

Agenda Item 6

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Report to	Health Scrutiny Committee for Lincolnshire
Date:	16 May 2017
Subject:	Chairman's Announcements

1. Lincolnshire Sustainability and Transformation Partnership - Quarterly Update, including Acute Services Review – Item Withdrawn

The work programme for this meeting had included a quarterly update on the Lincolnshire Sustainability and Transformation Partnership (STP), including the Acute Services Review. However, when it became clear to me that there would be no information presented at this meeting on the content of the Acute Services Review, I withdrew the item. The draft paper submitted to me contained information on the national guidance and processes, rather than the content of the Lincolnshire Acute Services Review.

I have written to John Turner, the Senior Responsible Officer for the Lincolnshire STP, to express my disappointment with the draft paper, which compounds the Committee's frustration that it is not able to engage directly with the content of the Lincolnshire Acute Services Review.

In my letter I have referred to NHS England's guidance (*Planning, Assuring and Delivering Service Change for Patients – 1 March 2018*), in particular section 5.4 which states: *"It is critical that patients and the public are involved throughout the development, planning and decision making of proposals for service change. Early involvement will give early warning of issues likely to raise concerns in local communities and gives commissioners' time to work on the best solutions to meet those needs."*

My announcements on 18 April 2018 included a link to a website for the Humber Acute Services Review. This web-link provides access to a 19 page 'issues paper', published on 19 March 2018, on the various activities and timescales of the Humber Acute Services Review. In my letter I have urged the Lincolnshire STP to produce and make available a similar amount of information on the activities and timescales of the Lincolnshire Acute Services Review.

I will continue to seek meaningful information on the Lincolnshire Acute Services Review for consideration by this Committee, and my intention is that an item will be included on the agenda for 13 June.

2. Lincolnshire Sustainability and Transformation Partnership - Decision by Lincolnshire County Council Executive - 1 May 2018

On 1 May 2018, the County Council's Executive considered a report on the Lincolnshire Sustainability and Transformation Partnership. The intention of the report was to clarify the relationship between the County Council and the NHS in Lincolnshire.

The Executive expressed its concern that despite considerable effort being expended into producing a Lincolnshire plan for health and care over several years, nothing substantive has yet emerged.

The Executive decided to advise the NHS in Lincolnshire that it is the County Council's strong view that an external review should be undertaken of the governance arrangements for the Lincolnshire Sustainability and Transformation Partnership to provide:

- (1) clarity of decision making and accountability;
- (2) a clear definition of the roles of the partners;
- (3) effective engagement with democratic processes; and
- (4) robust oversight of the delivery of the STP plan and associated financial savings and changes in NHS expenditure.

3. Healthwatch Lincolnshire Report: *'When Will I be Seen?' - Patients Experience of Accessing GP Appointments*

On 16 April 2018, Healthwatch Lincolnshire published *'When Will I be Seen?' Patients Experience of Accessing GP Appointments*. This report is based on the analysis of the views of patients in October and November 2017, at twelve GP practices, three in each of the four clinical commissioning group areas. The report is available at the following link:

<http://www.healthwatchlincolnshire.co.uk/wp-content/uploads/GPappointmentreportfinal-2.pdf>

The report highlighted eight key messages:

- (1) Patients need to understand the impact of waiting to see a preferred GP.
- (2) Patients may need to be more flexible about the days and times of their appointments.
- (3) Patients welcome online booking and suggest this should be extended to advanced booking.
- (4) GPs often ask patient to see them 'next week', but are not always aware of appointment availability. This impacts on the patient's ability to self monitor.
- (5) Recognition that some groups of people need more flexibility e.g. working parents and carers.

- (6) Sit-and-wait and GP telephone triage are well received – patients really like this system.
- (7) Patients would benefit from understanding the role of reception. For example, initial telephone triage is an important step for patients, signposting to the correct support to meet their needs.
- (8) Healthwatch Lincolnshire are told that, for many patients, booking a 'routine' appointment to see their GP is taking longer than a few years ago.

Healthwatch Lincolnshire has indicated that it would welcome any observations and comments about this report from Health Scrutiny Committee members.

4. East Midlands Ambulance Service NHS Trust – Request for Additional Recurrent Funding of £20 million

On 25 April, the East Midlands Ambulance Services NHS Trust (EMAS) issued a stakeholder briefing, in which it made reference to a case for increased funding of £20 million per annum. An increase of £20 million would represent a 12% increase in EMAS's annual budget.

EMAS states that benchmarking, undertaken by the National Audit Office, shows that EMAS is one of the most efficient ambulance trusts in the country, based on service performance versus the level of funding received. This supports the belief that EMAS has held for some time that EMAS is presently delivering the best possible service that it can to its patients with current funding levels. Although EMAS continues to strive for improvements, EMAS do not believe that it is possible to achieve national standards in full without essential additional resources.

EMAS has concluded that there is therefore a fundamental gap between the resources that it has and the resources it needs to meet the present requirements of the East Midlands population, as well as remain responsive to the continuing growth in demand. This gap has been confirmed by a formal demand and capacity review undertaken jointly with commissioners (the 22 clinical commissioning groups in the EMAS region).

EMAS has formally discussed the resourcing gap with its commissioners on a number of occasions. The capacity and demand review has provided appropriate evidence to suggest that EMAS needs an additional £20 million of recurrent funding if it is to meet demand. As a result of this evidence, EMAS has requested this amount from its commissioners on a phased basis, starting with £10 million for the 2018/19 financial year.

EMAS also states that over the next two years this funding would enable it to increase the number of frontline staff and ambulances on the road. In turn, it would enable improvement in ambulance response times and minimise the risk of prolonged waits.

As EMAS would need to recruit and train staff and secure additional staff and ambulances these improvements would not happen immediately, however, EMAS states it is ready to move forward with these plans with urgency if commissioners approve the funding requested.

EMAS states that it continues to focus on delivering the best possible care to its patients whilst awaiting the commissioners' decision.

It should be noted that the level of funding requested by EMAS is based on the successful reduction of hospital handover times by healthcare partners. Presently, these are significantly above acceptable levels and take vital ambulance resources off the road.