



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
20 MARCH 2024**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

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

Lincolnshire District Councils

Councillors S Welberry (Boston Borough Council), E Wood (City of Lincoln Council), J Makinson-Sanders (East Lindsey District Council), C Morgan (South Kesteven District Council), J McGhee (West Lindsey District Council) and M Geaney (South Holland District Council).

Healthwatch Lincolnshire

Liz Ball.

Also in attendance

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Christopher Higgins (Director of Operations, Lincolnshire Partnership NHS Foundation Trust), Hannah Coffey (Chief Executive North West Anglia NHs Foundation Trust (NWAFT)), Callum Gardner (Chief Medical Officer Stamford Development NWAFT), Paul Gutherson (Managing Director, Lincolnshire Voluntary Engagement Team), David Moss (Director of Estates and Facilities NWAFT), Joanna Walker (Head of Communications and Participation LPFT) and Chris Wheway (Chair, Lincolnshire Voluntary Engagement Team (also Chief Executive of St Barnabas Hospice)).

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

74 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors M G Allan, R J Cleaver, Mrs L Hagues (North Kesteven District Council) and G Scalese (South Holland District Council).

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It was reported that, under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990 that Councillor P M Dilks had been appointed as the replacement member for Councillor R J Cleaver for this meeting only.

It was also noted that Councillor M Geaney (South Holland District Council) had replaced Councillor G Scalese (South Holland District Council) for this meeting only.

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

75 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 Governor Stakeholder Group.

76 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 21 FEBRUARY 2024

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 21 February 2024 be approved and signed by the Chairman as a correct record.

77 CHAIRMAN'S ANNOUNCEMENTS

Further to the announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on 19 March 2024, which referred to the following:

- Information requested at previous meetings;
- The Government Blood Pressure Campaign; and
- The Healthwatch Lincolnshire – Your Voice Event scheduled to be held on 26 April 2024 at Boston United Football Club between 10.00am and 1.00pm.

During consideration of this item, the Committee noted that information from East Midlands Ambulance Service would be circulated to members of the Committee when it was made available.

RESOLVED

That the supplementary announcements circulated on 19 March 2024 and the Chairman's announcements as detailed on pages 15 to 18 of the report pack be noted.

78 LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST - UPDATE

Consideration was given to a report from Lincolnshire Partnership NHS Foundation Trust (LPFT), which provided the Committee with a general update on services.

The Chairman advised that this item had been requested by the Committee at its meeting on 21 February 2024, in response to some developments being reported, including progress with removing legionella from the Hartsholme Centre and the expansion of the Adult Eating Disorder Support Service.

The Chairman invited the Director of Operations, LPFT, to present the item to the Committee. The Head of Communications and Participation, LPFT was also present to observe to meeting.

In guiding the Committee through the report, reference was made to: Temporary Closures, Service Reviews; New Services; Recruitment and Retention; and Waiting Times.

(Note: Councillor S R Parkin joined the meeting at 10:13 am)

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

- The Committee noted that if three consecutive sets of tests for Legionella showed levels that were safe for the Hartsholme Centre, then the unit would safely open. If however, this was not the case then an enhanced flushing method would be undertaken. It was noted that the other option the Trust would consider was a possible refit of the pipe working system;
- Confirmation was given that the NHS 111 Mental Health Option would be available for anyone to contact for advice. The Committee was advised that the Trust was working with NHS England regarding the advertising of the new Mental Health 111 service, and that it was thought there would be a soft launch initially to test the system, followed by a nationally driven initiative by NHS England. It was noted that the 111 Mental Health line would be staffed with a combination of registered specialist professionals and non-registered specialist professionals, and that at any time on duty there would be a combination of the two types of professionals;
- Confirmation was provided that funding was yet to be approved to develop the memory assessment pathway. The Committee noted that if funding was not forthcoming this time, a further bid would be made for the following year's funding round, and that in the meantime the service would look to see what could be done differently within the resources available. Healthwatch offered their support for the development of the business case;
- Details relating to staffing numbers, structure and grades would be made available to members of the Committee. The Committee noted that the Trust was confident that staff numbers would continue to increase, but there was recognition that there were some harder to recruit posts, such as psychologists;
- In relation to Autism diagnosis, the Committee was advised that prioritisation was done from the information received from the conversation at the initial triage. It was noted the professional and the multidisciplinary professional team took into consideration what was happening in the person's life and a range of other different

factors which would indicate whether somebody would benefit more than somebody else from an early diagnosis. For example, if somebody needed to get a diagnosis to be able to seek reasonable adjustments to continue in their employment;

- The Committee noted that the Langworth ward had beds available and was not overwhelmed. It was noted further that this was because the Dementia Home Treatment Team had been effective in keeping people at home with their families or in residential care, which had reduced the need for inpatient beds;
- What measurements were being done to assess the impact on patients no longer being inpatients at the Manthorpe Unit. It was reported that there was a range of measures in place, one being the impact of patients in hospitals, as the impact of dementia could change considerably when someone was taken out of a familiar environment, and that moving someone into a hospital could also significantly impact an individual's level of confusion and understanding. It was highlighted that a patient just being at home was generally deemed a better outcome, and that feedback from family members, carers and from staff had indicated that caring for people in their own home seemed to support this. It was reported that alongside this was a clinical indicator. The Committee noted that the Trust thought it was doing a good job, but the independent review by the Clinical Senate would be able to verify what was being done was the right thing. It was hoped that the home working model would be successful as the Trust thought it was and that going forward there would not be the need to reopen the Manthorpe ward. Confirmation was provided that the model was in essence a hospital at home model, with individuals having the same range of professionals available to them. Clarification was also given that the Manthorpe ward was a dementia ward not a medical ward and that model had been replicated to support people at home;
- The Committee was advised more information about the autism service was available in the virtual autism hub;
- It was reported that the Right Care Right Person initiative was a police force led initiative to change the way the police responded to mental health issues. A suggestion was made for a police representative to come and talk to the Committee regarding this initiative. The Committee noted that the Trust was also looking at different ways to configure their crisis teams and other areas to make sure that there was a multi-agency response to ensure that the right resources were in place to avoid any person being missed;
- There was recognition that the waiting time of 35 weeks for children and young people's mental health service was not acceptable. The Committee noted that it was the intention of the Trust to get to the four-week waiting target. It was noted further that the Trust had seen a reduction in the number of young people waiting over twelve weeks. It was also highlighted that anyone waiting for services received a contact at least once a month to monitor any change and share useful guided self-help resources. One member highlighted that from personal experience young people were not being contacted on a monthly basis. The representative agreed to look into the issue of lack of contact outside of the meeting;

- With regard to talking therapies, the Committee was advised that the Trust was monitored on access to the service. It was noted that the talking therapies service was a step model. Those coming into the service at the lower end were seen very quickly, but those with more complex needs (step two) was where there was a waiting list. It was highlighted that the Trust was currently trying to recruit additional staff to help deal with the demand, and that there had been an outsourcing of some treatments to external providers to support reducing the waiting time. Some clarity was sought as to the percentage quoted in the report relating the 75% of patients commencing treatment within six weeks. The Committee was advised what the report was saying was that a number of people accessing first level treatment found that this was enough to meet their needs, and that some people were then waiting some considerable time for some specific treatments. The representative offered the Committee a more detailed report regarding this matter to a future meeting;
- The Committee received an explanation concerning the Dementia Home Treatment Team. It was noted that people were referred to the team via other health professionals, or community mental health teams and that it was not open access to the community;
- Reassurance was provided that young people waiting for mental health services who became teenagers would continue on their journey in children's services. It was noted that there was an arrangement that the service could keep individuals up to the age of 25 within the young people's services;
- The Committee noted that with regard to the review of the Vales at Discovery House, all staff teams would be contacted as would patients, and families of patients using the service;
- It was reported that the Trust had worked hard to minimise the number of people placed out of area. It was noted that there was a pressure on the availability of beds nationally and that the Trust currently had people in Nottingham, Essex and further afield. It was highlighted that in all cases the Bed Management Team were in constant contact with these individuals, and that everything was done possible to make sure these people were brought back into Lincolnshire as soon as possible. Reassurance was provided that the out of area care was provided by good providers. It was noted that when the Hartsholme Centre re-opened there would be enough capacity to support acute and intensive needs;
- The Committee was advised that information would need to be provided following the meeting regarding the number of people it was expected the expanded Adult Eating Disorder service would treat in the coming year;
- Reassurance was provided that the Trust had the right levels of staff to be able to maintain current services. It was however highlighted that the east coast was a harder place to recruit to generally; and
- The Committee was advised that the National Timewise Accredited Scheme was a programme open to all public sector organisations in which organisations had to demonstrate that they were offering different ways of flexible working, and that the recruitment and retention strategies of the Trust were defining different ways of

working making LPFT a great place to work by offering flexible working arrangements whilst meeting service needs.

The Chairman on behalf of the Committee extended his thanks to the presenter.

RESOLVED

1. That the planned expansion of the Trust's Adult Eating Disorder Support Service; the launch of the Virtual Autism Hub and the improvements to the recruitment and retention across the Trust be welcomed.
2. That consideration be given to any service changes arising from the Dementia Home Treatment Teams pilot and the review of the Vales at Discovery House at an appropriate future date.

79 LINCOLNSHIRE VOLUNTARY ENGAGEMENT TEAM

The Committee considered a report from the Lincolnshire Voluntary Engagement Team (LVET) which provided an update on the contribution the LVET was making to improving health outcomes in Lincolnshire.

The Chairman invited the Chair of the Lincolnshire Voluntary Engagement Team, and the Managing Director of LVET to remotely present the item to the Committee.

The Committee was advised of the LVET's Activities; the future for LVET and the current challenges faced by members of LVET.

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

- The Committee was advised that LVET employed four members of staff, one of whom was on secondment and whose role was solely focused on the personalised agenda and the relationships with Primary Care Networks;
- The Committee noted that music and singing was something that could bring some radical change to those with dementia;
- It was reported that the complexity of the LVET sector was vast and that membership varied from large organisations to two or three people meeting together in a church hall. With support of the LVET team, effective use was made of all the resources to help them have a strategic impact. It was noted that LVET ensured that smaller organisations and groups were able to gain access to available funds;
- Anyone wishing to contact any of the delivery groups was advised to contact Paul Gutherson via email;
- Further information was sought regarding LVET supporting service redesign through 60 working groups, steering groups or boards. It was noted that LVET was a collective who represented around 150 organisations of different sizes, all of whom had different capacity and resource issues, and to enable members to voice their concerns or make contributions to any of those groups needed time to do that. As

sometimes the timescale of being contacted before a board meeting or working group meeting did not always provide enough time to effectively talk with members for them to feedback to the working groups, so it was really hard to find a mechanism for more effective collaboration enabling all member to have a voice;

- The Committee noted that the challenges of staff and volunteer burnout, recruitment and retention affected all groups, and was a general theme post pandemic along with financial challenges and the increased feeling of pressure at leadership level within organisations;
- The representatives were unable to advise of the total amount of funding from NHS Lincolnshire given to voluntary, community, faith and social enterprise sector through contractual arrangements. Some concern was expressed that funding information needed to be made available and monitored as to how it was being spent as there was a danger of the amounts being reduced. The Committee noted that it was felt that LVET was not taken seriously as a sector and that investment in the sector should grow on the basis of ensuring particularly with the NHS that it was able to focus on what it needed to be doing;
- The vital role of the voluntary sector in communities and that getting people to volunteer was getting increasingly difficult. It was highlighted that the volunteering sector was not seeing many younger people coming into the sector;
- The problems voluntary organisations had in obtaining premises and also having the necessary finances to pay for increasing costs such as heating lighting and insurance costs; and as a result some organisations were now ceasing to exist;
- The importance of the physical and social infrastructure that was required by voluntary, community, faith and social enterprise organisations;
- Confirmation was provided that there was a voluntary car scheme in Lincoln which was within the membership of LVET; and
- Suggestions put forward for the Committee to gain further insight into the work of the voluntary sector, it was suggested that contact should be made with the Lincolnshire Community & Voluntary Service.

RESOLVED

1. That thanks be extended to the representatives from the Lincolnshire Voluntary Engagement Team for their presentation to the Committee.
2. That the Committee's gratitude be recorded for the work of all voluntary, charity and community interest organisations supporting the health service in Lincolnshire, including volunteers giving their own time for this role.

80 ARRANGEMENTS FOR THE QUALITY ACCOUNTS 2023-2024

Due to the availability of presenters, it was agreed that the Arrangements for the *Quality Accounts 2023-2024* report (Item 8) would be considered as the next item of business on the agenda and that this would then be followed by item 7.

The Chairman invited the Health Scrutiny Officer to present the item to the Committee.

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The Committee were asked to determine which draft *Quality Accounts* for 2023-24 from local providers of NHS-funded services it wished to consider and to advise of the arrangements it wished to follow to respond to the draft Quality Accounts.

During consideration of this item, the Committee agreed to prioritise the following two *Quality Accounts*: United Lincolnshire Hospitals NHS Trust (ULHT) and East Midlands Ambulance Service (EMAS) and that for the following further four suggestions: Lincolnshire Community Health Service NHS Trust (LCHS), Lincolnshire Partnership NHS Foundation Trust (LPFT), North West Anglia NHS Foundation Trust (NWAFT) and Northern Lincolnshire and Goole NHS Foundation Trust (NLAG), the Health Scrutiny Officer would liaise with Healthwatch Lincolnshire to see which *Quality Accounts* they were planning to cover to avoid any duplication.

The following members of the Committee volunteered to be part of the remote working group: Councillors C S Macey, J McGhee, C Morgan, Cllr T J N Smith and L Wootten.

RESOLVED

1. That ULHT and EMAS be prioritised as the two draft *Quality Accounts* for 2023-24 from local providers of NHS funded services, the Committee wishes to make a statement on.
2. That the Health Scrutiny Officer be tasked with contacting Healthwatch Lincolnshire to identify which of the following further four providers Quality Accounts: LCHS, LPFT, NWAFT and NLAG, Healthwatch was planning to consider to help avoid any duplication.
3. That for drafting statements in response to the *Quality Accounts* for 2024, Councillors: C S Macey, J McGhee, C Morgan, Cllr T J N Smith and L Wootten volunteered to be part of the remote working group.

81 NORTH WEST ANGLIA NHS FOUNDATION TRUST UPDATE ON THE IMPLEMENTATION OF THE CLINICAL STRATEGY FOR STAMFORD AND RUTLAND HOSPITAL; AND RECOVERY PLANS FOR ALL PATIENTS

The Committee gave consideration to a report from the Chief Executive, North West Anglia NHS Foundation Trust (NWAFT), which provided an update on the clinical and estates development at Stamford and Rutland Hospital, the latest information on the development of a Day Treatment Centre at Stamford, and Trust-wide activities taking place to reduce waiting times for all patients of North West Anglia NHS Foundation Trust.

The Chairman invited the following representatives from the Trust to remotely present the item to the Committee: Hannah Coffey, Chief Executive, David Moss, Director of Estates and Facilities and Callum Gardner, Chief Medical Officer, the lead officer for the Stamford Hospital development.

In guiding the Committee through the report, reference was made to: the Stamford and Rutland Site Strategy; the Day Treatment Centre Proposal; the sale of unused land on the Stamford and Rutland Hospital Site; and reducing waiting times for patients.

Note: Councillor C Morgan declared a non-pecuniary interest as the Vice-Chairman of South Kesteven District Council Planning Committee.

Councillor P M Dilks also wished it to be noted that he was a cabinet member of South Kesteven District Council.

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

- Reassurance was provided that car parking remained a priority for the Trust and there was recognition that at peak times parking was a challenge at Stamford and Rutland Hospital. The Committee was advised that planning permission for a multi-storey car park was still in place, if required, but at the moment discussions were taking place regarding an adjacent site which would mean that sufficient car parking spaces could be provided without the need for a multi-storey car park. It was also highlighted that staff were encouraged to travel as sustainably as possible using buses, walking or cycling to work, which would then free up parking spaces for patients. It was noted that this had been done at Hinchingsbrooke Hospital (also operated by NWAFT) and a similar approach had been suggested for staff working at Stamford. The Committee also noted that parking mechanisms were due to be introduced shortly which would help control parking;
- It was reported that a decision regarding planning permission for the Day Treatment Centre proposals on the Stamford and Rutland site was expected in May 2024. It was noted that the proposed building was a modular build, which would be constructed off site and then delivered in modules to the site for construction. It was expected that the building would be completed by January 2025;
- With regarding to the Minor Injuries Unit (MIU) at Stamford, the Committee was advised that the guidance for MIU's had changed and that this matter would be for the NHS Lincolnshire Integrated Care Board (ICB), as commissioners. The Committee noted that the Trust was working closely with the ICB to find a way through the guidance to ensure that services in Stamford were maintained;
- The Committee was advised that some construction work was currently ongoing at the Peterborough site to construct a 20-bed modular ward, which would be completed in June 2024, and that there would be two additional wards both having 36 beds which was as a result of converting existing office space into clinical space, which would provide an additional 92 beds. Reassurance was provided that the Committee would be kept up to date of any developments or service changes at the Peterborough City Hospital;
- One member expressed their gratitude and thanks to staff for the amazing service a family member had received from the Peterborough A & E department and the children's ward; and
- That patient flow information would form part of the next report from NWAFT.

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The Chairman on behalf of the Committee extended his thanks to the presenters.

RESOLVED

1. That full support be given to the plans for a new day-case treatment centre at Stamford and Rutland Hospital
2. That a further update be received in one year's time which should include information relating to patient flow.

82 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Chairman invited the Health Scrutiny Officer, to present the item, which invited the Committee to consider and comment on its work programme, as detailed on pages 58 to 60 of the report pack.

The Health Scrutiny Officer briefed the Committee on the items for consideration at the 17 April 2024 meeting. It was highlighted that the Urgent and Emergency Care Update, would not include Grantham Urgent Treatment Centre, as Grantham had a specific item included in the work programme for the 12 June 2024.

The Committee was also advised that due to the availability of presenters, the item on GP Provision was now being brought forward from the 17 July 2024 meeting to the 15 May 2024 meeting.

It was also noted that the items concerning the Implementation of the Mental Health Community and Rehabilitation Services on the work programme for the 17 July 2024 meeting could possibly move to the 11 September 2024 meeting.

From the comments raised at the meeting, further information/possibly agenda items regarding funding from the NHS to voluntary organisations; and an update from the Lincolnshire Community and Voluntary Service.

RESOLVED

That the work programme presented on pages 58 to 60 of the report pack be agreed, subject to the inclusion of the suggestions put forward by the Committee and the amendments detailed above.

The meeting closed at 12.29 pm