



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
11 OCTOBER 2017**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R A Renshaw, Dr M E Thompson, R H Trollope-Bellew and M A Whittington.

Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council), C J T H Brewis (South Holland District Council (Vice-Chairman)) and B Russell (South Kesteven District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Dr Kakoli Choudhury (Consultant in Public Health Medicine), Sarah Furnley, Gary James (Accountable Officer, Lincolnshire East CCG), Jane Marshall (Director of Strategy and Performance, Lincolnshire Partnership NHS Foundation Trust), Andrew Morgan (Chief Executive, Lincolnshire Community Health Services NHS Trust), Katrina Cope (Senior Democratic Services Officer), Dr Sue Elcock (Medical Director, Lincolnshire Partnership NHS Foundation Trust), Simon Evans (Health Scrutiny Officer) and John Turner (Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership).

County Councillors Mrs S Woolley, L Wootten and R Wootten attended the meeting as observers.

28 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors R Kendrick, Mrs R Kaberry-Brown (South Kesteven District Council), P Howitt-Cowan (West Lindsey District Council) and T Boston (North Kesteven District Council).

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, had appointed Councillor B Russell (South Kesteven District Council) to the Committee in place of Councillor Mrs R Kaberry-Brown (South Kesteven District Council) for this meeting only.

29 DECLARATIONS OF MEMBERS' INTEREST

Councillor Mrs P F Watson advised the Committee that she was currently a patient of United Lincolnshire Hospitals NHS Trust.

Councillor C J T H Brewis advised the Committee that he was currently a patient of the Anglia Community Eye Service, Wisbech.

30 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY COMMITTEE
FOR LINCOLNSHIRE HELD ON 13 SEPTEMBER 2017

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 13 September 2017 be approved and signed by the Chairman as a correct record.

31 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements contained within the agenda for the meeting, the Chairman advised the meeting that an item from NHS England on Dental Services in Lincolnshire had been withdrawn just prior to the agenda being finalised. The rescheduling of this item would therefore be considered as part of the work programme item further in the agenda.

Circulated at the meeting was a letter and accompanying document from Wendy Martin, Executive Lead Nurse/Midwife & Quality, NHS Lincolnshire West Clinical Commissioning Group, concerning the Lincoln Walk-in Centre Consultation, which had been received by the Health Scrutiny Officer on Tuesday 10 October 2017. The Chairman invited the Committee to take five minutes to consider the document.

During a short discussion, the Committee commented on the following issues:-

- The Health Scrutiny Officer confirmed that in relation to item 1 – (Briefing on Financial Position of United Lincolnshire Hospitals NHS Trust) no further information had been received, other than that already made available in the public domain;
- One member advised that in relation to item 2 – (United Lincolnshire Hospitals NHS Trust: Recruitment of Nurses) announcement had been made that there would be an expansion in the training of nursing associates (which involved support staff working alongside fully qualified nurses). The nursing associate could then start a nursing apprenticeship over a two year period, which would then lead them to becoming a fully qualified nurse over a total of four years, rather than three years as for current degree students. A request was made for future reports to indicate the net recruitment position. The Health Scrutiny Officer confirmed that the Committee would be receiving an update from United Lincolnshire Hospitals NHS Trust at its 8 November 2017 meeting; and

- One member enquired as to whether the Director of Finance, Procurement and Corporate Affairs at United Lincolnshire Hospitals NHS Trust had given any indication as to what the overspend would be at the end of the year. The Chairman advised that the projected figure had been stated as £75m; and that a further update would be received at the November meeting.

32 LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION
PARTNERSHIP UPDATE

The Chairman welcomed to the meeting John Turner, Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership (STP), Andrew Morgan, Chief Executive, Lincolnshire Community Services NHS Trust and Sarah Furley, Programme Director, Lincolnshire Sustainability and Transformation Partnership.

In a short introduction, the Chairman advised the Committee that two councillors had made a request to address the Committee on this item in relation to Grantham A & E, which was referred to in the report. The Chairman highlighted that as the STP was a county-wide issue, there was not an automatic right for local members to speak on this item. However, on this occasion, the Chairman highlighted that he had decided to allow the councillors to speak, and he urged the Committee to give full consideration to all aspects of the STP report; and not just the Grantham A & E issue.

The Chairman welcomed Councillors Mrs L Wootten and R Wootten to the meeting; and advised the Committee that he proposed to allocate them both three minutes each, and that they would be invited to speak to members of the Committee following officers presenting the report.

The Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership (STP) started his address by advising the Committee that throughout the county on a day to day basis, dedicated NHS staff provided excellent services. However, stepping back from day to day provision, the NHS in Lincolnshire had some very challenging issues to address.

The Committee was advised that there were significant challenges across the county relating to recruitment of specialist staff; and that agency staff were helping to keep NHS services across the county working. Other challenges for the NHS included the demographics of Lincolnshire; in particular, it's increasingly ageing population.

It was reported that the current model of NHS provision across Lincolnshire was out of date and inconsistent and that over the years the NHS had been reactive in its planning, rather than being proactive. The current model clearly was not sustainable and was not suitable for patients, or for staff. It was highlighted that the Sustainability and Transformation Plan would try and address the challenges and ensure that health services in Lincolnshire were delivered in an efficient and effective way, ensuring that the services provided met the needs of patients. The Committee noted that many services across the county were working well and that there were no plans to change them.

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The Committee was advised that the STP plan was a plan that focussed on progressing seven key priorities, which comprised of:-

- Mental Health;
- Neighbourhood Teams;
- Implementation of GP Forward View;
- Acute Care Reconfiguration;
- Urgent and Emergency Care Transformation;
- Operational Efficiencies; and
- Planned Care.

Outline details against each of the seven priorities was provided within the report for the Committees consideration.

It was reported that the seven priorities were all supported by a number of enabling work streams such as IT solutions; ensuring that the estate was able to support the delivery of service reconfiguration; the up-skilling of the workforce; delivering financial leadership; and ensuring that robust and meaningful engagement happened with patients, carers and stakeholders to successfully implement the STP.

It was reported further that the Lincolnshire STP had formed a Capital & Estates working group that was collaboratively working together to ascertain future capital and estate requirements, having both scoped short and medium term future needs against current estate. The STP would ensure more joined up working, and take a more systematic approach to providing a standard, consistent, more local focussed approach to sustainable service provision.

In conclusion, the Committee noted that the NHS faced some big challenges, and that the STP would try to meet those challenges and address them by working in partnership with others, whilst operating within available resources, and ensuring that services were provided in a sustainable way.

Both of the Grantham Councillors in their address to the Committee highlighted that previous engagement as part of the Lincolnshire Health and Care (LHAC) programme hardly represented the views of the residents of Lincolnshire. It was also highlighted that South Kesteven District Council and Lincolnshire County Council had registered their views against the STP proposals in their current form; and that there was a need for the NHS to act upon the views that emerged from any public consultation. Concern was expressed to the down grading of the Grantham A & E, despite local residents concerns; and to the prospects for Grantham A & E in the future. It was highlighted that staff working at the Grantham hospital were very hard working, but were overworked and demoralised, as a result of the uncertainty surrounding Grantham hospital. Reassurance was sought that the people of Lincolnshire would have the opportunity to have their say concerning the services to be provided in the proposed STP.

During debate, the Committee raised the following issues:-

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- Some concern was expressed to the proposals detailed in the report and to the current financial situation of the United Lincolnshire Hospitals NHS Trust (ULHT). The Committee was advised that the STP proposed a broad range of activities, some of which had already been taken forward; all of which had had the involvement of staff. An example given was the changes that had taken place with regard to Learning Disabilities, which was an item to be considered by the Committee later in the agenda. An acknowledgement was given that there was always more that could be done with regard to engagement. Reassurance was given that where a service reconfiguration was to take place, the NHS was required to undertake public consultation, in accordance with National Policy;
- Concern was expressed regarding the current Grantham A & E reduced service; and to the fact that there was a lack of trust from local residents, as a result of the (ULHT) not being open and honest regarding its future plans. The Committee was advised that at the recent South West Lincolnshire Clinical Commissioning Group AGM meeting, it had been stated that there were significant problems with specialist staffing across the county. It was noted that two pieces of work were being considered:-
 1. How the limited hours service at Grantham A & E could be improved during the winter period in the short term. The Committee was advised that once the work was completed, this would be openly shared when the Trust was in a position to do so; and
 2. The long term future for Grantham A & E and, what services would be provided.

There was an appreciation of the lack of trust from members the public, but it was hoped that the steps now being taken would give reassurance to the public. One member stressed that it was key to get the views of the public on all aspects of the STP;

- Some members appreciated that there was a need for change. However, it was the way that the changes happened that caused concern. An example given was the formation of Neighbourhood Teams; as these were being rolled out in some parts of the county, a question was asked whether there had there been any consultation on the introduction of Neighbourhood Teams. The Committee was advised that in partnership, local issues were being addressed with input from the local community. It was highlighted that there was a consensus that Neighbourhood Teams were the right thing for Lincolnshire; and that the principle also fitted in with National Policy. A concern was raised that the principle adopted seemed to indicate that a judgement had been made prior to any consultation. The Committee was advised further that the development of Neighbourhood Teams would provide joined up integrated services at a community based level, which would move services away from existing fragmented service provision;
- One member expressed concern as to the frustration raised by members of the public for the time taken to being consultation on any changes, some three/four years after the beginning of the Lincolnshire Health and Care (LHAC) process. It was highlighted that on several occasions the public had been advised of a forthcoming public consultation as part of the Lincolnshire

Health and Care programme. LHAC had now been subsequently replaced by the STP, which was due to go for public consultation in the Spring of 2018. The effect of delays and uncertainty was harmful for the process, as members of the public were losing confidence;

- One member highlighted that the aspirations detailed in the report, should contain more detail of what was planned; especially when a consultation was planned. It was further highlighted that the continual change to service names caused confusion with members of the public. It was agreed that it had taken a long time to get to the current position. It was noted that some of the delay had been caused by the timing of national and local elections. It was highlighted further that any change to NHS services, statute clearly stated that formal public consultation should be undertaken. There was recognition that the present and in the future the best outcomes would be achieved by working together to make the best from the money and resources available. An acceptance was given that there was not a lot of detail contained in the report, but more information could be made available if the Committee wished to see it. In summary, the Committee was advised that doing nothing was not an option;
- One member stressed the importance of the role of a GP within a community. It was also stressed that there was a need to keep any communication to the general public as simple as possible; this would then avoid any confusion, and help in building up public confidence. The Committee was advised that GP's would be at the centre of all Neighbourhood Teams; and that GP services were the bedrock of the NHS delivering 90% of all patients' contacts. The Committee was further advised that how changes were explained was vitally important;
- The importance of removing misleading highways signage, particular reference was made to signs from Wragby that directed people to the 'A & E' at Louth County Hospital, where A & E services were no longer provided. It was noted that Louth might be designated as an 'Urgent Treatment Centre' and GP Access Centre;
- Recruitment of GPs. The Committee was advised that following an international recruitment drive 26 additional GPs had been recruited, all from Eastern Europe. It was highlighted that GPs were collaborating to ensure their future resilience. The Committee noted that a GP Federation was a formal arrangement by which GPs could join together to provide more local services; and
- The link of the STP with the Joint Strategic Needs Assessment (JSNA); and whether the latest version of the JSNA was being used. It was confirmed that at each stage of the development of the STP, account had been taken of the JSNA; and the latest version of the JSNA would continue to be used as the STP evolved and developed.

The Chairman asked the Committee if they minded him asking a question from a member of the public. The Committee agreed.

The Question related to page 21 (Section 1.4.1 – Mental Health), the question was whether the enhancement of Crisis Resolution and Home Treatment teams from

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January 2018 would mean these teams would provide services to older adults (adults over 65). The Committee was advised that the service was aimed at the 15-65 age range and that the enhancement would not extend into the age range of above 65. It was reported that the issue of service provision for those over 65 was recognised, and that LPFT was working on developing a plan to see how it could meet the needs of people in specific service gaps. Reference was also made to the Mental Health Liaison Service 'plugging' the current gaps in service provision.

One member enquired whether a representative from the Gainsborough Neighbourhood Team would be able to attend a future meeting to explain the workings of Neighbourhood Teams, or the Committee having the opportunity to visit the Gainsborough Neighbourhood Team to see how it worked. The Committee was advised that a representative from the Gainsborough Neighbourhood Team would be able to attend a future meeting of the Committee.

A request was made for an update concerning Grantham Hospital, following the winter pressures. The Committee was advised that an update from ULHT was already included in the work programme for the 8 November 2017.

The Chairman asked the Committee whether they wished to consider any of the seven priorities in the STP at a forthcoming meeting. During a short discussion, the Committee suggested the following for priorities:-

- Mental Health;
- Neighbourhood Teams;
- Implementation of the GP Forward View; and
- Operational Efficiencies (including Finance).

The Committee also agreed to receiving quarterly updates on the STP.

As there was no firm date for the consultation elements of the STP, the Committee agreed that they would like to record their concern at the lack of full, extensive and meaningful consultation on the proposals contained in the STP.

RESOLVED

1. That updates be requested on a quarterly basis (or as required if there is substantial change) on the progress of the Lincolnshire Sustainability and Transformation Partnership.
2. That of the seven priorities listed in the Lincolnshire Sustainability and Transformation Plan, more detailed consideration be given by the Committee to the following four priorities:
 - Mental Health
 - Neighbourhood Teams
 - Implementation of the GP Forward View
 - Operational Efficiencies (including Finance)

3. That it be recorded that the Committee would like to express its serious concern at the lack of full, extensive and meaningful consultation on the proposals contained in the Lincolnshire Sustainability and Transformation Plan, and further expresses its concern that no consultation will be taking place on the Plan before April 2018; the residents of Lincolnshire deserve to be treated better than this and their very serious concerns and reservations about the future direction of health care provided in the county needs to be of paramount importance in the decision making process.

33 LEARNING DISABILITIES: CONSULTATION ON THE PERMANENT CLOSURE OF LONG LEYS COURT

Councillor Mrs K Cook wished it to be noted that she was currently a patient of Lincolnshire Partnership NHS Foundation Trust.

The Chairman welcomed Dr Sue Elcock, Medical Director, Lincolnshire Partnership NHS Foundation Trust and Jane Marshall, Director of Strategy and Performance, Lincolnshire Partnership NHS Foundation Trust to the meeting.

The Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership introduced the item and provided some background information to the proposed consultation plan. Attached at Appendix A to the report was a copy of the proposed consultation document for the Committee's consideration.

In a joint presentation, the Director of Strategy and Performance, Lincolnshire Partnership NHS Foundation Trust (LPFT) and the Medical Director, Lincolnshire Partnership NHS Foundation Trust advised the Committee that following the temporary closure of the inpatient service at Long Leys Court, extensive engagement had been undertaken with patients, family members and the wider public to explore what already worked well in learning disability services in Lincolnshire; and to also establish what could be done better. The feedback received from patients, family members and staff had then informed the development of a new integrated community service, which had been in place from 1 April 2016.

It was reported that the current community service had significantly reduced the delays that often occurred between different teams of professionals, and ensured that most patients were treated in their own home. It was highlighted that the service was more consistent and was accessible across Lincolnshire, as the four hubs were situated in Boston, Lincoln, Spalding and Grantham.

The Committee was advised that in addition to the community service, and working alongside the hubs, was a Crisis Home Assessment and Treatment (CHAT) team which operated 24 hours a day, seven days a week, to provide intensive support in service users' homes.

It was highlighted that on the occasions when people needed more than the community service, more intensive support was provided into the person's home environment. And on the rare occasions some patients with a learning disability

required admission to a specialist learning disability hospital, a specialist inpatient bed would be sought from outside of the county. The Committee noted that since the 1 April 2016, when the new community model had become fully operational, only three service users had needed to be admitted into a specialist learning disability hospital.

The Committee was advised that the £5 million a year expenditure on the new community based learning disability services was approximately the same as the former inpatient service. Reference was made to the '£635,000 STP footprint' saving cited in the report and a request was made for more detail on the expenditure of the former and current service.

In conclusion, it was felt that the current community service had proved to be very successful and it was believed that it should be retained. It was believed that there was no longer a need for a dedicated inpatient unit in Lincolnshire.

During discussion, the Committee raised the following issues:--

- One member enquired whether in some cases, would travel costs be subsidised. The Committee was advised that journeys would be subsidised in certain instances;
- The Committee was advised that Long Leys Court had been temporarily closed in June 2015, due to quality and safety concerns, then following a period of engagement with patients, staff, and stakeholders, an interim community service had then been launched in April 2016. The Committee noted that the new service had been positively received, with only 10% of the patients using CHAT being admitted to hospital and two of the cases had been as a result of them being referred at a too late stage for admission to be prevented;
- Funding - The Committee was advised that LPFT wanted to see the £5m maintained and protected for the Learning and Disability service;
- Some members expressed their support for the positive report presented; and to the proposed service;
- One Member requested more details on where patients were sent when they were placed out of county. The Committee was advised that this depended on where the patients lived. The Committee was advised further that a full analysis was conducted, before any placement was made. It was reported that at present there were five people with learning disabilities who had been placed out of county. It was highlighted that patients were only placed out of county to ensure that they received the right service to meet their individual needs; and
- One member enquired whether patients with lower needs were signposted by GPs to get help. The Committee noted that there were some gaps, but these were being developed. Particular reference was made to patients with dyspraxia. One of the Trust representatives agreed to speak to the organiser of the Lincoln Dyspraxia Group.

Overall, the Committee felt that engagement concerning Long Leys Court should be targeted to people with learning disabilities, their carers and their families.

RESOLVED

1. That the Committee's preference be recorded for targeted engagement with people with learning disabilities, their carers and their families on the proposed closure of Long Leys Court.
2. That the reason for the decision in (1) above be based on the specialised nature of the service provided in this instance; and the fact that alternative provision had been in place since 1 April 2016, with no serious adverse comments received since that time.

34 LINCOLN WALK-IN-CENTRE - DECISION OF LINCOLNSHIRE WEST
CLINICAL COMMISSIONING GROUP

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which advised the Committee of the decision of Lincolnshire West Clinical Commissioning Group in relation to the Lincoln Walk-in-Centre and invited the Committee to consider a way forward.

A copy of the decision taken by the Lincolnshire West Clinical Commissioning Group on 27 September 2017 was detailed on page 49 of the report.

During discussion, the Committee expressed concern to the lateness of information received from the Lincolnshire West Clinical Commissioning Group; and to the fact that the intention was to close the centre following the winter period, despite comments from members of the public to keep the Centre open.

A further concern raised was that little seemed to have been done in relation to educating the public with regard to alternative routes to health services.

It was agreed that for the 13 December 2017 and 21 February 2018 meetings information from the Lincolnshire West Clinical Commissioning Group should be circulated in advance in accordance with the statutory standard agenda and report publication requirements.

RESOLVED

1. That the decision of the Lincolnshire West Clinical Commissioning Group Governing Body on 27 September 2017 on the Lincoln Walk-in Centre, set out below, be noted:-

"To continue to implement plans to enhance primary care services and raise awareness of the public as to the alternative provisions available and subject to evidence-based reviews by the Governing Body in November 2017 and January 2018 in the key areas of:

- *university students;*
- *children under-five;*

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- *additional primary care appointments; and*
- *access for patients requiring treatment at weekends*

to close the Lincoln Walk-in-Centre at the end of the winter period."

2. That updates from the Lincolnshire West Clinical Commissioning Group on 13 December 2017 and 21 February 2018 (following each Governing meeting of the CCG) be received as to the progress made on providing alternatives to the Lincoln Walk-in-Centre, including the four items listed in the Governing Body's decision.
3. That assurance and evidence be sought as part of the updates that alternatives to the Lincoln Walk-in-Centre are in place, before the Committee make a decision on whether it can support the closure or decide on any future action.
4. That the Chairman be authorised specifically to request clear and jargon-free information from Lincolnshire West Clinical Commissioning Group, with this information being made available and circulated to the Committee in accordance with the standard agenda and report publication requirements (five clear days prior to the date of the of the meeting).

35 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which enabled the Committee to consider and comment on the content of its work programme to ensure that scrutiny activity was focussed where it could be of greatest benefit.

Appendix A to the report provided the work programme from 8 November 2017 to 16 May 2018 for the Committee's consideration.

The Committee was invited to highlight any additional scrutiny activity which could be included for consideration in the work programme.

The items to be taken forward onto the work programme for future meetings included:-

- Quarterly updates on the progress of the STP;
- Dental Services in Lincolnshire;
- Update on the workings of the Gainsborough Neighbourhood Team;
- Detailed consideration of the following four priorities from the Lincolnshire Sustainability and Transformation Plan:- Mental Health; Neighbourhood Teams; Implementation of the G P Forward View, and Operational Efficiencies (Including Finance); and
- Updates from Lincolnshire West Clinical Commissioning Group for 13 December 2017 and 21 February 2018 meetings.

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RESOLVED

That the work programme as detailed in Appendix A be received, subject to the inclusion of the items listed above.

The meeting closed at 12.50 pm