

WEST LINDSEY DISTRICT COUNCIL

MINUTES of the Meeting of the Overview and Scrutiny Committee held in the Council Chamber - The Guildhall on 23 November 2021 commencing at 6.30 pm.

Present: Councillor Mrs Lesley Rollings (Chairman)
Councillor Mrs Angela White (Vice-Chairman)

Councillor Liz Clews
Councillor David Dobbie
Councillor Mrs Caralyne Grimble
Councillor Mrs Angela Lawrence
Councillor Michael Devine

Also Present: Councillor Trevor Young

In Attendance:

Nova Roberts Assistant Director of Change Management & Regulatory Services
Darren Mellors Performance & Programme Manager
Ele Snow Senior Democratic and Civic Officer

Also In Attendance:

Tracy Pilcher, Director of Nursing, AHPs and Operations and Deputy Chief Executive, Lincolnshire Community Health Services
Angela Shimada, Deputy Director Allied Health Professions and Integrated Community Care, Lincolnshire Community Health Services

Apologies:

Councillor Mrs Diana Rodgers
Councillor Timothy Davies
Councillor Cherie Hill
Councillor Keith Panter
Councillor Roger Patterson

Membership:

Councillor M. Devine sat as substitute for Councillor T. Davies

23 MINUTES OF THE PREVIOUS MEETING

RESOLVED that the minutes of the meeting of the Overview and Scrutiny Committee held on 19 October 2021 be confirmed and signed as a correct record.

24 MEMBERS' DECLARATIONS OF INTEREST

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

25 MATTERS ARISING SCHEDULE

With no comments or questions from Committee Members, the Matters Arising Schedule was **DULY NOTED**.

26 PRESENTATION ITEM - JOHN COUPLAND HOSPITAL, GAINSBOROUGH

The Chairman introduced to the Committee Tracy Pilcher and Angela Shimada of Lincolnshire Community Health Services (LCHS), and welcomed them to the meeting. It was explained that the focus was John Coupland Hospital at Gainsborough, however there were elements of other services that would be touched upon.

The Committee heard that LCHS provided services across Lincolnshire, employing just over 2000 staff. Services included community nursing, services at community hospitals, of which there was four across Lincolnshire, urgent treatment centres, of which there were six including John Coupland, and a range of specialist services at those centres. It was explained that LCHS was only one of several organisations running services out of the John Coupland Hospital and the site itself was owned and run by NHS Property Services, an organisation set up in in 2012 for management of NHS-owned properties.

With regard to John Coupland Hospital, the Committee heard that the focus was on care close to home and providing as many services as possible. There was significant investment into the site, with a capital plan in place to modernise the building as far as possible, improve the theatre facilities and the management of the inpatient wards. It was explained that, out of the site, United Lincolnshire Hospitals also provided outpatient services and there were mental health liaison services provided by Lincolnshire Partnership NHS Foundation Trust (LPFT). Some outpatient services were also provided by LCHS, as well as the Community Nursing teams being based out of the hospital. There were 17 beds available on the ward, with the focus being on rehabilitation, recovery and enablement services for patients from Gainsborough and surrounding areas, although patients from other areas could also be placed on the ward.

A focus of the investment plan was to improve the ventilation system for the hospital and specifically the ventilation system, which had been in place since the hospital was built. It was intended that these improvements and refurbishments would increase the opportunities for outpatient and inpatient services at the hospital, with the improvements to the theatre allowing for more complex surgeries to be undertaken than might be seen in other outpatient settings.

It was highlighted that, rather than being simply patients going to John Coupland Hospital, there were a number of services who working in the community but were based at the hospital, such as community nurses, physiotherapists, speech and language therapists and occupational therapists. Not only would the plan of modernisation improve services for patients, but also for the staff who worked there. The site was a large employer in Gainsborough and improvements to the building and the services provided there would bring further opportunity to the area.

The Committee heard further details of clinics that were run at the hospital, such as

respiratory services, continence, diabetes, stroke services, muscular-skeletal physio and children's therapy. These services may run monthly clinics or visit patients in their homes, with the focus being on providing care close to home and working closely with primary care services. There were also clinical assessment services, which could provide consultations on site or remotely if suitable for the patient. There was also a prescriptions provision service whereby prescriptions could be issued direct to the patient's nearest pharmacy for collection.

The Chairman thanked Tracy and Angela for the comprehensive review of services provided and enquired specifically about the Urgent Treatment Centre (UTC) status of the hospital. It was explained that this was a standardised provision across the county so each UTC offered the same services regardless of location. Previously, the Minor Injuries Unit would have treated ailments such as cuts, sprains, some eye injuries, some ear nose and throat complaints, whereas UTCs had a range of diagnostic services available to them and were connected to the clinical assessment service. There was provision for booked appointments but also an out of hours home visiting service. In response to a question as to how a member of the public would know where to go, whether it was to A&E, or a UTC, or their GP service, or out-of-hours services, it was emphasised that the best first point of contact was to use the 111 service, especially for those injuries or illnesses that were not clearly for emergency services. Patients would then be navigated into the right service, possibly with a booked appointment at the UTC, or referred to a local pharmacy, or onto A&E if it was assessed to be beyond the treatment available at a UTC.

There was discussion regarding the funding of such services and where responsibility sat for determination of service provision at the John Coupland Hospital. It was explained that the Clinical Commissioning Group was responsible for funding and commissioning of services. at the time of restoring the hospital from a Minor Injury Unit to an Urgent Treatment Centre, the focus had been on the needs of the town and surrounding areas, recognising that there was poor infrastructure and limited access to public transport, meaning the focus had been on delivering the UTC services for the local community.

Members enquired as to why patients may be sent out of their area, for example to Goole or Lincoln, if there were services available for others at the John Coupland Hospital. It was explained that some GPs would refer patients into different services, with some of it being related to historical boundaries of service areas. It was highlighted that there should be a conversation with the patient as to where they could be referred based on their needs. It was recognised that not all services were available at the John Coupland Hospital and that, during the pandemic, some of the outpatient activity had been suspended. Members were assured that there was significant ongoing work within the NHS to restore services, not just to pre-pandemic status but to best meet the needs of local communities.

Improvements to services provided from the hospital were discussed, such as the out of hours home visiting service and the prescription provision service which resolved patients needing to travel out of area to get a prescription. The recommendation for patients to contact 111 was re-emphasised, with the explanation that a prescription could be arranged for collection from a local pharmacy. The ability to conduct remote consultations had also been an improvement to services during, and as a result of, the pandemic. This negated the travel often involved with attending consultation and follow-up appointments.

With further comments from Members of the Committee regarding the importance of offering patients services that did not require them to travel out of area, specifically for previously

mentioned follow-up appointments or specific clinics, concerns were raised regarding the community impression that plans were in place for reducing services at the hospital, rather than increasing them. Members were assured that, with the investment plan in place, the focus was very much on improving and increasing service provision, not to reduce it, with the different NHS providers working together to best serve the needs of the community. The NHS as a whole was still learning how to use digital services and maximise the potential, where appropriate, for all patients.

The Chairman welcomed the Visiting Members and invited comment from them. There was support for the NHS and it was highlighted how much the community valued the services provided at John Coupland Hospital. The investment plan was particularly welcomed, as was the assurance that service provision was planned to be increased and not reduced. Community feeling that services were being taken away from them was highlighted, with the need to communicate and advertise the improvement plans being emphasised for addressing some of the more negative local opinions. This was recognised by both speakers, who again assured Members that the potential for the hospital to be a vibrant community hub had been recognised. The improvement works were very much required, with some service increase unable to happen until those works were completed, but it was again emphasised that the plan for the future was to work with the local community to best provide for their needs.

Members of the Committee reiterated their support for the NHS and the work being undertaken at the hospital, being assured that the local community would be at the heart of the improvement works and future service provision.

The Chairman thanked both speakers for their detailed information about the hospital and future plans, and, with no future comments from Members of the Committee or Visiting Members, brought the discussion item to a close.

Note: The meeting adjourned at 7.19pm for guests and Visiting Members to leave the room, the meeting was reconvened at 7.20pm

27 SCRUTINY OF PROGRESS AND DELIVERY QUARTER 2

The Committee heard from the Performance and Programmes Team Manager who explained that the report had been seen at both policy committees and the purpose for the Overview and Scrutiny Committee was to assess whether there had been sufficient scrutiny in those committees, and whether remedial action had been identified or requested in areas where it may be necessary. Areas highlighted at Prosperous Communities Committee included outreach programmes within leisure services, long-term empty properties and the increased number of environmental protection requests. At the Corporate Policy and Resources Committee there were also discussions around long-term empty properties and environmental protection requests. At both meetings it was highlighted that this Committee had already received a report regarding the DFG process and there was work underway in this regard.

Members of the Committee enquired further regarding the number of environmental protection requests and it was explained that such requests covered multiple areas, such as

noise complaints and fly-tipping. It was also noted that the noted increase could be attributed to people being at home more during the pandemic and therefore noticing issues that previously may not have been reported.

With regard to some of the measures included in the report, it was explained that there was a review of all measures to be undertaken prior to the next financial year, with the involvement of the working group formed by this Committee.

There were further comments in relation to those issues as highlighted by the policy committees, with the Performance and Programmes Team Manager highlighting the information as provided to those committees, such as the 'zero targets' for the Homes and Housing portfolio which were aspirational but would be reviewed with all measures prior to the 2022/23 year. In relation to the reduction in customer satisfaction and call volumes, it was highlighted that a review was underway to understand the reasons behind this. The target time of 21 seconds to answer a call was recognised to be an industry standard.

It was confirmed by a Member of the Committee who was also a part of the P&D Measures Working Group, that they would continue to review the best options for targets and measures, taking feedback from other Members of the Committee.

With no further questions or comments, and having been moved and seconded, it was

RESOLVED that the Committee had examined the responses given to the report by the Corporate Policy and Resources Committee and the Prosperous Communities Committee, and were assured that the appropriate level of challenge was being made by those committees to the information contained in the report.

28 FORWARD PLAN

The content of the full Forward Plan for all Committees was **NOTED**.

29 COMMITTEE WORKPLAN

Members noted the return of sports development on the work plan, with initial comments as to who would be invited.

With no further comments, the Work Plan was **DULY NOTED**.

The meeting concluded at 7.39 pm.

Chairman