a report to the LCHS Board on 11 October 2016.

*"The Trust's Annual Public Meeting and Staff Celebrating Success Awards took place at the Princess Royal Sports Arena, Boston, on 21 September 21. The event also gave the opportunity to showcase stands for 30 different services from within LCHS and key external partner organisations.*

*This year it was agreed to move the event from Lincoln, which has been the host location for the previous two years, to Boston. The new location continued to provide ample space for opportunities to showcase, engage and educate staff, stakeholders and visitors.*

*Attendance to the event was lower than previous years, with approximately 150 staff, members of the public and stakeholders joining the celebrations throughout the afternoon. During the presentations, guests were shown a short video showcasing services across LCHS. There were no questions from members of the public.*

*Celebrating Success was compered by Melvyn Prior from BBC Radio Lincolnshire. There were eight award categories, which attracted 70 nominations from across the trust and 24 nominations from members of the public for the Chair's Award. There were significantly fewer internal staff nominations than the previous year. Judging was undertaken by LCHS Chair Elaine Baylis QPM, Healthwatch Lincolnshire Chief Executive Sarah Fletcher and Jenny Hinchliffe, Head of Clinical Services.*

*David Lomas, founder of the John Coupland Hospital's Charities Committee, gave a short speech about his experiences of working with health organisations before presenting pin badges and flowers to volunteers who support LCHS services as part of the Emily Jane Glen Celebration of Volunteers. This section replaced the Outstanding Volunteer Award which has featured as part of Celebrating Success in previous years."*

The Trust's annual report is available at the following link: -

<http://www.lincolnshirecommunityhealthservices.nhs.uk/content/annual-reports>

#### **4. LINCOLNSHIRE EAST CLINICAL COMMISSIONING GROUP 22 SEPTEMBER 2016**

Councillor Steve Palmer attended the Annual Public Meeting of Lincolnshire East Clinical Commissioning Group on 22 September 2016. Councillor Palmer's report is set out below: -

*The meeting started at 2pm. In attendance were approximately 60 people, nine were board members, 14 were scribes and facilitators leaving about 37 others.*

*The preamble was background to the four CCGs and Lincolnshire East CCG leads on Urgent Care. Referral to Treatment at 18 weeks is just being maintained. There is work on cancer, psychological therapy, over 75s management and neighbourhood teams. The CCG said they had been working on problems of isolation; diabetes; home-care support schemes in Boston and Skegness; and dementia support.*

*Figures were presented such as 30 GP practices with 802,000 appointments compared to 55,000 A&E attendances. £1,484 was spent per person, multiplied by 244,907 people, equals £363.4 million overall spend. A question was asked on how the Lincolnshire East amount per person compared average across the country. The answer was yes.*

*Details were provided on where Lincolnshire East CCG annual report and operational plan can be found, together with future governing body meeting dates and other CCG information. Information was circulated on Lincolnshire Health and Care and the Sustainability and Transformation Plan (STP). A document on the vision of the Lincolnshire STP was also circulated.*

*The annual meeting had a power point presentation, following which participants were separated onto seven tables with a scribe and facilitator on each table plus a board member. The facilitator asked for opinions from the table from a list of eight topics. Councillor Steve Palmer's table completed six topics.*

*After this there were general questions to the board members.*

*A lot of questions were on the perceived secrecy of the STP and perceived lack of early engagement with the general public. The answer was that this would be done when the results come back from the "marking" by NHS England. Further questions were asked about how this engagement would be done and how many responses would be needed to be considered as effective engagement and would everyone be engaged through direct mail shot. The answer was that a direct mail shot would cost £500k, and this was not considered cost effective. In response a comment was made on the expenditure of £2.5 million on consultants.*

*It was asked what consideration had been made on the impacts of surrounding STPs on the Lincolnshire STP. The answer was that NHS England would be looking at that issue.*

*The meeting ended at about 4.40pm.*

The CCG's annual report and accounts are available at the following link:

<http://lincolnshireeastccg.nhs.uk/index.php/about-us/key-documents/annual-report-1/2015-16>

## **5. UNITED LINCOLNSHIRE HOSPITALS NHS TRUST – 26 SEPTEMBER 2016**

Councillor Chris Brewis attended the Annual Public Meeting of United Lincolnshire Hospitals NHS Trust on 26 September 2016. Councillor Brewis's report is set out below: -

*About 50 people were present at the meeting. A large number of them were from the various arms of the Health Service, and there was some interesting information on some of the tables, examples of which were collected.*

*It was, clearly, a review of 2015-2016 but perhaps unsurprisingly strayed into 2016-2017, especially from the representatives from Grantham who were present.*

*Jan Soberaj, the Chief Executive, reviewed the targets which had been set for the year. The main aim remained, as always, safe, effective, quality patient care.*

- *Many small improvements were now evident in the hospitals for which the Trust was responsible.*
- *The 18 week target for treatment had been met.*
- *The endoscopy services had received national recognition*
- *90 new nurses had been recruited in 2015-2016, and their recruitment continued, and the position with pharmacists had improved as well.*
- *All improvements and targets were clinically led.*
- *Deficits were discussed, and the figure quoted was £56.7 million, of which £31 million (approximately) was the result of necessary but excessive reliance on locum and agency staff.*
- *There were four clinical aims teams:*
  - *Women and children*
  - *Emergency Care*
  - *Orthopaedic*
  - *Breast services and treatments.*

*Drifting into 2016-2017:*

- *The deficit remained forecast at up to £47.9 million*
- *ULHT remained determined to reduce reliance on agency and locum staff*
- *As far as quality, a determination to reduce cases of sepsis, falls resulting in harm, prevention of infections in hospitals, and improvements in 'charting and record keeping'.*
- *Performance targets were principally to ensure prompt and appropriate discharge, reduce cancellations of elective care procedures, and ensure there was capacity to deliver the five year strategy (STP).*
- *They aimed for joined up thinking across all NHS partners and organisations.*

*Questions were many, but principally dealt with: (answers given)*

- *Expenditure on health in the UK had declined from 9% of GDP to about 7%.*
- *Restoration of 24 hour services at Grantham A and E were dependent on successful recruitment and retention - nobody was going to run a department which was dangerously unsafe and understaffed.*
- *I asked a question about recruitment, pointing out that talking to pupils in Year 11 was too late, and that Year 7 or even primary level was better. I think the point was accepted.*
- *I asked a further question about ability of the Lincolnshire NHS organisations to communicate with neighbouring trusts in other counties, bearing in mind the large amount of 'cross-frontier' health procedures which take place. I was not led to believe that any time soon would we see major improvements of all the NHS being able to talk to each other electronically.*

- *From another question the aim was still to 'balance the books' in five years. Short of major investment from the Government or elsewhere, I remain sceptical about how that is to be achieved.*

The Annual Report and Accounts of ULHT are available at the following link: -

<https://www.ulh.nhs.uk/about/trust/annual-reports/>

## **6. SOUTH WEST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP 27 SEPTEMBER 2016**

Councillor Terry Boston attended the Annual Public Meeting of South West Lincolnshire Clinical Commissioning Group on 27 September 2016. Councillor Boston's report is set out below:

*The meeting was opened by the chair of the Members Council, Dr Elden Pardoe. After the usual welcomes he reported that there had been strong engagement with all of the member practices within the area. Without reservation they all were able to STRONGLY recommend this area of Lincolnshire as a place to live and work. He was able to report that the performance of the CCG was much stronger than last year and that there had been a significant improvement in all areas. As of 1 April 2016 they now had been granted delegated commissioning for all primary care service. He was proud to report that the CCG was a forward looking group. They had a strong focus on the need to improve the quality of care and the outcome.*

*Jo Wright presented the accounts. She announced that the CCG had achieved all of its financial targets and came up with a number of comparisons for expenditure among which was the fact that the Scottish Independence Referendum cost the same as the whole budget for mental health within this CCG.*

*Allan Kitt, the CCG Chief Officer, spoke in detail, giving a positive view of the CCG:*

- Improvement in waiting time for surgery;*
- The local new urgent care centre in Sleaford is making good progress and a snap shot day showed 60 people using the facility;*
- They now have ambulatory echocardiogram equipment which is being used;*
- South West Lincolnshire is among the best in the country for the Mental Health talking therapies use;*
- On the down side access to cancer care needs improvement and is being addressed;*
- He reported the workforce issues that we hear about throughout the system and I will not just repeat those.*

*He also commented on the Grantham A&E situation and quoted the flow through of patients at Lincoln (1,000), Boston (800) and Grantham (500) per week. He stated that the safest and best approach had been to temporarily close the Grantham A&E.*

*I questioned the use of the ambulatory echocardiograms, when a number of GP practices had publicly stated that they would not carry out echocardiograms, ear treatments, 24 hour blood pressure testing etc and asked if these would go the same way. The response from the GP simply reiterated what was reported on local radio, but they gave assurances the ambulatory echocardiogram would be utilised.*

The annual report of South West Lincolnshire Clinical Commissioning Group is available at the following link: -

<http://southwestlincolnshireccg.nhs.uk/about-us/key-documents/annual-report-1/annual-report-2015-16>

## **7. LINCOLNSHIRE WEST CLINICAL COMMISSIONING GROUP 28 SEPTEMBER 2016**

Councillor Jackie Kirk attended the Annual Public Meeting of Lincolnshire West Clinical Commissioning Group on 28 September 2016. Councillor Jackie Kirk's report is as follows: -

*There were three speakers: Dr Sunil Hindocha, Chief Clinical Officer; Sarah Newton, Chief Operating Officer; and Rob Croot, Chief Financial Officer. Each spoke in detail on their different specialities.*

*The Lincolnshire West CCG's aims are to reduce health inequalities. The CCG stated that it is the servant of patients and it needed to listen to its patients, and provide more of what patients want and need. The CCG's top priorities are Coronary Heart Disease, Obesity, Diabetes and COAD (Coronary Obstructive Airways Disease).*

*Key achievements during 2015/16 were:*

- *setting up four Neighbourhood Teams, enabling working with patients closer to home and a Community based Frailty Service.*
- *95% of the CCG's GP Practices are now focusing on pre-diabetes awareness; and*
- *there is also an above average rate of bowel screening across the whole CCG.*

*Workforce is a major issue, attracting people to work in the locality. Funding has been received from the Department of Health to fund the recruitment of 25 new GPs in Lincolnshire. There has been the recruitment of 100 new nurses from the Nurse Training School at Lincoln University, however 100 new nurses is not enough.*

*There has been an improvement in services for Mental Health and Learning Disabilities; and improvements within the Frailty Service, with the lowest emergency admissions in relation to falls in the home. Attention has been placed on prevention in relation to those persons at risk of stroke and making sure they receive the appropriate treatment early, as a result an extra 500 patients have been identified.*

*Also Memory Assessment Clinics have been set up to test people suffering with dementia and those suspected of suffering from dementia. The CCG has achieved 65%, with the National target at 67% - 68%.*

*Last year the CCG managed to stay within the budget, but the 2016/17 budget is reduced, so the CCG has find a £2.799 million surplus, which is in line with national requirements. Unfortunately there is already an overspend of £0.5 million, and this needs to be recouped. The 2017/18 budget has already been set, however the 2018/19 and 2019/20 budget may be changed. Alongside the budget reductions there is a yearly forecasted cumulative population growth of 0.5%.*

*Primary Care used to be funded direct from NHS England, this has now been successfully incorporated into each CCG. However there is a National requirement to invest in Primary Care at a level of 3% year on year, but no extra funding has been provided. This must be covered under a reducing budget.*

*Our aim is to deliver the best value Health Care within the finance that's available. Put in a context of an extra £1 million pounds could provide 39 more nurses or 32 more Chemo treatments or 66 more Breast Cancer treatments.*

*All in all, new smarter ways of working must be found across all Health Care provisions and a focus on teaching self care properly.*

The Annual Report of Lincolnshire West Clinical Commissioning Group is available at the following link: -

<http://www.lincolnshirewestccg.nhs.uk/documents>

## **8. SOUTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP 29 SEPTEMBER 2016**

The Annual Public Meeting of South Lincolnshire Clinical Commissioning Group took place on 29 September 2016. It was not possible for the Health Scrutiny Committee to be represented at the meeting. The following information is based on the presentation made at the Annual Public Meeting.

### Challenges

- Changing health needs of the population



- Supporting people at home/closer to home
- Integrating care
- Financial context

#### 2015/16 Service Change Highlights

- Diabetes Prevention Programme
- Dementia Support
- Neighbourhood Teams
- Integrated Personal Commissioning
- New 111 service
- Service quality indicators
- Social media
- GP/Primary Care 'at scale' providers established

#### Five Year Forward View

- Lincolnshire Health and Care – Case For Change
- Lincolnshire Sustainability and Transformation Plan (STP) Vision
- South Lincolnshire CCG Strategic Intentions

#### In South Lincolnshire:

- A radically different model of care
- GP Practices 'bedrock'
- Primary care 'at scale' through GP Alliance and Stamford/Lakeside
- Develop future for Stamford and Johnson Hospitals
- Stronger integration across services, including social care, and building on Neighbourhood Teams
- High quality acute care at Peterborough, Boston, King's Lynn
- NHS in Lincolnshire sustainable
- NHS constitutional standards met
- Greater service innovation and use of technology
- Efficient, effective and value for money
- Underpinned by:
  - Emphasis on health improvement, promoting independence, community resilience
  - A change relationship individuals and care system
  - And by listening to, and working with, the people of South Lincolnshire and all of our partners

The Annual Report of South Lincolnshire Clinical Commissioning Group is available at the following link:

<http://southlincolnshireccg.nhs.uk/index.php/about-us/key-documents/annual-report-1>

## **9. CONCLUSION**

The Committee is asked to determine whether any issues raised at the Annual General / Public Meetings of local NHS organisations merit consideration by the Committee, as part of its forthcoming work programme.

**10. CONSULTATION**

This is not a direct consultation item.

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

This report was written by Simon Evans, who can be contacted on 01522 553607 or [simon.evans@lincolnshire.gov.uk](mailto:simon.evans@lincolnshire.gov.uk)