



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
22 OCTOBER 2014**

PRESENT: COUNCILLOR MRS C A TALBOT (CHAIRMAN)

Lincolnshire County Council

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

Lincolnshire District Councils

Councillors Dr G Samra (Boston Borough Council), District Councillor C Burke (City of Lincoln Council), C J T H Brewis (South Holland District Council (Vice-Chairman)) and M G Leaning (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

County Councillors B W Keimach (Executive Support Councillor NHS Liaison and Community Engagement) and Mrs S Woolley (Executive Councillor NHS Liaison and Community Engagement and Chairman of the Lincolnshire Health and Wellbeing Board) were also in attendance.

Also in attendance

Alison Christie (Programme Manager, Health and Wellbeing Board), Simon Evans (Health Scrutiny Officer), Sarah Fletcher (Chief Information Officer, Healthwatch Lincolnshire), Cheryl Hall (Democratic Services Officer), Gary James (Accountable Officer, Lincolnshire East Clinical Commissioning Group), Tony McGinty (Consultant Public Health Children's), Lynne Moody (Executive Nurse and Quality Lead, South Lincolnshire Clinical Commissioning Group) and Dr Tony Hill (Executive Director of Community Wellbeing and Public Health).

41 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from County Councillors C E H Marfleet and District Councillors Mrs R Kaberry-Brown (South Kesteven District Council) and C Macey (East Lindsey District Council).

42 DECLARATION OF MEMBERS' INTEREST

There were no declarations of Members' Interests at this stage in the proceedings.

43 CHAIRMAN'S ANNOUNCEMENTS

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

i) Lincolnshire Community Health Services NHS Trust

On 24 September 2014, the Chairman had attended the 'Celebrating Success' Awards which had been organised by Lincolnshire Community Health Services NHS Trust. The awards had recognised exceptional service of individuals and teams within the Trust. The Chairman was privileged to present the Volunteer of the Year Award.

On 16 October 2014, the Chairman had met with Dr Don White (Chairman) and Andrew Morgan (Chief Executive) of Lincolnshire Community Health Services NHS Trust. As a result of their discussions the Committee would be considering an item on the Trust's clinical strategy on 14 January 2015.

ii) County Council Constitutional Change – Referral to the Secretary of State for Health

On 26 September 2014, the County Council had approved a change to its Constitution which enabled the Health Scrutiny Committee for Lincolnshire to make referrals directly to the Secretary of State for Health. This provision applied to consultations by commissioners of NHS-funded services on substantial variations or developments in health care, where the Committee and the relevant commissioner could not agree on a way forward.

The Chairman thanked Councillor T M Trollope-Bellew for proposing the recommendation at the meeting of County Council.

iii) New Appointment to Peterborough and Stamford Hospitals NHS Foundation Trust

On 30 September 2014, it was announced that Dr Miles Langdon, the Chairman of the Governing Body for South Lincolnshire Clinical Commissioning Group, had been appointed as the Clinical Director for Medicine and Emergency Care at Peterborough and Stamford Hospitals NHS Foundation Trust. Dr Langdon would take up this part time position from December 2014 and would step down from the role as Chairman of the Governing Body for the Clinical Commissioning Group (CCG). Dr Langdon would continue with his general practice in the St Mary's Surgery in Stamford.

iv) Lincolnshire West Clinical Commissioning Group

On 7 October 2014, the Chairman had met with Richard Childs (Chairman) and Dr Sunil Hindocha (Chief Clinical Officer) of Lincolnshire West CCG. The Committee would be receiving an update from the CCG at its next scheduled meeting on 19 November 2014, which would cover the developments that the CCG was taking forward. The item would also refer to 'co-commissioning', whereby CCGs and NHS

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England would be jointly responsible via a 'committee in common' for the commissioning of primary care services.

v) Burton Road GP Surgery, Lincoln

On 7 October 2014, the Leicestershire and Lincolnshire Area Team of NHS England had announced the outcome of their consultation exercise with patients at Burton Road GP Surgery in Lincoln. NHS England had received 491 responses to the consultation, which represented a response rate of 21%. A total of 472 patients (96% of respondents) had supported the option whereby NHS England would see if anyone would be interested in providing a GP service to Burton Road Surgery patients. As a result, NHS England would be undertaking a procurement exercise, seeking a provider for a period of at least five years. NHS England expected to know the outcome of the procurement exercise by the end of March 2015 and would notify all registered patients at that time. The Chairman had received a briefing on this from two members of the Area Team on 16 October 2014.

The contract advert has been issued and the tender documentation had been available from 17 October 2014. The Chairman looked forward to NHS England taking forward the procurement exercise, and hoped for a positive outcome next year.

vi) New Review of Congenital Heart Services

On 9 October 2014, the Chairman had attended a meeting aimed at local authority and healthwatch representatives in Birmingham on the New Review of Congenital Heart Services. The session had focused on the standards contained in the consultation document, in particular the standards relating to the number of operations per annum undertaken by each surgeon; the number of surgeons at each surgery centre; and the co-location of congenital heart surgery services with other children's services.

NHS England was expecting to finalise the standards by the end of March 2015, and to begin a commissioning process using those standards during 2015-2016. The expectation was that providers would meet all the standards by 2018.

The County's main local provider, Glenfield Hospital, was part of the University of Leicester Hospitals NHS Trust and would face particular challenges meeting the proposed standard on the co-location of children's services and the overall number of operations, as the Trust had a significant deficit. Other providers in England were already undertaking work in preparation to meet the proposed standards.

John Holden (Director of Systems Policy) from NHS England, was due to attend the Committee's next scheduled meeting on 19 November 2014 to present the consultation document.

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On 21 October 2014, United Lincolnshire Hospitals NHS Trust (ULHT) had announced that Lincoln County Hospital was experiencing high demand for Accident and Emergency Services. ULHT was reminding people that Accident and Emergency was for people with a life threatening or serious condition, such as a heart attack, stroke, a breathing problem, or a serious accident, effectively those who required immediate attention.

It was estimated that up to 30% of all those individuals who had visited Accident and Emergency departments did not need to be there, as they had more minor illnesses and injuries that could have been better treated by seeking advice from a GP; calling the 111 service; or seeking advice from a pharmacist.

viii) Northern Lincolnshire and Goole NHS Foundation Trust

On 21 October 2014, Monitor had announced that it was issuing full compliance certificates to Northern Lincolnshire and Goole NHS Foundation Trust, which ran Diana, Princess of Wales Hospital in Grimsby, and Scunthorpe General Hospital. This was in recognition of the progress the Trust had made that led to the removal of the 'special measures' categorisation in July 2014. Monitor had also acknowledged clear improvements in the Trust's clinical leadership and Accident and Emergency performance.

ix) East Lindsey Health and Care Listening Event – 6 November 2014

The fourth Health and Care Listening Event was being held on Thursday, 6 November 2014 at East Lindsey District Council, Tedder Hall, Manby, Louth from 1 pm to 4 pm. As with the previous events, it was designed for all sectors of the health and care community to come together and listen to the experiences of patients first hand. The organisers were seeking as many patients, carers and family members to attend to share their personal experiences of healthcare services.

The Chairman encouraged Committee Members to circulate and/or publicise this event within their own communities, so that as many members of the public would attend.

The Committee's Health Scrutiny Officer was requested to ascertain whether Councillors C E H Marfleet and/or C Macey would like to attend this session on behalf of the Committee.

x) United Lincolnshire Hospitals NHS Trust – Response to Care Quality Commission Report

The Chairman advised that for the second month in a row, the Committee's agenda did not include a paper from United Lincolnshire Hospitals NHS Trust. The Chairman was very disappointed that rather than a Committee report, she was sent three Trust Board papers for inclusion on the Committee's agenda. The Chairman had raised

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the issues in a letter to the NHS Trust Development Authority. The Chairman, together with the Health Scrutiny Officer, would be working more closely with the Trust to ensure the agenda processes worked more effectively.

xi) Other Agenda Items

The Chairman advised that there were also two other items which the Committee was expecting on its agenda for the meeting: the Care Quality Commission's report on Looked After Children; and the Annual Report and Action Plan on Suicide and Self Harm Prevention. It was hoped that those items would be considered by the Committee at its meeting scheduled for 19 November 2014.

44 MINUTES OF THE MEETING HELD ON 17 SEPTEMBER 2014

RESOLVED

That the minutes of the meeting held on 17 September 2014 be agreed as a correct record and signed by the Chairman, subject to the following amendment being made to Minute 32:

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 Councillor A M Austin, as a replacement member of the Committee in place of Councillor S L W Palmer, until 1 January 2015.

45 JOINT HEALTH AND WELLBEING STRATEGY ASSURANCE REPORT 2014

A report by Alison Christie (Health and Wellbeing Business Manager) was considered, which provided the Committee with an update on the progress being made to deliver the outcomes defined in the Joint Health and Wellbeing Strategy and detailed the actions which had been agreed by the Lincolnshire Health and Wellbeing Board on 30 September 2014 to maintain momentum.

Councillor Mrs S Woolley (Chairman of the Lincolnshire Health and Wellbeing Board), Dr Tony Hill (Executive Director of Community Wellbeing and Public Health) and Alison Christie (Health and Wellbeing Business Manager) were in attendance and presented the information within the report to the Committee.

Members were reminded that there was a legal duty on the Health and Wellbeing Board to produce a Joint Health and Wellbeing Strategy. The purpose of the strategy was to set out the strategic commissioning direction to achieve an improvement in the health of the population of Lincolnshire. The Joint Health and Wellbeing Strategy for Lincolnshire 2013-18 had been developed as a result of the Joint Strategic Needs Assessment and was agreed by the Shadow Lincolnshire Health and Wellbeing Board in September 2012.

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The Chairman advised the Committee that she had raised a number of questions on the content of the report and its appendices prior to the meeting. The Chairman had received the responses to these detailed questions and it was agreed that this document containing these responses to the Chairman's questions would be emailed to Members of the Committee for information. The Chairman requested that in future the Committee received more detailed reports from the Lincolnshire Health and Wellbeing Board, rather than a summary report, to ensure it could fulfil its scrutiny role.

Members were advised that as part of its role Lincolnshire Health and Wellbeing Board set the strategic commissioning direction to achieve an improvement in the health of the population of Lincolnshire. It was not the Lincolnshire Health and Wellbeing Board's role to performance manage any NHS organisation delivering any of the services within the Strategy, as this should be undertaken by alternative means. It was confirmed that the Lincolnshire Health and Wellbeing Board was not allocated a budget, as it was not responsible for the commissioning or delivery of services.

During consideration of the report and appendices, the following comments were noted: -

- It was reiterated that the role of the Lincolnshire Health and Wellbeing Board was to set the strategic commissioning direction to achieve an improvement in the health of the population of Lincolnshire and it was the role of other bodies to scrutinise performance;
- The way in which the outcomes were measured would be improved to ensure the information was presented in a clear manner;
- A number of questions were raised with regards to the priority on 'Improve people's sense of mental wellbeing' and it was agreed that further information would be issued to Members of the Committee via email;
- Members were reminded that there was not an adequate screening programme in place for the diagnosis of prostate cancer and this advice was given to the Department for Health by the National Institute for Health and Care Excellence;
- Childhood Obesity had been identified by the Lincolnshire Health and Wellbeing Board as a priority area and it was for the commissioners to deliver this as part of their commissioning intentions. Further to this, it was suggested by the Committee that primary school children should be weighed in Year Three, in addition to Reception and Year Six for a trial period. During the discussion on this, the Committee was advised that there was no clinical evidence to the effect that weighing children between Reception and Year Six led to any reductions in childhood obesity. However, the Committee felt that this should still be trialled to ascertain whether there could be any benefits to the children of Lincolnshire;
- Members noted that a full review of the Joint Strategic Needs Assessment would be carried out during 2015/16 and a report on how this work would be progressed was due to be presented to the Lincolnshire Health and Wellbeing Board at its meeting scheduled to be held on 24 March 2015 for agreement.

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Further to this, it was requested that the Committee considered this report at its meeting scheduled to be held on 11 February 2015, prior to the Lincolnshire and Health and Wellbeing Board. This would then allow the Committee to submit any comments to the Board, as part of its consideration;

- It was agreed that the Committee would consider the five themes individually at forthcoming meetings.

RESOLVED

- (1) That the Joint Health and Wellbeing Strategy Assurance Report and Theme Dashboards and the Committee's comments be noted.
- (2) That the Lincolnshire Health and Wellbeing Board be requested to consider whether it is prepared to trial the weighing of primary school children in Year Three, in addition to Reception and Year Six.
- (3) That the Lincolnshire Health and Wellbeing Board be requested to attend the Committee's meeting scheduled to be held on 11 February 2015 to present the report on the process for the review of the Joint Strategic Needs Assessment.

46 HEALTHWATCH LINCOLNSHIRE

Consideration was given to a report and presentation by Sarah Fletcher (Chief Executive Officer) and Dr B Wookey (Board Member and Company Secretary) of Healthwatch Lincolnshire.

Members were reminded that on 19 March 2014, the Committee had received an update from Healthwatch Lincolnshire on its engagement work; enter and view visits; policy and strategic priorities; and an explanation of its new IT systems in place. Healthwatch Lincolnshire was subsequently invited to return to the Committee to update Members with an outline of what key themes had emerged from patient, service user and carer voices.

The Chief Executive Officer provided the Committee with detailed information, by way of a presentation, which covered the following areas: -

- Activity – the number of issues raised per month via Healthwatch Lincolnshire;
- Current research work;
- GP Did Not Attend;
- Pharmacy;
- Young People;
- Mental Health; and
- Emerging Issues and Themes.

Members were advised that Healthwatch Lincolnshire was currently undertaking research into the impact of GP Did Not Attends, where it was noted that 38 GP Surgeries had responded to their questionnaire, from an even geographical and

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demographic spread across Lincolnshire; and 428 patients had responded. Based on the survey, the average number of missed appointments in Lincolnshire at GP Practices per year was 184,224, and the projected cost for those missed appointments was £6.6m. The Committee felt that this information should be publicised so that those patients who were missing appointments were aware of the impact on the NHS in Lincolnshire. The Chief Executive Officer advised that there were also a number of patients who were taking advantage of the online booking appointment system operated by some GP practices, by booking several appointments and then choosing which was more convenient to them, without cancelling those appointments which they were not using.

Healthwatch Lincolnshire was also aware that United Lincolnshire Hospitals NHS Trust had approximately 400 open complaints. The Trust was working at reducing the number of complaints and had put in place a dedicated complaints team.

The Chairman thanked the Chief Executive Officer for her comprehensive report and presentation.

Members were provided with an opportunity to ask questions, where the following points were noted: -

- Members were advised of a Healthwatch Lincolnshire Event on 1 December 2014 at the New Life Centre in Sleaford, between 9.00 am and 4.30 pm. Invitations for this event would be issued to Members in the coming weeks;
- Healthwatch Lincolnshire had recently produced a factsheet on Men's Health and it was agreed that this would be emailed to the Health Scrutiny Officer for circulation;
- Members were reminded that Healthwatch Lincolnshire was currently in the process of undertaking follow up enter and view visits at the Accident and Emergency departments at Lincoln County Hospital; Pilgrim Hospital in Boston; and Grantham and District Hospital. The final follow up enter and view visit would be undertaken at the Accident and Emergency Department at Lincoln County Hospital on 27 October 2014. It was suggested that the reports following those visits should be sent to Sir Mike Richards, the Chief Inspector of Hospitals at the Care Quality Commission, for his information;
- Members of the Committee recognised that Healthwatch Lincolnshire had a wide remit and this could put Healthwatch Lincolnshire under undue pressure owing to its small team but the Committee commended Healthwatch Lincolnshire for the work it was undertaking;
- Those individuals undertaking Enter and View visits had received comprehensive training prior to carrying out visits;
- It was noted that the Care Quality Commission's re-inspection of United Lincolnshire Hospitals NHS Trust which was due in December 2014 had been deferred to February 2015;

NOTE: At this stage in the proceedings, Councillor Dr G Samra declared an interest as a Consultation at United Lincolnshire Hospitals NHS Trust and, therefore, would not partake in any discussions regarding the Trust.

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- Healthwatch Lincolnshire was actively trying to recruit young people as volunteers and as part of this, Healthwatch Lincolnshire had been in contact with the Youth Parliament;
- It was noted that Healthwatch England had produced a report on complaints, entitled 'Suffering in Silence', and it was agreed that the Summary and Full Report would be emailed to the Health Scrutiny Officer for circulation.

RESOLVED

- (1) That the current research work completed by Healthwatch Lincolnshire and the information provided as part of the report and presented and comments made be noted.
- (2) That the invitation to attend the Healthwatch Lincolnshire Event on 1 December 2014 be emailed out to Members of the Health Scrutiny Committee for Lincolnshire.
- (3) That the emerging and continued themes which have been identified by Healthwatch Lincolnshire and comments made be noted.

47 LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT (DRAFT)

A report by Simon Evans (Health Scrutiny Officer) was considered, which invited the Committee to make arrangements to provide a response to the consultation being undertaken on the draft Lincolnshire Pharmaceutical Needs Assessment, by setting up a working group, with the Committee's final response to the draft Pharmaceutical Needs Assessment being considered and approved by the Committee on 19 November 2014.

Councillors Mrs C A Talbot (Chairman), C J T H Brewis, R C Kirk and T M Trollope-Bellew volunteered to form part of the Working Group. It was agreed that this meeting would be held on Monday, 3 November 2014 at 2.15 pm.

RESOLVED

That a Working Group, consisting of Councillors Mrs C A Talbot (Chairman), C J T H Brewis, R C Kirk and T M Trollope-Bellew, be established and held on 3 November 2014 at 2.15 pm to provide a response to the consultation being undertaken on the draft Lincolnshire Pharmaceutical Needs Assessment.

48 TWO WORKING PROTOCOLS: (1) NHS ENGLAND LEICESTERSHIRE AND LINCOLNSHIRE AREA TEAM; AND (2) HEALTHWATCH AND THE HEALTH AND WELLBEING BOARD

Consideration was given to a report by Simon Evans (Health Scrutiny Officer), which invited the Committee to consider and approve the draft protocol with NHS England Leicestershire and Lincolnshire Area Team and the draft 'three way' protocol between Healthwatch Lincolnshire, the Health and Wellbeing Board and the Health Scrutiny Committee for Lincolnshire.

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In relation to the protocol with NHS England Area Team, the Committee was advised that the protocol had been based on the existing protocol that had been agreed with the four Clinical Commissioning Groups in Lincolnshire. The Committee was supportive of the principles in the protocol, but requested that the provisions relating to the Area Team's responsibilities for commissioning of specialised services be clarified. The Committee also requested that the paragraph in the protocol relating to the responses to scrutiny reviews include explicit timescales.

The Committee supported the three way protocol with Healthwatch Lincolnshire and the Health and Wellbeing Board, subject to the inclusion of provisions outlining membership of both the Health and Wellbeing Board and the Health Scrutiny Committee, including the role of Healthwatch Lincolnshire representatives in each case.

RESOLVED

- (1) That the protocol with the NHS England Leicestershire and Lincolnshire Area Team be approved, with the amendments included to reflect the comments of the Committee, prior to its submission to the Area Team.
- (2) That the protocol with Healthwatch Lincolnshire and the Health and Wellbeing Board be approved, subject to the inclusion of additional wording, outlining the membership of both the Health and Wellbeing Board and the Health Scrutiny Committee, including the role of Healthwatch Lincolnshire representatives in each case; and the Chairman, in consultation with the Vice-Chairman, be authorised to approve the protocol, once amended, on behalf of the Committee.

49 WORK PROGRAMME

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

Members were advised that an informal development workshop on the East Midlands Ambulance Service NHS Trust had been arranged for the afternoon of 14 January 2015.

The Chairman sought volunteers to attend the Healthy Lives, Healthy Futures Joint Event on 17 November 2014 at 1.30 pm in Grimsby. Councillors C A Talbot (Chairman), C J T H Brewis and C Burke volunteered to attend.

RESOLVED

That the work programme and changes made therein be approved.

The meeting closed at 1.45 pm.