HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
6 DECEMBER 2023

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors L Wootten (Vice-Chairman), M G Allan, R J Cleaver, R J Kendrick, P M Martin, S R Parkin and T J N Smith.

Lincolnshire District Councils

Councillors E Wood (City of Lincoln Council), J Makinson-Sanders (East Lindsey District Council), C Morgan (South Kesteven District Council) and J Pessol (North Kesteven District Council).

Also in attendance

Katrina Cope (Senior Democratic Services Officer) and Simon Evans (Health Scrutiny Officer).

Remote attendees via Teams

Eve Baird (Associate Director of Operations – Specialist Services LPFT), Nick Blake (Programme Director – Primary Care), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Christopher Higgins (Director of Operations, Lincolnshire Partnership NHS Foundation Trust) and Sarah-Jane Mills (Director for Primary Care and Community and Social Value)

County Councillor C Matthews (Executive Support Councillor NHS Liaison, Integrated Care System, Registration and Coroners) attended the meeting as an observer.

49 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor Mrs L Hagues (North Kesteven District Council), D Rodgers (West Lindsey District Council), G Scalese (South Holland District Council), S Welberry (Boston Borough Council) and Liz Ball (Healthwatch Lincolnshire).

It was noted that Councillor J Pessol (North Kesteven District Council) had replaced Councillor Mrs L Hagues (North Kesteven District Council) for this meeting only.

An apology for absence was also received from Councillor S Woolley (Executive Councillor NHS Liaison, Integrated Care System, Registration and Coroners).

50 DECLARATIONS OF MEMBERS' INTEREST

Councillor R J Kendrick wished it to be noted that he was one of the Council's representatives on the Lincolnshire Partnership NHS Foundation Trust – Council of Governors Stakeholders Group.

Councillor T J N Smith declared a non-pecuniary interest in relation to agenda item 6, as a member of the East Midlands Veteran Advisory and Pension Committee.

51 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 8 NOVEMBER 2023

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 8 November 2023 be approved and signed by the Chairman as a correct record.

52 CHAIRMAN'S ANNOUNCEMENTS

Further to the announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on 5 December 2023, which referred to the following:

- The outcome of the consultation of Paediatric Services at Pilgrim Hospital, Boston. The Committee noted that the NHS Lincolnshire Integrated Care Board had approved the service change; and
- Primary Care System Level Access Improvement Plan. The Committee noted that the document (found on pages 29 -78 of the agenda) had been approved by the NHS Lincolnshire Integrated Care Board on 28 November 2023.

During consideration of this item, some support was extended to the investment being made into a national prostate screening trial. One member enquired as to how much funding would be allocated to Lincolnshire. The Health Scrutiny Officer agreed to forward any available information on to members of the Committee.

RESOLVED

That the supplementary announcements circulated on 5 December 2023 and the Chairman's announcements as detailed on pages 17 to 20 of the report pack be noted.

53 GENERAL PRACTICE PROVISION

Consideration was given to a report from the NHS Lincolnshire Integrated Care Board (ICB), which provided the Committee with an overview of current general practice care delivery

and provided an update on mental health care provision within primary care, and summarised progress on local delivery of Primary Care Access Recovery Plan.

(Note Councillor S R Parkin joined the meeting at 10.05am).

The Chairman invited Nick Blake, Programme Director, NHS Lincolnshire Integrated Care Board and Sarah-Jane Mills, Director of Primary Care, Community & Social Value, NHS Lincolnshire Integrated Care Board, to remotely present the item to the Committee.

Attached to the report at Appendix A was a copy of the Lincolnshire Primary Care System Level Access Improvement Plan for the Committee to consider.

In conclusion, the Committee noted that GP care across Lincolnshire continued to be good and reflected the hard-work and dedication of GP's, their practices, and Primary Care Networks. It was noted that progress had been made regarding access, but there was more to do to ensure that people could get the care they needed.

It was reported that the development and implementation of the System Level Access Improvement Plan would improve patient access and experience and help to mitigate some of the pressures on GP practices.

During consideration of this item, some of the following comments were noted:

- Clarification was sought regarding the methodology in place to tackle the 8am rush and to the statement that patients would no longer be asked to call back another day to book an appointment. The Committee was advised that if a patients need was clinically urgent it would be assessed on the same day by a telephone or face-to-face appointment. If a patient contacted a practice in the afternoon, they might be assessed the next day, where clinically appropriate. If a patients need was not urgent, but it needed a telephone or face-to-face appointment, then this would be scheduled within two weeks. It was also noted that where appropriate, patients would be signposted to self-care or other local services. Some members observed that they had not experienced any improvements in the 8.00am access to GP practices issues;
- The Committee was advised that receptionist training was down to each GP practice, as each practice had slightly different operating models, and receptionists had different roles within each practice. It was highlighted that support was available through the system to support a practice support their staff including the receptionists, which included care navigation support. The Committee noted that the 8.00am rush was really supported by the expertise of those at first point of contact. It was noted further that there was a national training programme, funded through the Primary Care Access Recovery Plan, for staff to develop their skills and expertise. Some support was also extended to the service provided by care navigators as their expertise and guidance was crucial in a GP practice;
- It was reported that that some practices had not received a Care Quality Commission (CQC) inspection for some time, but it was highlighted that the CQC did however

monitor practice data, and they did risk assess practices, where certain thresholds had been passed. Representatives presenting agreed that a list of practices showing when they had last been inspected and the outcome of the last inspection would be made available to members of the Committee;

- That the amount of enhanced access was mandated through the primary care network direct enhanced service. Reassurance was provided that the ICB did work with Primary Care Networks (PCN's) to ensure that capacity was available and was being used. The report highlighted that in September 2023, PCN's had provided an average of 67.8 minutes of enhanced access provision per 10,000 patients, which was above the 60-minute target, and 76% of Enhanced Access appointments had been face-to-face. Representatives present agreed to provide further details in this regard to members of the Committee after the meeting. Reassurance was provided that from an ICB perspective all the PCN's were meeting national requirements in relation to enhanced appointments. It was also noted that the availability of enhanced access appointments would be different in each PCN area, for example in different practices on different days;

Note: Councillor C Morgan (South Kesteven Dostrict Council) joined the meeting at 10.34am).

- The need for more publicity regarding self-referral. The Committee noted that the primary care access recovery plan had several different initiatives that would cumulatively start to create capacity. There was recognition that communication was vital to help members of the public understand that service models were changing, especially hard to reach groups and that this would be covered by the Communication strategy. Some concern was expressed that patients did not know what services had changed and what options were now open to them. Further concerns were expressed that with self-referral there needed to be interconnectivity to make sure that patients were dealt with holistically. The Committee noted that some of the work being carried out around multidisciplinary teams working across primary care into other community services would help develop this further. Confirmation was provided that self-referral would only be available for non-urgent services;
- One member enquired how long after March 2024, when the options appraisal for the self-referral pathway for Musculo-skeletal services had been developed was it expected the pathway would be in place. The Committee was advised that it was hoped to have a new contract in place for April 2024, but this had now been extended, and that further information would be provided to the Committee when it was available;
- Whether the number of people accessing 111 was being monitored. The Committee was advised that the challenge was that there had been an increase in demand from members of the public for access to urgent care services, which had resulted in an increased demand across general practice, 111 and in urgent treatments, and that increase in demand would not be mitigated by improving access to general practicer. One member enquired whether self-referral information would be included on a patients record, which could be accessed by the GP;

- Whether access improvement plans were signed off by PCN's and whether these would be published, and who measured the outcomes of the plans. The Committee was advised that plans were reviewed and signed off by the ICB Executive team. Representatives agreed to speak to PCN's regarding the publishing of their plans;
- Whether unfortunate misdirection by pathway coordinators was being monitored. Reassurance was provided that mechanisms were in place to deal with such an occurrence, as part of the quality assurance work and also the CQC, who looked at processes within a practice to supervise staff and make sure they are dealing with patients appropriately;
- A request was made for further information pertaining to how many times people attended GP appointments across the county. The Committee noted that people's needs become more complicated because of long term conditions, (80 contacts each year) the number of contacts with primary care increased, compared to someone who was mildly frail (40 contacts each year), hence that was why there was an average of 6 appointments. It was highlighted that the number of GP appointments was based on a nationally set baseline. Presenters agreed to provide further information around GP appointment data based on the baseline set nationally;
- Some concern was expressed to the KPI information detailed on pages 77 and 78 of the report pack and to the fact that some of the KPI's were under target. Particular reference was made to the fact that 10 GP practices still did not have high quality on-line consultation workflow tools. The Committee noted that the ICB would be looking to see improvements across all of the indicators;
- It was reported that PCN's had been able to recruit Mental Health Practitioners (MPHs) through the Additional Roles Reimbursement Scheme to support population health management. The Committee noted that currently there were 26 whole time equivalents MHPs across the county, and that these were evenly distributed across PCN's. It was noted further that MHP's would provide service and support to all the practices within the PCNs, and would be available at those practices throughout the week, depending on the caseload required;
- Confirmation was provided that health visitor services were not managed by the ICB, but by the local authority. The Committee noted that health visiting would come under the remit of the Children and Young People Scrutiny Committee, as the Chairman of the Children and Young People Scrutiny Committee was also a member of the Committee, he agreed to speak to the member outside of the meeting;
- Same day access hubs were cited as being one in the east of the county and one south of Lincoln and a third one was being looked into for the Gainsborough area. Representatives agreed to provide Committee members with details of the site's actual locations. The Committee noted that transportation to the hubs was still being looked at, but it was highlighted that there was potential support available, with some GP practices offering transport schemes;
- Confirmation was provided that all the 81 practices in Lincolnshire were part of a PCN;
- The Committee was advised that the Primary Care Access Recovery Plan sat alongside recovery plans for elective and unplanned, and emergency care. It was noted that coordinating the work on the three plans was critical to improving health care for the

Lincolnshire population and that this was being delivered through the Lincolnshire Joint Forward Plan 2023-2028;

- It was reported that there was an ongoing relationship between community pharmacies and general practice and that this was being strengthened through the primary care access recovery plan. It was noted that access to over-the-counter medications had increased, so had the range of services offered through a community pharmacy. Representatives advised that a more detailed overview of the pharmacy first scheme might be useful for the Committee to consider at a future meeting;
- Reference was made to page 23, paragraph 4 of the report which stated that 71% of appointments were face to face in Lincolnshire. Further information was sought for a breakdown against each individual practice, and what lessons were being learnt on how to improve outcomes further. Confirmation was given that breakdown information was available, and that there was variation across practices, which was partly due to varying operating models. The Committee was advised that work was underway with practices to understand the variations and where there was a warranted variation, work would be undertaken with the practice to improve on-line consultation or face to face consultation; and
- The Committee was advised that currently it was forecasted that there would be an underspend in the Additional Roles Reimbursement Scheme for 2023/24, based on current information of approximately £1.5 million, which was a significant improvement on the previous year.

RESOLVED

1. That the presenters from the NHS Lincolnshire Integrated Care Board be thanked for their presentation, and that a further update be requested in six months' time.

2. That the NHS Lincolnshire Integrated Care Board's Primary Care Improvement Plan be supported, and a report be received in twelve months on its progress and implementation.

54 SPECIALIST MENTAL HEALTH SERVICES IN LINCOLNSHIRE - UPDATE

The Committee considered a report from Lincolnshie Partnership NHS Foundation Trust (LPFT), which provided the Committee with an update on the learning disability and autism services provided by LPFT in the county and the specialist mental health services available for armed forces veterans.

The Chairman invited Chris Higgins, Director of Operations ULHT and Eve Baird, Associate Director of Operations for Specialist Services ULHT, to remotely present the item to the Committee.

During consideration of this item, the following comments were noted:

(Note: Councillor R J Kendrick left the meeting at 11.30am).

- Thanks were extended to the increase in the amount of signposting for patients requiring specialist mental health services in Lincolnshire;
- The Committee was advised there had been significant improvements in the autism waiting list, but in was noted that some people were waiting up to a year for assessment. There was recognition that this was not acceptable, the Committee was advised there had been a recurrent funding increase to increase capacity within the diagnostic team, and that outsourcing and additional partners were helping to reduce the waiting list to a more manageable level. The Committee noted that the 18-month trajectory plan was for no-one to be waiting more than 12 weeks for an assessment;
- In terms of the gap for 16 to 18-year-olds, the Committee noted that a piece of work was being led by the Integrated Care Board (ICB) in collaboration with the Autism Partnership Board to look at the autism diagnostic pathway across the age range;
- The Committee noted that the virtual autism hub would offer the same level of navigation and support to individuals who believed they might be autistic or were waiting for a diagnosis, or believed they were autistic but did not want to go through a diagnostic process, but still wanted the support that the hub might be able to offer;
- In terms of the Op COURAGE, the Committee was advised that this programme allowed for the service to step into the space of lead provider, across health and social care. The Committee noted that the programme was specially commissioned to provide specialist care and support for service personnel, reservists, armed forces veterans, and their families. The Committee noted further that there was currently a gap in who provides that holistic care, and that steps were being undertaken by the ICB to look at health and social care to mirror what happens in the children and young people service, as veterans required a whole system commitment. The Committee was advised that self-referrals and referrals from professionals were accepted, with consent of the individual;
- The Committee was advised that the average waiting time for accessing speech and language therapy was within eighteen weeks, but it was noted that this was too long, and the service was working towards a four week wait. The Committee noted that cases with a dysphagia element would tend to be prioritised, and those individuals would be seen within a week for urgent cases or four weeks for non-urgent referrals;
- The Committee was advised that at the moment it was not known when self-referrals or referrals from other agencies for children and young people would be accepted by the mental health assessment unit in Lincolnshire. It was indicated that this could possibly be sometime from the spring of 2024 onwards, and that it would be a phased approach to make sure that the service could operate effectively;
- Members of the Committee were advised that there was not a national standard for autistic waiting times. The Committee noted that Lincolnshire was performing better than other regions in terms of autism waiting times, and that the ambition was for a four week wait for the service;
- The Committee was advised that LPFT provided support for people as they came out of prison with their mental health needs. The Committee noted that within each

prison there were commissioned healthcare services who provided mental health support and specialists in neuro diversity; and

- The Committee noted that there was a prioritisation system in place in the children's diagnostic service, which was led by community paediatrics from the adult diagnostic assessment. Reassurance was given that there was a prioritised system and that was based around risk to the individual and others as well as impact on quality of life, so there would be priority given to people where there was significant risk to them maintaining relationships or education.

RESOLVED

1. That the Lincolnshire Partnership NHS Foundation Trust be thanked for their report and presentation on Specialist Mental Health Services, in particular the level of detail in the report.

2. That the Committee be advised of any future developments in these services.

3. That a letter be written to John Turner, Chief Executive, Lincolnshire Integrated Care Board recording the Committee's support for the introduction of a national standard for autism assessment waiting times, which would facilitate the early diagnosis of autism.

55 RESPONSE TO CONSULTATION BY HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD: YOUR HEALTH, YOUR HOSPITALS - LET'S GET BETTER HOSPITAL CARE

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which invited the Committee to consider a draft response, and subject to any further amendments approve the draft response as the Committee's final response to the Humber and North Yorkshire Integrated Care Board Consultation entitled *Your Health, Your Hospital – Let's Get Better Hospital Care,* which had been compiled from the comments made at the 8 November 2023 meeting.

The Committee were reminded that the Humber and Lincolnshire Joint Health Overview and Scrutiny Committee (H&LJHOSC) was the statutory consultee for the purpose of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny Regulations) 2013. It was highlighted that a meeting of the H&LJHOSC was scheduled to be held on 18 December, at which its response to the consultation was due to be finalised.

Thanks were extended to the Health Scrutiny Officer for capturing the comments raised by Committee during debate of this item at the meeting held on 8 November 2023.

During consideration of this item, the Committee highlighted their dismay at the overall consultation process, and the potential impact of some of the proposals for residents in Lincolnshire, the impact on neighbouring trusts, and transportation implications. As a result of the Committee's concerns, there was agreement that the tick boxes would not be used and that text boxes inserted in the document should remain. It was also suggested that local

MP's affected by the proposals should be made aware of the Committees concerns. Members of the Committee were reminded that the Committee was only responding as a non-statutory consultee.

RESOLVED

1. That the response (as circulated as Appendix A) be approved, as the Committee's final response to the consultation on *Your Health, Your Hospitals – Let's Get Better Hospital,* being undertaken by NHS Humber and North Yorkshire Integrated Care Board.

2. That the Committee's response to the consultation be shared with the Humber and Lincolnshire Joint Health Overview and Scrutiny Committee, with a view to it being considered for inclusion in the Joint Committee's response.

3. That a copy of the Committee's response to the consultation be passed onto the RT Hon Sir Edward Leigh MP and the Rt Hon Victoria Atkins MP, as their constituencies would be mostly affected by the proposals.

56 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the report, which invited the Committee to consider and comment on its work programme, as detailed on pages 97 and 98 of the report pack.

Attached at Appendix A to the report was a schedule of items covered by the Committee since the beginning of the current Council term, May 2021.

The Health Scrutiny Officer briefed the Committee on the items for consideration at the 24 January 2024 meeting.

The Committee also considered the list of items to be programmed and guidance was sort regarding:

- Item 2 - NHS Planning for Demographic Change. It was noted that most of the demographic modelling was undertaken by NHS England who used the latest available Office for National Statistic projections to factor in population changes into their models. It was noted that at a strategic level the responsibility for funding lay with the government, who set out the levels of funding for each government department, including Health and Social Care. Each department then agreed their priorities, which then brought in resource allocations for NHS England and ultimately for each Integrated Care Board (ICB). It was then up to each ICB to determine its strategy to use the resources allocated to best meet the health needs of the local population. The Committee noted the Lincolnshire Acute Services Review had

evaluated projected activity growth over the next five years for the services forming part of that review. The Committee was advised that evaluation had been done on an individual basis, and it was therefore suggested that the Committee might want to have such information when items were presented, rather than have an overall item. A suggestion was made for further information relating to the older persons demographics across the county. It was also highlighted that the east coast had a large concentration of caravans and that this impacted health provision along the coast, and therefore needed to be included within the demographics;

- Item 4 - Third Sector Support for the NHS. The Committee was advised that as this topic was so extensive, a suggested approach was for the Committee to request an overview from the Lincolnshire Voluntary Engagement Team, which was a collective of voluntary groups and organisations who had an interest in working with health and care partners to develop and deliver services. One member advised that voluntary groups were struggling and that an overview would be useful for the Committee to consider; and
- Item 5 – Local Strategic Planning of Integrated Health Provision. The Committee was advised that two items focusing on strategies were scheduled for the 21 February 2024 meeting. It was further clarified that the request for an item on Local Strategic Planning for Health Provision related to strategic planning at a Primary Care Network level. It was requested that further information be provided either as part of the two items in February or subsequently as to how the strategies worked at a Primary Care Network level, in particular on integration with secondary care and other services.

During discussion relating to the work programme, the following comments/suggestions were noted:

- Patient Data, to include the confidentiality of patient data, integration of data within the NHS, to make sure that data was being fully used to achieve the required outcomes;
- Further to the discussion above on a potential item on demographic change, it was requested that an item should be added to the work programme on NHS requests for contributions from developers as it was felt that health services appeared at times to be missing out on this funding. One member advised that usually GP facilities were looked at as part of the developer contribution process, but not the impact on hospital beds or acute care; and
- A request was made for more information as to how the East Midlands Ambulance Services and NHS Lincolnshire worked in partnership with the Local Resilience Forum with regard to Emergency Planning.

RESOLVED

That the work programme presented on pages 97 and 98 of the report be agreed, subject to the inclusion of the suggestions put forward by the Committee as detailed above and the request made at Minute number 53(1) and (2).

The meeting closed at 12.31 pm