HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
23 NOVEMBER 2016

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 and Mrs S M Wray

Lincolnshire District Councils

Councillors Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council), T Boston (North Kesteven District 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

Liz Ball (Executive Nurse, South Lincolnshire CCG), Andrea Brown (Democratic Services Officer), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Alison Christie (Programme Manager, Health and Wellbeing Board), Simon Evans (Health Scrutiny Officer), Jane Green (Assistant Contract Manager for Dental and Optometry, NHS England), Dr Peter Holmes (Chairman, Lincolnshire East CCG), Gary James (Accountable Officer, Lincolnshire East CCG), Dr Suneil Kapadia (Medical Director, United Lincolnshire Hospitals NHS Trust), Tracy Pilcher (Chief Nurse, Lincolnshire East CCG), Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals NHS Trust), David Stacey (Programme Manager, Public Health), Kevin Turner (Deputy Chief Executive, United Lincolnshire Hospitals NHS Trust) and Jason Wong (Chair, Local Dental Network, NHS England)

County Councillors R G Davies, M J Hill OBE, B W Keimach, D C Morgan, M A Whittington, Mrs S Woolley, L Wootten and R Wootten attended the meeting as observers.

40 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor Mrs E L Ransome.

There were no replacement members in attendance.

41 DECLARATIONS OF MEMBERS' INTERESTS

Councillor Mrs C A Talbot advised the Committee that she remained a patient of University Hospitals Nottingham but was also under the care of a team of nurses, on a regular basis, at United Lincolnshire Hospitals NHS Trust, which would be discussed under Item 7 – *United Lincolnshire Hospitals NHS Trust 2021 Strategy and Change Programme.*

42 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed everyone to the Committee meeting and made the following announcements:-

i) Wainfleet GP Surgery – Temporary Suspension of Registration

On 10 November 2016, the Care Quality Commission (CQC) temporarily suspended its registration of Wainfleet Surgery for a period of three months due to concerns for patient safety. The 2,200 patients on the Wainfleet list had been advised to register temporarily with other local GP practices, such as Hawthorn Medical Practice in Skegness.

Lincolnshire East Clinical Commissioning Group had provided support to the Wainfleet Surgery and further information on the role of the CCG in supporting the surgery and its patients would be provided to the Committee as part of Item 8 – *Lincolnshire East Clinical Commissioning Group Update.*

ii) Meeting with Lincolnshire West Clinical Commissioning Group

On 8 November 2016, the Chairman met with Richard Childs (Chairman), Dr Sunil Hindocha (Chief Clinical Officer) and Sarah Newton (Chief Operating Officer) of Lincolnshire West Clinical Commissioning Group. The discussion included the inspection of GP practices by the Care Quality Commission and the CCGs financial position.

iii) Working Group Meetings

The Chairman thanked eight Members of the Committee who had participated in the two working group meetings in the last month. On 2 November 2016, Councillors D Brailsford, R L Foulkes and T M Trollope-Bellew attended a working group at Stamford and Rutland Hospital which responded to the full business case for the merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingbrooke Health Care NHS Trust.

On 10 November 2016, Councillors C J T H Brewis, Mrs R Kaberry-Brown, J Kirk, R C Kirk and Mrs J M Renshaw attended the working group which responded to the Medicines Management Consultation.

The full responses were set out, for information, under Item 11 – *Work Programme and Responses to Consultations.*

iv) Final Business Case for the Merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingbrooke Health Care NHS Trust

Further to the submission from the working group on the Merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingbrooke Health Care NHS Trust, Board papers for both Trusts had been issued for meetings taking place in the following week and these papers included the Committee's submission. Each Board was expected to ratify the proposed merger on the basis of the business case.

v) Sustainability and Transformation Plans

As at 22 November 2016, it was understood that 30 of the 44 Sustainability and Transformation Plans (STPs) had been published. On 21 November 2016, the Chairman had received a copy of the Cambridgeshire and Peterborough STP which, like the other published STPs, was a five year strategy document rather than a consultation in its own right. The Cambridgeshire and Peterborough STP contained a commitment for public consultation, where necessary, on substantial variations to services.

The Chairman reported that there was an intention to publish the Lincolnshire STP no earlier than 8 December 2016 (the date of the Sleaford and North Hykeham by-election) and it was expected that an item would be included on the Committee's agenda at an appropriate time.

vi) Repeat Prescription Arrangements in Lincolnshire West Clinical Commissioning Group Area

On 21 November 2016, Lincolnshire West Clinical Commissioning Group announced a change to its arrangements for repeat prescriptions. Patients who chose to use a pharmacy to order repeat medicines on their behalf would instead be asked to order these prescriptions directly from their GP Practice. Designated carers, relatives or friends could also order on the patient's behalf.

NHS Lincolnshire West Clinical Commissioning Group stated that this would make prescribing safer and more cost efficient as some patients had acquired excessive stocks of unused medicines which needed to be stored safely and used within their expiry date. In extreme situations, patients had medicines which would last for months or even years, however the new system would enable GPs to keep a much closer eye on actual medicine usage by patients.

vii) Proving Nationality to Attend NHS Appointments

The House of Commons Public Accounts Committee had been considering how the NHS could recover costs from overseas patients who used its services. On 21 November 2016, Chris Wormald (the Permanent Secretary to the Department of Health) as part of his evidence to the Public Accounts Committee, cited Peterborough and Stamford Hospitals NHS Foundation Trust as an example of a Trust where patients who attended certain clinics were required to present a passport and one other form of identify in order to be treated. More information had been requested from the Trust but media reports suggested that the Trust had significantly increased this category of income since introduction of these arrangements in 2012.

viii) Lincolnshire Health and Care (LHAC)

A meeting had been arranged to take place on 8 December 2016 to discuss the LHAC. The Chairman advised that this meeting had been deferred to 25 January 2017.

43 MINUTES OF THE PREVIOUS MEETING OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE HELD ON 26 OCTOBER 2016

Councillor Mrs J M Renshaw advised that her name had been omitted from the minutes under minute number 37. Councillor Mrs Renshaw had indicated at the meeting that she would also participate in the working group to formulate a formal response to the Medicines Management Consultation. It was agreed that the minutes be amended to reflect this addition.

RESOLVED

That the minutes of the meeting of the Health Scrutiny Committee for Lincolnshire held on 26 October 2016, with the amendment noted above, be approved and signed by the Chairman as a correct record.

44 LINCOLNSHIRE HEALTH AND WELLBEING BOARD ANNUAL ASSURANCE REPORT

Consideration was given to a report by Tony McGinty (Interim Director of Public Health) which provided information on current activity to ensure that the Health and Wellbeing Board was meeting its statutory duties in respect of developing the new Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Board Strategy (JHWS).

Councillor Mrs S Woolley (Executive Councillor for NHS Liaison and Community Engagement; and Chairman of the Lincolnshire Health and Wellbeing Board), Alison Christie (Programme Manager – Health and Wellbeing) and David Stacey (Programme Manager – Strategy and Performance) were in attendance for this item.

Under the Health and Social Care Act 2012 Health and Wellbeing Boards (HWB) were required to publish a Joint Strategic Needs Assessment (JSNA) for the local area. The protocol agreement, signed between the Lincolnshire Health and Wellbeing Board, Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire in December 2014, set out the working relationship and respective roles in delivering the shared ambition of improving health and wellbeing in Lincolnshire.

The Health and Wellbeing Board was established in April 2013 as a strategic forum bringing together key leaders from the health, public health and care systems to work together to improve the health and wellbeing of the people of Lincolnshire.

The current format of the JSNA had been in place since 2011 and a programme of review was agreed by the Board in March 2015. The Committee contributed to the engagement exercise by submitting a formal response in December 2015.

Stakeholder feedback received during the review had highlighted a number of weaknesses in JSNA processes in addition to a wide variation in the levels of awareness and use of the JSNA itself. A number of respondents reported that they were either unaware of the JSNA or had not used the document and buy-in across partners had also been inconsistent as many perceived this as the responsibility of Public Health with little awareness of the statutory nature of the JSNA.

Based on this feedback, the HWB agreed the review approach based around topic expert panels using the current JSNA as the starting point for the fundamental review which began in April 2016. Expert Panels, made up of appropriate representatives from the County Council, Clinical Commissioning Groups, health providers, District Councils and voluntary and community sectors had been set up to support Topic Leads to undergo a refresh of each of the topics. A dedicated Data Analyst had supported the process along with the JSNA Support Officer.

In addition, a multi-agency JSNA Strategic Delivery Group (JSNA SDG) had been established by the HWB to steer the review process and approve changes to the JSNA prior to its publish in Spring 2017. This included a Peer Review process which would ensure that each topic commentary met the agreed set quality standard before approval was given by the JSNA SDG.

The current Joint Health and Wellbeing Strategy (JHWS) was scheduled to end in 2018 and the review of the JSNA was expected to form the basis on which a new JHWS would be developed. Proposed principles for the development of the next JHWS were presented to the HWB in June 2016 in addition to a draft prioritisation framework.

The following core principles for developing the next JHWS had been agreed by the HWB in June 2016 to assist in achieving the adoption of the prioritisation framework:-

1. Stakeholder engagement;
2. A clear and transparent process;
3. Careful information management;
4. Decisions based on clear value choices; and
5. Selection of agreed prioritisation methodology which takes into account the ranking/scoring of a range of factors or 'criteria'.

Final amendments to the prioritisation framework had been made following the meeting of the HWB on 27 September 2016 and had been included at Appendix B to the report for the Committee's consideration.

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

- It was explained that the JSNA was an interactive website and not a specific document and therefore continually updated with new information and data as it became available. It was also an evidence base to underpin the strategy and commissioning plan;

- Where reference was made to specific local policies within the topics, the framework had been written in such a way that those policies would be included for consideration as part of that topic;
- Each topic required completion of a template, which included access to services and rurality of the county. This would then be evidenced within each topic line;
- A suggestion was made that one District Councillor on the Health and Wellbeing Board was not sufficient to represent all District Councils in Lincolnshire. In response it was stated that the Health and Wellbeing Board operated on the basis that the district council representative cascaded relevant information to other district council colleagues;
- Concern was noted that the JSNA contained a lot of "jargon" and was not user friendly for the general public or Councillors representing residents. Work was ongoing to develop a more user friendly document and to include more infographics;
- The Committee was reminded that the Health & Wellbeing Board was a Committee of Lincolnshire County Council and was held in public and relevant paperwork made available;
- The Chairman requested that the sentence on page 18 of the agenda pack be explained – *"The framework itself performed in a fairly consistent way following sensitivity analysis and so is judged to be fit for purpose from this perspective."* It was clarified that this sentence referred to a piece of analysis done on the framework where the topics were scored independently of each other;

At 10.45am, Councillor T Boston (North Kesteven District Council) joined the meeting.

- The workshops had received a broad section of representatives from across the districts, both individuals and elected members. The Committee stressed that the workshops needed more notice to ensure good attendance and felt that this had not been given previously;
- The Committee accepted the offer to consider the JSNA as a working group and it was suggested that from June 2017 onwards would be the most appropriate time to undertake this. In the meantime, it was agreed that an update would be presented at the February meeting of the Committee.

RESOLVED

1. That the fundamental review of the Joint Strategic Needs Assessment be noted;
2. That the Joint Health and Wellbeing Strategy Prioritisation Framework be noted; and
3. That a further update be presented to the Committee at its meeting in February 2017.

45 EMERGENCY CARE SERVICES AT GRANTHAM DISTRICT HOSPITAL

The Chairman reported the findings of research undertaken prior to the meeting in order to assist the Committee with their consideration of this item:-

- In 2007, Lincolnshire Primary Care Trust (PCT) held a consultation entitled *Shaping Health for Lincolnshire*, which included a proposal for a network of two major A&E Departments (Lincoln County and Pilgrim Hospitals) which were to be supported by other A&E Departments and minor injury units. This proposal was opposed by the Health Scrutiny Committee for Lincolnshire but supported by 88% of respondents to the consultation. Lincolnshire PCT adopted the proposal in November 2007. It was understood that the main effect was the restriction of stroke admissions at Grantham;
- A subsequent consultation in 2013 entitled *Shaping Health for Mid Kesteven* included a commitment to Grantham A&E, but did not put any further restrictions on the types of patients, which may be received at Grantham A&E, other than putting a GP into Grantham A&E, and linking the A&E with the out-of-hours service; and
- It was understood that patients who required emergency surgery and certain paediatric emergencies had not been treated at Grantham A&E since at least 2002. One of the key issues to be addressed was the definition of a Level 1 A&E and the difference between a Level 1 and a minor injuries unit.

The Chairman made a statement reminding all present that the purpose of the Committee was to scrutinise NHS Healthcare; and the Health and Wellbeing Board and their services and outcomes and not for the Committee to criticise individuals to stray in to matters which were the proper remit of other organisations, such as employment issues.

In accordance with the County Council's Constitution, the following local Councillors expressed their wish to speak:-

- Councillor D C Morgan (Grantham South);
- Councillor R Wootten (Grantham North);
- Councillor R G Davies (Grantham North West); and
- Councillor L Wootten (Grantham East).

A request was made to the Chairman, by Councillor R G Davies, to allow a spokesperson from the "Fighting 4 Grantham Hospital" campaign group to address the Committee also. The Chairman granted the request and invited Melissa Darcey to join the meeting.

Following the accepted convention, local members and the member of the public would be allowed to speak for up to three minutes.

The Chairman then invited Councillor D C Morgan to address the Committee, during which the following points were noted:-

- In addition to her role as a local member for Grantham, Councillor Morgan confirmed that she was also the Chair of SOS Grantham Hospital and, in total, represented approximately 6000 residents in Grantham town centre area;
- Immediate reinstatement of 24/7 services at Grantham A&E Department was sought;
- A request was made that the Committee scrutinise the reasons given by United Lincolnshire Hospitals NHS Trust to close Grantham A&E Department overnight;
- A review in to the information submitted to NHS Improvement for approval of this temporary closure was requested; and
- In relation to the impact of the closure, research undertaken by SOS Grantham Hospital found that the closure posed a higher risk to more people in the local area than suggested by the assessment information provided by ULHT.

Councillor R Wootten was invited to address the Committee, during which the following points were noted:-

- Councillor Wootten advised the Committee that he addressed the Committee on behalf of himself, Councillor M A Whittington (Grantham Barrowby), Councillor B Adams (Colsterworth Rural) and Councillor M J Hill (Folkingham Rural);
- Two public rallies had taken place in protest at the closure and 41,000 people had signed a petition to support its re-opening;
- 30,000 Grantham residents were seen at Grantham A&E last year, 5,000 of which were admitted for further treatment;
- The Trust were urged to retain services as ambulances were already waiting longer than expected;
- The people of Grantham were being expected to travel up to 30 miles to access the nearest A&E;
- GP appointments could take up to four weeks so it was unsurprising that A&E attendance had increased;
- A document had indicated that there were no plans to downgrade the services at Grantham A&E and Councillor Wootten asked why this had changed;
- Having attended the ULHT Board meeting in Boston on 1 November 2016, it had been disappointing to find that the closure would be extended to February 2017 without any public consultation; and
- The Committee was requested to do all that was necessary to rectify the situation.

Councillor R G Davies was invited to address the Committee, during which the following points were noted:-

- The personal impact on residents and families of Grantham, in particular those with children, was highlighted; and
- It was suggested that a number of untruths had been shared with residents on numerous occasions which had resulted in the perception that these were, in fact, truths.

The Chairman invited Councillor L Wootten to address the Committee, during which the following points were noted:-

- As the largest town in Lincolnshire with continuous growth, many industrial estates and the A1 corridor and the East Coast Mainline running through it, it was felt that services in Grantham A&E should be extended rather than reduced or withdrawn;
- Grantham had areas of deprivation, as did many parts of the county, and the Committee was asked to consider why residents should travel to other A&E departments at their own, great, expense;
- It was noted that Neighbourhood Teams were still unavailable which further impacted on healthcare provision for these residents; and
- The Committee was urged to give their understanding, compassion and support in reinstating these services to Grantham.

Melissa Darcey was invited to address the Committee, during which the following points were noted:-

- A Facebook page had been set up by the campaigners which had become a source of support to the community over the last two months. It was reported that residents had been contacting them worried, scared and unable to access emergency care at all hours of the night;
- Having attended the ULHT Board meeting in Boston, in November, the group had been disappointed with the perceived lack of consideration given to the issues faced by Grantham residents resulting in the overnight closure being extended; and
- A plea was issued to ULHT to realise the actual impact on real people of their actions. ULHT were also requested not to label the campaigners as 'scaremongers' and to consider the 'real' concern for the people of Grantham.

A report by Jan Sobieraj (Chief Executive – United Lincolnshire Hospitals NHS Trust (ULHT)) was then considered which provided details of the decision made on 2 November 2016, by the Trust Board of ULHT, for the partial closure of the A&E Department at Grantham and District Hospital to continue for a further three months, at least.

Jan Sobieraj (Chief Executive – United Lincolnshire Hospitals NHS Trust (ULHT)) and Dr Suneil Kapadia (Medical Director – United Lincolnshire Hospitals NHS Trust (ULHT)) were in attendance for this item.

It was stressed that the decision to close Grantham A&E Department between 6.30pm and 9.00am had been taken by the ULHT Board. The role of NHS Improvement was to ensure that the correct procedures had been followed in making the decision but not to confirm the decision itself.

The Committee was advised that the reduction in opening hours at Grantham and District Hospital had enabled the A&E Department at Lincoln County Hospital to be supported up to an additional 85 hours per week by middle grade and consultant staff from the A&E Department at Grantham and District Hospital.

It was reiterated to the Committee that all options had been considered with an aim to deliver a safe service for all three Emergency Departments at ULHT. The provision of these emergency services, particularly at Lincoln County Hospital, remained fragile and, on the grounds of patient safety, required the continued support of A&E medical staff from Grantham and District Hospital.

A threshold of 21wte (whole time equivalent) middle grade doctors had been set as the minimum level required to safely staff all three A&E Departments (Lincoln, Pilgrim and Grantham) when the decision was made to reduce the opening hours of Grantham A&E Department. The report demonstrated that the recruitment drive had identified the potential to reach this threshold but not until February 2017 and further anticipated that a further period of induction to enable new recruits to become fully operational would be required.

The ULHT Trust Board had considered the following four options for the A&E Department at Grantham and District Hospital:-

1. To reinstate a 24 hour Accident & Emergency Department at Grantham and District Hospital;
2. To keep the current opening hours of 0900-1830;
3. To extend the opening hours beyond its current position;
4. To reduce the opening hours from its current position.

Since the report was published, the Committee was provided with the following points to note:-

- Although the temporary closure was regrettable, ULHT urged the Committee not to confuse the expected content of the Sustainability and Transformation Plan (STP) and Lincolnshire Health and Care (LHAC) document with the action taken in this case;
- Lincoln County had received applications from ten middle grade/consultant candidates, of whom four had been offered positions. The successful candidates would be required to undergo an English exam, receive validation from the General Medical Council (GMC) and produce the necessary visas. This process meant that the earliest these posts would be filled would be January/February 2017;
- Concerns raised about children being in the department after 9pm when the last shift ended had been addressed. This had now been extended to 10pm and procedure implemented where a consultant would remain with the child until transfer to another facility was undertaken; and
- Page 48 of the agenda pack suggested that Lincolnshire Police had used 78 hours of police hours on eight occasions where they would have normally used Grantham. This statement had been made by Lincolnshire Police and ULHT was seeking further information on the breakdown of those hours.

Members were invited to ask questions, during which the following points were noted:-

- A list of services not provided by Grantham A&E Department during normal opening hours included multiple trauma, cardiac conditions, strokes, GI

bleeds, acute surgical emergencies, maternity and paediatrics (although children would be seen, GPs were advised not to refer to an A&E Department routinely). The exclusion protocol had been included within the agenda pack and could be found on page 53;

- It was reiterated that ULHT had not taken this decision lightly and agreed that it was not an ideal solution. However, it was deemed to be the least worst option when the presenting factors were considered in July and August 2016 and accepted that some patients would have had a poor experience as a result;
- Some members understood the frustrations of residents in the Grantham area but also recognised the issue of patient safety and the risk involved in keeping a department open without the minimum level of doctors;
- The appointment of doctors was a complex issue due to the many factors involved throughout the application and appointment process. Assurance could not be given that doctors would be in post in January and February 2017 but that the Trust continued with their endeavours to do so;
- The report of the Royal College of Physicians (RCP) in September 2016 indicated that recruitment difficulty was a national issue and one which meant that the market was extremely competitive, giving doctors choice in positions available. Despite the financial pressures faced by ULHT, money was being spent in all areas of recruitment to increase the number of doctors available in order to reopen Grantham A&E;
- It was stated that the intention was to reopen Grantham A&E and that all efforts would be made to reach that goal. It was clarified that the status quo prior to 16 August 16 would be implemented once the department was reopened;
- All relevant organisations had been made aware of the situation posed across all three A&E Departments which resulted in the action taken. It was stressed that the only reason the hours of the department had been temporarily reduced was due to the lack of qualified staff to sufficiently cover all three departments;
- There had been a shift in services over the last 20 years and therefore it was inappropriate to react to the public demand to reinstate services which had not been in place since 2010 or, in some cases, 2002;
- A shortage of nurses, therapists and medical staff was prevalent across the NHS as a whole and the challenge continued to encourage people to choose a career in the NHS as they would contribute to the community whilst developing as an individual;
- It was suggested that the number of junior medical staff (trainees) moving in to secondary care (hospitals) was likely to decrease further and the intent was to alter training to give greater emphasis to the community;
- Although recruitment remained a key issue, it was reported that the retention rates for the Trust were good although could be improved. A Lincolnshire-wide strategy was being developed to attract and encourage more people to live and work in Lincolnshire.

RESOLVED

1. That the closure of Accident and Emergency Services between 6.30pm and 9.00am at Grantham and District Hospital be deemed a substantial variation in the provision of health services in the Grantham and surrounding area, for the purposes of Regulation 23(1) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013;
2. That it be recorded that the Health Scrutiny Committee for Lincolnshire was not reassured that Accident and Emergency Services would be reinstated at Grantham and District Hospital between 6.30pm and 9.00am by February 2017; and that as a result the Committee concluded that the closure of the Accident and Emergency Services between these times was, in effect, permanent; and
3. That a referral be made to the Secretary of State for Health in accordance with Regulation 23(9)(c) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, on the basis that the closure of Accident and Emergency Services at Grantham and District Hospital between 6.30pm and 9.00am was not in the interests of health service provision in the Grantham and surrounding area.

46 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST: 2021 STRATEGY AND CHANGE PROGRAMME

A report by Jan Sobieraj (Chief Executive – United Lincolnshire Hospitals NHS Trust (ULHT)) was considered which provided an update on the development of United Lincolnshire Hospitals NHS Trust's *2021 Strategy and Change Programme* to deliver the strategy.

Kevin Turner (Deputy Chief Executive – United Lincolnshire Hospitals NHS Trust (ULHT)), Jan Sobieraj (Chief Executive – United Lincolnshire Hosptials NHS Trust (ULHT)) and Dr Suneil Kapadia (Medical Director – United Lincolnshire Hospitals NHS Trust (ULHT)) were in attendance for this item.

Due to the significant service and financial challenges faced by many NHS Trusts, United Lincolnshire Hospitals NHS Trust was in the process of developing a five year strategy which would align to Lincolnshire's Sustainability and Transformation Plan (STP). It was agreed that this strategy would be managed by the 2021 Programme Board, led by the Chief Executive.

Work had been undertaken to ensure that the development of the five year strategy was in line with the STP. Following initial consultation and engagement with key stakeholders the ambitions noted below were agreed:-

- Our Services will:-
    - Be Centres of Excellence;
    - Be secure in Lincolnshire where possible; and
    - Get things right first time, valuing patient's time.
- Our Patients will:-
    - Want to choose us for their care and be our advocates; and
    - Shape how our services run.
- Our Staff will:-

- Be proud to work at ULHT;
- Always strive for excellence and continuous learning and improvement; and
- Challenge convention and improve care.

It was reported that these ambitions would be realised through the delivery of key priorities which were being developed into improvement programmes. These programmes would be managed by the 2021 Change Programme and would provide the transformational change platform to enable the organisations to achieve future sustainability. The programmes include:-

- Redesign of clinical services to extend future sustainability;
- Productive Hospital to improve Market Share seeing and treating more patients currently accessing elective care outside ULHT;
- Review of the workforce to address future gaps, design new roles and develop more flexible models of delivery;
- Improve productivity, efficiency and Estates;
- Improve staff engagement – delivering safer and better outcomes for patients; and
- Targeting quality improvement.

Development and delivery of the Five Year Strategy would be underpinned by communication, engagement and consultation, plans for which were being finalised.

It was agreed that a working group be established to provide the initial views on the strategy with a view to holding one meeting in early/mid-December and it was also agreed that the Health Scrutiny Officer would seek nominations from the Committee. It was agreed also that Healthwatch Lincolnshire would nominate a representative for the working group.

Members were invited to ask questions, during which the following points were noted:-

- It was suggested that more positive press coverage was required to counteract the negative media currently surrounding ULHT. Staff within the Trust worked extremely hard to provide excellent patient care but it was acknowledged that, despite good news stories being shared with the press, the focus was inevitably on the failures;
- As patients had the right to choose where they underwent elective care, the responsibility of the Trust was to attract more patients in choosing services in Lincolnshire for elective care;
- Over 60% of planned care patients had indicated that they would travel a considerable distance to access better service and it was accepted that it was not the principle in question but the practicalities involved in such a rural county.

RESOLVED

1. That the report be noted; and

2. That a working group be established to consider initial views on the Five Year Strategy.

The Committee agreed to consider Item 8 – Lincolnshire East Clinical Commissioning Group Update after the lunch break.

NOTE: At 1.20pm, the Committee adjourned for lunch and reconvened at 2.00pm. On return, the following Members and Officers were in attendance:-

County Councillors

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

District Councillors

Councillors J Kirk (City of Lincoln Council), Mrs P F Watson (East Lindsey District Council), T Boston (North Kesteven District Council) and C J T H Brewis (South Holland District Council) and Mrs R Kaberry-Brown (South Kesteven District Council)

Officers in attendance

Andrea Brown (Democratic Services Officer), Dr Kakoli Choudhury (Consultant in Public Health), Simon Evans (Health Scrutiny Officer), Jane Green (NHS England), Dr Peter Holmes (Chairman – Lincolnshire East CCG), Gary James (Accountable Officer – Lincolnshire East CCG), Tracy Pilcher (Chief Nurse – Lincolnshire East CCG) and Jason Wong (Chair – Local Dental Network, NHS England)

Healthwatch

Dr B Wookey

47 LINCOLNSHIRE EAST CLINICAL COMMISSIONING GROUP UPDATE

The Chairman invited Tracy Pilcher (Chief Nurse – Lincolnshire East CCG) to provide an update on the announcement of the temporary closure of the Wainfleet Surgery.

During an inspection of 30 GP practices, the Care Quality Commission (CQC) had identified significant concern within this practice. An action plan was developed and implemented however a follow-up inspection by the CQC identified that sufficient progress had not been made which resulted in the practice being placed in a high risk category. As a result, the following action was taken:-

- A suspension was placed on the practice from 8.00am on 10 November 2016;
- Discussions with the nearby Hawthorn practice resulted in an agreement to temporarily transfer all 2200 patients from the Wainfleet practice;
- Patients were given the option to register with other practices on a permanent basis;

- All high risk patients registered with the Wainfleet practice were considered to ensure access to appropriate services was maintained;
- Communication was being undertaken to advise all concerned of a helpline;
- Additional non-emergency transport for Wainfleet patients to attend Hawthorn Practice had been deployed on a short term basis; and
- Practice boundaries were being redrawn in line with patient lists to ensure access to primary care services for all residents.

The Committee was invited to ask questions, during which the following points were noted:-

- CQC registration had been suspended although payment for the GMS contract had continued to ensure the running of the surgery whilst the necessary changes were made;
- A risk assessment had been undertaken by the CQC to enable a decision to be made. Some of the data presented suggested to the CQC that patients were not being assessed safely with one minute appointments being held;
- Temporary home services had been put in place for patients unable to travel to the temporary practice;
- It was reported that the Hawthorn practice had 10k patients registered currently. A telephone line in to the Wainfleet practice was currently transferred to a staff member at the Hawthorn practice dedicated to taking calls from Wainfleet patients only.

The Committee congratulated Lincolnshire East CCG on the actions taken to deal with this issue.

A report by Gary James (Accountable Officer – Lincolnshire East CCG) was considered which provided an update on the activities of Lincolnshire East CCG (LECCG) and included information on the lead commissioning arrangements undertaken by LECCG.

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

Lincolnshire East CCG was in its fourth year of commissioning services for a population of 245,000 patients with the last twelve months facing unprecedented demands for services across the NHS as a whole. It was clear that there was a requirement for the NHS to change and adapt in order to meet the needs of patients and to become more effective and efficient.

The report presented key facts and figures for LECCG:-

- Coverage of three localities;
- 244,907 people looked after;
- Approximately 296,800 outpatient attendances;
- 802,000 GP appointments in 2015/16 in 30 GP Practices;
- Approximately 2,200 babies delivered;

- Approximately 55,500 A&E attendances;
- Approximately 23,300 emergency admissions;
- £1,484.00 resources per person per year;
- £996k healthcare services spend per day; and
- £363.4m total spend on healthcare services in 2015/16.

Lincolnshire East CCG had become the lead commissioner for United Lincolnshire Hospitals NHS Trust (ULHT) in the last year, having previously been the commissioners of services from Lincolnshire Community Health Services, East Midlands Ambulance Service NHS Trust, non-emergency patient transport and NHS 111 services. Development of the relationship with ULHT was thought to have gone well over the last twelve months and, despite being challenging, discussions had remained positive.

Agreement on the 2016/17 ULHT contract had been reached on time and without recourse to arbitration for the first time in over a decade which was good for patients and the NHS as it was an indication of the service working together and avoiding engagement in lengthy bureaucratic issues.

The CCG had also fully delegated authority for Primary Medical (General Practice) services, the commissioning of which was managed through the Primary Care Co-commissioning Committee (PCCC). The PCCC was constituted to avoid any conflicts of interest with GPs as members of the CCG. The focus this year had been on the sustainability of general practice, development of a primary care strategy and management of the development and investment of GP services.

Achievements over the last year had included:-

- Isolation in rural areas had been address through "Talk, Eat, Drink (TED" in partnership with East Lindsey District Council;
- Development of a Diabetes service specification;
- Delivery of care home schemes in Boston and Skegness;
- Ongoing work on dementia support services;
- Antimicrobial resistance addressed; and
- Investment in GP Practices to deliver case management for the over 75s.

98% of the CCG's total resources, which equated to £363.4m, had been spent on the purchase of healthcare during 2015/16. Buy-in of services from NHS trusts was 60% of that total and was the largest expenditure.

Increased funding had been received for 2016/17 however increasing demand for services had led to some significant financial pressures on budgets. The CCG was reacting to this pressure by taking measures to improve productivity and giving focus to services with the highest priority.

NHS England assessed all CCGs through a performance framework of quarterly reviews and provided an annual summative. For 2015/16 LECCG, in line with all other CCGs in Lincolnshire, was rated overall as "Required Improvement". It was

reported that it was not possible to achieve a better rating than this unless the finance element of the assessment received a "good" rating, which LECCG did not.

LECCG did, however, gain a "top performing" rating for diabetes work which had presented a huge challenge.

Increased public engagement had been a focus of LECCG and a patient council and patient viewpoint panel had been established in addition to the active patient participation groups within GP practices.

The use of National patient feedback systems continued and it was thought that major improvements in patient engagement via these methods would be important as the CCG moved toward public consultation of the Sustainability and Transformation Plan (STP) and LHAC (Lincolnshire Health and Care) plans.

In relation to System Leadership, LECCG provided the lead commissioning role for urgent care across the County and had led on Urgent Care, Women and Children's Care and development of the Local Digital Roadmap as part of the STP and LHAC work. It was acknowledged that the STP was an important strategic plan which aimed to establish the NHS in Lincolnshire on a path to improved and more sustainable services.

The future would be an extremely challenging period for the NHS due to unprecedented levels of demand but LECCG stressed that focus remained on the needs of patients within the County. It was hoped that the improvements made in public engagement and continued strong clinical leadership would strengthen the ability to address the challenges ahead.

Members were invited to ask questions, during which the following points were noted:-

- Concern was raised in relation to the amount of medical equipment wasted after minimal use, e.g. zimmer frames, shower chairs, etc. It was explained that packaged sterile, goods could not be used even if the packing appeared sealed as there was no guarantee that tampering had not taken place. Additionally, it had been found that replacement of equipment was more cost effective than the process of recycling;
- The Pharmacy Review continued to be of focus for the CCG but it remained unclear how the new guidance could be implemented in Lincolnshire as over half of GP practices provided dispensary services which meant the community was less reliant on pharmacies than in some areas;
- The Committee urged Lincolnshire East CCG to promote themselves more within the report in future. The report did not clearly show all of the challenges faced by the CCG and encouraged them to proudly promote achievements;
- Continuing care for patients remained a challenge as a full assessment was required for each individual to assess both health and social need;
- The report stated that £1484 per person per year was allocated for health care. It was explained that the CCG received slightly more than other areas due to the sparsity and rurality of the county although this amount was

minimal. The formula used to reach this amount depended on age; profile; deprivation; morbidity and rurality;

- In relation to the temporary suspension of the Wainfleet practice, NHS England did provide some resources to assist with the additional costs involved as a result;

The financial position was expected to be clear by March 2017 therefore Lincolnshire East CCG was requested to provide a further update to the Committee in March 2017.

RESOLVED

1. That the report and update be noted;
2. That a further update be added to the Work Programme for the Health Scrutiny Committee for Lincolnshire scheduled for 15 March 2016.

At 3.00pm, Dr B Wookey and Councillors Mrs S Ransome and Mrs R Kaberry-Brown left the meeting and did not return.

48 NHS DENTAL SERVICES OVERVIEW FOR LINCOLNSHIRE

A report by NHS England (Central Midlands) was considered which provided an overview of the NHS dental services commissioned in Lincolnshire and an update on the new Special Care Dentistry Service arrangements from 1 December 2016.

Jane Green (Assistant Contract Manager for Dental and Optometry – NHS England (Midlands and East (Central Midlands))) and Jason Wong (Local Dental Network Chair – NHS England) were in attendance for this item.

NHS England had been responsible for commissioning primary and secondary care dental services since April 2013 and a commitment made to oral health and dentistry.

NHS England's clinical aim for each dental practice was to deliver high quality NHS clinical services were defined as:-

"patient-centred and value for money primary care dental services, delivered in a safe and effective manner, through a learning environment, which includes the continuing professional development of dentists and other dental professionals"

The Central Midlands Local Officer was responsible for commissioning NHS primary, community and secondary care dental services and had two locality teams who managed dental and optometry commissioning. Within the Central Midlands region, Lincolnshire formed part of the North Locality which also covered Leicestershire and Rutland.

Within Lincolnshire 69 practices delivered 76 contracts including:-

- 49 practices providing general dental services (10 restricts contracts);
- 1 pilot contract to provide general dental services;

- 15 practices providing general dental and orthodontic services;
- 5 contractors providing orthodontic services;
- 5 contractors providing minor oral surgery services; and
- 1 Special Care Dentistry Service contractor.

NHS dental contractors were transferred to the new NHS Dental contract in April 2006 which monitored units of dental activity (UDA) target for general dental practice and units of orthodontic activity (UOA) for orthodontic contracts.

Patient charges were changed with the introduction of the new contract which was simplified in to three treatment bands ranging from £19.70 to £233.70.

An Oral Health Needs Assessment (OHNA) for the North Locality was developed by Public Health England in conjunction with NHS England Central Midlands Local Office. The document had been submitted for gateway approval and would be published once received.

The OHNA reviewed the demographics of the resident population, provision of services, access to NHS dental services and also made recommendations for consideration by commissioners. The review identified that the access rate in the following Local Authority areas was similar to, or above, the NHS England and Leicestershire and Lincolnshire averages:-

- West Lindsey (for children and adults);
- North Kesteven (for children);
- South Kesteven (for children and adults); and
- East Lindsey (for children and adults).

The access rate in the following areas was below the NHS England and Leicestershire and Lincolnshire average:-

- Boston (for children and adults);
- Lincoln (for children and adults);
- South Holland (for children and adults); and
- North Kesteven (for adults).

The Local Office also reviewed the outcomes of the draft OHNA along with other intelligence in order to develop the dental commissioning intentions and it had been agreed to commission new dental contract to improve access in priority areas within the resource envelope available:-

- Boston;
- Lincoln;
- Sleaford (North Kesteven); and
- Spalding (South Holland).

All newly qualified dentists were required to complete one year dental foundation training following completion of their dental degree, a process managed by Health Education England (HEE). Foundations dentists were assigned to accredited dental practices with an identified mentor who would provide support throughout this training

process. Funding was provided to cover the cost of the Foundation Dentist and to support the accredited mentor. 26 training places were available across Leicestershire and Lincolnshire, three of which were secured within Lincolnshire practices.

Dental Commissioning Guides provided a standardised framework for local commissioning of dental specialities and were available to Local Offices.

Local Offices were expected to work closely with the Managed Clinical Networks (MCN), Regional Dental Public Health Consultants and Dental Local Professional Networks (LPN). Guides available were Special Care Dentistry (Adults); Orthodontics; and Oral Surgery and Oral Medicine.

The Local Dental Professional Network (LPN) for Leicestershire and Lincolnshire was established in 2013 and the Steering Group developed work priorities each financial year with progress monitored by NHS England Central Midlands. Although engagement from the dental health community, HEE, Public Health and Local Authorities had been good, engagement with CCGs had been a challenge which continued to have little success.

Recognition had been given nationally to the Dental LPN for the work on older patients oral health in Lincolnshire and was linked to the Oral Health Promotion Strategy.

Non-recurrent funding had been secured to fund a pilot for improved access to interpretation services across Leicestershire and Lincolnshire from NS England.

Challenges identified by the LPN related to:-

- Access to Restorative Services;
- Formation of Gerodontology MCN to focus on Older peoples, people with Dementia and Mental health issues oral health;
- Delivering prevention to families who have experienced extraction with General Anaesthetic for tooth decay;
- Encourage the increase in foundation training practices in Lincolnshire;
- Increasing the level of Oral health promotion activities in Lincolnshire in partnership with Lincolnshire County Council;
- Implementation of Health Gums Do Matter toolkit and increase the knowledge of the General Dental practitioner of the relevance of oral health on general health and vice versa.

Dedicated support across Central Midlands had been secured by NHS England for performance management of dental secondary care contracts, to review secondary care dental pathways to improve access and commission new pathways.

Managed Clinical Networks for Special Care Dentistry, Orthodontics and Minor Oral Surgery had been established by the LPN also.

Lincolnshire County Council became responsible for improving health and reducing inequalities for its local population from 1 April 2013 which included commissioning of oral health promotion programmes and epidemiology surveys. LCC had agreed that this would be commissioned by NHS England's Special Care Dentistry Service contract on their behalf.

NHS England had completed a procurement process to secure service provision of Specialist Care Dentistry Service from 1 December 2016 and the contract awarded to Community Dental Services (CDS-CIC) in June 2016 on a seven year contract term with the option to extend for a further three years.

Work between NHS England, Lincolnshire Community HealthCare NHS Trust and Community Dental Services had been ongoing since June 2016 to ensure a smooth transition between services and providers.

All referrers across the health community would be advised of the revised referral process and all stakeholders would receive an updated brief and media release during November 2016 prior to the commencement of the contract on 1 December 2016.

The Committee was invited to ask questions, during which the following points were noted:-

- Further explanation of the banding structure for pricing was explained. If, for example, band two work was carried out and needed to be repeated within a couple of months, this would be covered under the first payment. Should the work be band one or three then a further payment would need to be made;
- Lincolnshire found it harder than other areas of the country to recruit, especially in the east of the county. There was thought to be enough dentists providing NHS dental treatment in the country but that these were not necessarily based in the areas of need;
- Practices were being encouraged to recruit and also offer positions to foundation dentists. It would also help if those trained in Lincolnshire (or any other area) were contracted to stay within the county for a set period on completion of that training. Unfortunately, the contract did not allow for that;
- Anecdotal evidence had been received that some dentists had not been accepting children from a young age. A 'refusal form' had now been implemented to ensure that if any dentist did refuse a child patient for being too young, they could be challenged;
- The Health and Social Care Act 2012 had resulted in the promotion of oral health falling under the remit of Local Authority Public Health function and there had been campaigns to support oral health. Lincolnshire Smiles Programme had 12 practices affiliated to it to promote oral hygiene in schools across the county but additional funding would help further promotion;

RESOLVED

That the report and update be noted.

49 DELAYED TRANSFERS OF CARE - THE NEXT STEPS

Consideration was given to a report from the Director Responsible for Democratic Services which asked the Committee to consider the next steps for its review and scrutiny of delayed transfers of care (DTOC).

Simon Evans (Health Scrutiny Officer) introduced the report which confirmed that the issue had been considered by the Health Scrutiny Committee for Lincolnshire who made a request for the Adults Scrutiny Committee to also consider this. The Adults Scrutiny Committee accepted this request and the item was considered at the following meetings of the committee:-

- 6 April 2016;
- 7 September 2016; and
- 19 October 2016.

In the meantime, reference had been made to delayed transfers of care within three reports to the Health Scrutiny Committee for Lincolnshire.

The request for consideration by the Adults Scrutiny Committee was made on the basis that this committee was the lead for the scrutiny of the Better Care Fund (BCF) which, for 2016/17, included the reduction of delayed transfers of care as a key measurement.

The Adults Scrutiny Committee had considered two reports where delayed transfers of care formed a substantial element. Firstly, as part of an item on *Seasonal Resilience of Adult Care* in April 2016; secondly, in October 2016, when it considered *Adult Care Acute Delayed Transfers of Care*; and also within the detailed performance information as part of the Quarter 1 Performance Monitoring Report on the Better Care Fund in September 2016.

On the 19 October 2016, the Adults Scrutiny Committee resolved to note the information presented and, as part of the discussion, suggested that the Health Scrutiny Committee for Lincolnshire take the lead on scrutinising this issue in the future. It was further suggested that a joint meeting or working group be established to give further consideration to the topic.

The Health Scrutiny Committee had continued to receive information on DTOC as part of its regular consideration of Urgent Care Updates and the inclusion of this information had reflected the importance of 'patient flow' to ensure the effective operation of the urgent care system.

The Health Scrutiny Committee could continue in its role of scrutinising DTOC as part of its role with focus on NHS organisations and their efforts to reduce delays. Similarly, the Adults Scrutiny Committee would continue to receive quarterly performance information on the Better Care Fund which included extensive detail on DTOC performance.

In order to consolidate and enhance the individual scrutiny activity of each committee, it was suggested that a joint informal meeting or working group be established. Outcomes would then be reported to each committee.

The Committee was invited to ask questions, during which the following points were noted:-

- Members who also served on the Adults Scrutiny Committee indicated that consideration of this item at that committee had not led to satisfactory outcomes and they would support a joint approach to the topic;
- The Committee concluded that joint working between the two committees was essential for this issue as it overlapped both Health and Social Care;
- As a member of the Health Scrutiny Committee for Lincolnshire, the Vice-Chairman of the Adults Scrutiny Committee was keen to establish a working group. It was agreed that an invitation be made the Adults Scrutiny Committee seeking it's agreement for a joint working group and to nominate members to participate;

RESOLVED

1. That the report be noted; and
2. That a working group be established compromising of the following Councillors S L W Palmer, Mrs S M Wray, Mrs J M Renshaw, J Kirk and Mrs C A Talbot; and
3. That an invitation for representatives of the Adults Scrutiny Committee to join the working group be submitted to the Adults Scrutiny Committee.

50 WORK PROGRAMME AND RESPONSES TO CONSULTATIONS

Consideration was given to a report by the Health Scrutiny Committee for Lincolnshire which gave the Committee the opportunity to consider its work programme for the coming months and also provided the Committee's final response to two consultations.

The consultations referred to were in relation to the merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingbrooke Health Care NHS Trust; and the Medicines Management Consultation.

In relation to the merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingbrooke Health Care NHS Trust, the Committee established a working group, on 21 September 2016, to draft and finalise the response of the Committee to the Full Business Case. The deadline for the response was 7 November 2016 and the response of the Committee would be reported to both Trust Boards at their meetings in November 2016.

On the basis of the information received, the Committee supported the full business case for the merger and was reassured that the outcome of the merger would not impact directly on Lincolnshire patients. In addition, in the event of a significant change of service in the future, the Committee would seek to be involved in any consultation on service change, led by the appropriate commissioners.

The full response of the Committee could be found at Appendix B to Agenda Item 11 on pages 113/114 of the agenda pack.

A working group was also established, on 26 October 2016 to draft and finalise the response of the Committee to the Medicines Management Consultation which was being undertaken by the four clinical commissioning groups in Lincolnshire. The response of the Committee on the proposals put forward are noted below:-

- *Proposal 1 – To restrict providing over the counter/minor ailment medicines for short term, self-limiting conditions* – the Committee supported the principle of self-care for very minor ailments but noted that some medicines, such as paracetamol or ibuprofen were cheap and widely available in supermarkets, etc. Some over the counter medicines, including cough syrups, thrush creams or child paracetamol, however, were not as cheap nor readily available. The Committee recorded its concerns that this may have an impact on low income families;
- *Proposal 2 – To restrict the prescription of gluten-free foods* – the Committee supported the proposal to limit prescribing of gluten-free foods to loaves of bread, bread-flour and bread mixes (in accordance with Coeliac UK's recommended quantities). However, GP's should be advised to take account of the impact of these arrangements on particular individuals and allow discretion in exception circumstances to prescribe additional products;
- *Proposal 3 – To restrict prescribing of baby milks and specialist infant formula* – the Committee noted that specialist baby milks and infant formulas may cost up to four times as much as standard milk and formulas. The Committee expressed concern about the potential impact on low income families and believed that GPs should be allowed to use discretion in these circumstances;
- *Proposal 4 – To restrict prescribing oral nutritional supplements* - the Committee strongly supported the "food first" approach for those with low appetites or a degree of malnourishment. Concern was noted that some care homes relied too much of nutritional supplements when they should encourage residents to eat food. The Committee was mindful that there may be exceptional circumstances and the need for GPs to take account of the impact on low income families; and
- *General Comments*
    - the Committee noted that each proposal included the word "restrict" rather than "discontinue" as this provided an element of reassurance that discretion would be applied by GPs;
    - Concern was raised that a six week period of consultation had been too short although the Committee acknowledged the pressures on the four clinical commissioning groups to reduce expenditure during the remainder of the 2016/17 financial year;
    - The Committee was concerned that the consultation document had not been widely circulated due to some GP practices choosing not to make the document available in their waiting rooms;

The full response of the Committee could be found at Appendix C to Agenda Item 11 on pages 115/116 of the agenda pack.

The Committee made no comments on the content of the work programme but agreed that an item on Lincolnshire Health and Care (LHAC) and the Sustainability and Transformation Plan (STP) be added to the work programme for the December meeting, on the assumption that the STP would be published on 12 December 2016.

RESOLVED

1. That the Work Programme, with the addition noted above, be agreed;
2. That the response of the Committee to the Full Business Case for the Merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingbrooke Health Care NHS Trust be noted; and
3. That the response of the Committee to the Medicines Management Consultation, undertaken by the four clinical commissioning groups in Lincolnshire, be noted.

The Chairman advised that an attendance analysis for the Committee had been done and expressed disappointment at the attendance from two District Councils. The Committee was asked to ensure that apologies were submitted and to provide a substitute member wherever possible.

The meeting closed at 3.35 pm

This page is intentionally left blank