HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
17 APRIL 2019

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors Mrs K Cook, R J Kendrick, C Matthews, R A Renshaw and R Wootten.

Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), C L Burke (City of Lincoln Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and P Howitt-Cowan (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Sue Cousland (General Manager, Lincolnshire Division, EMAS), Simon Evans (Health Scrutiny Officer), Christopher Higgins (Interim Director of Operations, Lincolnshire Partnership NHS Foundation Trust), Jane Marshall (Director of Strategy, Lincolnshire Partnership NHS Foundation Trust), Mike Naylor (Director of Finance, East Midlands Ambulance Service NHS Trust) and Will Legge (Director of Strategy and Transformation, East Midlands Ambulance Service).

County Councillor Dr M E Thompson (Executive Support Councillor for NHS Liaison & Community Engagement) attended the meeting as an observer.

98 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors M T Fido, M A Whittington, Mrs P F Watson (East 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 L Wootten to replace Councillor M A Whittington for this meeting only.

An apology for absence was also received from Councillor Mrs S Woolley (Executive Councillor for NHS Liaison & Community Engagement).

99 DECLARATIONS OF MEMBERS' INTEREST

Councillor Mrs K Cook advised the Committee that she was a patient; and on the governing body of Lincolnshire Partnership NHS Foundation Trust.

100 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 20 MARCH 2019

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 20 March 2019 be agreed and signed by the Chairman as a correct record, subject to a minor correction on page 7 (final paragraph) the word 'preforming' being amended to read '*performing'*.

101 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the Supplementary Chairman's announcements circulated at the meeting.

The Supplementary Chairman's announcements made reference to the Healthwatch Lincolnshire Website; United Lincolnshire Hospitals NHS Trust – Paediatric Admission Unit, Pilgrim Hospital; New Initiative to Support Mental Health Family Members and Carers; and United Lincolnshire Hospitals NHS Trust – Recruitment of Chief Executive.

The Chairman advised the Committee that at the moment there was no further information available on the interim arrangements for the Chief Executive at United Lincolnshire Hospitals NHS Trust.

RESOLVED

That the Chairman's Announcements presented as part of the agenda on pages 21 to 24; and the supplementary announcements circulated at the meeting be noted.

102 UPDATE ON LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST SERVICES (INCLUDING THE OLDER ADULTS MENTAL HEALTH HOME TREATMENT TEAM)

The Chairman welcomed to the meeting the following representatives from Lincolnshire Partnership NHS Foundation Trust (LPFT) Services:-

- Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust (LPFT); and

- Chris Higgins, Director of Operations LPFT.

The Committee was advised that LPFT were committed to their vision of providing care as close as possible to people's homes; and to exploring new ways of working to build up resilience within the community. The Committee was advised further that LPFT were also keen to improve the quality of the physical environment for the wards LPFT operated, in order to protect patient dignity and privacy.

It was reported that whilst upgrading the Brant Ward, Lincoln, LPFT had decided to try out a pilot called 'Home Treatment Team' (HTT), the results of which were detailed on pages 26 to 28 of the report presented. The Committee was advised that the older adult functional Mental Health Home Treatment Team was proving to be very successful as an alternative to inpatient beds. The Committee noted that LPFT would be engaging with patients and the public on the potential for retaining the HTT when the Brant Ward re-opened later in the year following its refurbishment.

It was highlighted that since the commencement of the older adult HTT and the temporary closure of Brant Ward, there had been improvements in length of stay. The Committee was advised that the average length of stay for patients under the care of the HTT was 23 days. This was significantly lower than the length of stay of Brant Ward (pre-HTT) at 59 days.

The Committee was advised further that the average length of stay had also reduced on the Rochford Ward, Pilgrim Hospital, Boston (the remaining older adult functional mental health ward) from 76.2 days to 45.2 days with HTT being in place. It was highlighted that no patient had been re-admitted to an inpatient bed within 30 days of discharge (30 days being an indicator of appropriate discharge) from Rochford Ward, since the HTT had been in place.

It was reported that there had been 100% patient satisfaction with the HTT, 73.91% of people reported that they were 'extremely likely' to recommend the service and 26.9% were 'likely' to recommend. Some feedback comments were detailed on page 27 of the report for the Committee to consider.

The Committee noted that the Clinician Related Outcome Measures had also shown high levels of clinical staff satisfaction with patient condition on discharge from the service as well as 'very good' referrer satisfaction. The Committee noted further that when using the 'Warwickshire Edinburgh Wellbeing Scale' validation tool, the HTT was able to demonstrate a statistically significant improvement in the self-reported wellbeing of patients following HTT intervention. A chart on page 28 of the report provided details of the proportion of clients in each group before and after intervention.

It was highlighted that for the five months October 2018 to February 2019, there had been five clinical incidents associated with HTT, in comparison to 123 clinical incidents associated with the Brant Ward in the five months May 2018 to September 2018. It was highlighted further that the HTT had reported zero serious incidents since it had become operational in October 2018.

In conclusion, the Committee was advised that the Lincolnshire Partnership NHS Foundation Trust was committed to a vision of providing care as close as possible to people's homes; and the Trust was keen to explore new ways of working to build resilience in communities. The Committee was also advised that there was a need to improve the quality of the physical environment for the wards that the LPFT operated to ensure that patient privacy and dignity was protected as they received inpatient care and treatment.

During discussion, the Committee raised the following comments:-

- The need for completion of a cost benefit analysis, in order to create a business case to present to commissioners for retention of the HTT;
- The importance of socialisation and collaboration to aid recovery. The Committee was advised that the HTT was able to access services that were already available within the community;
- The Committee welcomed the report, and the fact that the HTT was able to find more time for the patient;
- The need to ensure that medication was reviewed regularly;
- The effect of the potential reduction in in-patient beds for those patients detained under the Mental Health Act. The Committee was advised that such patients would be detained in one ward. Reassurance was given that there would be extended provision but not 24/7. It was noted that there was an Adult Crisis Team available from 8pm to 8am, should a patient require help or assistance;
- A question was asked as to what happened prior to the HTT. The Committee was advised that the service had been provided in the in-patient wards 9am to 5pm, with an inadequate range of services outside of 9am to 5pm; and that patients would end up at A & E. HTT had solved the problem by bridging the gap and by stopping people going to hospital. Reassurance was given that the Trust was committed to keeping in-patient beds when they were needed and were committed to investing in community teams. It was noted that the newly refurbished Brant Ward would be a great patient environment; and that work was still to be done to reconfigure the Rochford Ward;
- One member from personal experience welcomed the positive approach to delivering the service in a different way; and to the fact that HTT bridged a gap that had previously existed, when people required that extra level of support. Reassurance was given that arrangements were in place to provide assistance out of hours and that the Trust was aware that there was more work to be done. The Committee was advised that the Trust was looking at setting up its own internal helpline later in the year, which would provide 24/7 support to patients. The Committee was advised further that a lot of work was also being done with the third sector, and charities to provide help and advice;
- How staff had adjusted to the new way of working. The Committee was advised that staff that had previously worked on the Brant Ward had received a full two week induction into the community team and had shadowed staff, until they had felt comfortable, as providing care in the home provided an extra level of risk. The Committee noted that it was hoped to roll out the 'pilot' to the Rochford Ward; and that the Trust was also weighing up the cost benefits of

providing the HTT service. Some Committee members welcomed the change and felt that patients would benefit from the service. The Trust acknowledged that the environmental issues at the Rochford Ward had always caused some problems; and that there was some pressure for the Trust to come up with a solution. It was noted that the service was operating successfully for 'functional' mental health patients; it was hoped the same service would be applied to 'organic' mental health (dementia) patients. One member expressed concern regarding the future of the Rochford Ward. The Committee was advised that the pilot had proved that the community model worked; and that the Rochford Ward was not fit for purpose; and that there would be further conversations as to where in-bed facilities would be based; as it was very important to improve the in-patient experience; and

- The Committee extended their thanks to the representatives from the Trust for their report, and expressed their support for the older adult mental Health Home Treatment Team. The Committee also requested a further update on the service once the pilot had been evaluated.

RESOLVED

That the update on Lincolnshire Partnership Foundation Trust Services (including the Older Adults Mental Health Home Treatment Team) be noted, and that a further update concerning the Older Adult Mental Health Home Treatment Team pilot be received by the Committee once the evaluation process has been completed.

103 EAST MIDLANDS AMBULANCE SERVICE NHS TRUST - LINCOLNSHIRE DIVISION UPDATE

The Chairman welcomed to the Committee the following representatives from the East Midlands Ambulance Service NHS Trust:-

- Mike Naylor, Director of Finance, East Midlands Ambulance Service;
- Sue Cousland, General Manager, Lincolnshire Division East Midlands Ambulance Service; and
- Will Legge, Director of Strategy and Transformation, East Midlands Ambulance Service.

The Committee gave consideration to a report from the East Midlands Ambulance Service NHS Trust – Lincolnshire Division, which provided an update on the following areas:-

- Ambulance response performance information;
- Handover delays at acute hospitals;
- Collaboration with Lincolnshire Integrated Voluntary Emergency Service LIVES;
- The urgent care tier;
- The Ambulance fleet;
- Recruitment;

- Blue light collaboration; and
- The transformation programme within the Lincolnshire Division.

Detailed at Appendix A to the report was a copy of a report considered by the Accident and Emergency Delivery Board concerning Hospital Handover Delays for January 2019. Appendix B provided details relating to the Falls Response Programme – Performance Summary; and Appendix C provided the Committee with a copy of the Transformation Brief which had commenced in April 2019.

The Committee received a short presentation, which provided information on the key elements being focussed on by EMAS; an overview of progress that had been made and, what the highlights were for 2018/19; Quarter four performance and the residual challenges for Lincolnshire, details of which were contained within the report presented.

The Committee was advised that the Lincolnshire Division of EMAS currently had a total fleet of 82 ambulances, which were supported by 'in house' mechanics seven days a week 365 days of the year. The Committee was advised further that from March 2019 Lincolnshire had received the first 39 new vehicles to replace 28 of the oldest vehicles in the fleet; and an additional 11 new vehicles to support the expansion in workforce. In addition to this the Committee was advised that 15 new Urgent Care Vehicles had also arrived and these were based at Sleaford, Boston, Grimsby and Market Rasen stations. It was also highlighted that the Lincolnshire Division was also working with fleet colleagues to trial an electric vehicle and that a review was currently being undertaken relating to the current fast response vehicle resource.

It was highlighted to the Committee that one of the largest, but positive challenges had been the large scale recruitment of staff into EMAS. It was reported that during 2018/19, 484 new staff had been recruited through a mixture of transfers from other services; the up skilling of existing staff or external recruitment. It was highlighted further that the largest proportion of new staff had been from external recruitment, with 331 trainee technicians being welcomed into EMAS. The Committee noted that for the Lincolnshire Division this equated to 91 new ambulance technicians, 8 paramedics and a further 14 urgent care assistants. The Committee noted further that the recruitment process would continue into 2019/20.

It was reported that handover delays at acute hospitals continued to be a challenging aspect, and the significant pressures it posed in a rural county such as Lincolnshire. Details of the average pre-handover delays were shown on page 4 of the report. The Committee was advised that Appendix A to the report detailed a national requirement for Acute Trusts to take responsibility for patients conveyed to their sites within a maximum time frame of 30 minutes in order to release crews to assess patients waiting to receive a resource in the community. The Committee was advised that EMAS continued to work in close collaboration with Lincolnshire Integrated Voluntary Emergency Service (LIVES), who remained an integral component of urgent and emergency response across the county. Performance information for each of the four Clinical Commissioning Groups was provided for the Committee to consider as part of the presentation; as were details pertaining to the Ambulance Response

Programme, which had come in to effect from 1 April 2019. The Committee was advised that the geographical area of Lincolnshire and the ageing population remained a challenge; and that processes and procedures were being put in place which would help EMAS achieve the response programme targets.

The presentation also highlighted to the Committee the achievements made by EMAS. The Committee was advised that EMAS was very proud of their team in Lincolnshire. It was noted that there had been a threefold increase in the number of responses received from the division to the national staff survey in 2018, which had totalled 51% compared to 19% in 2017. Details relating to the initial feedback and areas of positive feedback were shown on page 9 of the report.

It was also highlighted that the organisation had received an unannounced inspection by the Care Quality Commission during early April 2019; and initial informal feedback had indicated that staff morale had improved, and that there had been a positive change in culture, and that all front line staff were caring and compassionate.

Other areas of achievement mentioned included, the organisation's transformation programme, details of which were shown in Appendix C to the report; the EMAS Strategy and Vision of 'The Big 3' responding, developing and collaborating; releasing time to care, which was a piece of work which primarily focussed on increasing efficiency to make sure more time was spent with the patient; the success of the Blue Light Collaboration during 2018/19, which involved the opening of co-located fire and ambulance stations in Sleaford and Louth. The Committee noted that the very first 'tri-located' blue light service property in the country was to be located on the South Park, Lincoln, and that a phased move for all the three services was planned to take place during June to September 2019. Also mentioned, was the Physician Response Unit, and the provision of providing an urgent care tier of staff to support Health Care Professional admission. It was highlighted that there were 15 urgent care crews in Lincolnshire covering the county, based at Boston, Sleaford, Grimsby and Market Rasen.

The Committee was advised of the divisional work programme for 2019/20; and EMAS appreciated that Lincolnshire was different; and that EMAS was committed with its caring staff and dedicated senior leadership team to provide a responsive, developing and collaborative service to the residents of Lincolnshire.

During discussion, the Committee raised the following points:-

- Some of the Committee expressed their thanks to the representatives for their open and frank report; and for the way EMAS was taking the lead in dealing with culture and morale. Reference was also made to the positive effect modernising the fleet would have on the service. Representatives confirmed that things were beginning to change, but there was still a lot more to do;
- The effect of the collaborative working with LIVES on the EMAS performance figures. One member requested figures showing separation of the data;
- Staff turnover. The Committee was advised that EMAS had around a 9% staff turnover;

- Confirmation was given that Peterborough City Hospital was not taking any more patients than they had done previously;
- Confirmation was given that EMAS had found the national targets challenging; and that it was correct to continue to strive to meet the national targets. The Committee was advised that Lincolnshire was leading the way nationally, trying to find ways of collaborative working to overcome the rurality of Lincolnshire;
- Paramedic project at GP surgeries. The Committee was advised that the 18 month pilot of using Specialist Paramedics in emergency care was working well along the east coast. The specialist paramedics were able to deal with Category 2 and 3 calls; which enabled them to enhance their primary care skills but also keep the necessary skill set required for A & E. Some members welcomed the pilot, as it provided more experienced staff the opportunity to be utilised in a different way, but still providing career progression;
- The need to improve handover times;
- A question was asked whether all 999 calls were emergency calls. The Committee was advised that 'Fit to Sit' had been introduced in Lincolnshire; and that if patients were stable then a family member was able to drive them in; in a 'You take Yourself ' policy. It was highlighted that some of the suggestions were not always taken on board by the patients. It was noted that EMAS would always support the actions of the ambulance crew;
- Anaphylactic shock – One member enquired whether first responders were trained to deal with such incidents. Reassurance was given that first responders would be trained to administer adrenalin; and that call handlers were also trained to be able to advise people what to do in such a situation;
- Some clarification was sort regarding the availability of 999 for members of the public. Confirmation was given that the frontline 999 was available 24/7;
- Manual Handling - The Committee was advised that obesity was a national problem, and that patients over 25 stone would have an assessment, prior to being transported and that this information would be on the EMAS system; and that additional support would be sent. It was noted that there was a reliance on GPs to provide this information. The Committee noted that there were two bariatric support vehicles that were based at Boston and Market Rasen, which had a range of lifting equipment. It was noted further that the new ambulances had a central locking system which enable them to transport patients over 25 stone in the middle of the vehicle, which then ensured stability of the vehicle;
- The need to ensure that the public were aware of what was being done. The Committee was advised that internal discussions were on-going regarding a communication campaign and that some promotion was being done as part of the Healthy Conversation;
- A question was asked what would happen when the Fall Response Programme 'pilot' finished in June 2019; and how the initiative would be evaluated. The Committee was advised that the results would be evaluated by the Lincolnshire University; and that EMAS would like the service to continue; however, the evaluation results would have to identify that the initiative was good value for money;

- One member enquired why category 3 was proving so troublesome to achieve, as targets were being missed by about an hour. A further question asked was whether the national standard would ever get close to being achieved. The Committee was advised that the reason for the target not being achieved was due to the non-availability of ambulances on the east coast. It was reported that processes were in place to help reduce the waiting time and that it was hoped that there would be some improvements by September 2019;
- One member enquired when the trial of the electric vehicle and the fast response vehicles would be taking place. The Committee was advised that the electric vehicle was a one–off vehicle, which was being trialled in Immingham. It was hoped that the review of the fast response vehicles would be made available within the next three months; and the Trust was more than happy to share the information with the Committee.

The Chairman extended thanks on behalf of the Committee to the representatives for their honesty and for the positive progress being made.

RESOLVED

That the East Midlands Ambulance Service NHS Trust – Lincolnshire Division Update be noted, and that a further update be received in six months, which should include an update on the falls response programme, the outcomes of the fast response vehicle review and the electric vehicle trial.

104 IMPLEMENTING THE NHS LONG TERM PLAN: PROPOSALS FOR POSSIBLE CHANGES TO LEGISLATION

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which invited the Committee to give consideration to a draft response to the questions in the NHS England's engagement document entitled '*Implementing the NHS Long Term Plan – Proposals for Possible Changes to Legislation.'*

A copy of the completed draft response document had been circulated to members of the Committee prior to the meeting. The Committee was invited to comment on the said document.

Discussion ensued, from which the following comments were raised:-

- Health Scrutiny Regulations – Confirmation was given that there was no plan to amend Health Scrutiny Regulations – Role of the Health Scrutiny Committee; and
- That questions 1 and 4 responses should be adapted to take account of specialist services at a regional and national level.

The Committee extended thanks to the Health Scrutiny Officer for all his work in preparing the draft response document.

RESOLVED

That subject to the amendments detailed above, approval be given to the completed draft response document circulated relating to the questions in the NHS England's engagement document entitled: *'Implementing the NHS Long Term Plan – Proposals for Possible Changes to Legislation'.*

105 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 scrutiny activity was focussed where it could be of greatest benefit.

The Committee gave consideration to the work programme as detailed on pages 67 to 69 of the report presented.

The Health Scrutiny Officer highlighted that slippage might occur with regard to the Healthy Conversation items due to the availability of clinicians.

RESOLVED

That the work programme presented be agreed subject to the inclusion of the items highlighted in minute numbers: 102 and 103.

The meeting closed at 12.20 pm