

# MINUTES

COUNCIL

THURSDAY, 19 JANUARY 2017

2.00 PM



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## PRESENT

Councillor Mrs Judy Smith Chairman

Councillor Bob Adams  
Councillor Duncan Ashwell  
Councillor Ashley Baxter  
Councillor Stephen Benn  
Councillor Mrs Pam Bosworth  
Councillor Robert Broughton  
Councillor Katherine Brown  
Councillor Teri Bryant  
Councillor Mrs Frances Cartwright  
Councillor George Chivers  
Councillor Michael Cook  
Councillor Kelham Cooke  
Councillor Lynda Coutts  
Councillor Felicity Cunningham  
Councillor Phil Dilks  
Councillor Barry Dobson  
Councillor Damian Evans  
Councillor Mike Exton  
Councillor Tracey Forman  
Councillor Helen Goral  
Councillor Breda Griffin  
Councillor Graham Jeal

Councillor Mrs Rosemary Kaberry-Brown  
Councillor Michael King  
Councillor Ms Jane Kingman  
Councillor Matthew Lee  
Councillor Nikki Manterfield  
Councillor David Mapp  
Councillor Charmaine Morgan  
Councillor Helen Powell  
Councillor Robert Reid  
Councillor Nick Robins  
Councillor Bob Russell  
Councillor Jacky Smith  
Councillor Peter Stephens  
Councillor Judy Stevens  
Councillor Adam Stokes  
Councillor Brian Sumner  
Councillor Mrs Brenda Sumner  
Councillor Hannah Westropp  
Councillor Martin Wilkins  
Councillor Paul Wood  
Councillor Mrs Linda Wootten  
Councillor Ray Wootten

## OFFICERS

Chief Executive (Beverly Agass)  
Strategic Director (Tracey Blackwell,  
Steve Ingram, Daren Turner)  
Executive Manager, Corporate (Lucy  
Youles)

## OFFICERS

Business Manager, Venues and Facilities  
Management (Paul Stokes)  
Principal Democracy Officer (Jo Toomey)

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## 67. PUBLIC OPEN FORUM

Three questions had been submitted for the public open forum.

### Question 1

The first question was asked by County Councillor Mark Whittington and put to Councillor Ray Wootten, who was a member of both Fight for Grantham Hospital and SOS Grantham Hospital campaigns.

*“Can Councillor Wootten tell me what are the latest figures for patients attending Grantham Hospital A&E and what are the numbers being seen within four hours compared to Lincoln Hospital and how has the overnight closure affected the residents of Grantham who need treatment at A&E.”*

Councillor Wootten stated that the figures between April 2016 and the week commencing 9 January 2017 indicated that 20,908 had attended Grantham A&E, 97.39% of those were seen within 4 hours which was a higher proportion than that achieved by Lincoln County Hospital and Boston Pilgrim Hospital. He added that increased admissions had been experienced by Peterborough and Nottingham hospitals since the introduction of the overnight closure. He referred to the impact of the overnight closure on patients and the speed with which they could access help and the financial impacts for patients and their families because they had to travel further.

County Councillor Whittington asked a supplementary question about recruitment by the United Lincolnshire Hospitals Trust. Councillor Wootten stated that progress on recruitment had been made. There were three more permanent middle-grade doctors working with the Trust than there had been in August 2016, one at Lincoln County Hospital and two at Boston Pilgrim. The commitment of five locum doctors had also been secured taking the total to 19.6 middle-grade doctors. The Trust was continuing to advertise in the UK and abroad, with interviews lined up; if successful it would take the new doctors several months to arrive and settle in.

### Question 2

The second question was put by Sarah Stock to the Leader of the Council:

*“With reference to the Sustainability and Transformation Document which was unanimously voted against in “it’s current form” prior to Christmas by the entire County Council and the subsequent Extraordinary Health Scrutiny Committee meeting last week, my question to you is, what will happen if the revised, and re-written Sustainability and Transformation Plan remains unacceptable to the Council and still leaves the public in Lincolnshire unsafe and at risk in particular reference to Grantham Hospital downgrading of services? That is the question I would like to submit to District Council. Thank you.”*

The Leader thanked Ms. Stock for attending the meeting and the work she had done in support of the Grantham Hospital campaigns. He stated that the Council would give full consideration to the proposals arising from the Sustainability and Transformation Plan (STP) document when they were issued for consultation. Elected Members would have the opportunity to scrutinise and respond to issues and understand the impact of the STP on residents in South Kesteven. If the proposals continued to reduce the quality of service provision, he added that every opportunity would be taken by the Council to make clear its objection in the strongest terms.

### Question 3

The final question, which was also addressed to the Leader, was put by John Morgan:

*“Given the public concern regarding Grantham Hospital Accident and Emergency Department closure at night and proposal to downgrade acute services in the Lincolnshire STP can you advise if SKDC will continue to oppose any downgrade of Grantham A&E services?”*

The Leader thanked Mr. Morgan for his work in support of the Grantham Hospital campaigns. The Leader reassured Mr. Morgan that the Council would continue to oppose the downgrade of A&E services at Grantham Hospital. As part of his supplementary question, Mr. Morgan stated that SOS Grantham Hospital were appreciative of the support, but asked what action the Council had taken and to whom, with specific reference to health authorities, the Council had made representations .

The Leader responded, stating that Members had heard first-hand about the challenges that were being faced and the proposed solutions of ULHT on three occasions in the previous two years. Councillors had the opportunity to hear the information, challenge proposals and put forward their own views. All Members of the Council would have the opportunity to consider the formal proposals when they were made available for public consultation.

### **68. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Craft, Dr. Moseley, Neilson, Sampson, Selby, Ian Stokes, Mrs. Stokes, Turner, Ward, Webster and Woolley.

### **69. DISCLOSURE OF INTERESTS**

Councillor Ray Wootten declared an interest as he was appointed by Lincolnshire County Council as a Partner Governor on the Peterborough and Stamford Hospitals NHS Foundation Trust and Hitchingbroke Health Care Trust.

Councillor Nikki Manterfield disclosed a pecuniary interest in agenda item 6, which was a presentation on the Lincolnshire Health and Care Sustainability and Transformation Plan because the item related to her employer.

**70. MINUTES OF THE MEETING HELD ON 17 NOVEMBER 2016**

The minutes of the meeting held on 17 November 2016 were proposed, seconded and agreed as a correct record.

**71. COMMUNICATIONS (INCLUDING CHAIRMAN'S ANNOUNCEMENTS)**

The Council noted the Chairman's engagements.

**72. LINCOLNSHIRE HEALTH AND CARE SUSTAINABILITY AND TRANSFORMATION PLAN**

*14:15 – Councillor Manterfield left the meeting having disclosed a pecuniary interest in the following item of business.*

The Chairman proposed the suspension of article 4.11.5 of the Council's Constitution for this agenda item only; the suspension would enable members to speak more than once on the item. The proposition was seconded and carried when put to the vote.

The Chairman welcomed Allan Kitt, who was the Chief Commissioning Officer for the South West Lincolnshire Clinical Commissioning Group. Mr Kitt had been invited to attend the meeting and give a presentation of the Lincolnshire Health and Care Sustainability and Transformation Plan.

Mr Kitt began his presentation by providing some contextual information about the STP; it was a mandatory national programme required by NHS England and the Department of Health. The aims of the STP programme were two-fold: firstly to address national concerns about quality and safety in health care and address three gaps with current provision – the health gap, the care and quality gap and the financial gap. He added that the STP was not a consultation document on definite solutions; instead it contained a number of scenarios that had been modelled to test whether the health economy could balance financially. This would form the starting point for a dialogue to shape the final picture which would include politicians and the people of Lincolnshire.

The expected budget for health services in Lincolnshire in 2021 was expected to be £1.4bn. To deliver quality services within this budget, providers would have to establish governance arrangements that would facilitate different branches of the NHS, mental health services and social care working together. The need to improve prevention was also highlighted as early intervention was recognised as being more effective.

In June 2016, Mr Kitt explained that a case for change document was

launched, which had received a positive response with people recognising the issues that were faced. At this point he referred to the overnight closure of the A&E department in Grantham, which had resulted from concerns over staffing.

While Mr. Kitt recognised that the bulk of care in Lincolnshire was good or outstanding and there were excellent staff who were dedicated, he outlined a number of challenges. Some of the services provided in the county did not meet national standards. He gave an example that people in Stamford were more likely to get cancer treatment within the national standards than people who lived in Grantham. Demand for health care was growing, with an increased and ageing population. He also highlighted seasonal challenges that put pressure on health services that could lead to the cancellation of procedures.

Mr Kitt then made comments about work to recruit doctors to Lincolnshire, the lack of continuity provided by locum doctors and the financial impact of reliance on locums.

One of the most significant developments included in the STP related to providing treatment within neighbourhoods. He stated that there were a number of procedures that could be provided through GP surgeries, which would enable patients to access treatment nearer home and outside hospital. This model was working particularly effectively at a practice elsewhere in Lincolnshire, but there was no similar provision in South Kesteven, which meant that patients were reliant on hospitals.

There was recognition that partnerships needed to be developed outside the county, to provide greater access to services in a joined-up way.

Mr. Kitt drew Members' attention to the financial challenges and highlighted the potential savings that could be made by changing the care model, organising services better, making systems more efficient, smarter working with regard to staff (e.g. using permanent staff) and ensuring that the county had the correct care and commissioning priorities. The Government had offered a financial incentive of £52m at the end of the plan period if it had been successfully delivered.

The aim that accompanied the potential savings was providing a consistent, quality service for the county. He added that a lot of patients presented to A&E departments because they were unable to get appointments with their GP. Options around hospital configuration were being worked through. Mr. Kitt added that the outcome had to be a health service that was fit for the future.

Mr Kitt stated that dialogue was underway with clinicians, public groups and campaign groups. During the week commencing 23 January 2017, clinicians would decide which of the options in the STP should go forward to public consultation. The proposals would then be reviewed by the clinical service prior to the submission of a full business case to NHS England. Consultation could not begin until after the elections on 4 May 2017. Mr. Kitt informed members

that delivery time for the plan was likely to be ten years, citing the transformation experience of the NHS Trust in Northumberland, which was now rated as outstanding.

After the presentation, Members of the Council were given the opportunity to ask questions, a summary of those questions and comments is provided below:

- One member challenged the figures given by Mr. Kitt in relation to the number of admissions following presentations at Grantham Hospital A&E and overnight demand. Mr Kitt explained that daily monitoring was undertaken. The number of patients presenting in Grantham A&E had not exceeded more than 70 a day. He added that there had not been a full A&E service in Grantham for 10-15 years
- Whether the Trust would listen if public feedback from the consultation exercise was that they wanted Grantham A&E to remain open
- A suggestion was made that the scheduling of operations could be built around troughs in seasonal demand to try and prevent cancellations. While profile work was undertaken to alleviate pressure as far as possible, the national standard was for patients to have operations within 18 weeks of referral, which meant a rolling surgery timetable was required through the year and peaks could not always be avoided
- The importance of joined-up care was highlighted by one Member who gave an account of her recent personal experience. She also highlighted that if the patient's family was caring for them, they needed support and training
- Members were keen that consultation should be extensive with mail-outs to all households in the county. Mr Kitt explained that while consultation would be extensive it had to be delivered within a budget. The consultation methodology would be scrutinised to ensure that it was robust with solutions in place to help reach different groups
- The proposals talked about standardisation in Lincolnshire but there was no requirement for standardisation nationally
- How proposals would impact GP surgeries given current levels of demand. Work was underway to attract more doctors to general practice, including participation in a national project to recruit international GPs
- Waiting times for transferring patients from ambulances to A&E had led to the payment of penalties to East Midlands Ambulance Service totalling £1.7m
- Ensuring members of the public have a clear understanding about the service that is most appropriate to address their needs to alleviate

pressure points, e.g. patients presenting at A&E because they are unable to get an appointment with their GP

- Opportunities to turn GP practices into a contemporary form of cottage hospital
- Integration of the NHS, which was free at the point of use with social care, where access was restricted and based on an individual's financial situation. Opportunities existed through joint assessments and there were effective examples of joined up working for people with learning disabilities however wider discussion and resolution was still required
- Getting care planning right and giving patients choice on the implementation of their plan through personal budgets
- Comments within the STP about "managing pay" related to an assumption of a 1% pay increase for NHS staff per annum. If a decision was taken nationally that the increase should exceed 1%, then there would be a financial gap.
- A programme was underway across the CCG that made it easier for doctors to set patients on the right care path and ensuring that tests were done in the appropriate order. When a GP entered what they suspected a patient's condition might be, the computer system would bring up the appropriate pathway and supply the appropriate referral forms.
- Detailed business plans would be drawn up for all proposals that would be taken forward; these would be subject to scrutiny by NHS England prior to public consultation. Consultation would not begin until the plans had been signed-off.

The Chairman thanked Mr. Kitt for attending the meeting and answering Members' questions.

*15:58 to 16:18 – the meeting adjourned.*

**73. ANNOUNCEMENT OF GOVERNMENT SUPPORT FOR THE PROPOSED SPITALGATE HEATH GARDEN VILLAGE AND SKDC'S INCLUSION WITHIN THE STARTER HOME LAND FUND PARTNERSHIP INITIATIVE**

The Leader introduced report number SEG33, which provided Members with an update regarding the successful outcomes of the Council's submissions to the Government's Garden Village Prospectus and the Starter Home Land Fund Initiative. The quality of the garden village application submitted by the Council had been praised by the Homes and Communities Agency. A copy of the submission had been circulated to Members in the agenda pack for the meeting. The Leader offered his thanks to those officers who were involved in

putting together the prospectus, and particularly praised the efforts of the Council's Graphics Officer.

The prospectus included a summary of how the site would be broken down across different uses, with particular comment being made about the proportion of land that could be available for residential use in relation to the amount of informal green space..

Members were advised that the development was subject to the usual planning process.

A number of Members spoke about the garden village proposal, with a majority hoping it would incorporate large amounts of garden space. It was recognised that arrangements would need to be put in place for the ongoing maintenance of public garden space, these would need stipulating within any Section 106 Agreements. Other Members felt that the garden village status provided a good way to showcase Grantham, increasing interest across the town. During the development stage, work would be required on the project's phasing to ensure that infrastructure was in place at the right time.

One Member expressed some concerns about the garden village status, stating that they did not feel that it addressed issues raised by neighbouring residents during previous consultations on the Southern Quadrant. Those concerns particularly related to transport infrastructure and the physical impact of the development.

Members were advised that one of the strengths of the Council's application was its potential for deliverability – because work had begun on the project as the Southern Quadrant it meant that work to progress could begin sooner than a completely new project.

Finally, reference was made to the Council being announced as a designated Starter Homes Partner Authority.

The Council noted the update provided in report number SEG33.

#### **74. THE EVALUATION OF THE ECONOMIC IMPACT OF GRAVITY FIELDS 2016**

The Leader introduced report number SEG34 which provided Members with the headline conclusions from the independent evaluation of the economic impacts of the 2016 Gravity Fields Festival. In doing so he thanked and congratulated the steering group. The Leader then introduced Darren Joint, who was the Chairman of Grantham Business Club and by virtue of this, a Member of the Gravity Fields steering group.

Mr Joint stated that he had been involved in the project since its inception, initially as a business sponsor of the event and latterly as a member of the

steering group. His business' association with the festival had helped build its brand recognition and integrity. He added that involvement was consultative and tailored to suit the wants and needs of each business. While his chairmanship of the business club was coming to an end he was keen to continue his involvement with the festival. He said that the appeal of the festival to businesses was growing as its longevity was being established. He added that he was keen to further build the influence of the festival to younger people; while participation from schools had been greater in 2016 than previous festivals, there was still more that could be done.

Some discussion ensued about footfall increases experienced by businesses. Officers advised that some businesses had raised some concerns over the street market that formed part of the final event when market stalls were positioned in front of a number of businesses. More work was to be done working with businesses to see how these concerns could be overcome or improved in the future.

Members were also interested in how the legacy of each of the district's festivals could be felt year-round. One of the key challenges had been engaging schools; work with primary schools had been particularly assisted in 2016 by their representative on the steering board. Further work was needed to improve engagement with secondary schools. It was noted that inroads had already been made with education establishments for the 2017 Stamford Georgian Festival with strong commitment from the college and schools, some of which had not been involved with festivals previously.

One Member noted the increased 'buzz' created by the festival on social media. Feedback from the Arts Council indicated that the festival was one of the top four within the country.

*17:03 – As the meeting had been in progress for three hours, in accordance with article 4.6.4 it was proposed, seconded and agreed that the meeting should continue until the business on the agenda had been concluded.*

In response to a question, Members were advised that no young people were included on the festival steering group however young people were involved in festival workshops. The interests of young people were represented on the steering group by one head teacher at primary level and one at secondary level.

One Member asked whether a DVD of the festival would be available for purchase. While the Council would keep video footage for posterity, the saleability of any such disc would be lost because of the large amount of social media activity during the festival, including youtube videos.

In summing up, the Leader spoke about increased involvement of businesses and schools. He concluded by thanking the officers who had delivered the festival and those volunteers who had given their time to support it.

Members noted the report.

## **75. MEMBERS' OPEN QUESTIONS**

### Question 1

Councillor Wootten asked about the council tax collection rate for the last year.

### Question 2

Councillor Dilks asked members of the Council to support the inaugural Deepings literature festival which would take place between 28 April 2017 and 1 May 2017.

### Question 3

Councillor Baxter asked whether the Leader would request that some meetings of the Police and Crime Panel should take place in South Kesteven.

### Question 4

Councillor Morgan asked whether the Leader shared the view that the Prime Minister and Health Minister should do more to intervene and that elected representatives should have a greater say in decisions affecting the health services that support local communities.

## **76. NOTICES OF MOTION GIVEN UNDER ARTICLE 4.9**

### **Decision:**

- 1. That this Council welcomes some of the positive proposals for future healthcare contained in the STP such as the development of Neighbourhood Teams and measures to improve preventative healthcare.**

**However, we believe that the proposal for the downgrading of the A&E service provision at Grantham Hospital and, the proposal for the creation of a single maternity unit for the whole county at Lincoln County Hospital, is completely unacceptable and will have a serious and detrimental effect on the health and wellbeing of the local residents within the United Lincolnshire Hospital Trust catchment area of South Kesteven.**

- 2. That this Council believes that the views of the residents of South Kesteven District Council are of paramount importance in deciding the future direction of healthcare provision in Lincolnshire and, calls on all the NHS organisations within the**

**South Kesteven catchment area to conduct a full and meaningful public consultation on the STP proposals by actively engaging with all South Kesteven residents.**

**This Council therefore:**

- 1. Cannot support the Lincolnshire STP in its current form.**
- 2. Confirms that we are prepared to work with all local NHS organisations to encourage them to adhere to and act upon the views which emerge from the public consultation.**

*A proposition was made that, given the STP had been the subject of many comments and questions earlier in the meeting, the proposer and seconder should have the opportunity to speak, then the proposal be put straight to the vote. This was seconded and, on being put to the vote, agreed.*

Councillor Wootten stated that the motion would be seconded by Councillor Charmaine Morgan to demonstrate the cross-party opposition to the STP. Reference was made to the support of local people for protest marches against the night time closure of Grantham A&E held during the second half of 2016 and the number of signatories on a petition against the same issue. He stated that 5 weeks prior to the meeting, only 39% of patients who attended Lincoln County Hospital's A&E were seen within 4 hours.

Reference was made to a recent application to change the tenancy conditions for flats at Grantham Hospital, with the reason cited as cuts to NHS services, and the withdrawal of that application following publication of the story by the Grantham Journal. At a meeting on 17 January 2017, the Lincolnshire County Council Health Scrutiny Committee had expressed its support for the restoration and continuation of services at Grantham A&E.

Councillor Wootten asked the Council to support his motion to reject the STP to show that elected members were united in their support for local residents who cared about the health service they received. If approved by the Council, Councillor Wootten said that he would forward a copy of the motion to the Secretary of State for Health and the Chairman of the County Council's Health Scrutiny Committee.

Councillor Morgan, who seconded the motion, reiterated its cross-party nature. She stated that issues spanned health and social care with GPs struggling to meet demand, pharmacies under threat and insufficient services to meet patients' needs. She said that any solution must be viable while addressing the needs of patients. She felt that there was little or no intervention from the public bodies that should be challenging proposals and that they were too willing to accept centralisation. She also commented that the STP document had only been signed-off by NHS representatives, rather than representatives of the wider community. Further reference was made to the number of petition

signatories.

Councillor Morgan concluded, stating that the Lincolnshire Health and Care Initiatives' solutions should be suitable for everyone in the county. Instead she felt that it would make accessing hospitals more difficult, putting more pressure on GPs and creating delays in the treatment of critically ill patients in areas where the population was growing.

The motion was put to the vote and carried.

## **77. CLOSE OF MEETING**

The meeting was closed at 17:34.