



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
11 FEBRUARY 2015**

PRESENT: COUNCILLOR MRS C A TALBOT (CHAIRMAN)

Lincolnshire County Council

Councillors R C Kirk, S L W Palmer, Mrs J M Renshaw T M Trollope-Bellew, Mrs S M Wray.

Lincolnshire District Councils

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

Healthwatch Lincolnshire

Dr B Wookey.

County Councillors B W Keimach (Executive Support Councillor for NHS Liaison and Community Engagement), P M Dilks, S R Dodds, R L Foulkes and C E D Mair attended the meeting as observers.

Also in attendance

Dr John Brewin (Chief Executive, Lincolnshire Partnership NHS Foundation Trust), Alison Christie (Health and Wellbeing Board Advisor), Simon Evans (Health Scrutiny Officer), Polly Grimmett (Project Director, Peterborough and Stamford Hospitals NHS Trust), Cheryl Hall (Democratic Services Officer), Chris Higgins (Associate Director of Business and Development, Lincolnshire Partnership NHS Foundation Trust), Nicole Hilton (Community Resilience and Assets Commissioning Manager, Public Health), Gary James (Accountable Officer, Lincolnshire East Clinical Commissioning Group), Jane Marshall (Director of Strategy and Performance, Lincolnshire Partnership NHS Foundation Trust), Lynne Moody (Executive Nurse and Quality Lead, South Lincolnshire Clinical Commissioning Group) and John White (Project Manager, Peterborough and Stamford Hospitals NHS Trust).

81 FORMER COUNTY COUNCILLOR A PUTTICK

The Chairman advised the Committee that former County Councillor Amanda Puttick had passed away on Saturday, 7 February 2015.

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Amanda was a member of the Health Scrutiny Committee for Lincolnshire for eight years from 2005 until 2013, including three years as the Committee's Chairman from 2006 until 2009. Amanda was also a serving Councillor at South Holland District Council. The Chairman invited Members to stand for a minute's silence.

The Committee held a one minute's silence in memory of Amanda.

It was agreed that a letter of condolence would be sent to Amanda's daughters.

82 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from County Councillors Miss E L Ransome and Mrs S Ransome and District Councillors C Burke (City of Lincoln Council), Miss J Frost (North Kesteven District Council) and C Macey (East Lindsey District Council).

It was noted that Councillors J Kirk (City of Lincoln Council) and T Boston (North Kesteven District Council) were attending on behalf of Councillors C Burke and Miss J Frost, respectively, for this meeting only.

An apology for absence was also received from Tony McGinty (Consultant in Public Health – Children's).

83 DECLARATION OF MEMBERS' INTEREST

There were no declarations of interest at this stage in the meeting.

84 CHAIRMAN'S ANNOUNCEMENTS

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

i) Minute 66 - Referral to the Mental Health Car

The Chairman reminded Members that the Committee had previously requested information on how referrals were made to the mental health triage car and the number of patients subsequently transferred to inpatient care. Referrals were made following a 999 response by the East Midlands Ambulance Service (EMAS) crews or the Police. Usually, EMAS would respond with a standard crew, as often it was not understood that the patient had mental health needs until the EMAS crew was on site. The triage car would then attend to provide assessment and intervention, as required, and a care plan would be agreed by the paramedic and mental health nurse. No patients were transferred directly to inpatient care, and only 13% of patients were subsequently transferred to an A&E department. This meant that 87% of patients had avoided being transferred to A&E, as a result of the triage car.

ii) Minute 79 – East Midlands Ambulance Service

It was noted that Minute 79 had referred to three pieces of information, which were requested from the East Midlands Ambulance Service at the last meeting of the Committee. Firstly, the average turnaround time at Peterborough City Hospital during December 2014 was 34 minutes 14 seconds.

Secondly, the mental health triage car operated by EMAS and the out of hours cars operated by Lincolnshire Community Health Services NHS Trust (LCHS) were separate services. The mental health triage car operated from 4pm until midnight and provided support to patients with mental health needs in an emergency, following a 999 call. LCHS had eight vehicles throughout the county supporting home visiting and the avoidance of inappropriate admissions as part of the out of hours service.

However, all three organisations were now working in a much more collaborative way and were talking about ‘pooling’ resources to provide a more effective (both clinically and cost effectively) response to patient need.

The Chairman advised that the final point of clarification was the reference to the ‘worldwide review’. This document would be circulated to Members for information.

iii) Visit to EMAS Control Room at Bracebridge Heath

The Chairman advised that five members of the Committee had expressed an interest in a visit to the EMAS control room at Bracebridge Heath.

It was noted that there had been a request for a maximum of three people per visit, so this meant that there would be two visits. The Health Scrutiny Officer would contact the five members regarding possible dates.

iv) South Lincolnshire Clinical Commissioning Group

On 26 January 2015, the Chairman had met Dr Kevin Hill (Chairman) and Gary Thompson (Accountable Officer) of South Lincolnshire Clinical Commissioning Group. As a result of discussions an update item from South Lincolnshire would be added to the work programme for a future meeting. The roles undertaken by South Lincolnshire CCG, as the lead commissioner in Lincolnshire for cancer care, had also been discussed.

v) Outpatient Care at Lincoln County Hospital

On 5 February 2015, United Lincolnshire Hospitals NHS Trust had announced that improvements (costing more than £580,000) would be carried out at Lincoln County Hospital’s outpatients department. This would include the creation of a central reception area; and improvements to treatment rooms. Some clinics would move to other parts of the hospital during the building works.

There were more than 3,000 outpatient appointments a week and more than 160 nursing staff, doctors and consultants work with administration and support staff to

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keep the eleven main outpatient clinics running. The clinics had included orthopaedics, paediatrics, rheumatology, cardiology, podiatry and diabetes, and ear nose and throat.

vi) David Sharp

David Sharp (Director of NHS England Central Midlands Area Team) had been appointed in a role for Optum Health Care, an international company which worked across health care systems to improve care delivery, quality and cost-effectiveness. Members were reminded that David Sharp had attended the Committee in July 2014 to provide the Committee with information on the Burton Road GP Surgery. On behalf of the Committee, the Chairman would write a letter to David Sharp wishing him well for the future.

vii) Congenital Heart Disease

As you will recall the Committee's response to the consultation on Congenital Heart Disease Standards and Specifications was completed and submitted on 8th December 2014. The Committee was still waiting for NHS England to publish the outcome of the consultation. The next NHS England Board meeting is on 26th March 2015 and some form of consideration by NHS England was anticipated on this date.

In the meantime, University Hospitals of Leicester NHS Trust, which runs the East Midlands Congenital Heart Centre (EMCHC), is continuing its work, preparing for the implementation of the expected standards and specification. The Chairman had been contacted by several clinicians at the EMCHC and the Head of Operation and would provide further information on this topic as part of the work programme item.

viii) Health Education East Midlands

The Chairman advised Members that she had been seeking the attendance at the Committee's meeting on 11 February 2015 of Professor Sheona MacLeod (Postgraduate Dean) from Health Education East Midlands. However, Professor MacLeod was not available and owing to the ongoing reorganisation of Health Education East Midlands, there were no other colleagues who could attend. It was hoped that this item would be re-inserted on the Committee's work programme as soon as possible.

ix) Tony McGinty and Nicole Hilton

The Chairman had recently received notification that Tony McGinty (Consultant, Public Health - Children's) and Nicole Hilton (Community Resilience and Assets Commissioning Manager), who currently act as responsible senior officers at the County Council for the Health Scrutiny Committee would be standing down. Dr Kakoli Choudhury (Consultant in Public Health), who would be joining the Council in March 2015, would be taking on the senior responsible officer role, and Chris Weston (Consultant in Public Health), would be assuming Nicole Hilton's role, as Tony McGinty's deputy responsible senior officer.

The Chairman expressed her thanks to both officers for their support and guidance on the Committee.

85 MINUTES OF THE MEETING HELD ON 14 JANUARY 2015

During consideration of the minutes of the meeting held on 14 January 2015, it was suggested that Minute 75 – 'Lincolnshire Community Health Services NHS Trust – Action Plan in Response to the Care Quality Commission and the Clinical Strategy' should be sent to the Executive Councillor for Adult Care and Health Services, Children's Services, for her information.

It was also reiterated that Minute 78 – 'South West Lincolnshire Clinical Commissioning Group – Update on CQC Action Inspection Plan for Looked After Children' should be sent to the Executive Councillor for Adult Care and Health Services, Children's Services, and the Chairman of the Corporate Parenting Panel, for their information.

RESOLVED

- (1) That the minutes of the meeting held on 14 January 2015 be agreed as a correct record and signed by the Chairman.
- (2) That Minute 75 – 'Lincolnshire Community Health Services NHS Trust – Action Plan in Response to the Care Quality Commission and the Clinical Strategy' be sent to the Executive Councillor Adult Care, Health Services and Children's Services, for her information.
- (3) That Minute 78 – 'South West Lincolnshire Clinical Commissioning Group – Update on CQC Action Inspection Plan for Looked After Children' be sent to the Executive Councillor for Adult Care, Health Services and Children's Services, and the Chairman of the Corporate Parenting Panel, for their information.

86 LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST - DRAFT CLINICAL STRATEGY 2015-2020

Consideration was given to a report by Jane Marshall (Director of Strategy and Performance, Lincolnshire Partnership NHS Foundation Trust), which invited Members to comment on the draft Clinical Strategy for 2015-2020 of the Lincolnshire Partnership NHS Foundation Trust, which would be approved by the Trust's Board of Directors in March 2015. Attached at Appendix A was the draft Clinical Strategy for 2015-2020.

Dr John Brewin (Chief Executive), Jane Marshall (Director of Strategy and Performance) and Chris Higgins (Associate Director of Business and Development) of the Lincolnshire Partnership NHS Foundation Trust were in attendance and provided Members with a detailed presentation, covered the purpose and key strategic themes of the Clinical Strategy.

Members were advised that the Clinical Strategy set out the direction for clinical services over the next five years and was a combination of service line clinical strategies in the short to medium term, as well as the overarching strategic direction of travel indicated by the external environment including the Lincolnshire Health and Care programme and national policy.

The Clinical Strategy was aligned to the overarching strategy for the organisation and described its clinical priorities for the future. It was designed to provide focus and direction for staff and better understanding of how the Trust would develop for the people that worked with the Trust and used its services.

The Clinical Strategy was clinically led and had been prepared with extensive input from clinicians and managers across its different services and demonstrated the commitment to deliver high quality, effective, safe and accountable care.

The Strategy had reflected the current economic and political environment both nationally and locally, and reflected the Trust's drive and ambition to meet the economic and clinical challenges head-on and create conditions for the best possible care for patients that was evidence based, well led, and outcome focused.

Co-production was a key feature of the Strategy, as the Trust believed that inclusive and collaborative service design, delivery and evaluation were crucial to the success and sustainability of the NHS and the Trust. The Strategy reaffirmed the Trust's commitment to keeping patients at the heart of everything and the Trust's ambition was to continuously strive for even greater levels of meaningful engagement.

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

- Members were advised that this was a pre-consultation item and any comments on the document would be incorporated prior to it being released for public consultation. It was also confirmed that the Clinical Strategy did not constitute a substantial variation, as the proposed changes were organic;
- The Chairman made officers aware that she had asked the Clinical Commissioning Groups for information on what services were commissioned in Lincolnshire for Neurological conditions.

NOTE: At this stage in the proceedings, Councillor Mrs S M Wray declared an interest as the County Coordinator of the Lincolnshire Neurological Alliance.

- It was suggested that the local and national information on page five of the Clinical Strategy was reordered to provide anyone reading the document with clarity. A minor amendment was also suggested on page six of the Clinical Strategy;
- It was suggested that more detail was included in the Strategy on the Trust's finances and complaints handling. However, Members were advised that this was a strategic document and therefore that level of detail would not necessarily be included as it would address those issues as part of its implementation;

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- The Trust also monitored the number of compliments it received;
- It was agreed that the Trust would provide the Committee with an update on its complaints handling at a future meeting. Members were assured that the complaints process followed national guidance;
- Members were advised that Monitor had rated its financial standing at the highest assurance level of four. Although the Trust was in a good financial position, it would continue to find the 3-4% annual efficiency saving targets challenging;
- It was noted that the Trust had introduced 'Shared Care Wards' to improve the flow of patients in hospitals and subsequently patient discharge;
- The Trust had implemented a new pathway for self-harmers in hospitals. It was noted that nurses who had been trained in self-harm care were available 24/7 in hospitals and any member of staff could contact designated senior officers, should they have any concerns;
- The life expectancy of an individual diagnosed with a severe mental health condition reduced by 15-20 years;
- A Member of the Committee raised concerns regarding the automatic discharge of patients when they failed to attend appointments. Members were assured that this procedure was not used in every case;
- The Trust had implemented a 'Place of Safety' Suite, Suite 136 at the Peter Hodgkinson Centre.

NOTE: At this stage in the proceedings, Councillor Dr G Samra declared an interest as a Registered Member of Lincolnshire Partnership NHS Foundation Trust.

- The Trust was not currently commissioned to provide Neurological Services, although it was responsible for certain aspects of Dementia Care;
- Members suggested that there was a need for an increase in rehabilitation and supported housing within Lincolnshire;
- The Trust had approximately 250 volunteers working to support the Trust;

NOTE: At this stage in the proceedings, Councillor S L W Palmer declared an interest as a 'Dementia Friend'.

- The Trust assured Members that there would be a focus on improving early-diagnosis rates for Dementia. However, a clearer dementia pathway would be helpful for the County;
- Members were advised that the Children and Adolescent Mental Health Service (CAMHS) was a priority for the Trust. However, Members were advised that Nationally there was a lack of Tier 4 CAMHS beds and therefore, it was sometimes necessary for over sixteens to be placed on an adult ward to ensure they remained close to their families;
- North East Lincolnshire CAMHS had introduced a Tier 3 plus service and it was hoped that this could be introduced within the County;
- The Accountable Officer, Lincolnshire East Clinical Commissioning Group advised the Committee that the Clinical Commissioning Group allocations for 2015/16 included additional monies for mental health services; and

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- It was noted that the National Youth Parliament had met in November 2014 and had identified mental health as one of its top priorities. Officers confirmed that it had been in contact with the Lincolnshire Youth Parliament.

The Chairman sought volunteers to sit on a working group to prepare a draft response to the draft Clinical Strategy 2015-2020, where the following Members came forward: Councillors Mrs C A Talbot, C J T H Brewis; R Kirk; S L W Palmer; and Mrs S M Wray. It was agreed that the Working Group would draft a response and the Committee's Chairman and Vice-Chairman be delegated authority to approve and submit prior to the Trust Board's meeting.

RESOLVED

- (1) That the report and comments made be noted.
- (2) That Councillors Mrs C A Talbot, C J T H Brewis; R Kirk; S L W Palmer; and Mrs S M Wray become members of the working group.
- (3) That the approval and submission of the Working Group's response to the draft Clinical Strategy 2015-2020 be delegated to the Committee's Chairman and Vice-Chairman.

87 REDEVELOPMENT OF STAMFORD HOSPITAL: PROJECT UPDATE

A report by Polly Grimmett (Stamford Hospital Redevelopment Project Director) and John White (Project Manager) of Peterborough and Stamford Hospitals NHS Foundation Trust was considered, which provided an update on the project to redevelop Stamford and Rutland Hospital. The Project Director and the Project Manager were both in attendance at the meeting.

The Project Team for the redevelopment had been working to further develop the Clinical Strategy for the hospital site which supported the provision of high quality and efficient health services that were responsive to the local community and the needs of the local population whilst ensuring clinical and financial sustainability. This had, and would continue to involve close working with the Trust's clinical commissioners in South Lincolnshire to determine their requirements following their strategic health review which was currently under way.

Members were assured that none of the services currently provided at Stamford and Rutland Hospital would be disestablished, however, the following changes would be made: -

- A second ultrasound machine would be put into the hospital, which would mean that antenatal services would be provided from the site;
- Outpatient services would be expanded;
- There would be an expansion in the chemotherapy and lymphoma services at the hospital;

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- There would be a change in the location of the Minor Injuries Unit so that the service would be expanded and accessible during out of hours; and
- There would be a relocation of the phlebotomy services.

The Stamford Hospital Business Case was set to be presented to the Trust Board at its meeting scheduled to be held on, Tuesday 24 February 2015 at 1.30 pm.

The Business Case outlined the following key facts: -

- The South Lincolnshire Clinical Commissioning Group had shown continued commitment to working with the Trust to deliver services to patients from Stamford Hospital both now and in the future;
- The Trust wanted to maximise the use of the east end of the hospital site, which currently housed the newer buildings, and sell off 2.8 acres of land at the west end of the site. The Trust was obligated to maximise the value of the land it sold for the benefit of taxpayers, but ideally would like to see it used for a health/social care purpose. There were two historic covenants on the site, from 1827 and 1877 that stated the land should be used for the benefit of an infirmary;
- The Trust intended to provide local anaesthetic procedures at Stamford Hospital through the construction of one or two high specification procedure rooms which would increase the number of procedures being carried out at Stamford Hospital;
- The Trust was currently examining a separate business case to purchase a third MRI machine to support the growing demand for these scans. Stamford Hospital has been considered as a possible location for the scanner;
- The John Van Geest inpatient ward would remain a part of the hospital, but discussions had begun with commissioners over how best this could be used for patients; and
- The cost of the redevelopment project would require the Trust to seek additional funding.

With the permission of the Committee, Councillor P Dilks (Observer) was given an opportunity to ask questions. In response to questions from Members of the Committee and Councillor P Dilks the following points were noted: -

- The overall cost of the redevelopment was in the region of £8.5 – 9 million and it was hoped that this would be funded by selling off 2.8 acres of land at the west end of the site;
- Although the Trust had placed a pause on the redevelopment in 2014, owing to Monitor coming in and assessing the Trust. It had since been agreed with Monitor that Stamford and Rutland Hospital was a key part of the Trust and the redevelopment would proceed, as planned;
- The meeting of the Trust Board on Tuesday, 24 February 2015 at 1.30pm would be held at the Stamford and Rutland Hospital. The meeting had been publicised in local newspapers and on the local radio. Posters had also been placed in both the Peterborough City Hospital and the Stamford and Rutland Hospital;

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- It was hoped that the expansion of the Out of Hours Service would be achieved by collaboration between the Trust and the Out of Hours Service. It was noted that the Out of Hours Service was well used and it agreed that figures on its usage would be investigated by the Health Scrutiny Officer, for circulation; and
- Members were assured that the Stamford and Rutland Hospital had safe staffing levels following the withdrawal of the RAF personnel from the site, owing to a recent recruitment drive.

Councillor T M Trollope-Bellew agreed to attend, on behalf of the Committee, the meeting of the Trust Board on Tuesday, 24 February 2015 at 1.30 pm and provide feedback, by way of written report, at the meeting scheduled to be held on 11 March 2014.

The Chairman thanked those officers present for their detailed update.

RESOLVED

That the report and comments made be noted.

88 QUALITY ACCOUNTS 2015

A report by Simon Evans (Health Scrutiny Officer) was considered, which invited the Committee to make arrangements for making statements on the draft Quality Accounts of the providers of local NHS services for 2015. The Committee was also invited to consider the arrangements for working with Healthwatch Lincolnshire; and to confirm the list of local providers of NHS-funded services, on whose draft Quality Account it would wish to make a statement.

In previous years, a working group had met with a representative from each of the providers present in order to clarify any issues which arose and it was anticipated that this approach would be followed again this year.

It was noted that the Healthwatch Lincolnshire representative on the Committee would seek further advice on the propriety of Lincolnshire Healthwatch making statements on Northern Lincolnshire and Goole NHS Foundation Trust and Peterborough and Stamford Hospitals NHS Foundation Trust, owing to the fact that local healthwatch organisations in those areas would be expected to make statements, also.

RESOLVED

- (1) That Healthwatch Lincolnshire be invited to work with the Committee for the 2015 Quality Account process.
- (2) That a joint working group be formed, comprising members of the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire, to prepare statements on the following draft Quality Accounts:

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- East Midlands Ambulance Service NHS Trust;
- Lincolnshire Community Health Services NHS Trust;
- Lincolnshire Partnership NHS Foundation Trust;
- Northern Lincolnshire and Goole NHS Foundation Trust;
- Peterborough and Stamford Hospitals NHS Foundation Trust;
- St Barnabas Hospice; and
- United Lincolnshire Hospitals NHS Trust.

- (3) That Councillors Mrs C A Talbot, C J T H Brewis, S L W Palmer and Dr G Samra (with exception to the draft Quality Account for United Lincolnshire Hospitals NHS Trust) become members of the working group.
- (4) That items on the Boston West Hospital; Fitzwilliam Hospital; and Butterfly Hospice be added to the Committee's work programme for future meetings.

89 WORKING PROTOCOL WITH NHS ENGLAND CENTRAL MIDLANDS

Consideration was given to a report by Simon Evans (Health Scrutiny Officer), which invited the Committee to consider a protocol, as detailed at Appendix A, which set out the proposed arrangements for joint working between the Committee and the NHS England's Central Midlands area team. Also attached at Appendix B was an NHS England Central Midlands Area Map, for the Committee's information.

It was noted that following a NHS England led review of its area team structure, the number of areas teams had reduced from twenty-seven to twelve, with the new arrangements operating in shadow form from 5 January 2015. Lincolnshire was in the NHS England Central Midlands area, which also covered Bedfordshire; Hertfordshire; Milton Keynes; Leicestershire; Northamptonshire; and Rutland.

The draft protocol had been developed and contained the following elements:-

- Summary of the Roles;
- General Liaison Arrangements;
- Scrutiny Review Activity;
- Consultation Arrangements; and
- NHS England Feedback on Health Scrutiny Committee Activity.

RESOLVED

That the protocol, as detailed at Appendix A to the report, be approved and signed by the Chairman and the Director of Commissioning Operations, NHS England Central Midlands.

90 WORK PROGRAMME

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

The Chairman advised the Committee, that as stated in the Chairman's Announcements, Minute 84 refers, she had been contacted by clinicians and various people connected with the East Midlands Congenital Heart Centre (formerly known as Glenfield Hospital). This had included a telephone call with Dr Sanjiv Nichani, a Consultant Paediatrician at the East Midlands Congenital Heart Centre. He and other colleagues had drawn the Chairman's attention to the regional network aspects of the Review of Congenital Heart Disease, including the work being completed by the East Midlands Congenital Heart Centre to expand their network in the areas of Northampton, Kettering and Peterborough, from which patients traditionally had been referred to London. Members had touched on those aspects in the Committee's response to question four of the Consultation.

The Committee's response had reminded NHS England of Recommendation Ten from the Independent Reconfiguration Panel, which was:

"More detailed and accurate models of how patients will use services under options for change are required to inform a robust assessment of accessibility and the health impact of options so that potential mitigation can be properly considered."

The Committee's response to question 4 had included two recommendations. Firstly, the Committee had recommended that NHS England provide more information on "the opportunity later on in the review to do more work on how networks will be set up". The Committee also asked if NHS England would be conducting further consultation on the configuration of the networks to comply with Recommendation 10 of the Independent Reconfiguration Panel.

Secondly, to meet with the findings of the Independent Reconfiguration Panel, the Committee also recommended that NHS England develop networks that give patients access to their nearest Level 1 centre.

In the light of the absence of a response from NHS England to those specific recommendations in the Committee's response, it was suggested that the Chairman write a letter to the appropriate officers at NHS England, including the Medical Director, Professor Sir Bruce Keogh and John Holden, to draw their attention to the importance of developing sustainable regional networks and ensuring that the East Midlands Congenital Heart Centre treats patients from the region.

A discussion also took place regarding the arrangements for the scrutiny of the Joint Health and Wellbeing Strategy and asked the Committee to identify its preferred way forward. The report contained three options for the Committee to consider, as follows:

- Theme by Theme Consideration;
- Selective Approach – Particular Theme or Particular Priority; and
- Using the Strategy as a Theme in Consideration of Other Items.

The Chairman suggested a fourth option: the Committee would receive an initial overview of the Strategy, where a decision could then be made on how to proceed with the individual themes and priorities. Further to this, it was suggested that the presenters for each of the items already programmed on the Committee's Work

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Programme could be asked, as part of their reports, to address their relevant Health and Wellbeing Board Strategy theme.

The Committee confirmed that it would still like to consider an item on 'All-Age Obesity'.

During consideration of the content of the work programme, the following items were suggested for inclusion: -

- All-Age Obesity;
- St Barnabas – Update;
- Butterfly Hospice – Update;
- Boston West Hospital / Fitzwilliam Hospital – Update;
- Major Trauma Service at the Queens Medical Centre, Nottingham; and
- Dementia and Neurological Services.

Members were reminded that there would be a workshop session on 22 April 2015 at 10.00 am, which would enable the Committee to focus on the Care Quality Commission and its inspection arrangements.

RESOLVED

- (1) That the Chairman be requested to write a letter to the appropriate officers at NHS England, including the Medical Director, Professor Sir Bruce Keogh and John Holden, to draw their attention to the importance of developing sustainable regional networks and ensuring that the East Midlands Congenital Heart Centre treats patients from the region.
- (2) The Committee be presented with an initial overview of each of the Health and Wellbeing Board Strategy themes, where a decision could then be made on how to proceed with individual priorities.
- (3) That the work programme and changes made therein be approved.

The meeting closed at 1.05 pm.

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