

## HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

22 JANUARY 2020

---

### SUPPLEMENTARY CHAIRMAN'S ANNOUNCEMENTS

**1. Item 6 – Lincolnshire Partnership NHS Foundation Trust: Child and Adolescent Mental Health Services - Correspondence**

In relation to item 6 (Lincolnshire Partnership NHS Foundation Trust: Child and Adolescent Mental Health Services), a letter dated 8 January 2020 from Brendan Hayes, Chief Executive of LPFT, to Debbie Barnes, Chief Executive of Lincolnshire County Council, is attached at Appendix A to these announcements for the Committee's information.

**2. Contribution from LIVES to Emergency Responses in Lincolnshire**

In Minute 36 at the October meeting, a request for additional information on the contribution from LIVES [Lincolnshire Integrated Volunteer Emergency Services] to the East Midlands Ambulance Service (EMAS) targets is recorded.

During 2018/19, LIVES responders attended 14,965 emergency response calls during the year. Overall community first responders attended 12,981 calls and medic responders attended 1,984 calls. This represents a reduction from previous years and a number of factors have been identified for this, most notably the introduction of the Ambulance Response Programme (ARP) from July 2017. Under this national programme the categorisation of emergency calls has changed and the attendance of a LIVES responder no longer contributes to ambulance performance targets in most cases.

Where the 700 LIVES responders were available and engaged by EMAS during 2018-19, they were the first on scene for 81% of the calls which they attended. The following extract is taken from the LIVES annual report for 2018/19:

"A key quality indicator that we measure is the outcome of patients that we attend who suffer a cardiac arrest. These are truly time-critical emergencies where the swift attendance of a LIVES community first responder followed by the advanced interventions of a LIVES medic can have a significant impact on the outcomes for the patient.

"In 2018/19 LIVES responders attended 784 incidents in which the primary complaint was identified as a cardiac arrest. In 155 of these a defibrillator was used by a LIVES volunteer, and on 67 of these occasions the patient was successfully revived at the scene, a measure referred to as Return of Spontaneous Circulation, or ROSC. This gives a ROSC rate of 42% which is significantly above the national rate of 27% and demonstrates a positive impact from the deployment of LIVES responders."

### **3. NHS Access Standards Review – Urgent and Emergency Care**

A wide ranging review of NHS access standard began in June 2018, which is being co-ordinated by NHS England. One strand of the review relates to urgent and emergency care, in which 14 acute hospital trusts have been testing new standards. These have included testing a measure for an average waiting time for patients in A&E.

The 14 acute trusts are also testing the possibility of collecting data to examine how fast critically ill or injured patients (for example, patients who have suffered a stroke, major trauma, a heart attack, sepsis or a severe asthma attack) arriving at A&E receive a package of tests and care within one hour.

These new standards are being tested and may replace the existing A&E standard, whereby 95% of all patients arriving at A&E should have a maximum four hour wait from arrival to admission, transfer or discharge. NHS England's view is that the four-hour standard is no longer fit for purpose, and its reasons include that the standard does not differentiate between the severity of conditions and there is strong evidence that hospital processes, rather than clinical judgement, are resulting in admissions or discharge in the immediate period before a patient breaches the standard.

### **4. Lincolnshire Sustainability and Transformation Partnership Long Term Plan**

As previously reported to this Committee, the NHS Long Term Plan was published in January 2019. Also as previously reported, there is a requirement in the Long Term Plan for each local sustainability and transformation partnership (STP) to prepare its own long term plan. In accordance with the national timetable, Lincolnshire STP's Long Term Plan was submitted to NHS England / NHS Improvement on 15 November 2019. A component of the Plan is the Lincolnshire Acute Services Review.

NHS England / NHS Improvement is expected to allow local STPs to publish their plans sometime in March 2020. This may mean it cannot be considered by this Committee until its April meeting.

## Lincolnshire Partnership

**NHS Foundation Trust**

Office of the Chair & Chief Executive  
Trust Headquarters  
St George's  
Long Leys Road  
Lincoln  
LN1 1FS  
Tel: 01522 309177  
Fax: 01522 528340  
Email: [brendan.hayes1@nhe.net](mailto:brendan.hayes1@nhe.net)

Our Ref: BH/DC

**BY EMAIL**

Debbie Barnes  
Chief Executive  
Lincolnshire County Council

8 January 2020

Dear Debbie

### **Lincolnshire CAMHS specialist mental health service**

Thank you for your phone call of 16<sup>th</sup> December 2019 when you requested an update letter on the decision to temporarily close Ash Villa Unit, Sleaford and to replace the inpatient service with an alternative community service model in the interim.

As you know, the interim community intensive home treatment service commenced on 4<sup>th</sup> November 2019 and is being embedded with existing Ash Villa staff delivering that service.

The agreement from NHS England is to formally pilot the new care model, which was the subject of the agreed business case, from April 2020 to October 2020. Following the evaluation of the pilot and the new care model, the business case to transfer permanently to the new care model will need consideration along with any associated decisions on permanent closure and investment.

Given the nature of this service change and taking into account the requirements on patient engagement and public consultation outlined in the NHS Act 2006 (and 2012) I am anticipating that public consultation would be required following the end of the pilot. This will need to be agreed across all providers and commissioners involved and we are working this up over the coming weeks in discussion with our colleagues in NHS England/NHS Improvement and CCGs/CAMHS provider collaborative.

In addition we are taking a paper to the January 2020 meeting of the Lincolnshire Health Scrutiny Committee to seek guidance on their views as to the process for engagement/consultation in line with the duties under the Act to engage with the Local Authority health scrutiny processes.

Part of the process will be further engagement with NHS England/NHS Improvement and CCG and Lincolnshire County Council colleagues on the process for refining the detail of engagement and consultation. This will include agreement of process and associated paperwork/pre-consultation documentation etc.

In very broad outline, the current timeline for engagement and consultation on the NHS service is therefore: -

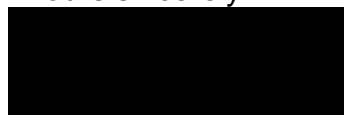
September 2019	Medical cover gaps force decision to temporarily close Ash Villa
4 November 2019	Interim service model commences
8 January 2020 to 15 January 2020	NHSE/I, CCG and LPFT agree shared, jointly owned understanding across providers and commissioners regarding process and governance for future plans including arrangements for engagement/consultation and timeline for this. This includes assessment/change assurance processes set out by NHS England and NHS Improvement, including Clinical Senate advice.
15 January to end of February	Engage with stakeholders and public and staff on developing the engagement/consultation plan and process/timeline
22 January 2020	LPFT and CCG attend Health Scrutiny Committee for Lincolnshire to update on the position and gain feedback on Committee's requirements for engagement and consultation
April to October 2020	Formal pilot of new care model for NHS intensive home treatment
April to October 2020	Develop and agree pre-consultation business case and associated paperwork
October 2020	Evaluation of pilot and commissioning intentions / agreed engagement and consultation process starts

We will be very clear about what any engagement/consultation will focus on. The paper to the Health Scrutiny Committee currently indicates that whatever the outcome of the service evaluation of the new care model pilot, the Ash Villa Unit reopening will not be an issue for public consultation. This is because the building is isolated, not fit for purpose for modern patient care and does not meet the specification for such services prescribed by national policy. As you also are aware the existing service at Ash Villa, whilst clinically excellent has been a service delivered to a wider population than just Lincolnshire residents.

If the decision from public consultation is that there must be an in-patient service for CAMHS in Lincolnshire, the service at Ash Villa, whilst temporarily closed, is not likely to re-open as a CAMHS in-patient unit. Any new unit would require investment as a new development to meet the new specification standards.

I appreciate the fact that there are operational service constraints and costs that relate to the Ash Villa School that Lincolnshire County Council is incurring and I trust that this is helpful. I am very happy to discuss this at any point.

Yours sincerely



**Brendan Hayes**  
**Chief Executive**

**CC Roz Lindridge**  
**John Turner**