



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
21 DECEMBER 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,
T M Trollope-Bellew 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), Simon Evans (Health Scrutiny Officer), Sarah Furley (Programme Director, Lincolnshire Sustainability and Transformation Plan), Will Huxter (Regional Director of Specialised Commissioning (London), NHS England), Gary James (Accountable Officer, Lincolnshire East CCG), Dr Geraldine Linehan (Regional Clinical Director of Specialised Commissioning (Midlands and East), NHS England) and Andrew Morgan (Chief Executive, Lincolnshire Community Health Services NHS Trust)

County Councillors B W Keimach and R A Renshaw attended the meeting as observers.

51 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

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

The Democratic Services Officer reported that, since the last meeting of the Committee, two resignations had been received. Councillor Mrs L A Rollings had resigned from her position as the representative for West Lindsey District Council and Councillor G Gregory had also resigned his position as the representative for Boston Borough Council. Substantive replacements remained unconfirmed.

The Chief Executive reported that under the Local Government (Committee and Political Groups) Regulations 1990, he had appointed Councillor Mrs A White to the Committee in place of the current vacancy for West Lindsey District Council.

52 DECLARATIONS OF MEMBERS' INTERESTS

Councillor Mrs C A Talbot advised the Committee that she remained a patient of Nottingham University Hospitals NHS Trust but was also under the care of a team at United Lincolnshire Hospitals NHS Trust, which would be discussed under Item 6 – *Lincolnshire Sustainability and Transformation Plan*.

Councillor Mrs P F Watson advised the Committee that she was also a patient of United Lincolnshire Hospitals NHS Trust, which would be discussed under Item 6 – *Lincolnshire Sustainability and Transformation Plan*.

53 CHAIRMAN'S ANNOUNCEMENTS

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

i) Councillor Mrs Lesley Rollings and Councillor Gordon Gregory

The Chairman confirmed the two resignations from the Committee by Councillor Mrs Lesley Rollings and Councillor Gordon Gregory. On behalf of the Committee the Chairman asked that formal thanks be noted for their contribution to the activities of the Committee. It was also confirmed that, as reported, Councillor Mrs Angela White was in attendance as the representative for West Lindsey District Council. The Committee looked forward to each council confirming their permanent replacement representatives in due course.

ii) Dr Peter Holmes

It was reported that Dr Peter Holmes had resigned as the Chairman of the Lincolnshire East Clinical Commissioning Group Governing Body in order to focus on the management of his own Stuart House Surgery in Boston. The Chairman advised that she had written to Dr Holmes to thank him for his support of the activities of the Health Scrutiny Committee for Lincolnshire.

iii) Wainfleet GP Surgery Update

At the last meeting the Committee received information on how Lincolnshire East Clinical Commissioning Group had been providing support to Wainfleet Surgery, whose registration had been temporarily suspended by the Care Quality Commission (CQC).

On 7 December 2016, Lincolnshire East Clinical Commissioning Group advised that the two partners at the surgery would not be seeking re-registration with the CQC and, as a result, the CCG was now reviewing the options for GP provision in Wainfleet. The CCG was also seeking the views of patients, a part of its consideration of all available patients to access services at another local practice.

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iv) Arboretum GP Surgery Lincoln; Burton Road GP Surgery, Lincoln; Pottergate Surgery, Gainsborough; and Metheringham Surgery

On 28 November 2016, Lincolnshire West Clinical Commissioning Group announced that the Arboretum and Burton Road Surgeries in Lincoln, the Pottergate Surgery in Gainsborough and the Metheringham Surgery would all close on 7 January 2017. Lincolnshire West CCG had stated that the 11,000 patients across the four surgeries would have an alternative option within 0.2 miles of their existing surgery.

Lincolnshire West Clinical Commissioning Group had sought to secure a long-term provider to take over the management of the four practices but was unable to offer a contract to any of the bidders. Patients had until 7 January to register with a different GP practice. If patients did not register by that date, the CCG would automatically allocate those patients to a surgery on their behalf. If patients were unhappy with their allocated surgery they would still be able to choose an alternative at any time, based on where they lived and the practice boundaries within which they reside. An update report from Lincolnshire West Clinical Commissioning Group was expected at the Committee on 18 January 2017.

v) Working Group Meetings

On 20 December 2016, a working group meeting provided initial views on the United Lincolnshire Hospitals NHS Trust Five Year Strategy. The Chairman thanked Councillors S L W Palmer, Mrs S Ransome, Mrs J M Renshaw, Mrs S M Wray and Dr B Wookey for joining her at the meeting.

Nine councillors across two committees also wished to participate in the Delayed Transfers of Care Working Group. This working group would be discussed further as part of the Work Programme item but it was planned to arrange a meeting at the end of January/early February 2017.

vi) Lincolnshire Sustainability and Transformation Plan

The Lincolnshire Sustainability and Transformation Plan had been published on 6 December 2016. The County Council had considered and passed two motions on the STP and further information on the motions would be provided as part of item 6.

vii) Lincolnshire Sustainability and Transformation Plan and NHS Contracts

There had been some concern that the CCGs were required to sign two year contracts with their providers no later than 23 December 2016, prior to public consultation on services changes. CCGs and local providers were bound to meet the national framework which governed the timing of contracts. The Chairman reported that these contracts reflected the provision of services in line with the STP but only where this had already been agreed and where consultation was not required – for instance integrated working at neighbourhood level between GPs and community health services. The contracts were not specific in relation to potential changes to hospital services because the options for possible changes had not yet been agreed and had not been through formal public consultation yet. If there were service changes following consultation then the CCGs would go through the normal process of contract variation to reflect the new service provision.

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On 15 December 2016, the referral letter and accompanying statement was sent to the Secretary of State for Health on the overnight closure of Grantham and District Hospital's Accident and Emergency Department. As a first step, it was expected that the Secretary of State would seek initial advice from the Independent Reconfiguration Panel, an advisory non-departmental public organisation set up for this purpose. The Secretary of State would then take account of the initial advice from the Independent Reconfiguration Panel prior to making a decision on whether a full review would be required.

ix) Medicines Management – Outcomes of the Consultation

The four Lincolnshire Clinical Commissioning Groups had announced the outcomes of the Medicines Management consultation which closed on 18 November 2016. With effect from 12 December 2016, the four CCGs had approved restrictions on the prescribing of over-the-counter medicines for short term, self-limiting conditions, together with restrictions on prescribing baby milk, including specialist infant formula; and prescribing oral nutritional supplements in accordance with national guidelines.

The Clinical Commissioning Groups had also placed restrictions on prescribing gluten-free foods, with the exception of bread, flour and bread-mixes, which may be prescribed by GPs up to the recommended limits from Coeliac UK.

x) Non-Emergency Patient Transport

The four Lincolnshire Clinical Commissioning Groups announced that a new provider would take over the management of non-emergency patient transport across Lincolnshire: Thames Ambulance Service were to take over from the current provider, NSL, on 1 July 2017, following a procurement process. The service provided eligible patients non-emergency transport to hospital appointments, community surgery units and theatre slots and home again after they had been seen or discharged.

The scheme benefitted so many people across the county with around 200,000 journeys undertaken each year.

xi) Meetings

The Chairman reported that she had attended three briefing meetings from the management of the following organisations:-

- Lincolnshire West CCG – 2 December 2016;
- South Lincolnshire CCG – 14 December 2016; and
- St Barnabas Hospice – 20 December 2016

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54 MINUTES OF THE PREVIOUS MEETING OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE HELD ON 23 NOVEMBER 2016

RESOLVED

That the minutes of the meeting of the Health Scrutiny Committee for Lincolnshire held on 23 November 2016 be approved and signed by the Chairman as a correct record.

55 CONGENITAL HEART DISEASE SERVICES

Consideration was given to a report by Simon Evans (Health Scrutiny Officer) which provided details of a public consultation relating to decommissioning of congenital heart disease surgery from the East Midlands Congenital Heart Centre (formerly known as Glenfield Hospital).

Will Huxter (Regional Director of Specialised Commissioning (London)) and Dr Geraldine Linehan (Regional Clinical Director of Specialised Commissioning (Midlands and East) of NHS England) were in attendance for this item.

On 21 July 2016 the Committee unanimously concluded that to decommission Level 1 Paediatric Cardiac and Adult Congenital Heart Disease Services from the East Midlands Congenital Heart Centre would constitute a substantial variation. It also agreed that the Chairman would write to NHS England to outline the views of the Committee and to seek commitment to a full consultation.

Correspondence between the Chairman and NHS England had established or confirmed the following:-

- No final decision had been taken in regard to the future of University Hospitals of Leicester NHS Trust or any of the other congenital heart disease services in England;
- Information regarding consultation about the proposals would be communicated as widely as possible, well in advance of any consultation and NHS England would ensure that the consultation took account of those services which could be impacted by any change to CHD services, including paediatric intensive care and ECMO;
- NHS England confirmed that they were now in the pre-consultation engagement stage;
- The national and regional panel assessments of Congenital Heart Disease (CHD) centres against key standards in the new service specification, which came in to effect on 1 April 2016 were completed in June 2016. Following these assessments, the Committee of NHS England agreed with the recommendation that centres assessed as 'not satisfactory and highly unlikely to meet service standards' should be served notice that NHS England was minded to cease to contract their services. Providers had been informed of these assessments at the end of June 2016 and advised that any necessary public involvement undertaken before services changes were implemented.

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Individual assessment reports for 21 hospital trusts were published by NHS England on 13 September 2016 and were available at the following link:-

www.england.nhs.uk/commissioning/spec-services/npc-crg/chd/#reports

It was reported that NHS England had met with staff, patients and stakeholders of University Hospitals of Leicester NHS Trust to discuss the assessment of the Trust against the standards. Additionally, NHS England advised that extensive correspondence and discussions had taken place since that visit.

Blogs by Will Huxter had also been published on the NHS England website, the most recent of which, on 23 November 2016, indicated that consultation would not begin until early in 2017.

The Committee was advised that NHS England had made no final decision, that the proposal did not include closure of all services at University Hospitals of Leicester NHS Trust (UHL) and that some would remain. Information had been sought from the Trust about the impact of the proposals on all services including any financial implications.

In addition to work being carried out in relation to Congenital Heart Disease Services, a national piece of work was ongoing to look at paediatric and intensive care which would also be relevant to these proposals.

Additional capacity in all centres was also being considered and, despite the level of detail contained within the report, it was reported that the key challenge had been in relation to the level of surgical activity. It was suggested that surgeons at UHL had not met the minimum standard of 125 operations per surgeon (375 operations per year due to the requirement for three surgeons per operation) and that the Trust had also not provided any proposal to deliver this or the target expected by 2021.

It was acknowledged that patients accessed a range of services and it was proposed to have a specialist medical centre at Glenfield Hospital to provide care to a number of patients who did not require surgery or specialist care.

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

- It was reported that two providers in the country had not met the standard of 375 operations per year – Leicester and Manchester;
- NHS England needed to be confident that all services and providers would be able to meet all standards set although, as stated within the report presented, none of the current providers met every standard;
- UHL had provided a growth plan to NHS England which illustrated how the 2021 standard would be met by surgeons and included increasing the surgeons from three to four. The Committee asked what had been included in growth plans for other centres and was advised that other centres had not been required to produce a growth plan as they already met the surgical standard;

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- It was reiterated that there was no financial motivation to spend less on Congenital Heart Disease services nationally and that all current providers, including UHL, had been asked for details of any financial impact that these proposals would have on their organisations;
- The Committee was extremely concerned that the lack of this type of centre within the East Midlands would be to the detriment of residents in the East Midlands and Lincolnshire in particular. The lack of a centre would result in high costs to families and, potentially, parents being unable to travel with their children to a centre so far away. Lincolnshire, simply, had no public transport, especially from the east coast of the county and families on low incomes generally had no car, were unable to afford taxi fares or bus/train fares to travel that great distance;
- It was acknowledged that other rural areas faced similar challenges, however NHS England was urged to undertake a quality impact assessment for the people of Lincolnshire and the East Midlands before making their final decision;
- The Committee asked why patients were being transferred to UHL when Birmingham was unable to cope with the pressure. It was suggested that the system was stretched overall but that specific issues could not be addressed. The benefit of larger centres was being considered to address capacity issues but the Committee remained unconvinced and requested that information be provided on why UHL was taking the additional patients from Birmingham;
- NHS England had adopted a standard that required a team of four surgeons, which would provide improved safety and outcomes for patients. Some surgeons were already undertaking over 200 procedures per annum, and it was thought sensible to have four surgeons at each unit undertaking a minimum of 125 procedures to enable improved outcomes and safety, as well as being able to manage the number of cases;
- The standards had been set at that level following a great deal of effort, consultation and agreement with a number of people to improve those standards. The Committee asked for details of the experts who sat on the panel to decide on this standard following the consultation exercise in 2014;
- The view of Healthwatch was that they accepted the standards from NHS England on the grounds of patient safety which was the overriding and essential issue, especially if the service was enhanced by having four surgeons instead of operating a 1 in 3 rota. However, Healthwatch was concerned that a decision may be made which NHS England may regret should the required standards be met and staff appointed at UHL in the next few years;
- Healthwatch also held the view that such great emphasis should not be put on travel distance as it was thought that people would travel any distance within the UK to ensure the right care for their child;
- It was confirmed that the standard set for surgical procedures of this type were counted when undertaken by surgeons in either an NHS or a private role as it was acknowledged that some surgeons did undertake private work in addition to NHS duties. The Committee requested the split between private and NHS surgical procedures for each surgeon. NHS England explained that individual

surgical data was held by the provider but that this would be sourced and provided to the Health Scrutiny Officer;

- The standards were nationally defined and set taking in to account the number of surgeons required to operate on a child's heart. The numbers were counted by a national database run by NICOR [National Institute for Cardiovascular Outcomes Research] which was considered to be the most equitable way of doing so;
- The Committee asked whether consideration had been given to setting a limit for patients travelling to access services, as it was suggested that the distance between parts of Lincolnshire and Birmingham was too long for many Lincolnshire residents;
- It was asked if the input of social services in hospitals had been given any consideration following Birmingham Children's Services Department being put in special measures. The Committee was concerned that Lincolnshire children may become subject to care from that particular department as a result of receiving clinical care in Birmingham. NHS England advised that they were unsure if this had been considered, but would provide that information to the Health Scrutiny Officer;
- The Chairman requested that NHS England consider holding two or three public meetings in Lincolnshire for parents and other interested parties to attend. These should be held in East, South and Central Lincolnshire.

The Chairman invited colleagues from NHS England to come back to continue discussions on this item at the Committee's meeting scheduled for Wednesday 18 January 2017 and was keen that these discussions took place prior to the commencement of Purdah.

RESOLVED

1. That the report and contents be noted; and
2. That NHS England be requested to attend the meeting of the Health Scrutiny Committee for Lincolnshire on Wednesday 18 January 2017.

At 11.55am, the Committee was adjourned for a ten minute comfort break.

At 12.05pm, the Committee reconvened.

56 LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN

Consideration was given to a report by the Health Scrutiny Officer which provided the Committee with the Public Summary Document of the Lincolnshire Sustainability and Transformation Plan (STP) and invited initial consideration of the content of the STP with a view to providing a response to the engagement phase of the STP.

Andrew Morgan (Chief Executive, Lincolnshire Community Health Services NHS Trust), Gary James (Accountable Officer, Lincolnshire East CCG) and Sarah Furley (Programme Director, Lincolnshire Sustainability and Transformation Plan) were all in attendance for this item.

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It was explained that each local NHS area was required to prepare a Sustainability and Transformation Plan (STP). The Lincolnshire STP was published on 7 December 2016 together with a public summary document. It was clarified that the STP was not a consultation document but a strategy document from which formal public consultations would be derived. These were expected to take place from May 2017 onwards.

On 22 December 2015, *Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21* was published by several national NHS organisations, including NHS England and NHS Improvement. Included in the guidance was a key requirement for each local NHS area to prepare an STP, the aim of which was to find out how health and care organisations could improve the health and wellbeing of their resident population whilst increasing the clinical and financial sustainability of local health and social care services.

In January 2016, 44 local STP 'footprints' were developed and the Lincolnshire STP covered Lincolnshire East, Lincolnshire West, South Lincolnshire and South West Lincolnshire Clinical Commissioning Group areas. It was confirmed that North Lincolnshire and North East Lincolnshire Clinical Commissioning Groups were not included.

Draft STPs were submitted in June and September 2016 and an updated plan was submitted on 21 October 2016 for further review by NHS Improvement and NHS England.

Considerable progress had been made in the development of the Lincolnshire STP which had built upon the work already underway in the county to devise a new model for health and care, through the Lincolnshire Health and Care Programme (LHAC). In addition, there had been discussion and input from Lincolnshire County Council officers, particularly in relation to how health and social care services could be better joined up; and how services in the community, which prevent ill health, could be improved.

A number of key stakeholders, including East Midlands Ambulance Service NHS Trust, Lincolnshire GPs, Lincolnshire pharmacies, key health providers outside Lincolnshire and local organisations from the public, private and voluntary sectors all contributed to the development of the plan. Healthwatch Lincolnshire also participated on the Stakeholder Board.

Seven health organisations led the work on the development of the STP:-

- Lincolnshire West Clinical Commissioning Group;
- Lincolnshire East Clinical Commissioning Group;
- South West Lincolnshire Clinical Commissioning Group;
- South Lincolnshire Clinical Commissioning Group;
- United Lincolnshire Hospitals NHS Trust;
- Lincolnshire Community Health Services NHS Trust; and
- Lincolnshire Partnership NHS Foundation Trust.

The Lincolnshire Health and Care (LHAC) programme was launched in 2013 as a result of organisations in Lincolnshire recognising that current services did not adequately meet the needs of residents. Due to growing demands and financial pressures it was clear that a change of direction was necessary and, as a result, all health and social care organisations collaborated for the first time to design a new model for health and care in Lincolnshire. This would then enable people to access the right services at the right time both now and in the future.

The announcement of the STP process delayed the public consultation on the LHAC programme, which was due at the end of 2015, as it was agreed that the LHAC work would become the clinical workstream of the STP programme. The LHAC emerging model of joined up care closer to home was the foundation for how STP partners envisage clinical services developing in the county and was aligned to the Five Year Forward View for the NHS. The scope of the STP, however, was broader and covered productivity and operational efficiencies including service procurement, best use of estates workforce development and technology innovation.

The vision of the Lincolnshire STP was based on a basic vision to achieve really good health for the people of Lincolnshire with support from an excellent and accessible health and care service delivered within the required financial allocation. The vision included the key priorities for the STP, noted below:-

- Spend more money on keeping people well and healthy;
- Support people to take more responsibility for their care and increase the number of people who use personal health budgets for their health and care;
- Reduce the number of people needing to be admitted to hospital and instead provide care in the community through joined up neighbourhood care teams;
- Have a network of small community hospital facilities and urgent care centres to work with neighbourhood teams;
- Have a small number of specialised mental health inpatient facilities to provide support to neighbourhood care teams and community hospitals;
- Have a smaller acute hospital sector providing emergency and planned care with specialist services for things like heart attacks and strokes and maternity and children's services;
- Have a consistent approach for which patients can be referred for treatment to hospital, based on evidence of what has the best results for patients; and
- Improve the effectiveness and safety of services so patients have a better experience and we meet all national standards for care.

The *LHAC Case for Change* document was published in June 2016 and set out the reasons why services needed to be changed in Lincolnshire. The document was developed with extensive engagement and discussion with staff and the public and an analysis of the evidence was done to ascertain how services were currently operating in the county. The findings were stark and it was clear that services were not always delivered to meet national standards for safety and quality.

The age and health profile of services and the increasing cost of care was making services unsustainable in their current form and Lincolnshire struggled to recruit the

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relevant staff to enable all of its services to remain viable. This year alone an additional £60m was spent on health services than the amount of funding received.

The Committee was guided to page 82 of the full STP document as this provided further details on service reconfiguration arrangements including a schedule of service redesign options on pages 83 and 84.

The STP was emphasised as a dynamic strategy document and not a consultation document. The public consultation on service changes was due to commence in May 2017.

Statements and feedback on the Lincolnshire STP were welcomed and would be considered by the System Executive Team. Should the Committee choose to make a statement on the Lincolnshire STP at this stage, input into the formal consultation would still be possible.

Engaging Local People – A Guide for Local Areas Developing Sustainability and Transformation Plans stated that STPs should include engagement plans for both ongoing dialogue with stakeholders and for any formal public consultations required for major service changes.

The Chairman confirmed that the meeting of the County Council held on 16 December 2016 passed two motions in relation to this item:-

1. It was unanimously resolved that the County Council could not support the STP in its current form; and confirmed that the Council was prepared to work with all local NHS organisations to encourage them to adhere to and act upon the views which emerged from the public consultation; and
2. That the County Council confirmed that the Health Scrutiny Committee for Lincolnshire should scrutinise the likely impact of the proposals in the STP on different medical services in all parts of the county. The County Council unanimously agreed to set up a working group to consider the likely financial, and other impacts, of the STP on County Council services. This working group would then make recommendations to the County Council's Executive.

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

- NHS colleagues acknowledged the motions passed by the County Council, as noted above, and the risks involved in the delivery and implementation of the STP. However, it was clear that Lincolnshire needed a clear plan to ensure that NHS services within the county remained sustainable. All analysis undertaken to date had, regrettably, suggested that this would not be the case should services continue as it was currently;
- The Committee reflected on the proportion of GDP in the UK which would be allocated to health care. Any additional funding for health care would be welcomed by the NHS. At present, there remained pressure on Trusts to manage with the funding available;
- The Committee thought that the STP was too wordy and repetitive. It was acknowledged that the document was large but it was further explained that

the Full STP document had not been intended to be a public facing document and had been written to meet the requirements of NHS England;

- Home First was included as an initiative within the STP and it was explained that Home First placed as an emphasis on discharging patients to their own home, with intermediate care used only, when it was absolutely necessary, but it was acknowledged that Home First would place more demands on social care;
- Although not specifically mentioned within the document, NHS Colleagues had met with the Chief Executives of District Councils and it was confirmed that District Councils would be included in all discussions going forward;
- The voluntary sector had also been consulted but it was acknowledged that this was not sufficiently documented within the STP document;
- Although not always ideal for patients to opt to go out-of-county for hospital procedures it was acknowledged that in some cases this may be purely a geographical decision, based on how close the patients lived to the hospital;
- Mention was made to the closure of all neurology services within the county and that all new neurology patients were required to have treatment out-of-county. It was agreed that the provision of these types of services need to be available in-county;
- It appeared that the inclusion of end of life and palliative care was minimal within the STP. Although these services were incorporated elsewhere across the health community it was acknowledged that this could be made clearer, possibly by way of inclusion within a Frequently Asked Questions (FAQs) document;
- Care in the community had been launched in 1979, of which a number of aspects were not as successful as first thought. It was explained that a lot of the work in the community at that time was good work but that some could have been better. It was also difficult to compare the services provided then to that proposed now due to the significant advances made, especially within home technology;

At 1.00pm, Dr B Wookey (Healthwatch Lincolnshire) left the meeting and did not return.

- When asked the cost of producing the STP document, the Chairman reported that the cost incurred from the commencement of the LHAC to-date was £4.3m and that the cost of the PR to-date was £67k;
- It was confirmed that partners of the integrated transport pilot strived to reduce inequalities within the public transport and infrastructure of the county. It was hoped that, once mapped, school buses, NSL transport providers and on-demand buses could somehow amalgamate services as they currently used the same routes.

RESOLVED

1. That the report and contents be noted;
2. That the proposal for the Health Scrutiny Committee for Lincolnshire to provide a formal statement on the Lincolnshire Sustainability and Transformation Plan (STP) in advance of the formal public consultation be agreed;

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3. To further discuss the details of the Lincolnshire STP and to draft a formal statement, as agreed in resolution number two above, the Committee resolved to hold an extraordinary meeting of the Health Scrutiny Committee for Lincolnshire on Thursday 12 January 2017; and
4. That the draft statement of the Health Scrutiny Committee for Lincolnshire produced at the extraordinary meeting on 12 January 2017, as above, be tabled at the scheduled meeting of the Committee on Wednesday 18 January 2017 for approval.

57 WORK PROGRAMME

Consideration was given to a report by the Health Scrutiny Officer which gave the Committee the opportunity to consider its work programme for the coming months.

During consideration, the following amendments were proposed:-

1. Add Congenital Heart Disease (Update) to the work programme for the meeting of the Committee on 18 January 2017;
2. Cancel the meeting of the Committee scheduled for Wednesday 12 April 2017 due to the Purdah period as a result of the County Council elections in May 2017; and
3. Add an item to the work programme for a future meeting of the Committee to investigate the delay in patient access to GP appointments.

Previous discussions had resulted in the proposal to form a joint working group, with the Adults Scrutiny Committee, to consider the issues around Delayed Transfers of Care (DTC). The Chairman explained that this issue was wider than originally anticipated due to the number of partners involved in this process. Due to the County Council elections it was proposed to hold one meeting to develop a framework for this work which could be commenced after the election. The Committee agreed with the proposal, the Health Scrutiny Officer was asked to identify a suitable date for a meeting of the working group.

RESOLVED

1. That the work programme, with the amendments noted above, be agreed; and
2. That a meeting be arranged for the Delayed Transfers of Care Working Group, to develop a framework for reviewing Delayed Transfers of Care.

The Chairman thanked the Committee for their tremendous support over the last few months and, in particular, Simon Evans (Health Scrutiny Officer) and Andrea Brown (Democratic Services) for their continued support.

The meeting closed at 1.20 pm

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