



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
23 JULY 2014**

PRESENT: COUNCILLOR MRS C A TALBOT (CHAIRMAN)

Lincolnshire County Council

Councillors R C Kirk, C E H Marfleet, Miss E L Ransome, Mrs S Ransome, T M Trollope-Bellew and Mrs S M Wray.

Lincolnshire District Councils

Councillors C Burke (City of Lincoln Council), Miss J Frost (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and M G Leaning (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

County Councillors M S Jones, B W Keimach and Mrs J M Renshaw and District Councillor G Wiseman (West Lindsey District Council) attended the meeting as observers.

Also in attendance

Simon Evans (Health Scrutiny Officer), Jan Gunter (Consultant Nurse, Safeguarding Children and Adults, Federated Safeguarding Service), Cheryl Hall (Democratic Services Officer), Gary James Accountable Officer, Lincolnshire East Clinical Commissioning Group), Lynne Moody (Executive Nurse and Quality Lead, South Lincolnshire Clinical Commissioning Group), Andrew Morgan (Chief Executive, Lincolnshire Community Services NHS Trust), Di Pegg (Head of Primary Care, NHS England Leicestershire and Lincolnshire Area Team) and David Sharp (Director, NHS England Leicestershire and Lincolnshire Area Team).

22 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from District Councillor Dr G Samra.

It was noted that the Chief Executive, having received a notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, had appointed Mrs H N J Powell as a replacement member of the Committee in place of Councillor Mrs S L W Palmer, for this meeting only.

23 DECLARATION OF MEMBERS' INTERESTS

Councillor Mrs C A Talbot declared an interest in Minute 26 'Burton Road GP Surgery, Lincoln' to the extent that there were patients registered at the GP Surgery within her Electoral Division, Bracebridge Heath and Waddington.

24 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed everyone to the meeting and advised the Committee of the following items: -

i) Care Quality Commission Report – United Lincolnshire Hospitals NHS Trust

On 10 July 2014, the Care Quality Commission (CQC) had published an overview report on United Lincolnshire Hospitals NHS Trust (ULHT), following inspections in April and May 2014. The Chairman reminded Members that ULHT was one of eleven hospital trusts in England placed in special measures during the summer of 2013, as part of the Keogh review process. The CQC's overview report on ULHT had concluded that the Trust "requires improvement" and it would remain in special measures for a further six months, at least.

In addition to the overview report, there were four individual hospital reports for Lincoln County, Pilgrim Hospital, Grantham and District Hospital, and for the services provided by ULHT at Louth County Hospital. Those reports were available on the CQC's website: <http://www.cqc.org.uk/provider/RWD> .

Of the four ULHT hospitals, Lincoln County had presented the most challenges: for example, the outpatient services at Lincoln County were rated as "inadequate" overall. There was one piece of good news: the responsiveness of Critical Care at Lincoln County was rated as "outstanding".

The Chairman recognised the progress made by ULHT in the last year. For example, it had implemented 55 out of the 57 actions arising from last year's Keogh inspection. However, the Chairman was disappointed that the outcome was not better and that ULHT remained in special measures.

The Chairman provided some context to this: of the eleven trusts in England placed in special measures last year, Professor Sir Mike Richards, the Chief Inspector of Hospitals, had recommended that six trusts, including ULHT, remained in special measures following their re-inspection this year. The Chairman hoped that ULHT would leave the category of special measures very soon.

In a statement to the House of Commons on 16 July 2014, the Secretary of State for Health had referred to ULHT and stated that although ULHT had made progress, including the employment of additional nurses, work remained to be done.

The Chairman reminded Members that the Committee would be considering the ULHT's action and implementation plan at its September meeting.

ii) Care Quality Commission Report – Northern Lincolnshire and Goole NHS Foundation Trust

On 17 July 2014, the CQC had published its overview report on Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), following inspections in April and May 2014. As with ULHT, this was a follow up report to last year's inspection as part of the Keogh Review of 14 hospitals, announced in February 2013. The overview report for NLaG had concluded that the Trust "requires improvement". However, the Trust was no longer in special measures. The Chairman was pleased with their progress.

In addition to the overview report, there were three reports on individual hospitals: Diana, Princess of Wales Hospital, Grimsby, Scunthorpe General Hospital, and Goole Hospital. Those reports were available on the CQC website: <http://www.cqc.org.uk/provider/RJL> .

iii) Lincolnshire Healthcare Organisations - Value in Healthcare Award

Lincolnshire healthcare organisations had been shortlisted for the Health Service Journal's *Value in Healthcare Awards*. United Lincolnshire Hospitals NHS Trust, Lincolnshire Community Health Services NHS Trust, Lincolnshire Partnership NHS Foundation Trust and the East Midlands Ambulance Service NHS Trust, together with the County Council, had introduced a 24-hour contact centre for referrals; a 24-hour Rapid Response Service; enhanced community teams; and ambulatory care. The aim of those services was to treat patients in their own home and keep them out of hospital. The Chairman looked forward to the outcome of the awards in September 2014.

iv) Ambulatory Emergency Care Unit at Pilgrim Hospital

United Lincolnshire Hospitals NHS Trust had announced that the Ambulatory Emergency Care Unit at Pilgrim Hospital, Boston, had received positive patient feedback. Ambulatory Emergency Care provided urgent same-day treatment for patients. In preliminary trials at Boston, more than two thirds of patients were able to go home on the same day. Their comments and feedback had directly influenced the design of the permanent service. The Trust had stated that the unit provided a more positive experience for patients and freed up hospital beds for those who really needed them. The service also played a significant role in reducing the workload in Accident and Emergency.

The Chairman stated that reducing the workload of A&E was highly pertinent, as ULHT had announced that it was currently experiencing a very high demand for A&E services. The Trust had stressed that A&E was for people requiring emergency treatment for serious accidents and life threatening or urgent conditions. It was estimated up to 30% of all those who visited A&E departments did not need to be there, as they had more minor illnesses and injuries that could be better treated elsewhere.

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On 8 July 2014, Public Health England had published the latest Health Profiles for each local authority in England. Each profile had contained a summary of information on the health of the people in the area and some factors that may influence their health. The profiles were available online at www.healthprofiles.info. There was a profile for each district in Lincolnshire, together with a profile for the county as a whole.

vi) Manthorpe Unit, Grantham and District Hospital

On 8 July 2014, the refurbished Manthorpe Unit at Grantham and District Hospital was officially re-opened. The 18 bed assessment and treatment unit was designed with the intention of providing improved care for dementia patients. The Manthorpe Unit now aimed to be more relaxing for all patients, but especially those with dementia and cognitive problems. All the communal areas were fitted out with soft furnishings, artwork, and soft lighting where patients could spend quality time in away from their bedrooms and interact with each other, staff and their visitors. Specific colour schemes had been used so that all toilets and showers, private and communal areas were colour coded to enable patients to easily recognise where they were. Bedrooms also had other visual cues so patients could more easily locate their personal space.

vii) Charging Non-European Union Patients for NHS Treatment

On 14 July 2014, the Secretary of State for Health had announced that Patients from outside the European Union would to be charged 150% of the cost of their NHS treatment under Government plans to deter 'health tourism'. The charging could recoup the NHS up to £500 million a year. Currently £73 million was recovered from overseas patients. It was also stated that NHS trusts would be incentivised to identify and bill chargeable patients.

viii) South Lincolnshire Clinical Commissioning Group - Priorities for 2015

South Lincolnshire Clinical Commissioning Group had started to develop its priorities for 2015 and wished to engage patients and members of the public. In the first instance, the CCG would like to gather feedback on the CCG's current priorities. A request had been made for the stakeholders and members of the public to respond. Members were requested to help the CCG by distributing the short survey through their networks. The survey was available on the following web-page: <https://consult-engage.gemcsu.nhs.uk/nhs-south-lincolnshire-ccg/feedback> .

ix) Lincolnshire Partnership NHS Foundation Trust – Chief Executive

Lincolnshire Partnership NHS Foundation Trust had announced that Dr John Brewin had been appointed as the Trust's substantive Chief Executive. Dr Brewin had been acting as the Interim Chief Executive since October 2013, following the unexpected illness of Chris Slavin.

x) Care Data Consultation Meeting

The Committee had considered an item on Care Data in April 2014 and following the meeting the Chairman had made a submission to NHS England on behalf of the Committee. The Chairman had reported the reply from NHS England at the Committee's meeting in June 2014.

The Chairman had since received an invitation to a Care Data discussion meeting on Saturday 26 July 2014 between 10 am and noon in Peterborough. The purpose of the discussion was to consider what the issues of interest to stakeholders were and what the potential solutions could be to address the concerns and issues of staff, patients and members of the public. This initial advisory group session would be used to inform and design a series of conversations through the autumn to inform the programme as it develops.

The invitation and further details from NHS England in relation to the Care Data meeting would be circulated to Members via email.

25 MINUTES OF THE MEETING HELD ON 25 JUNE 2014

RESOLVED

That the minutes of the meeting held on 25 June 2014 be agreed as a correct record and signed by the Chairman.

26 BURTON ROAD GP SURGERY, LINCOLN

The Chairman stated that in accordance with the minutes of the previous meeting she had met Andrew Morgan, Chief Executive of Lincolnshire Community Services NHS Trust, on 30 June 2014. She had also met David Sharp, Director of the Leicestershire and Lincolnshire Area Team, on 7 July 2014. Following the discussions with David Sharp, it had been suggested that a protocol would be introduced between the NHS England Area Team and the Health Scrutiny Committee, which would be based on the protocol, which had been approved by the Committee and the Clinical Commissioning Groups in Lincolnshire.

The Chairman also referred to the public meeting, which had taken place on the evening of 7 July 2014.

David Sharp referred to the fact that the Area Team had made an erroneous presumption that the Burton Road GP Practice was a small GP practice and the best outcome for the practice was the dispersal of patients to neighbouring GP practices. The Area Team had not consulted with patients and had misjudged the strength of local feeling in support of retaining the surgery. David Sharp apologised to the Committee for the way the whole episode had been handled.

As a result, two pieces of work were under way: to seek an interim provider for the Burton Road GP Surgery, on which an announcement would be expected on

1 August 2014; and to seek to procure a longer term provider under an APMS [Alternative Provider of Medical Services] contract, from 1 July 2015.

The position of Lincolnshire Community Health Services (LCHS) NHS Trust was clarified: LCHS had run the Burton Road GP Practice from 2011, when LCHS was formally established; prior to 2011, the Surgery had been operated by the provider arm of Lincolnshire Primary Care Trust.

There were five time-limited GP contracts, where Lincolnshire Community Health Services NHS Trust (LCHS) provided GP services. These contracts were referred to as APMS [Alternative Provider of Medical Services] contracts. These five contracts had originally been due to expire in March 2014. In May 2013 the Area Team had advised LCHS that it wished to extend all the contracts until 31 March 2015. In March 2014, the Area Team had begun a preferred procurement exercise and had issued pre-qualification questionnaires, with a view to re-procuring four of the five contracts. Burton Road Surgery had not been included in the re-procurement exercise.

LCHS understood that the Area Team had decided to end the Burton Road Surgery contract early, and to disperse the list, on the basis that the practice list size was uneconomical for future service delivery and the premises were not fit for purpose.

Questions from members of the Committee clarified the following items:

- There were ten GP practices in the Lincoln area.
- Meetings would be taking place with the neighbouring GP practices.
- 97% of the patients registered at Burton Road Surgery lived within one mile of another GP practice.
- An APMS [Alternative Provider of Medical Services] GP contract was always time limited and contrasted with the two other more common types of GP contracts, GMS [General Medical Services] and PMS [Personal Medical Services], which effectively operated 'in perpetuity'.
- The Burton Road Surgery premises were not DDA [Disability Discrimination Act] compliant. Reference was made to the Arboretum Surgery, another APMS surgery, and the access issues for this surgery. The Area Team expressed the view that although the access to the Arboretum Surgery was far from ideal, it was better than the access to the Burton Road Surgery. However, access had not been the sole factor in the decision on the Burton Road Surgery.
- LCHS had been approached by the Area Team with a request to continue the contract beyond 30 September 2014, but at that stage as staff had been advised of the intention to close the surgery on 30 September, LCHS was aware that staff were leaving and could not guarantee the continuation of the surgery on the basis that there were potential quality and safety issues.
- The Area Team representatives confirmed the importance of regaining the confidence of the public in the future and referred to other potential health care consultations, where it was highly important for the public to have confidence in the Area Team, as a key commissioner of health care services.

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- The decisions taken by the Area Team on which contracts to re-procure were taken individually in relation to each contract; there was no evaluation of one contract compared to another.
- The cost of the contract for Burton Road was £284,000, in effect approximately £110 per head, which contrasted with the average costs of £75 per head for a GP surgery. The Surgery received a substantial premium and was well-funded compared to other practices. However, the decision on Burton Road was not a cost-saving measure, as it would cost at least £200,000 to provide services for these patients elsewhere.
- The contract for the Burton Road would be a commercial contract and would be subject to public procurement processes.
- At least two expressions of interest had been received from organisations seeking to be the interim provider of GP services.
- The average number of patients per GP was generally understood to be 1,850, but there were variations to this figure depending on the particular skill mixes of individual GP surgeries. In Lincolnshire the average number of patients per GP varied from 1,000 to 2,700.
- The consultation would begin on 4 August and consultation questionnaires would be enclosed in the letters sent to patients. The consultation would continue for a period of six weeks.

After reflecting on the role of the former Lincolnshire Primary Care Trust, which had locally based and managed staff overseeing GP contracts, the Committee was advised that several staff at the Area Team had transferred from the Primary Care Trust. In terms of future arrangements for managing GP contracts, all four Clinical Commissioning Groups had expressed an interest in the "co-commissioning" pilots, which were due to be introduced.

The Committee suggested that as well as consulting with patients still currently registered with the Burton Road Surgery, efforts should be made to consult with those patients, who had been registered there, but who were now registered elsewhere.

The following timeline was confirmed to the Committee: -

1 August 2014	Announcement of Interim Provider
4 August 2014	Consultation with Patients on Long Term Arrangements
30 September 2014	Decision on Long Term Procurement
1 October 2014	Interim Provider Begins Running Surgery
1 July 2015	New Long Term Provider

It was agreed that David Sharp would be invited to attend the next meeting of the Committee on 17 September 2014 to provide an update on the latest position.

RESOLVED that

- (1) The Committee be minded of the following timeline for Burton Road

1 August 2014	Announcement of Interim Provider
4 August 2014	Consultation with Patients on Long Term Arrangements
30 September 2014	Decision on Long Term Procurement
1 October 2014	Interim Provider Begins Running Surgery
1 July 2015	New Long Term Provider

- (2) In relation to (1), the Committee was assured that at least two expressions of interest had been received to operate the Burton Road Surgery on an interim basis.
- (3) David Sharp, the Director of the NHS England Leicestershire and Lincolnshire Area Team, be invited to attend on 17 September 2014 to provide an update on the latest position.

NOTE: At this point in the proceedings, the Committee adjourned from 11.40am to 12.35pm.

On return, it was noted that the Chief Executive, having received a notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, had appointed Mrs M J Overton as a replacement member of the Committee in place of Councillor Mrs H N J Powell, for this meeting only.

27 CARE QUALITY COMMISSION - REVIEW OF HEALTH SERVICES FOR CHILDREN LOOKED AFTER AND SAFEGUARDING IN LINCOLNSHIRE

Jan Gunter, the Designated Safeguarding Nurse, from South Lincolnshire Clinical Commissioning Group, attended the Committee to present a report on the Review of Health Services for Children Looked After and Safeguarding in Lincolnshire.

In addition to the report, the following documents were submitted to the Committee:

- the *Review of Health Services for Children Looked After and Safeguarding in Lincolnshire*, published by the Care Quality Commission (CQC) on 21 February 2014;
- the associated action plan submitted to the CQC on 21 March 2014 in response to the recommendations of the CQC's report; and
- a progress update against the action plan, dated July 2014.

The Committee was advised that the CQC's review, which had taken place between 4 and 8 November 2013, had explored the effectiveness of health services for looked

after children and the effectiveness of safeguarding arrangements within health for all children. The review also considered the role of healthcare providers and commissioners; the role of healthcare organisations in understanding risk factors, identifying needs, communicating effectively with children and families, liaising with other agencies, assessing needs and responding to those needs and contributing to multi-agency assessments and reviews.

The CQC had made 25 recommendations for both commissioning and provider organisations across Lincolnshire and the NHS England Area Team, leading to 45 strategic actions, which were being co-ordinated through the Federated Safeguarding Service Team. The review did not identify any issues that were unknown to the commissioning and provider services.

Jan Gunter highlighted the key issues, which had been set out in the documentation:

- the capacity of the designate professionals for safeguarding and looked after children to undertake strategic leadership and commissioning planning;
- Paediatric expertise within unscheduled care and in A&E settings;
- the development of self-harm pathway to ensure that is embedded in practice;
- Variance in quality of the statutory health assessment for looked after children; and
- The impact of externally placed children in independent care settings on local resources.

Following questions from the Committee the following points were established:

- The Lincolnshire Safeguarding Children Board took an overview of the number of looked after children placed in Lincolnshire by other local authorities, but the County Council did not act as the corporate parents for these children, as the placing local authority retained the corporate parenting role. There was limited leverage in relation to the independent care home, which provided places for children from other local authority areas and other local authorities were not passing on the relevant information. There were currently 402 looked after children placed in Lincolnshire by other local authorities.
- Where a looked after child presented with drug or alcohol problems at Accident and Emergency, their health record indicated that they were a looked after child, even if they did not disclose this.
- Initial Health Assessments for Looked After Children under five years of age would be conducted by paediatricians. It was hoped that these arrangements would be in place by October 2014. The new arrangements would be in place once the paediatricians had been recruited
- Information on looked after children was primarily held by the County Council, as the Children's Services Authority.
- School nurses visited both local authority and academy schools; some independent schools employed their own school nurses.

It was explained that when a safeguarding concern was raised regarding a child and was accepted for social care assessment, the local authority had 35 working days (7

weeks) to complete a core assessment. This contrasted with an initial health assessment which was required within 20 working days (4 weeks) of a child entering care.

The Committee considered the matter of the blue books, which were intended to be a hand-held record of each looked after child's health history. The CQC had reported that the blue books had not been rolled out in a way that had made them effective. The action plan referred to the re-launch of the blue books. It was clarified at the meeting that the ultimate responsibility for the issue of the blue books rested with the local authority, as the local authority employed the social workers. Social workers were being encouraged to issue the blue books.

RESOLVED

- (1) That the information presented in the following documents be received:
 - the *Review of Health Services for Children Looked After and Safeguarding in Lincolnshire*, published by the Care Quality Commission (CQC) on 21 February 2014;
 - the associated action plan submitted to the CQC on 21 March 2014 in response to the recommendations of the CQC's report; and
 - a progress update against the action plan, dated July 2014.

- (2) That a further update report be made to the Committee on 22 October 2014, which would focus on: -
 - the Initial Health Assessments, which would be delivered by paediatricians;
 - the recruitment of additional resource for safeguarding; and
 - the access to and usage of the Blue Books.

NOTE: At this point in the proceedings, the Committee adjourned for lunch (1.45 pm to 2.30 pm). On return, the following Members were in attendance: -

County Councillors

Councillors Mrs C A Talbot (Chairman), R C Kirk, Mrs M J Overton, Miss E L Ransome, Mrs S Ransome, T M Trollope-Bellew and Mrs S M Wray.

District Councillors

Councillors C J T H Brewis ((Vice-Chairman) South Holland District Council), C Burke (City of Lincoln Council), Miss J Frost (North Kesteven District Council) and Mrs R Kaberry-Brown (South Kesteven District Council).

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It was noted that Councillor G Wiseman was attending the afternoon session as a replacement member on the Committee in place of Councillor M G Leaning, for this meeting only.

Officers in attendance

Simon Evans (Health Scrutiny Officer), Cheryl Hall (Democratic Services Officer) and Nicole Hilton (Head of Community Engagement and Vulnerable People).

28 HEALTHY LIVES, HEALTHY FUTURES - A CONSULTATION BY NORTH LINCOLNSHIRE AND NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUPS

Consideration was given to a report by Simon Evans (Health Scrutiny Officer), which outlined the content of the 'Health Lives, Healthy Future', a consultation by North Lincolnshire and North East Lincolnshire Clinical Commissioning Groups. The report also invited the Committee to determine whether it wished to respond to the consultation and then to establish a working group to draft a response.

Members were advised that on 30 June 2014, North Lincolnshire and North East Lincolnshire Clinical Commissioning Groups had launched a consultation on their 'Healthy Lives, Healthy Futures', which affected the provision of services at Northern Lincolnshire and Goole NHS Foundation Trust, in particular Scunthorpe General Hospital, and Diana, Princess of Wales Hospital, Grimsby. The consultation related to Hyperactive Stroke Services and Ear, Nose and Throat services and the consultation period was due to close on 26 September 2014.

In the absence of Councillors M Leaning (West Lindsey District Council) and C E H Marfleet (Lincolnshire County Council), it was suggested that those members should be contacted to ascertain whether they would wish to sit on the working group, as constituents within their respective divisions could be affected by the proposals.

RESOLVED

- (1) That a joint working group be formed, comprising members of the Health Scrutiny Committee for Lincolnshire to prepare a response to the 'Healthy Lives, Healthy Futures' consultation.
- (2) That Councillors Mrs C A Talbot, C J T H Brewis and Mrs S M Wray become members of the working group.
- (3) That Councillors M Leaning (West Lindsey District Council) and C E H Marfleet (Lincolnshire County Council) be contacted to ascertain whether they wish to sit on the working group.

29 LOCAL AUTHORITY HEALTH SCRUTINY - GUIDANCE TO SUPPORT LOCAL AUTHORITIES AND THEIR PARTNERS TO DELIVER EFFECTIVE HEALTH SCRUTINY

A report by Simon Evans (Health Scrutiny Officer) was considered, which highlighted the key elements of the 'Local Authority Health Scrutiny – Guidance to Support Local Authorities and Their Partners to Deliver Effective Health Scrutiny'.

Members were advised that on 27 June 2014, the Department of Health had issued guidance to local authorities on their health overview and scrutiny function. The Department of Health had stated that "the guidance needs to be conscientiously taken into account", but it was not a substitute for the legislation. Detailed information was provided as part of the report, which covered the following areas: -

- Key Messages;
- Description of the Existing Legislation;
- Conflicts of Interest;
- Consultation; and
- Delegation of Referrals to Health Overview and Scrutiny Committee.

The Committee welcomed that the guidance had included a statement in paragraph 4.7.6 to the effect that the power to make a referral to the Secretary of State could also be delegated to health overview and scrutiny committees. In light of this, the previous legal advice had been reviewed and it was now possible for such power to be delegated by the County Council to an overview and scrutiny committee. However, this would require a change to the County Council's Constitution.

RESOLVED

- (1) That the content of 'Local Authority Health Scrutiny – Guidance to Support Local Authorities and Their Partners to Deliver Effective Health Scrutiny', issued by the Department of Health on 27 June 2014 and comments made be noted.
- (2) That it be noted that the Committee and the four Clinical Commissioning Groups in Lincolnshire had approved a protocol to support joint working, which covers consultations by the Clinical Commissioning Groups on substantial developments and substantial variations in local health service provision.
- (3) That a separate protocol be developed between the Committee and the NHS England Area Team, similar to that between the Committee and the Clinical Commissioning Groups.
- (4) That a protocol be developed between the Committee and Healthwatch Lincolnshire, similar to that between the Committee and the Clinical Commissioning Groups.

30 QUALITY ACCOUNTS 2014

Consideration was given to a report by Simon Evans (Scrutiny Officer), which invited the Committee to note the statements on eight Quality Accounts, relating to providers of local NHS-funded services.

Members were reminded that every year each provider of NHS-funded services was required to prepare a Quality Account, which included the provider's priorities for the coming year; progress with priorities for the previous year; and other prescribed information. The Committee was one of the organisations entitled to submit a statement on the draft Quality Account of each local provider. The report also provided the Committee with information on the Quality Account statements, which had been prepared on the Committee's behalf during April, May and June 2014. In four instances, joint statements had been prepared with Healthwatch Lincolnshire, with a further four statements prepared on behalf of the Committee alone.

The Chairman took the opportunity to thank the Health Scrutiny Officer for his work on the Quality Accounts, in particular those which he had drafted on behalf of the Committee.

RESOLVED

That the statements on eight Quality Accounts, relating to providers of local NHS-funded services be noted.

31 WORK PROGRAMME

The Committee considered its work programme for the Committee's meetings over the coming months.

The Committee was also invited to consider its meeting arrangements in advance of the General Election on 7 May 2015.

A discussion took place regarding the scheduled item on 'Public Health Annual Report and Action Plan on Suicide and Self-Harm in Lincolnshire', which was due to be considered by the Committee on 22 October 2014. It queried whether it would be possible to combine this item with an update on the Lincolnshire Rural Support Network, where it was subsequently agreed that this should be a separate item for the Committee's agenda in November 2014.

NOTE: At this stage in the proceedings, Councillor Mrs C A Talbot declared an interest as she made donations to the Lincolnshire Rural Support Network.

RESOLVED

- (1) That the work programme and changes made therein be noted.
- (2) That the Committee holds a meeting on 11 March 2015, instead of 18 March 2015.

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- (3) That the meeting scheduled to be held on 22 April 2015 be cancelled.

The meeting closed at 3.50 pm.