


Public Document Pack

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

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A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 20 March 2024 at 10.00 am in Council Chamber, County Offices, Newland, Lincoln LN1 1YL

MEMBERS OF THE COMMITTEE

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

District Councillors: S Welberry (Boston Borough Council), E Wood (City of Lincoln Council), J Makinson-Sanders (East Lindsey District Council), Mrs L Hagues (North Kesteven District Council), G P Scalese (South Holland District Council), C Morgan (South Kesteven District Council) and J McGhee (West Lindsey District Council)

Healthwatch Lincolnshire: Liz Ball

AGENDA

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Item	Title	Pages
5	<p>Lincolnshire Partnership NHS Foundation Trust - Update <i>(To receive a report from Lincolnshire Partnership NHS Foundation Trust (LPFT), which provides the Committee with a general update on services. Chris Higgins, Director of Operations, LPFT will be in attendance for this item)</i></p>	19 - 28
6	<p>Lincolnshire Voluntary Engagement Team <i>(To receive a report from the Lincolnshire Voluntary Engagement Team, which provides the Committee with an update on the contribution the Lincolnshire Voluntary Engagement Team make to improving health outcomes in Lincolnshire. Chris Wheway, Chair of Lincolnshire Voluntary Engagement Team will be in attendance for this item)</i></p>	29 - 38
7	<p>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 <i>(To receive a report from North West Anglia NHS Foundation Trust (NWAFT), which provides the Committee with an update on the implementation of the Clinical Strategy for Stamford and Rutland Hospital; and Recovery Plans for all patients. Hannah Coffey, Chief Executive, NWAFT will be in attendance for this item)</i></p>	39 - 44
8	<p>Arrangements for the Quality Accounts 2023-2024 <i>(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider its approach to the Quality Accounts for 2023-2024 and to identify its preferred option for responding to the draft Quality Accounts, which will be shared with the Committee, by local providers of NHS-funded services)</i></p>	45 - 56
9	<p>Health Scrutiny Committee for Lincolnshire - Work Programme <i>(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comment on the contents of its forthcoming work programme)</i></p>	57 - 66

Debbie Barnes OBE
Chief Executive
12 March 2024

Please note: This meeting will be broadcast live on the internet and access can be sought by accessing [Agenda for Health Scrutiny Committee for Lincolnshire on Wednesday, 20th March, 2024, 10.00 am \(moderngov.co.uk\)](https://www.moderngov.co.uk/Agenda-for-Health-Scrutiny-Committee-for-Lincolnshire-on-Wednesday-20th-March-2024-10.00-am)



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
21 FEBRUARY 2024**

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), Mrs L Hagues (North Kesteven District Council), G P Scalese (South Holland District Council) and C Morgan (South Kesteven District Council).

Healthwatch Lincolnshire

Liz Ball.

Also in attendance

Peter Burnett (Director of Strategic Planning, Integration and Partnerships, NHS Integrated Care Board), Alison Christie (Programme Manager, Strategy and Development), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer) and Professor Derek Ward (Director of Public Health)

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

66 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors J McGhee (West Lindsey District Council) and S Welberry (Boston Borough Council).

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

67 DECLARATIONS OF MEMBERS' INTEREST

The following declarations of members' interest were made at this stage of the proceedings:

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
21 FEBRUARY 2024**

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 Stakeholder Group.

Councillor T J N Smith advised that in relation to agenda item 6, he was a member of the Veterans Advisory Pension Committee.

Councillor C Morgan wished it to be noted that she was on the Patient Panel of United Lincolnshire Hospital Trust.

And Councillor C Matthews (Executive Support Councillor for NHS Liaison, Integrated Care System, Registration and Coroners) wished it to be noted that he was also one of the Council's representatives on the Lincolnshire Partnership NHS Foundation Trust – Council of Governors Stakeholder Group.

68 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING
HELD ON 24 JANUARY 2024

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 24 January 2024 be approved and signed by the Chairman as a correct record.

69 CHAIRMAN'S ANNOUNCEMENTS

Further to the announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on 20 February 2024, which referred to the following:

- An update relating to information requested at the previous meeting;
- Government consultation on Giving the General Dental Council Powers to register Dentists on a Temporary Basis;
- An update on the latest position concerning Reinforced Autoclaved Aerated Concrete. The Committee noted that the 18-month project which began in December 2023 by a team of specialist engineers being carried out at the Queen Elizabeth's Hospital, Kings Lynn was progressing well; and
- That Andrew Morgan was continuing to be the Group Chief Executive of Lincolnshire Community Health Services NHS Trust (LCHS) and United Lincolnshire Hospitals NHS Trust (ULHT) until the end of June 2024, to allow for recruitment and a period of transition for the new postholder.

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

- Some concern was expressed regarding the potential loss of beds following the review of high dependency mental health rehabilitation services provided at The Vales, a 15-bed ward located at Discovery House, Lincoln;
- Further concern was raised regarding the delayed re-opening of the Hartsholme Centre, due to high levels of the legionella. The Health Scrutiny Officer advised that as there were now a couple of issues regarding Lincolnshire Partnership NHS Foundation Trust, it was suggested that an update item could be considered at a future meeting;
- That more needed to be done regarding the NHS Dental Recovery Plan, with particular reference being made for the need to change dentistry contracts from 2006;
- One member advised that the parameters regarding patient transport were set at a national level, and that any changes in policy would have to be made by NHS England. The Chairman advised that any updates in this regard would be provided via Chairman's announcements; and
- Confirmation was provided that further information regarding ambulance conveyances to Grantham Urgent Treatment Centre was contained within Chairman's announcements on page 18 and 19 of the report pack.

RESOLVED

That the supplementary announcements circulated on 20 February 2024 and the Chairmans's announcements as detailed on pages 15 to 20 of the report pack be noted.

70 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023 - AGEING BETTER: ADDING LIFE TO YEARS

Consideration was given to a report from the Director of Public Health, which invited the Committee to note the contents of the Annual Report by the Director of Public Health – Adding Life to Years.

The Committee noted that the Director of Public Health had a statutory duty to produce an annual report and that the County Council had a statutory duty to publish the said report. A copy of the annual report was attached at Appendix A to the report presented for members of the Committee to consider.

The Chairman invited the Director of Public Health, Lincolnshire County Council to present the item to the Committee.

The Committee noted that this year's report was a joint report between the Director of Public Health and Glen Garrod Executive Director of Adult Care and Community Wellbeing who was due to retire in April 2024.

It was highlighted that the annual report described how the World Health Organisation (WHO) Age Friendly Cities Framework could be applied to the older population of Lincolnshire. It was noted that as part of the strategic partnership with the Centre for Ageing Better, the Committee was advised that this year the Director of Public Health's

report was focused on Ageing Better in Lincolnshire. It was noted that the report described the key determinants of healthy ageing and what could be done to support and improve the well-being of older residents, particularly those living in rural and coastal areas. Figure one on page 27 of the report pack provided a diagram of the key elements for ageing better in the form of a flower with eight petals, the Committee noted that each of the areas (petals) were connected which was vital for each element to be taken forward.

The report highlighted that Lincolnshire had an ageing population and that projections were that the over 65 population in the next twenty years would increase by more than 40%; and that the over 85 population would double in its projection. There was recognition that people were now living loner and as a result there was a need to change services, to support individuals to age well and to be as healthy as they could.

In conclusion, the Committee were advised of the five recommendations of the report, these were shown on pages 53 and 54 of the report pack. The Director of Public Health advised that he would be having conversations with all stakeholders to ensure that these were taken forward.

During consideration of the Director of Public Health's Annual Report – Adding Life to Years document, the following comments were noted:

- That further consideration was needed to target younger age groups, particularly with regard to preventative measures, for example, avoiding trips and falls, healthy diet, keeping fit and healthy etc. There was recognition that there was more to be done to encourage younger age groups to improve their balance and core strength, and that by removing environmental factors to avoid trips and falls, such as having proper slippers, not having rugs etc. The Director of Public Health advised that there were resources available for individuals to seek help online, and that the Council's integrated lifestyle service 'One You Lincolnshire' was the provider of the falls response. The Director of Public Health agreed to look into providing advice to town and parish councils. One member suggested the process of sharing information could be developed further with community groups identified by officer/members. The Committee noted that NHS online was a useful website, as was the Lincolnshire Connect to Support website;
- It was suggested that the elements on bereavement needed to be widened to include the wider family. There was recognition, that due to societal change, people were living longer and were experiencing loss of friends, and family members. The Committee noted that at the moment the Well-being Service was focusing on the death of a spouse/partner, as there was lots of evidence to say that these individuals were most at risk;
- Reassurance was provided that despite NHS capabilities, what was planned to improve the health and well-being of the older population would be delivered. It was recognised that life expectancy had improved since World War Two, but had stalled recently, and now needed reinvigorating. The Committee noted that health and care needed to be redesigned to take account of what was now required. It was noted

further that the next item on the agenda would highlight what was now needed and how things would be done differently;

- There was understanding that in some cases an individual's life could be more fulfilling if they chose to stop taking some medication or by stopping some treatment to enable them to have a better quality of life. The Committee noted that there was strong evidence that some people would consider this. It was however highlighted that health and care systems were not set up to have conversations about what would be a good quality life to some people, rather than a good clinical outcome;
- It was highlighted that communication with people was vital, and that more consideration needed to be given to the patient being able to choose their preferred method of communication, as not all individuals were able to gain access to the relevant IT, and some conditions warranted a face-to-face appointment. There was realisation that the health and care system needed to be more responsive to an individual's needs. The Committee noted that approximately £2,000 million was spent in Lincolnshire on health and social care services and if more was needed the question would be how that could be funded. This in turn, highlighted the need for a different system. The Committee was advised that the priorities set out in the Health and Wellbeing Strategy and the Integrated Care Strategy would help prevent some of the issues raised with regard to digital technology, personalisation and health inequalities;
- The problems Lincolnshire had regarding funding, being a rural/coastal county, with the National Health funding being based on population. The Committee noted that there was now an index of rural multiple deprivation that took into account delivering services in a large rural, dispersed communities, but this had not yet been adopted by the government, however it was noted that representations were continuing to be made to this effect;
- Some concern was raised regarding housing issues, and the impact this had on an individual's mental health issues. The Committee noted that housing was a key priority for the Joint Health and Wellbeing Delivery Group, which brought together all relevant partners;
- That the third sector role was invaluable and was fundamental to what was being achieved by the Integrated Care System;
- The importance of remaining active and the positive impact that had on an individual's life;
- Confirmation was given that the figures contained on page 51 of the report were the most up to date figures available at that time that were in the public domain; and
- That the recommendation concerning the promotion of subsidised hospital transport and the expansion of the voluntary care scheme (on page 53 of the agenda pack) would be looked at by the system, and that this would be picked up more through the Integrated Care Strategy.

RESOLVED

1. That the annual report of the Director of Public Health – Adding Life to Years be welcomed and that support be extended to the five recommendations as detailed on pages 53 and 54 of the report pack.
2. That the recommendation on promoting subsidised hospital transport and the expansion of the voluntary car schemes be strongly supported by the Committee.

71 JOINT HEALTH AND WELLBEING STRATEGY FOR LINCOLNSHIRE 2024 AND THE BETTER LIVES LINCOLNSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY 2024

Consideration was given to a report from the Director of Public Health, which invited the Committee to consider and comment on the draft Joint Health and Wellbeing Strategy (JHWS) 2024 and the Better Lives Lincolnshire Integrated Care Partnership Strategy 2024 (ICP), prior to their approval and publication in March 2024.

The Chairman invited the Director of Public Health, Lincolnshire County Council (LCC) the Programme Manager Strategy and Development (LCC) and the Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board to present the item to the Committee.

The Committee noted that in Lincolnshire, the County Council shared the same geographical boundary as the Integrated Care Board (ICB), and that this area was the basis for the integrated care system, and as a result there was a requirement to have both a Health and Wellbeing Board (HWB) and an Integrated Care Partnership (ICP) with each being required to publish its own strategy. It was highlighted that the local ambition had been to align the HWB and the ICP by connecting the JHWS and the ICP Strategy to avoid any duplication and gaps. It was highlighted further that each strategy would keep its identity with the JHWS focusing on ‘the what’ for example, the population health and wellbeing priority areas, the evidence in the Joint Strategic Needs Assessment; and the ICP strategy would focus on ‘the how’: the key enablers that the health and care system would focus integration efforts on, to support the delivery of the JHWS and its priorities, and the system’s overarching ambition and aims.

It was reported that the JHWS aimed to inform and influence decisions regarding the commissioning and delivery of health and care services in Lincolnshire as a system, by adopting a life course approach.

The five priorities of the Joint Health and Wellbeing Strategy were detailed on page 63 of the report pack.

It was reported that the Integrated Care Partnership Strategy brought together a system approach to ensure there was more connectivity between statutory bodies, voluntary organisations, social enterprise and the independent sector.

The five strategic enablers identified were shown on page 92 of the report pack. Each of the five enablers were then presented in more detail throughout the strategy, identifying why each one was an enabler, and during delivery what each enabler was going to focus on.

It was highlighted the five strategic enablers would ensure that as a system all organisations could play their part in delivering the collective ambitions. The Committee noted that each enabler had a Senior Responsible Officer and a delivery lead for the system who would support and challenge the system to embed the strategy.

The Committee was advised that the shared ambition was 'For the people of Lincolnshire to have the best possible start in life, and be supported to live, age and die well'.

It was reported that as the two strategies were so linked, they would be published together along with a shared single introduction which was detailed in Appendix A to the report. A copy of the Health and Wellbeing Strategy for Lincolnshire was detailed at Appendix B, and a copy of the Better Lives Lincolnshire – Integrated Care Partnership Strategy for Lincolnshire was shown at Appendix C to the report for the Committee to consider.

During consideration of the two strategies, the following comments were noted:

- Some concern was raised regarding the varied role of carers within care homes and the work pressures they were experiencing. One question asked was whether there was any guidance as to how care homes operated. The Committee noted that the issues around care homes including staffing were known and were being discussed. It was highlighted that the Public Health team had a strong relationship with the Lincolnshire Carers Association (LinCA), who were the umbrella organisation for care homes in Lincolnshire. The Committee noted that from a public health perspective the public health team had a good relationship with care homes. For instance, if there was an outbreak of an infectious disease in a care home, there was a named individual in every care home across Lincolnshire who was the key link person who could contact the public health team for help, and the public health team would then support the care home with a dedicated Health Protection Nurse who would advise on what they should do and provide any support required to minimise risks. It was highlighted that there was guidance for care homes around how they should look after their clients. It was also highlighted that care homes were Care Quality Commission (CQC) inspected and that through general practice and Primary Care Networks, there were linked GP Leads to each care home;
- Some concern was expressed as to how changes in the health and care system would happen as fundamental problems were still present. It was noted that none of the priorities in the HWBS were NHS priorities, they were about physical activity and how they cut across things like built environment, housing and transport. All the priorities were geared to get the best clinical outcomes for patients. Other things highlighted to gain capacity in the system included understanding population need better, by bringing together data and intelligence into one system, which had been mainly achieved. It was however highlighted that it was hoped housing stock data, and prescribing data would be included in the future. The Committee noted that the plan

was already being delivered on and that everyone needed to support the plan for it to work going forward;

- One member expressed some concern regarding the JHWS priority 'Homes for Independence', as it was felt that in certain circumstances some people could become and feel isolated in their own home. A suggestion was put forward that a more appropriate phrase could be appropriate homes, to ensure there was a more tailored solution around care to meet the care needs of the individual. The Committee noted that the title of the priority was a matter for discussion by the Health and Wellbeing Board. There was recognition that when people were independent there could still be an issue of isolation, and that this needed to be balanced;
- One member highlighted that the number of static caravans along the east coast was closer to 40,000, rather than the 25,000-figure quoted on page 71 of the report. It was reported that over 6,000 individuals were registered as permanently living in caravans on the east coast. Of these it was estimated that around 30% of residents had long-standing illness, disability or infirmity and mobility issues which was creating pressure for NHS services and other services locally. Officers advised that the accuracy of the numbers would be verified;
- That the 'Healthy Weight' programme was as the name suggested to encourage people to maintain a healthy weight. It was also noted that someone who was obese could also be malnourished. It was highlighted that public health focused on population changes the majority would benefit from and that could be gained by focusing on maintaining healthy weight and a healthy diet;
- The need to listen more to make sure that more feedback was obtained as to the service customers were receiving and finding out what areas needed further improvements from a customer's perspective. The Committee was advised that the personalisation enabler would help the system collect comments from individuals, to help deliver more personalised care;
- The Committee noted that each enabler would have a Senior Responsible Officer and a delivery lead enabler whose role it was to support and challenge the system to embed the life course approach, which would ensure delivery of the plan. The ICP would then monitor the delivery of the action plan for the enabler. It was noted further that Senior Responsible Officers would report to the ICP on an annual basis;
- One member from personal experience highlighted that some really good work was being carried out within communities already to help older people and more vulnerable people develop, keep active, healthy and be part of a community;
- The Committee was advised that the integrated care system Personalisation enabler would move forward the person-centered approach, and that in moving forward that approach it would crosscut other areas i.e., mental wellbeing and physical wellbeing. It was noted that the personalisation conversation would be around what mattered to the individual, at different stages in their life, as there would be different needs and requirements;
- The important role that charities and voluntary organisations played delivering the priorities was recognised. It was however highlighted that some voluntary organisations were struggling to survive and were now unable to provide services

that were on offer before the pandemic. The Committee noted that there was some information available to support voluntary organisations on the Lincolnshire Connect to Support website;

- Reassurance was provided that both the Joint Health and Wellbeing Strategy 2024 and the Better Lives Lincolnshire Integrated Care Partnership Strategy 2024 linked into the NHS Joint Forward Plan 2023-2028. With regard to the Primary Care Access Plan, it was noted that this was a national strategy, which played a part in the Joint Forward Plan with regard to access to healthcare, and that how services were developed locally to meet the needs of local individuals and local communities was part of the purpose of local strategies;
- Confirmation was provided that it was not expected that there would be any immediate change in approach or new services, as a result of the Mental Health and Dementia priority, as this area was well established; and
- There was recognition that for individuals to be confident with digital working there would have to be a cultural change. This would involve working with individuals to find out how it worked for them on an individual level, and coming up with solutions, recognising that the system will not always get it right first time.

RESOLVED

1. That unanimous support be given to the draft Joint Health and Wellbeing Strategy attached in Appendix B and the five priorities and their rationale for inclusion; and the Better Live Lincolnshire – Integrated Care Partnership Strategy attached in Appendix C and the five strategic ‘enablers’ and the themes supporting each enabler.
2. That a summary of the Committee’s comments be submitted to the Health and Wellbeing Board and the Integrated Care Partnership on 12 March 2024.

72 HEALTH OVERVIEW AND SCRUTINY: REGULATIONS AND GUIDANCE

The Committee considered a report from the Health Scrutiny Officer, which advised of the amendments to the health scrutiny regulations and parts of a new schedule to the National Health Service Act 2006 which had come in to force on 31 January 2024, together with revised guidance for health overview and scrutiny committees, and new statutory guidance for the NHS. The Committee was also asked to agree in principle to a revised protocol being developed between the Committee and NHS Lincolnshire Integrated Care Board. A summary of the main changes were detailed within the report on pages 108 to 109.

It was highlighted that the Health Scrutiny Committee had developed a strong relationship with the NHS Lincolnshire Integrated Care Board (and the NHS Lincolnshire Clinical Commissioning Group prior to this), which had been underpinned by a protocol, which allowed for the Committee to be advised in almost all instances in advance of reconfigurations in ‘borderline cases’. It was hoped that an initial draft of the new protocol would be considered at the Committee’s next meeting on 20 March 2024.

During consideration of this item the following comments were noted:

- Thanks were extended to the Health Scrutiny Officer for his report which summarised the main changes and identified several new roles for the Committee arising from the document entitled 'Reconfiguring NHS Services – Ministerial Intervention Powers';
- Some concern was expressed to the gatekeeper role of the Committee and the potential workload impact this could potentially have moving forward; and the power to refer to the Secretary of State being taken away;
- A question was posed as to whether under the new powers the Committee would be able to refer the matter relating to the poor consultation relating to the Humber Acute Services Review. The Committee was reminded that a decision was yet to be made concerning the proposals arising from the Humber Acute Services Review. The Health Scrutiny Officer agreed to liaise with colleagues administering the Joint Committee; and
- One member suggested that the Committee should make representation to the Secretary of State for Health and Social Care, The Rt. Hon. Victoria Atkins MP expressing the Committee's concerns on the arrangements for the new ministerial intervention powers.

RESOLVED

1. That the following changes that came into effect on 31 January 2024 be noted:
 - (a) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment and Saving Provisions) Regulations 2024;
 - (b) Local Authority Scrutiny – Guidance from the Secretary of State for Health and Social Care;
 - (c) Schedule 10A of the National Health Service Act 2006 (in Part); and
 - (d) Reconfiguring NHS Services – Ministerial Intervention Powers -Statutory Guidance from the Secretary of State for Health and Social Care.
2. That agreement in principle be given to a revised protocol being developed between the Health Scrutiny Committee for Lincolnshire and the NHS Lincolnshire Integrated Care Board, with a view to an initial draft being submitted to the Committee's next meeting on 20 March 2024.
3. That representation be made to the Secretary of State for Health and Social Care, The Rt. Hon. Victoria Atkins MP expressing the Committee's concerns on the arrangements for the new ministerial intervention powers.

73 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 125 to 136 of the report pack.

The Health Scrutiny Officer briefed the Committee on the items for consideration at the 20 March 2024 meeting.

The Committee noted that the item: Use of Planning Mitigation Funding for NHS Facilities would be considered at the 17 July 2024 meeting; and that it was hoped that an update from Lincolnshire Partnership NHS Foundation Trust would be available for the 17 April 2024 meeting.

The Health Scrutiny Officer also advised that some members of the Committee had received an email regarding a meeting taking place at the Priory Hotel, Louth at 7.00pm on Thursday 22 February 2024. Councillor C M Macey advised that he was unable to attend, as he already had other engagements in his diary. Cllr C Morgan advised that she would be attending the meeting and would provide feedback to the members of the Committee.

(Note: Councillor S R Parkin left the meeting at 12:31pm and Cllr L Hagues left the meeting at 12:33pm).

During consideration of this item, the following suggestions/comments were put forward:

- Whether the meeting on 17 April 2024 would go ahead, due to the pre-election period for the Police and Crime Commissioner (PCC) elections. It was highlighted that the Committee's business would not normally be affected by the PCC elections;
- An update on the Stamford Minor Injuries Unit; and
- Availability of Pharmacies. It was agreed that it might be useful to have an item relating to the overview of pharmacy services and prescription medicines.

RESOLVED

That the work programme presented on pages 125 to 136 of the report pack be agreed, subject to the inclusion of the suggestions put forward by the Committee as detailed above.

The meeting closed at 12.41 pm.

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Agenda Item 4

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Report to	Health Scrutiny Committee for Lincolnshire
Date:	20 March 2024
Subject:	Chairman's Announcements

1. Items on Today's Agenda

There are three items which the Committee might have expected on this agenda, but which for the reasons stated are not included today.

United Lincolnshire Hospitals NHS Trust – General Update

An update on a variety of matters from United Lincolnshire Hospitals NHS Trust (ULHT), including elective care and waiting lists, has been deferred to the Committee's next meeting on 17 April 2024. This is because all the senior management at ULHT are involved in the recruitment arrangements for a new Group Chief Executive on 20 March 2024.

As an update from ULHT would have represented a major item of business for the Committee, an item from Lincolnshire Partnership NHS Foundation (LPFT) is now on the agenda instead. This item will consider the issues raised at the Committee's last meeting, as well as other recent developments. I am grateful for LPFT participating in the meeting at short notice.

Decision on Humber Acute Services Review

Between September 2023 and January 2024, the Humber and North Yorkshire Integrated Care Board (ICB) consulted on proposals to transfer services from Scunthorpe General Hospital to Diana Princess of Wales Hospital in Grimsby. The services all related to urgent and emergency (rather than elective) care and were: (i) trauma – for people with injuries requiring specialist care / trauma team; (ii) overnight emergency surgery – for emergency operations overnight or an urgent hospital stay overnight; (iii) some inpatient medical specialities – for heart, lung or stomach conditions; and (iv) overnight paediatric inpatient care – for children and young people who need to stay in hospital for more than 24 hours.

The Humber and North Yorkshire ICB had previously stated that the decision on the future of these hospital services would be made on 13 March 2024. However, the Humber and North Yorkshire ICB has now indicated that a decision will be made at a special meeting of its Board in late May or early June, or even 'at a later date'. This is because of the volume of consultation responses received and the extension of the consultation until 5 January 2024. As a result, this item has been provisionally listed for 12 June 2024.

Protocol Between the Committee and NHS Lincolnshire Integrated Care Board

On 21 February 2024, the Committee considered the new regulations and guidance which apply to health overview and scrutiny committees and integrated care boards, including the guidance on Ministerial Intervention Powers on NHS service reconfigurations. The Committee agreed to the development of a protocol between the Committee and NHS Lincolnshire Integrated Care Board, with a view to the submission of a draft at this meeting. Given the importance of this document, and the need for wider input, this has been deferred to the meeting on 15 May 2024.

2. Information Requested at Previous Meetings

There are two sets of follow-up information, which were requested by the Committee on 24 January 2024.

East Midlands Ambulance Service

On 24 January 2024, the Committee requested additional information on:

- Response Rates for Staff Survey
- Future National Trajectories for percentages of patients treated via 'Hear and Treat' and 'See and Treat'.

Use of Former RAF Scampton Site for Asylum Seeker Accommodation: Impact on Local NHS

On 24 January 2024, the Committee requested additional information following an item presented by a representative from the Home Office on the impact on the local NHS of the proposed use of the former RAF Scampton site as accommodation for asylum seekers.

Information on each of the above will be circulated when it is available.

3. Pilgrim Hospital, Boston – Emergency Department

United Lincolnshire Hospitals NHS Trust (ULHT) has announced that construction of the new Emergency Department at Pilgrim Hospital, Boston, has begun following the demolition of a building next to the existing Emergency Department. This has made way for the new facility. The foundations have been poured and the concrete infrastructure is being installed for the new department, which is due to open in 2026.

4. New Payments for NHS Dentists

As part of the Government's plan to create an additional 2.5 million NHS dental appointments, from 1 March 2024 NHS dentists have been able to receive extra funding for each new NHS patient treated. These payments range from £15 to £50 for treating each new patient, who has not received NHS dental care for two years. The level of payment will depend on the complexity of the treatment provided. The Committee is due to receive an update on NHS dental services in Lincolnshire at its next meeting on 17 April 2024.

5. Care Quality Commission 2023 Maternity Survey

On 9 February 2024, the Care Quality Commission (CQC) published its annual survey of all hospital trusts with maternity units in England. This survey invited women who gave birth during February 2023 to answer questions on their care and treatment at maternity units. Based on responses, the CQC gave each NHS trust a score out of ten for each question of the 24 topic areas, with the higher the score the better. In order to compare each trust with other trusts, the response to each question also received one of the following ratings:

- Much Better
- Better
- Somewhat Better
- About the Same
- Somewhat Worse
- Worse
- Much Worse

Information on four local NHS trusts has been extracted from the CQC's findings, and is set out in Appendix A. Most the findings are categorised as "About the Same", so ratings other than this are highlighted in colour.

At a national level the CQC reported that the results compared to 2022 showed improvement in many areas but represent a downward trend since 2028. The CQC highlighted areas for improvement in the availability of staff; and communications and interactions with staff.

The CQC also found that frequency of contact with the same midwife led to a positive experience throughout antenatal care. Frequency of contact during antenatal and postnatal care also led to a better than average experience.


Full details on the survey, in which 25,515 participated in England, representing a response rate of 41%, can be found at:

[Maternity Survey 2023 - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications/maternity-survey-2023).

CARE QUALITY COMMISSION MATERNITY RESULTS FOR LOCAL NHS TRUSTS

	United Lincolnshire Hospitals NHS Trust		North West Anglia NHS Foundation Trust		Northern Lincolnshire and Goole NHS Foundation Trust		Nottingham University Hospitals NHS Trust	
Number of Respondents	163		244		116		362	
Question Topic	Score Out of Ten	Compared with Other Trusts	Score Out of Ten	Compared with Other Trusts	Score Out of Ten	Compared with Other Trusts	Score Out of Ten	Compared with Other Trusts
Advice on Benefits of Induction	7.5	About the Same	7.5	About the Same	8.0	About the Same	9.0	Better
Advice on Risks of Induction	6.8	About the Same	7.4	About the Same	7.8	About the Same	8.2	Better
Involvement in Decision to be Induced	9.2	About the Same	7.7	Somewhat Worse	8.9	About the Same	9.2	About the Same
Advice at the Start of Labour	8.9	About the Same	8.8	About the Same	9.0	About the Same	8.8	About the Same
Pain Management: Labour and Birth	8.0	About the Same	7.0	About the Same	8.1	About the Same	7.3	About the Same
Partner Involvement: Labour and Birth	9.2	About the Same	9.7	About the Same	8.9	About the Same	9.6	About the Same
Staff Introductions	9.1	About the Same	8.9	About the Same	9.3	About the Same	9.1	About the Same
Not Being Left Alone	8.0	About the Same	7.4	About the Same	8.0	About the Same	8.1	About the Same
Raising Concerns	8.9	Somewhat Better	8.2	About the Same	8.2	About the Same	8.3	About the Same
Attention During Labour	8.7	About the Same	8.4	About the Same	9.1	About the Same	8.6	About the Same
Clear Communication	9.6	About the Same	9.0	About the Same	9.3	About the Same	9.3	About the Same
Involvement in Decisions	8.8	About the Same	8.3	About the Same	8.6	About the Same	8.8	About the Same
Respect and Dignity	9.5	About the Same	9.1	About the Same	9.0	About the Same	9.3	About the Same
Confidence and Trust	9.0	About the Same	8.4	About the Same	8.8	About the Same	8.5	About the Same
Opportunity to Ask Questions	7.0	Somewhat Better	6.3	About the Same	7.4	Better	6.5	About the Same
Medical History	7.5	About the Same	7.3	About the Same	8.6	Better	7.3	About the Same
Kindness and Compassion	9.4	About the Same	8.9	About the Same	9.0	About the Same	9.0	About the Same
Delay in Discharge	6.4	About the Same	5.1	Worse	6.1	About the Same	5.7	About the Same
Attention After Birth	7.9	About the Same	7.8	About the Same	8.2	Somewhat Better	6.9	About the Same
Information and Explanations	8.1	About the Same	7.8	About the Same	8.5	Better	7.1	About the Same
Kind and Understanding Care	8.9	About the Same	8.9	Somewhat Better	8.6	About the Same	8.3	About the Same
Partner Length of Stay	3.5	About the Same	9.2	Better	3.8	About the Same	8.7	Somewhat Better
Pain Management After Birth	8.0	About the Same	7.8	About the Same	7.9	About the Same	7.3	About the Same
Cleanliness of Room or Ward	9.1	About the Same	8.9	About the Same	9.0	About the Same	8.5	About the Same

Agenda Item 5

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Partnership NHS Foundation Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	20 March 2024
Subject:	Lincolnshire Partnership NHS Foundation Trust - Update

Summary:

Lincolnshire Partnership NHS Foundation Trust (LPFT) is the principal NHS provider of mental health services and also provides some learning disability, autism and social care services in the county. LPFT has attended the Committee on several occasions over the last twelve months to provide an update on many of the Trust's services. Most recently sharing some stakeholder updates regarding the continued temporary closure of Lincolnshire's male psychiatric intensive care unit, as well as some work started to review the current high dependency rehabilitation service for females in the county at the Vales in Discovery House.

This report summarises these updates, as well as providing some more brief updates on general waiting times, recruitment and retention and further investment in new services for mental ill health and autism.

Actions Requested:

That the Committee consider the information presented by Lincolnshire Partnership NHS Foundation Trust and decide on any required next steps.

1. Temporary Service Closures

The Hartsholme Centre, Lincolnshire's Male Psychiatric Intensive Care Unit (PICU)

The Hartsholme Centre, Lincolnshire's male psychiatric intensive care unit (PICU) based in Lincoln, has been temporarily closed since October 2022 following an escalation of concerns around available staffing across the adult inpatient and urgent care division and concerns about patient and staff safety.

The Hartsholme Centre was chosen to be closed at the time, as it had an impact on the least number of patients and the highly skilled workforce was able to be redeployed to good effect across the remaining wards for the period of closure.

Since its temporary closure the Trust has made substantial efforts to recruit to our adult mental health wards and has had positive success with stabilising staffing across the division, meaning the Trust was then in a position to safely and sustainably reopen the Hartsholme Centre.

The service was due to be reopened on a phased basis from November 2023 with a new staffing team on the Hartsholme Centre. However, shortly before the work began to remobilise the service, water quality issues were identified during routine water sampling.

Historically, the building that the Hartsholme Centre forms part of, has had previous issues with water quality due to its age and network of water pipes. The presence of legionella bacteria has been tackled in the building previously and required the temporary closure of the site whilst maintenance and cleansing took place. As a consequence, the Trust has robust water management processes in place to manage with regular flushing of systems and water testing to closely monitor.

During the temporary closure of the ward the Trust took the opportunity to undertake some much-needed maintenance and improvements to the bathrooms and water systems which were completed in October 2023. However, as part of the water testing that took place shortly before the planned reopening, significant levels of legionella were detected across the building, including significantly on the ward itself, which meant we could not move to reopen the ward for residential use until the system was cleared.

The Trust, in discussion with commissioners NHS Lincolnshire Integrated Care Board, took the difficult decision to extend the period of closure whilst water cleansing work took place. Several systemwide disinfections, both thermal, and chemical, have since been undertaken and are believed to have improved the situation, but not entirely brought the bacteria to safe levels. It has however had some positive impacts and the issue is now localised to just the ward itself, which will mean the Trust is able to take a more targeted approach.

A new water hygiene risk assessment of the property has taken place, alongside an authorised engineer inspection, and identified further works that can be done and these are being completed as a priority. In the meantime, an enhanced flushing regime remains in place with regular retesting.

Because of the unpredictable nature of Legionella, the team have been unable to identify an exact timescale for how long this cleansing work may take to clear the system and therefore make it safe for reopening. However, based on progress to date, the Trust are now aiming for May 2024. This will be dependent upon the results of further testing.

The Trust has reassurance from the independent authorised engineers that it is doing all it can to tackle the issue as quickly as possible and remain in a position to be able to remobilise the team within four to six weeks once the all-clear is given.

The Board are very aware of the impact this closure is having on patients, their families and staff who are currently redeployed supporting alternative wards across the division. Whilst numbers of patients requiring out of area care have remained small during the temporary closure, between 2-5 male patients at any time, we continue to do all we can to support people as close to home as possible and bring them back to services in Lincolnshire as soon as we are able to. We also remain in regular contact with patients and their families during this time to offer any support we are able to provide.

Manthorpe Unit, Dementia Ward in Grantham and District Hospital

The Trust last presented an update on the continued temporary closure of the Manthorpe Unit in May 2023. The decision at that time had been to extend the temporary closure for a further twelve months to extend and enhance the pilot of dementia home treatment teams and independently evaluate its impact to decide on next steps.

The enhanced teams were fully operational from July 2023 and are continuing to work well and have a positive impact on reducing the number of people requiring hospital care. Anyone still requiring hospital treatment for their dementia continues to receive this at Langworth Ward in Lincoln, and no one has had to travel outside of Lincolnshire for hospital care during the period of closure.

The team undertook further engagement between July and October 2023 to understand any impact of the continued closure and any feedback on the home treatment team to date. As part of this there were no concerns raised about the continued closure and feedback about the impact of Dementia Home Treatment was very positive.

The service is shortly to commence an independent evaluation of this extended pilot with the East Midlands Clinical Senate, as well as a further round of engagement with patients, their carers and family, other supporting agencies and staff to feed into this evaluation exercise. This is expected to take place from May 2024. LPFT then expect to be in a position to discuss potential next steps with the ICB and other key partners in September 2024.

2. Service Reviews

Review of the Vales at Discovery House

Over the past five years the Trust has seen the type of patients being supported on female mental health wards change considerably, with growing complexity meaning some people are needing longer inpatient support.

This has been particularly felt on Lincolnshire's female high dependency rehabilitation ward, the Vales at Discovery House in Lincoln, where over the last five years the types of patients they have been caring for has become more complex, often with complex trauma, personality difficulties and other problems such as eating issues, all of which come with differing needs to those traditionally supported on the ward.

The ward is intended to provide longer ward-based rehabilitation care to those with severe and enduring mental health needs, helping them gain control and understanding of their conditions and supporting them to learn to live as independently as possible again in the future. Whilst all patients being cared for on the ward always receive caring, compassionate, and safe care, the Trust has heard that it is not always fully meeting people's needs and staff are not always feeling fully equipped to adapt their care.

This is not a problem only seen in Lincolnshire and something many NHS trusts nationally are finding. As this trend has continued, both the Trust and our commissioners at NHS Lincolnshire Integrated Care Board (ICB), have agreed that a review is required of our local provision to ensure it can best meet the needs of our service users both now and in the future.

The Trust therefore launched a review of current female rehabilitation provision on the Vales in January 2024, to understand the needs of the patients they are caring for, how the service has adapted over the last five years, what more might be required and any potential gaps in service.

Local engagement started with staff and current patients on the ward and has been widened to other patients who may have had a stay on the ward over the last five years, as well as those who care for them. In addition, the Trust has also been talking to other local services that might refer to, or support the Vales with care and discharge, to understand any wider impacts.

Given the very low turnover of patients on the ward, where people stay on average for two to three years, this phase of engagement has focused on trying to hear the views of around 25 patients and their families/carers who received care during this time.

Whilst we have not been able to directly reach out to patients that have since left our services, we have made every effort to open the engagement opportunities out to our local community to seek feedback. To date this has been very limited other than those patients currently on the ward and local staff, but the Trust continues to make every effort to provide this opportunity to share feedback in a variety of different ways and has had some invaluable feedback from current patients and staff to help inform next steps.

The Trust is continuing to analyse all available data to them, as well as the feedback given to date to understand what next steps may be. Further updates will of course be provided as any options emerge.

3. New services

NHS 111 Mental Health Option

NHS 111 has historically been used to support those seeking help with physical health needs, however from 2 April 2024 people of all ages will also be able to access urgent mental health support through NHS 111 too.

This enhanced offer will enable specially trained mental health clinicians operating in the local area to speak to callers 24/7, discuss their urgent needs and assess the best way to support them. The team will be part of LPFT and calls will be re-routed by the NHS 111 technology to the most appropriate locality team based on where the person is calling from.

Currently in Lincolnshire, people access mental health support via the *Mental Health Matters Helpline*, where dedicated staff provide emotional support and someone to talk to 24/7. If an individual requires urgent care, this is escalated to local crisis teams for support. Those seeking emotional wellbeing and mental health support for children and young people are also able to call the *Lincolnshire Here4You* advice line, which is also open 24/7.

The expansion of NHS 111 enhances this offer further by giving a direct line for those in crisis and requiring more urgent help. The local helplines will remain for emotional support and less urgent signposting. We will ensure that no matter what number people call they will still get to the right service to meet their needs.

The Trust is currently actively recruiting for this new team and has had a very good response. We expect to have sufficient staffing capacity to be able to launch on the national launch date and continue to expand and adapt the service as it embeds.

Virtual Autism Hub

As part of work to increase support for autistic people in Lincolnshire, the Trust has been working with NHS Lincolnshire Integrated Care Board (ICB) to provide a new grant programme for volunteer-led community groups in Lincolnshire that support autistic adults, children, young people, their families, and carers, as well as bring together a hub of information on groups and agencies that could support the autistic community.

The new Virtual Autism Hub officially launches this month, and the specialist autism navigators are already in post and able to start taking enquiries now should anyone need support. These roles work directly with autistic people of any age and their parents/carers/families across the county to help them access statutory services and other local support.

This support is non-clinical and includes advice, signposting to the community groups and services, information about autism and diagnostic pathways, and some practical support with tasks such as filling out forms or accompanying individuals going to their first meetings.

People can find out more about the service at www.lpft.nhs.uk/virtual-autism-hub or by calling 01522 458 588.

Expanded Eating Disorder Support

The Adult Eating Disorders Service is expanding to offer dedicated specialist support for mild to moderate eating disorders, in adults aged 16 and over. Previously, this support has been provided by *Lincolnshire Talking Therapies*. However, as part of the Community Mental Health Transformation Programme and plans to expand the Lincolnshire Adult Eating Disorders (AED) offer, the service will be introducing dedicated specialist support to ensure that eating disorders provision is in line with national standards. People aged under 16 will continue to receive support through the children and adolescent mental health eating disorder service.

From this month, the mild to moderate eating disorders pathway will be gradually rolled out across the county on a phased basis, whilst team recruitment and training is implemented.

The service will work with people who have anorexia nervosa, bulimia nervosa and binge eating disorder, with specialist treatments offered in line with national and NICE guidelines. The service will mostly offer support in the form of guided self-help and group treatment using a cognitive behavioural model. One-to-one appointments will be offered where groups are not suitable.

Initially people registered at GP surgeries in the following primary care network areas can self-refer:

- Lincoln Health Partnership ¹
- IMP ²

This will be rolled-out to all primary care areas in Lincolnshire over the next twelve months. During this roll out, people can still access support via Lincolnshire Talking Therapies.

The aim of the treatment is to support people to understand their eating disorder, regularise their eating where necessary and support them to develop a different way of valuing themselves, as well as different ways of coping.

¹ Lincoln Health Partnership Primary Care Network comprises the following GP practices based in Lincoln: Brayford Medical Practice, Portland Medical Practice, University of Lincoln Health Service, and Newark Road Surgery.

² IMP Primary Care Network comprises the following GP practices, based in Lincoln and the villages north of Lincoln: Abbey Medical Practice, Cliff House Medical Practice, Glebe Park Surgery, Lindum Medical Practice, Nettleham Medical Practice, the Ingham Practice, Welton Family Health Centre, and Willingham-by-Stow Surgery.

4. Recruitment and Retention

The Committee will be aware that staff recruitment and retention continues to be a challenge in local services, as it is in all NHS services across the country. As mentioned above the Trust has had to take some difficult decisions over the last few years as a consequence of available staffing and temporarily close some services such as the psychiatric intensive care unit as a result.

This has been, and continues to be, one of the Trust's main risk areas and significant work has been undertaken to proactively recruit to services in Lincolnshire and find new roles and ways of working to help retain staff working for the organisation. This proactive approach has greatly improved our recruitment status and is starting to stabilise staffing in many areas.

Between April 2023 and December 2023, the Trust had 638 new starters. This figure is expected to hit over 800 for the whole of the 2023/24 financial year and is a significant improvement on the total for the 2022/23 financial year, where there were 460 new starters. Despite the usual turnover of staff and the expansion of services the Trust now has 300 more whole time equivalent staff working in the organisation than previous years. This positive progress is seeing a lessening impact on our adult inpatient wards, as well as some areas where the Trust had seen an increase in waiting times as a consequence of staff vacancies.

Significant work is continuing internally with teams to look at staff retention and the Trust, along with partners across the Lincolnshire NHS system, was recently accredited with national timewise accreditation, which supports organisations to maximise the benefits of flexible working.

There are also a number of areas where new roles are being piloted to try a new way of working that does not rely on more traditional hard to recruit roles.

The Trust is awaiting the full results from its last national staff survey which took place at the end of last year, but preliminary reports show the organisation has made further improvements in the feedback staff provide about working for LPFT and the Trust continues to benchmark very well amongst similar organisations across the country.

5. Waiting Times

Demand on services continues to be significant and whilst the Trust is expanding services to meet demand where it can, and finding different ways of working, there continues to be longer waiting times in some areas than the Trust would like. Much work is being undertaken to increase capacity and productivity to reduce waiting times to target levels, and a greater level of support is now in place to people whilst waiting; for example, family liaison workers in children and young people services and waiting well workers in older people and dementia services.

Child and Adolescent Mental Health Services

Waiting times continues to be a particular challenge in children and young people services and specifically the core children and adolescent mental health services (CAMHS) where there continues to be a sustained increase in the number of children and young people requiring treatment post pandemic. Significant improvements have been made following additional investment and the Trust has seen a reduction in the number of young people waiting over twelve weeks for treatment from 283 people in February 2022 to 130 people in February 2024 (a reduction of 54%).

There are currently 14 young people across Lincolnshire who have been waiting over 35 weeks and each young person has a plan in place to ensure they are supported whilst they wait and that their risks are monitored and responded to in a timely way. Anyone waiting for services also has contact at least once a month from a member of the children and young people's team to monitor any change and share useful guided self-help resources.

Autism Diagnosis

Another area previously highlighted as having high waiting times is the adult autism diagnosis pathway, which saw a large increase in referrals following increased awareness and some backlog due to a pause in assessments taking place during the pandemic. All referrals are risk assessed as they are received and the team prioritise those requests for assessment where there is high risk, or where receiving a diagnosis would significantly impact on the individual's quality of life.

Following significant work to tackle the backlog of assessments following the pandemic, there is now only one adult who has been waiting over a year, and the median waiting time for assessment is currently 13 weeks. The Trust's improvement trajectory ambition had been to reduce the waiting list to 515 people by 31 January 2024, and this has actually reduced to 392 people, which is a positive step forward.

Lincolnshire Talking Therapies

Lincolnshire Talking Therapies continues to consistently achieve the nationally set target of 75% of patients commencing treatment within six weeks and 95% within 18 weeks. The service however is seeing some increase in waits for some specific treatments due to vacancies and higher demand. Recent recruitment has been successful, and the Trust has been outsourcing some treatments to an external provider to support with reducing this wait.

Early Intervention in Psychosis

The Trust has also previously highlighted that there have been some difficulties in meeting two week waiting standards for *Early Intervention in Psychosis* services. After a challenging period for the team, the service is now almost entirely recruited to, and has undertaken some remodelling work and additional investment and now consistently meeting this standard once again.

Adult Community Mental Health Teams

For our adult community mental health teams, we are seeing a variable picture across the county as we continue to develop and implement the community mental health transformation work, with the new aspirational target of a four week wait. 67% of patients are now being seen within this new four-week wait target.

Memory Assessment

For people waiting for a memory assessment the Trust currently measures itself against a target of 18 weeks for first appointments. The service as a whole is seeing people on average within twelve weeks. More work is currently being done to look at how the Trust could provide a dedicated memory assessment service, which would significantly help with managing demand for memory assessments. The service is also introducing new technology solutions such as online virtual assistants and digital pathways for those who wish to use this as an option.

6. Consultation

This is not a direct consultation item.


7. Conclusion

The Committee is requested to consider the report and decide on any required next steps.

This report was written by Jo Walker, Head of Communications and Participation,
Lincolnshire Partnership NHS Foundation Trust

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Agenda Item 6

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Voluntary Engagement Team (LVET)

Report to	Health Scrutiny Committee for Lincolnshire
Date:	20 March 2024
Subject:	Lincolnshire Voluntary Engagement Team

Summary:

This report provides a summary of how Lincolnshire Voluntary Engagement Team (LVET) and Voluntary, Community, Faith, and Social Enterprise (VCFSE) organisations are working within Health and Social Care. It shares key actions, achievements and challenges for LVET and the wider sector.

The sector plays a vital role in key health strategy areas including the delivery of social prescribing and personalisation and creates significant social value despite increasing pressures on delivery costs and increased demand for support.

Actions Requested:

Committee to note the report and the contribution the Voluntary, Community, Faith and Social Enterprise sector make to improving health outcomes in Lincolnshire.

1. Background

Lincolnshire Voluntary Engagement Team (LVET) is a membership organisation made up of Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations. LVET members directly deliver health and social care services, leisure and fitness activities and they also support people to address wider determinants of health including employment, education and training, housing, finance and social isolation and work directly with groups and individuals experiencing significant health inequalities.

2. LVET's Activities

LVET is a vital part of the health and wellbeing ecosystem, providing a link between statutory partners and voluntary and community organisations. Since its inception in 2017 as part of a NCVO [the National Council for Voluntary Organisations] and King's Fund project, LVET has grown and currently has a membership of 139 charities, community interest companies and other 'non-profit' structures all working to address health, care and wellbeing challenges in Lincolnshire. 73% are small to medium organisations and 55% of them are registered charities. Collectively our members have a workforce of over 8,500 people – 3,531 paid and 5,261 unpaid staff.

Since 2020 LVET's core activities have been supported financially by Lincolnshire County Council and the NHS Lincolnshire Integrated Care Board (combined funding of £100,000 per year for three years), though LVET has also brought in additional money to manage specific programmes of activity. Using the Social Value Engine to measure the impact of the core infrastructure work LVET carried out since 2020 suggests that the investment has resulted in an estimated yield of £2.4 million of Social Value. LVET has also supported member organisations to access funding (for example LVET played a role in convening a new partnership between Project Dignity, Every-one, and Tonic Health to access £300,000 of funding) and has levered in an additional £567,000 of funding to deliver or manage contracts itself.

Our 2023 conference, *We're Stronger Together*, was attended by over 150 people representing voluntary, community, faith, social enterprise organisations and a range of partners from across the statutory sector. 80 organisations were represented in the 'marketplace' showcasing the wide range of health and social care support provided by VCFSE organisations.

During its lifetime LVET has enabled the system to respond to significant challenges flexibly and in a timely manner, for example:

- working with Lincolnshire Care Association (LinCA) and VCFSE partners to provide volunteer 'Visitor Hosts' to support Care Homes across Lincolnshire as they re-opened their premises following Covid-19.
- Delivered a Ukraine Refugee Resettlement, Support and Empowerment Programme working in collaboration with partner agencies and community groups, sponsors and refugees to promote mutual aid and community integration.

- Responded to Covid-19 by mobilising staff and volunteers to support a County Vaccination Programme. Over 800 staff and volunteers supported the vaccination programme from a number of voluntary and community sector groups working in collaboration with the NHS and supported by Help My Street delivered 500,255 vaccinations.
- Responded to NHS Acute Care challenges by developing a range of services which promoted hospital avoidance and early discharge through a range of Care Closer to Home and Community support services provided jointly with the Independent Care Sector. Ideas submitted by LVET included: the HART Service; Domiciliary Care Support; Nursing Care Homes – Extended Clinical Support; Hospice Care; Community Connectors and Patient Support Services; Pathway Zero; and High Intensity User – service interventions.

LVET successfully delivers a programme of support to its members, enabling them to access funding, advice and support through monthly member meetings, weekly updates and special events including an annual conference (attended by over 150 people in 2023).

LVET contributes to service redesign through our membership of around 60 working groups, steering groups, and strategic boards. However, these contributions could sometimes be more effective if involvement was timelier and enabled fuller and proper contributions from member organisations.

LVET leads a significant amount of innovation and development activity within the VCFSE Health and Care sector, leveraging in additional money and enabling our smaller member organisations to benefit as well as the larger organisations. In many cases LVET coordinates, leads and manages programmes of support where an impartial countywide organisation was seen as being best placed to coordinate such activity, or where capacity has been lacking within a single organisation. In the past year LVET has:

- Helped drive the personalisation agenda – our chair of Directors, Chris Wheway is the System Responsible Officer for Personalisation and one staff member works within the personalisation team.
- Been central to supporting PCNs and VCFSE organisations delivering social prescribing, working with Health Coaches using the Social RX data management system and led conversations with Population Health Management about ways in which VCSE datasets can help inform our collective health intelligence. By hosting the Social Prescribing development post, we have been well placed to drive the implementation and management of the social prescribing caseload management system (Social RX) used by link workers operating in 14 of the 15 Primary Care Networks.
- Led (or jointly led) delivery of
 - The Lincolnshire Volunteer Programme – working with VCS/LCVS to design and deliver a new volunteer management programme. A great success being inclusion of NHS volunteers into the system. The Lincolnshire Volunteers Programme launched successfully in November 2023 to organisations and January 2024 to potential volunteers. To date, there are 150 organisations signed up with 397 opportunities live, and 221 volunteers registered.

- Peer Network Leadership Programme with The School for Social Entrepreneurs (SSE) and funded by Barrow Cadbury Trust to build a cohort of supportive entrepreneurial peers working within Health and Social Care and leading to a network of leaders and ambassadors working within resilient VCFSE organisations.
- The Research Engagement Network – a NHS England funded programme (£100k) working with system partners, VCSE colleagues (Every-One, HWLincs, YMCA) and University of Lincoln to improve communities access and involvement in health research.
- Worked with the Lincolnshire Integrated Care Board (ICB) to launch the first Health Inequalities VCSE Grant Fund - making £85,000 available for VCFSE Organisations and projects working with 'Core20Plus5' populations and key inclusion groups. We are using the Social Value Engine (SVE) to measure the Social Value of the grant programme.
- Bought ten convenor licences for the Social Value Engine (SVE) to support our members to evidence their impact and value individually and collectively. A small number of members are currently trialling the use of the SVE.
- Brought an innovative digital mapping tool to the county. [Understory](#) was trialled in two communities, Horncastle and Spalding to understand better how people and groups are connected. This has been picked up by the Channel 3 team carrying out the system wide Digital Review.
- Coordinated two NHS Charities Together funded projects related to supporting people experiencing Long Covid or Post Covid illness and also with informal carers working in the NHS – key health and social care challenges.
- LVET is building leadership capacity and resilience within VCSE organisations through negotiating access to learning opportunities through One Workforce and, on behalf of the Social Economy Steering Group through funding from Barrow Cadbury Trust.
- Acted as a thought leader and strategic lead for the sector contributing to key strategic documents including the new Lincolnshire Joint Health and Wellbeing Strategy 2024 and also enabling key strategies and developments to be shared with our members including Devolution and The Suicide Prevention Strategy.

LVET provides members the chance to share their challenges and struggles, not only as LVET but also as part of the VCSE Alliance and Involving Lincs. Key challenges to note, and which we are looking to address with system partners, include:

- Increased delivery costs within fixed value contracts
- Short term, low value funding
- Staff and volunteer burnout
- Staff and volunteer recruitment and retention (including Trustee recruitment)

3. The Future

We are pleased that LVET’s role and successes since its inception in 2017 has been recognised through continued financial support from the Integrated Care Board and Lincolnshire County Council with a five-year agreement. This signals Lincolnshire’s commitment to collaboration with the sector and the system maturity of planning for sustainable investment in the sector.

LVET’s future role may be even more pivotal in driving transformation. Our direct links with communities, through our wide membership, means we can play a central role in

- **health creation** – enabling communities to take responsibility to stay healthy.
- **health prevention** – especially around the management of long-term health conditions and ‘waiting well’
- **workplace health** – the VCSE in Lincolnshire has a large paid and voluntary workforce. LVET’s members alone employ over 8500 people in paid and unpaid roles – we can help them to live well.

Through our future activities and programmes of support we will

- act as a lead partner for our members, helping them to organise and coordinate new programmes, products or services.
- help Health and Social Care VCFSE organisations in Lincolnshire to innovate or demonstrate how they can deliver more effective support.
- work with other infrastructure organisations and system partners to create the conditions in which Health and Social Care VCFSE organisations in Lincolnshire can thrive. This might include managing ‘test programmes’ with a clear handover to a long-term delivery partner.

We have just revised our strategic objectives. They are set out in the table below.

The Big Why	Four strategic goals for 2024 and beyond	<i>To achieve these goals we will</i>
LVET exists to provide strategic representation for Health and care VCFSE organisations. We are a vital component in creating healthy communities that care for each other, independent of and integral to a strong Health and Social Care system.	Advocate for the sector (LVET is a strategic voice for Health and Social Care VCFSE organisations in Lincolnshire)	Influence Lead Create Connect

The Big Why	Four strategic goals for 2024 and beyond	To achieve these goals we will
For many years VCFSE organisations have provided support to individuals, families and communities, helping them live their lives well. They are trusted and valued and are a vital part of the Health and Care system. We need to 'stand on our own two feet' so we can continue to play a role.	Build resilience (LVET supports the development of resilient Health and Social Care VCFSE organisations in Lincolnshire)	Educate Support Grow
We can do more if we work together – not only with our colleagues in VCFSE organisations but across public and private sectors too.	Connect and Communicate (LVET helps Health and Social Care VCFSE organisations in Lincolnshire work with others to achieve more.)	Coordinate Facilitate Support collaborative action
As businesses with a purpose VCFSE organisations have not always been good at sharing what they do. We will change this so that our members are known for the difference they make in Lincolnshire.	Demonstrate Impact and Value (LVET can tell the story of the impact of Health and Social Care VCFSE organisations in Lincolnshire)	Educate Tell stories Collect Share

Challenges currently faced by our members relate to increased demand, increased delivery costs, increased competition for contracts and grant funding, the 'cost of giving crisis' (so named by National Council for Voluntary Organisations), volunteer recruitment and retention. We continue to work with members and in collaboration with other voluntary sector umbrella organisations to build resilience and seek innovative solutions to these challenges which are mirrored across the country.

4. Consultation

This is not a direct consultation item.

5. Key Strategy Documents

The work of LVET and of the wider VCFSE is closely linked to:

NHS Lincolnshire Joint Forward Plan 2023-28
Lincolnshire Joint Health and Wellbeing Strategy 2024
Lincolnshire Joint Strategic Needs Assessment

External strategy documents and reports of relevance include:

Filkin et al, July 2023, *A Covenant for Health: Policies and partnerships to improve our national health in 5 to 10 years* <https://medium.com/@Covenantforhealth/report-990529772639>

Locality, June 2023, *Going further together. The role of VCSE organisations in neighbourhood health ecosystems.* <https://locality.org.uk/reports/going-further-together>

6. Conclusion

Central government policy, NHS England and local health strategies all recognise the importance of strong local 'economies' of VCFSE organisations in the delivery of effective Health and Social Care. Improved health outcomes are a system responsibility and LVET seeks to ensure that the VCFSE part of the system is well positioned to support the Lincolnshire population.

Since its inception in 2017 LVET has grown and currently has a membership of 139 VCFSE organisations working to address health, care and wellbeing challenges in Lincolnshire. Collectively our members have a workforce of over 8,500 people – 3,531 paid and 5,261 unpaid staff.

LVET leads a significant amount of innovation and development activity within the VCFSE Health and Care sector, leveraging in additional money and enabling our smaller member organisations to benefit as well as larger organisations, often coordinating and managing programmes of support where an impartial countywide organisation was seen as being best placed to coordinate such activity.

Since 2020 LVET's core activities have been supported financially by Lincolnshire County Council and the NHS Lincolnshire Integrated Care Board (combined funding of £100,000 per year for three years) though LVET has also brought in additional money to manage specific programmes of activity. Using the Social Value Engine to measure the impact of the core infrastructure work LVET carried out since 2020 suggests that the investment has resulted in an estimated yield of £2.4 million of Social Value. LVET has also supported member organisations to access funding and has levered in an additional £567,000 of funding to deliver or manage contracts itself.

We are pleased that LVET's valuable future role and past successes have been recognised through financial support from the Integrated Care Board and Lincolnshire County Council with a new five-year funding agreement and we are excited to be able to ensure VCFSE organisations across Lincolnshire continue to be active contributors to the delivery of the Better Lives Lincolnshire ambitions and aims.

7. Appendices

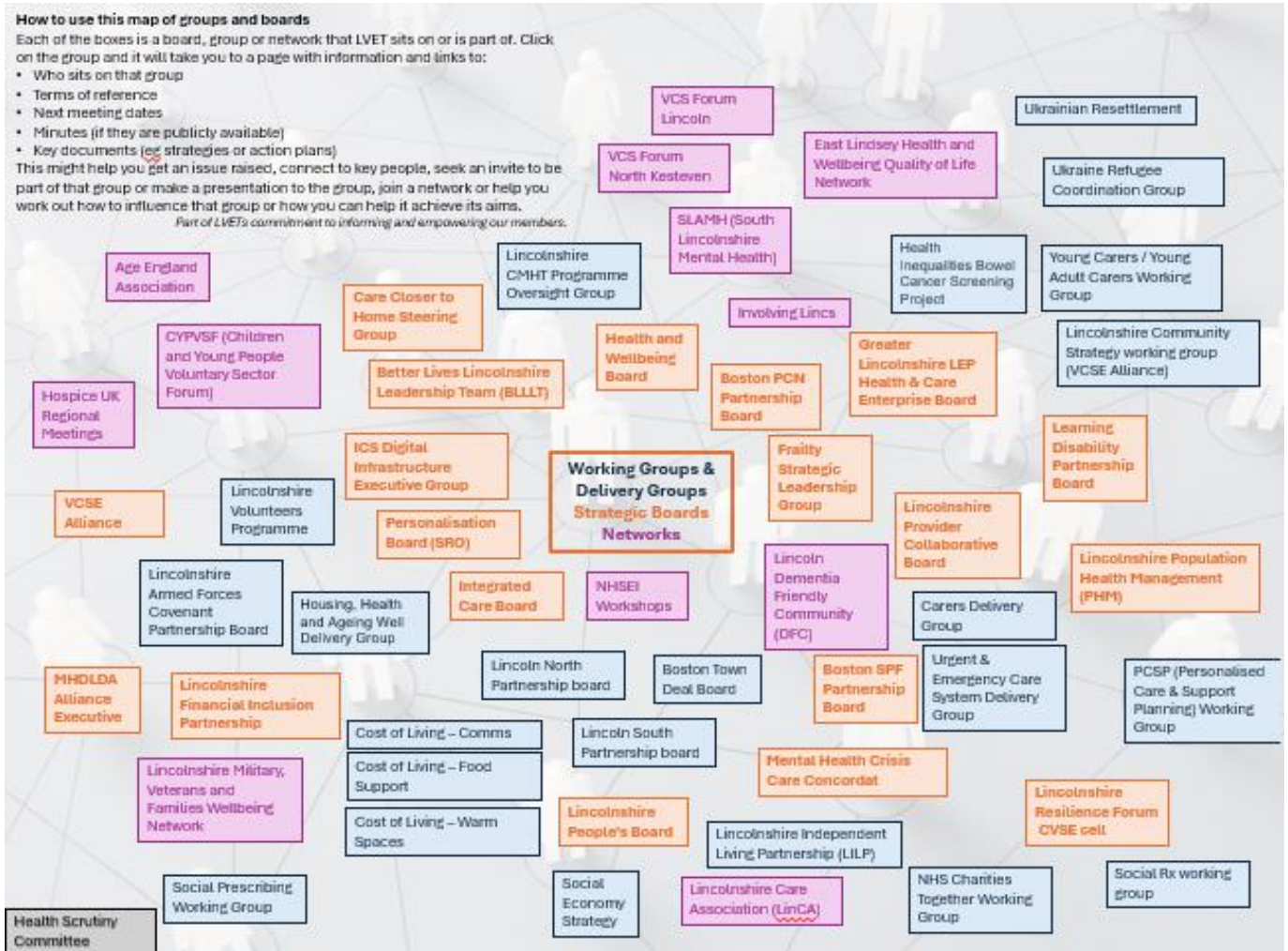
These are listed below and attached at the back of the report	
Appendix A	Map of boards, working groups and networks that LVET sits on.

8. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Paul Gutherson who can be contacted via paul.gutherson@lvet.org

Map of Boards, Working Groups and Networks that LVET sits on.



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Agenda Item 7

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Hannah Coffey, Chief Executive,
North West Anglia NHS Foundation Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	20 March 2024
Subject:	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

Summary:

This report provides an update on both clinical and estates developments at Stamford and Rutland Hospital since the last report the Health Scrutiny Committee members in early 2023.

It includes the latest information on the development of a Day Treatment Centre on the Stamford site, and how this will enable the Trust to treat more day case patients closer to home, alongside the delivery of outpatient appointments and diagnostic services, as set out in its clinical strategy. The report also describes the Trust-wide activities taking place to reduce waiting times for all patients of North West Anglia NHS Foundation Trust.

Actions Requested:

The Committee is asked to note the contents of the report.

1 Background

- 1.1 North West Anglia NHS Foundation Trust provides acute care from three main hospital sites in Peterborough, Stamford and Huntingdon, and delivers outpatient and radiology services at three smaller sites in Doddington, Wisbech and Ely. The Trust employs 7,355 substantive staff and a further 800 bank-only workers fulfilling more than 300 roles. Some 120 staff members are based at the Stamford and Rutland Hospital site.
- 1.2 Approximately 20% of the total patient activity for the Trust comes from the NHS Lincolnshire Integrated Care Board (ICB) area. The Trust is working with Lincolnshire ICB to develop and improve services that meet the needs of the Lincolnshire population, using the Stamford Hospital site to offer more people access to care that is closer to home.

2 Stamford and Rutland Hospital Site Strategy

- 2.1 The Trust has worked with clinicians, partners, and patient representative groups to develop a clear vision to meet the needs of the South Lincolnshire and Rutland population by working with community providers to deliver low complexity care close to home in a calm environment. The Trust's clinical strategy was launched in 2022 with the aim of providing more day-case services on the site – including chemotherapy and other cancer treatments, expanded diagnostics, new ophthalmology clinics and pain injection services.
- 2.2 This will be developed further in 2024 by the construction of a new Day Treatment Centre for the site – further details are shared on this at section 3 of this report.
- 2.3 As part of the clinical strategy, an Outpatient Improvement Programme has commenced, with the aim of improving outpatient appointment waiting times for patients. This work is focused upon key performance indicators, as set out in the NHS Oversight Framework 2023, with the objective of reducing Follow Up activity, Increasing Patient Initiated Follow Up (PIFU), and use of virtual appointments. In addition, there are key metrics focusing on operational efficiency to optimise the utilisation and space and creating additional capacity.
- 2.4 Progress to date includes a review of the booking process and redesign of some planning activities driven through the Stamford Outpatients Transformation Working Group. More information on the Trust-wide improvement programme is set out at point 5 of this report.

3. Day Treatment Centre Proposal

- 3.1 The Trust has commenced a significant project to create a new Day Treatment Centre on the Stamford and Rutland Hospital site. The £18 million project represents the largest investment in the site for many years.
- 3.2 Planning permission has been sought from South Kesteven District Council and a decision is expected in May 2024. The scheme, which the Trust plans to build on the site of the former nurses' home, to the right of the main entrance to the hospital, is expected to open in early 2025, subject to planning permission being granted.

- 3.3 The proposed two-storey treatment centre will include three specially-equipped treatment rooms, which is an increase on current day case facilities. This supports the Trust’s strategic objective of increasing activity to meet population demand for day case procedures. It will also provide three cabin-style changing rooms with ensuite facilities and two recovery bays. Day surgery cases comprising dermatology, urology, trauma and orthopaedics and pain management will be delivered in the new facility.
- 3.4 Currently, day case procedures are carried out in the theatre wing of Stamford and Rutland Hospital – namely the Dronfield Suite and Greenwood Ward. There are a number of issues that impact upon the patient and staff experience in the current accommodation. These are:
- Presence of Reinforced Autoclaved Aerated Concrete (RAAC), which signals significant structural concerns;
 - Non-compliance with Health Building Notes and estates standards; and
 - Underutilisation of the clinical space.
- 3.5 The Trust’s proposal to create the new Day Treatment Centre will fully eradicate RAAC from the Stamford and Rutland Hospital site and meet the Government’s pledge to remove RAAC from all hospital sites by 2030.



Proposed Day Treatment Centre at Stamford and Rutland Hospital

4 Sale of Unused Land on Stamford and Rutland Hospital Site

- 4.1 In April 2019, the Trust offered for sale land at the west end of the hospital site that was unused and surplus to future requirements. A preferred bidder was engaged but then withdrew before the completion of the process. The Trust then decided to re-market the site in 2023.
- 4.2 The marketing and bid evaluation phases have now been completed, and the Trust has accepted an offer from a local developer. The sale is expected to complete in Spring 2024. The money received from the sale will support the ongoing investment in the site to improve patient services and patient experience.

5 Reducing Waiting Times for Patients

- 5.1 Waiting times for patients have been impacted by a number of factors over the past few years – particularly; increased urgent and emergency care activity, delays to care as a result of industrial action and, in some cases, the ongoing legacy of the Covid-19 pandemic.
- 5.2 The Trust is working with staff and local system health and social care partners to improve the experience for both emergency and planned care patients – particularly to reduce the time they wait for care or treatment.
- 5.3 In December 2023, the Trust launched its *Back on Track* initiative to staff. This is a trust-wide focus on urgently improving performance in three key areas that create the greatest challenge to patient care. These are:
- Cancer care
 - Elective care
 - Urgent/emergency Care and patient flow
- 5.4 The first eight weeks of the programme focussed upon urgent and emergency care to correspond with the anticipated peak in demand during December and January. Work to improve elective and cancer care waiting times has also started within our trust and will focus upon key workstreams to reduce our backlog and improve our productivity across our sites. *Elective Improvement Huddles* started in mid-February and *Cancer Huddles* that focus upon our most challenged tumour sites started in January.
- 5.5 The initiative has brought teams together in daily huddles to plan ahead, identify issues, and use the opportunity of having key department representatives available to resolve any operational issues on the spot. It has demonstrated the value of teamwork and collaboration across our clinical and corporate divisions to support our patients' journeys through our hospitals. Our staff are working differently and driving improvements using their collective clinical knowledge and skills.

- 5.6 Our focus will remain on making sustainable improvements to the emergency care pathway over the coming months, meaning patients will receive the right care in the right place at the right time, eliminating waits in crowded emergency departments and delays to leaving hospital.
- 5.7 At the same time, we are redoubling efforts to meet the national NHS standards of reducing waiting times for cancer and elective care patients with our Improvement Huddles. The focus for 2023-24 has been on patients waiting over the 62-day standard for cancer treatment and elective patients waiting longer than 65 weeks for their procedure.

6 Consultation

This is not a consultation item.

7 Conclusion

The Committee is asked to receive the update on both clinical and estates developments at Stamford and Rutland Hospital.


8 Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Mandy Ward, Associate Director of Communications and Engagement, NWAFT.

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Agenda Item 8

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

**Open Report on behalf of Andrew Crookham,
Deputy Chief Executive and Executive Director - Resources**

Report to	Health Scrutiny Committee for Lincolnshire
Date:	20 March 2024
Subject:	Arrangements for the Quality Accounts 2023-2024

Summary

The Health Scrutiny Committee for Lincolnshire is invited to consider its approach to the *Quality Accounts* for 2023-24 and to identify its preferred option for responding to the draft *Quality Accounts*, which will be shared with the Committee by local providers of NHS-funded services.

Actions Required:

- (1) To determine which draft *Quality Accounts* for 2023-24 from the local providers of NHS-funded services where the Committee would wish to make a statement.
- (2) To consider the arrangements for drafting statements in response to *Quality Accounts* for 2024.

1. Legal Framework for *Quality Accounts*

The legal framework for *Quality Accounts* requires each significant provider of NHS-funded services to submit their draft *Quality Account* to:

- their local health overview and scrutiny committee;
- their local healthwatch organisation; and
- their relevant clinical commissioning group.

The regulations define 'local' as the local authority area, in which the provider has their principal or registered office. Whilst there is a requirement for local providers to submit their draft *Quality Account* to their local health overview and scrutiny committee, there is no obligation on such a committee to make a statement in response.

2. **What is a *Quality Account*?**

The content of a *Quality Account* is prescribed by regulations and must include:

- three or more **priorities for improvement** for the coming year;
- progress on the **priorities for improvement** in the previous year; and
- details of:
 - the types of NHS funded services provided;
 - any Care Quality Commission inspections;
 - any national clinical audits;
 - general performance and the number of complaints; and
 - mortality-indicator information.

Statements need not be limited to the content of the draft *Quality Account*, but could also reflect the views of the Committee on the quality of services provided during the course of the year by the provider. Each provider's final *Quality Account* has to be published by 30 June each year.

No Financial Content

The term *Quality Account* has been used by the Department of Health and Social Care since 2010 and has caused some confusion. For the purposes of clarity, a *Quality Account* does not focus on finances, but represents an account of the quality, as opposed to an account of the finances, of a particular organisation. Overall financial information on a particular trust is found in their annual report and accounts.

Organisations Required to Prepare a *Quality Account*

Organisations are required under the Health Act 2009 and the Health and Social Care Act 2012 to produce *Quality Accounts* if they:

- deliver services under a standard NHS contract, commissioned by an integrated care board or by NHS England; OR
- have over 50 members of staff and income from the NHS greater than £130,000 per annum.

Organisations providing primary care, such as GP practices, NHS dentists, community pharmacies and high street optometrists, are specifically excluded from this requirement. Providers of NHS continuing care are also exempt.

3. What Should a Statement on a *Quality Account* Cover?

The Department of Health and Social Care has previously issued guidance to those making statements to focus on the following questions: -

- Do the priorities in the *Quality Account* reflect the priorities of local people?
- Have any major issues been omitted from the *Quality Account*?
- Has the provider demonstrated involvement of patients and the public in the production of the *Quality Account*?
- Is the *Quality Account* clearly presented for patients and the public?
- Are there any comments on specific issues, where the Committee has been involved?

The Health Scrutiny Committee is entitled to make a statement (up to 1,000 words) on the draft *Quality Account*, which has to be included in the final published version of the *Quality Account*.

4. National Review of Arrangements

In 2023, NHS England commissioned a review of *Quality Accounts* to determine how they could be improved and updated. The outcome of this review has not been published, so the previous arrangements are expected to continue for the *Quality Accounts* for 2023/24.

5. *Quality Account* Arrangements in 2023

In 2023, the Committee agreed to provide statements on the draft *Quality Accounts* for the following four providers and established a working group for this purpose:

- East Midlands Ambulance Service NHS Trust
- Lincolnshire Community Health Services NHS Trust
- Northern Lincolnshire and Goole NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust

As the requirement to share the draft *Quality Account* is stated in the regulations, other local providers have continued to share them, and their receipt is acknowledged by the Chairman on behalf of the Committee. A summary of the 2023/24 priorities in the *Quality Accounts* of the local NHS providers is set out in Appendix A.

6. Handling *Quality Accounts* in 2024

In previous years, the Committee has referred to information on Care Quality Commission (CQC) inspections and overall ratings as a guide on whether to select a particular provider's *Quality Account* for consideration. However, the CQC is currently introducing its new single assessment framework for all providers. This has meant that while CQC activity and monitoring of NHS providers has continued, there have been no changes to the overall heading inspection rating. This is included for the Committee's information in Appendix B.

The Committee is also asked to consider the summary of 2023/24 priorities in Appendix A, in order to inform its decision on which *Quality Accounts* to make a statement in 2024.

Other Health Overview and Scrutiny Committees

Three of the providers have their principal office located outside the administrative county of Lincolnshire. Two of the acute hospital providers, Northern Lincolnshire and Goole NHS Foundation Trust and North West Anglia NHS Foundation Trust, have been and continue to be willing to share their draft *Quality Accounts* with this Committee. Northern Lincolnshire and Goole NHS Foundation Trust would also expect statements on their draft *Quality Account* to be provided by the health overview and scrutiny committees from North Lincolnshire, North East Lincolnshire and the East Riding of Yorkshire. Similarly, North West Anglia NHS Foundation Trust would expect statements on their draft *Quality Accounts* to be provided by the health overview and scrutiny committees from Cambridgeshire and Peterborough.

Although the principal office of the East Midlands Ambulance Service (EMAS) is located in the City of Nottingham, EMAS shares its draft *Quality Accounts* with all twelve health overview and scrutiny committees in the area where it operates.

7. Arrangements for Making Statements in Response to Draft *Quality Accounts*

If the Committee were to choose to make statements on draft *Quality Accounts*, it could use one or both of the following options:

- working group arrangements (held virtually, potentially with representatives of the provider in attendance); or
- the circulation of draft *Quality Accounts* on email, with a request for comments to be sent by email.

8. Conclusion

The Committee is invited to consider the arrangements for the *Quality Account* process for 2023-24. This includes the Committee making a decision on which *Quality Accounts* it would wish to review, and to consider whether to set up a working group.

9. Consultation

This is not a consultation item. However, as part of the annual *Quality Account* process, the Health Scrutiny Committee for Lincolnshire is entitled to make a statement up to 1,000 words on the content of each local provider's draft *Quality Account*.

10. Appendices

These are listed below and attached to this report.

Appendix A	Quality Accounts 2022-23 – Summary of the Priorities of the Main Providers of NHS-Funded Services for Lincolnshire Residents
Appendix B	Table of Recent Care Quality Commission Ratings for Main Local Providers

11. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, who can be contacted on 07717 868930 or Simon.Evans@lincolnshire.gov.uk

**SUMMARY OF THE PRIORITIES FOR IMPROVEMENT FOR 2023/24
OF THE MAIN PROVIDERS OF NHS-FUNDED SERVICES IN THE QUALITY
ACCOUNTS**

East Midlands Ambulance Service NHS Trust

Priorities for Improvement for 2023/24

- (1) To work with the National Ambulance Service Patient Experience Group to develop a **metric to enable measurement of dignity and compassion**.
- (2) To continue to promote the safe and appropriate use of **alternatives to emergency departments** by ensuring that our staff have the necessary knowledge, skills, experience and confidence to do so. This will include ensuring that staff have digital access to shared records and to senior clinical support where required.
- (3) To improve performance against the nationally reported **ambulance system indicators and clinical outcomes**, with a particular focus on cardiac arrest. This will be done via a robust audit programme, effective clinical leadership, sharing learning and implementing improvement strategies.
- (4) To continue to **learn from when things go well as well as when they go wrong**, ensuring that learning is shared both internally and externally to improve the quality of care provided to patients. The Trust will work collaboratively with partners to identify and mitigate risks across the system, in particular those associated with hospital handover delays and resulting delayed responses and implement the Patient Safety Incident Response Framework, once published.
- (5) To improve the timeliness and efficiency of **managing safeguarding referrals** raised by staff, by fully automating the referrals process ensuring that relevant third parties are alerted in real time.

The quality account for 2022/23 is available at the following link:

<https://www.emas.nhs.uk/about-us/trust-documents/>

Lincolnshire Community Health Services NHS Trust

Priorities for Improvement for 2023/24

- (1) **Delegation of Insulin Administration** - To increase the number of suitable healthcare support workers competent to administer insulin safely within community settings. The numbers of healthcare support workers undertaking and successfully completing the competency training will be monitored by a working group which will set a trajectory for the implementation of this priority.

This priority was included because Diabetes UK has stated that these are challenging times and now more than ever, entrusting insulin administration to others will give the frontline workforce greater flexibility and promote skill mix. Safely delegating the administration of insulin to healthcare support workers will release registered nurses elsewhere. Delays in delivering insulin can thus be avoided.

- (2) **Care of Falls Patients with Possible or Evident Head Injury** - To review and refresh the pathway of care for patients with a possible or evident head injury following a fall to make sure this follows the most current evidence-based guidance. Datasets will be developed to monitor whether patients who fall and sustain a potential or evident head injury are receiving the appropriate care and where this is not the case, mitigating actions will be put in place.

This priority was included because falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year. Although most falls result in no serious injury, the incidence of falls in hospitals is two to three times greater than that in the community. Head injury most commonly occurs as a result of falls from standing height in older adults who are often frail and multi-morbid.

- (3) **Patient Engagement in the Patient Incident Investigative Process** - To develop a range of options to increase informed involvement of patients and their families/carers in incident investigation. The Trust will measure whether patients/carers have been offered the opportunity to take part in the early investigative process. This will be done by assessment of the investigations recorded.

This priority was included because involving the people is fundamental to bringing about patient safety improvements and this is a priority across the NHS. People now have a greater expectation that they will be involved in their care and in ensuring it is safe but are not always aware of how this can be done.

The quality account for 2022/23 is available at the following link:

<https://www.lincolnshirecommunityhealthservices.nhs.uk/about-us/our-publications/quality-accounts>

Lincolnshire Partnership NHS Foundation Trust

Priorities for Improvement for 2023/24

- (1) **Safer Management of Self Injury and Suicide**
- (2) **Improving Physical Healthcare, including Falls**
- (3) **Safe and Appropriate Restrictive Practice**
- (4) **Improving Patient Experience and Safety**
- (5) **Improving Carer Involvement.**

Each of the above has one or more mandated indicator, for example for (3) there is a mandated indicator to reduce the number of physical restraints across all in-patient wards by 10%.

The five quality improvement priorities were selected by taking account of several sources of information, which included the following:

- CQC inspection 2020 and Mental Health Act Visits feedback.
- National patient and staff surveys.
- NHS England reporting requirements.
- Commissioner requirements and feedback.
- Serious incidents, complaints, coroner and serious case review feedback (local and national).

Progress to achieve the quality priorities for 2023/2024 will be monitored through the Operational Performance and Governance Group; and reported quarterly in their Divisional reports to the Patient Safety and Experience Committee.

The quality account for 2022/23 is available at the following link:

<https://www.lpft.nhs.uk/about-us/accessing-our-information/annual-reports-and-accounts>

Northern Lincolnshire and Goole NHS Foundation Trust

Priorities for Improvement for 2023/24

- (1) **End of Life:** To improve personalised palliative and end of life care to ensure patients are supported to have a good death.
- (2) **Deteriorating Patient:** Improved recognition and responding to the deteriorating patient in patients age 16+.
- (3) **Sepsis:** Improved recognition and responding to sepsis in patients.
- (4) **Medication safety:** To improve the safety of prescribing weight dependent medication to adults.
- (5) **Mental capacity:** Increase the compliance and quality of Mental Capacity Act (MCA) assessments and best interest recording.

Quality priorities for 2023/24 were developed in accordance with the Trust's quality strategy and drawing on information from a wide range of data sources including complaints, incidents, inquests, litigations, structured judgment reviews, clinical audit, risk registers, staff, and patient surveys. A long list of potential quality priority topics was developed and formed the basis of a survey that was shared with all staff, the Trust Governors, stakeholders including Healthwatch, Humber and North Yorkshire Integrated Care Board and local residents and service users through the Trust's communications and social media channels.

Analysis of the survey feedback resulted in a short-list of quality topics, which were considered by a workshop, which engaged with people from all disciplines. The outcomes were refined by the Trust's Quality and Safet Committee, and the Trust Board.

The quality account for 2022/23 is available at the following link:

<https://www.nlg.nhs.uk/resources/quality-accounts/>

North West Anglia NHS Foundation Trust

Priorities for Improvement for 2023/24

- (1) **Promoting Equality and Addressing Health Inequalities** – To increase use of remote interpreting throughout the Trust by 5%
- (2) **Emergency Preparedness, Resilience and Response** - To meet National Minimum Occupational Standards.
- (3) **Mortality** – To improve the Hospital-Standardised Mortality Ratio at Peterborough City Hospital.
- (4) **Patient Safety Incident Response Framework** –
 - To implement and embed Patient Safety Incident Response Framework.
 - To ensure all staff have completed the Patient Safety Syllabus training.
- (5) **Infection Prevention and Control**
 - To reduce MRSA with the aim of zero infections.
 - To reduce hospital apportioned clostridium difficile cases by 10%.
- (6) **Safer Maternity Care** - To improve staff rates by substantive recruitment to vacancies by end of quarter 3.
- (7) **Patient, Staff and Family Engagement following a Patient Safety Incident** – To engage patients, staff and families following any patient safety incident
- (8) **Maternity** – To embed the woman’s voice in all care.
- (9) **Feedback from Minority Groups** – To increase feedback from under-represented groups, such as the blind patients, deaf patients, and patients with learning disabilities.
- (10) **Care Quality Commission**
 - To embed the CQC’s single assessment framework.
 - To deliver actions from CQC inspection of maternity services in 2023.

The quality account for 2022/23 is available at the following link:

[Publications Schemes and Documents | NW Anglia Website \(nwangliaft.nhs.uk\)](#)

United Lincolnshire Hospitals NHS Trust

Priorities for Improvement for 2023/24

- (1) **Implementation of our ‘you care, we care to call’ programme across 38 wards** - an initiative for proactively calling relatives to update them, to demonstrate how the Trust listens to patients and improve care based on feedback of lived experience, and to ensure the Trust makes carers and patients feel valued as partners in care.

This priority was selected as part of the strategic objective to enhance the patient experience by learning from patient feedback, with a specific focus on access, flow and the discharge of patients.

- (2) **Improve clinical effectiveness and best practice principles by prioritising cardiovascular pathways** – The Trust has had a significant echocardiography backlog, so by choosing to focus on cardiovascular pathways it is hoped that this can be improved.

This priority was selected because it is part of the strategic objective to enhance clinical effectiveness by ensuring that care delivered to patients is evidence based, best practice leading to improved clinical outcomes, ensuring that we prioritise those areas with higher harmful incident rates. In addition to the echocardiography backlog, the first specialty review completed was cardiology, and also stroke is a core part of the Acute Service Review. Furthermore, echocardiography backlogs have been listed on the Trust’s risk register.

- (3) **Maximise safety of patients in our care, through learning from incidents** – This priority aims to:

- reduce incidents resulting in harm relating to medication incidents/omission.
- reduce incidents resulting in harm relating to diabetic keto-acidosis
- reduce incidents resulting in harm which occur in emergency departments
- reduce incidents resulting in harm relating to falls.

This priority was selected because it aligns with the strategic objective of enhancing patient safety by learning from incidents, ensuring alignment to those areas highlighted by the Clinical Governance Team. Some of these areas are priorities outlined in divisional integrated improvement Plans or have seen an increase in the number of incidents causing harm in the specific area, and are aligned to areas which have been highlighted as a Trust priority, such as medication management and diabetic ketoacidosis.

The quality account for 2022/23 is available at the following link:
[Annual reports and plans - United Lincolnshire Hospitals \(ulh.nhs.uk\)](https://www.ulh.nhs.uk/annual-reports-and-plans)


CARE QUALITY COMMISSION – OVERALL RATINGS

In the table below is a list of the main local providers of NHS-funded services, with the latest CQC rating and the date of the most recent CQC report. The CQC is currently introducing its new assessment framework for all providers. This has meant that while CQC activity and monitoring of NHS providers has continued, there have been no changes to the overall heading inspection rating. As a result, several of the latest ratings are from 2019 or earlier.

Provider	Current CQC Rating	Date of Latest CQC Rating
East Midlands Ambulance Service NHS Trust	Good	17 July 2019
Lincolnshire Community Health Services NHS Trust	Outstanding	27 Sept 2018
Lincolnshire Partnership NHS Foundation Trust	Good	22 June 2020
Northern Lincolnshire and Goole NHS Foundation Trust	Requires Improvement	2 Dec 2022
North West Anglia NHS Foundation Trust	Requires Improvement	20 Dec 2019 ¹
St Barnabas Hospice	Outstanding	7 Nov 2019
United Lincolnshire Hospitals NHS Trust	Requires Improvement	8 Feb 2022

¹ Peterborough City Hospital's urgent and emergency care services were inspected on 28 February and 1 March 2022, with the report published on 24 June 2022. As this was a focused (and therefore partial) inspection the services were not rated.

Agenda Item 9

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

**Open Report on behalf of Andrew Crookham,
Deputy Chief Executive and Executive Director of Resources**

Report to	Health Scrutiny Committee for Lincolnshire
Date:	20 March 2024
Subject:	Health Scrutiny Committee for Lincolnshire - Work Programme

Summary

This report sets out the Committee's work programme, and includes items listed for forthcoming meetings, together with other items, which are due to be programmed. The Committee is requested to consider whether any further items should be considered for addition to or removal from the work programme.

Actions Requested

To consider and comment on the Committee's work programme.

1. Items to be Programmed.

- (1) Planning of Integrated Health Provision at Primary Care Network Level *(Added to List on 6 December 2023)*
- (2) Pharmacy Services – Sourcing Prescription Medicine *(Added to List on 24 January 2024.)*
- (3) 'Delivery of Healthcare Provision and How that Fits into the National Picture' *(Added to List on 24 January 2024)*

2. Items Already Programmed

20 March 2024		
	<i>Item</i>	<i>Contributor</i>
1	Lincolnshire Partnership NHS Foundation Trust: Update	Chris Higgins, Director of Operations, Lincolnshire Partnership NHS Foundation Trust
2	Lincolnshire Voluntary Engagement Team	Chris Wheway, Chair of Lincolnshire Voluntary Engagement Team
3	North West Anglia NHS Foundation Trust - General Update	Hannah Coffey, Chief Executive, North West Anglia NHS Foundation Trust
4	Quality Accounts – Arrangements for 2024	Simon Evans, Health Scrutiny Officer

17 April 2024		
	<i>Item</i>	<i>Contributor</i>
1	NHS Dental Services, including Lincolnshire Dental Strategy	Representatives from NHS Lincolnshire Integrated Care Board
2	Urgent and Emergency Care Update, including the Outcomes of the Review of Urgent Treatment Centres	Clair Raybould, Director for System Delivery, NHS Lincolnshire Integrated Care Board
3	United Lincolnshire Hospitals NHS Trust – General Update and Pressures at Lincoln County Hospital	Julie Frake-Harris, Chief Operating Officer, United Lincolnshire Hospitals NHS Trust

15 May 2024		
	<i>Item</i>	<i>Contributor</i>
1	Lincolnshire NHS People Strategy	Saumya Hebbar, Associate Director of People – Lincolnshire Integrated Care System
2	Protocol Between Health Scrutiny Committee and NHS Lincolnshire Integrated Care Board	Simon Evans, Health Scrutiny Officer

12 June 2024		
	<i>Item</i>	<i>Contributor</i>
1	Grantham Urgent Treatment Centre – The First Six Months	Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board
2	Lincolnshire Suicide Prevention Strategy	Lucy Gavens, Consultant in Public Health at Lincolnshire County Council
3	Humber Acute Services Review – Outcomes of Consultation and Decision by NHS Humber and North Yorkshire Integrated Care Board	Simon Evans, Health Scrutiny Officer

17 July 2024		
	<i>Item</i>	<i>Contributor</i>
1.	GP Provision on Lincolnshire, including: (a) NHS Lincolnshire Integrated Care Board (b) Lincolnshire Local Medical Committee	<ul style="list-style-type: none"> • Sarah-Jane Mills, Director for Primary Care and Community and Social Value, NHS Lincolnshire Integrated Care Board • Dr Reid Baker, Medical Director, Lincolnshire Local Medical Committee
2.	Use of Planning Mitigation Funding for NHS Facilities	NHS Lincolnshire Integrated Care Board Representatives: <ul style="list-style-type: none"> • Sarah-Jane Mills, Director for Primary Care and Community and Social Value • Sarah Starbuck, Head of Primary Care Commissioning and Development
3.	Implementation of the Mental Health Community Rehabilitation Service	Representatives from Lincolnshire Partnership NHS Foundation Trust

11 September 2024		
	<i>Item</i>	<i>Contributor</i>
1	Cancer Care and Living with Cancer Programme	<ul style="list-style-type: none"> • Clair Raybould, Director for System Delivery, NHS Lincolnshire Integrated Care Board (to be confirmed) • Louise Jeanes, NHS Lincolnshire Integrated Care Board (to be confirmed)

11 September 2024		
	<i>Item</i>	<i>Contributor</i>
2	Non-Emergency Patient Transport Service	East Midlands Ambulance Service: <ul style="list-style-type: none"> • Sue Cousland, Lincolnshire Divisional Director • Joy Weldin, Head of Non-Emergency Patient Transport NHS Lincolnshire Integrated Care Board: Tim Fowler, Assistant Director of Contracting and Performance

Items for Later Meetings

- (1) Nuclear Medicine at United Lincolnshire Hospitals NHS Trust - *(Added to List on 13 September 2023) – NO EARLIER THAN OCTOBER 2024*
- (2) Stroke Services at United Lincolnshire Hospitals NHS Trust *(Added to List on 8 November 2024) - NO EARLIER THAN NOVEMBER 2024.*
- (3) East Midlands Ambulance Service – *(Added to List on 24 February 2024) – 12 MARCH 2025*

3. Previous Work

Set out at Appendix A is a schedule of the items covered by the Committee since the beginning of the current Council term in May 2021, as well as planned work for the coming months.

4. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
AT-A-GLANCE WORK PROGRAMME TRACKER

KEY TO COLOURS			
	Previous Item		Chairman’s Announcement
C	Previous Consultation Item		Future Item
	Concluded Topic		

	2021			2022					2023					2024					2025																		
	23 Jun	21 Jul	15 Sept	10 Nov	13 Oct	15 Sept	12 Oct	9 Nov	14 Dec	18 Jan	15 Feb	15 Mar	19 Apr	17 May	14 Jun	19 Jul	13 Sept	4 Oct	8 Nov	6 Dec	24 Jan	21 Feb	20 Mar	17 Apr	15 May	12 June	17 July	11 Sept	9 Oct	6 Nov	4 Dec	15 Jan	12 Feb	12 Mar			
<i>Meeting Length – Hours : Minutes</i>	3:04	2:44	2:54	3:28	3:30	2:53															2:47	2:41															
A&E Pilgrim Hospital (ULHT)																																					
Acute In-patient Mental Health, Boston																																					
Armed Forces Covenant Duty																																					
Ashley House, Grantham																																					
Bourne Gellatly Medical Practice																																					
Branston and Heighington Family Practice																																					
Brant Road and Springcliffe Surgery, Lincoln																																					
CAMHS																																					
Cancer Care and Living with Cancer																																					
Cancer Screening – Lung Cancer																																					
Care Quality Commission National Reports																																					
Care Quality Commission Working Arrangements																																					
Caskgate Street Surgery, Gainsborough																																					
Chief Medical Officer’s Annual Report																																					
Cliff House Medical Practice, Lincoln																																					

	2021					2022					2023					2024					2025																									
	23 Jun	21 Jul	15 Sept	13 Oct	10 Nov	15 Dec	19 Jan	16 Feb	16 Mar	13 Apr	18 May	15 Jun	13 July	14 Sept	12 Oct	9 Nov	14 Dec	18 Jan	15 Feb	15 Mar	19 Apr	17 May	14 Jun	19 Jul	13 Sept	4 Oct	8 Nov	6 Dec	24 Jan	21 Feb	20 Mar	17 Apr	15 May	12 June	17 July	11 Sept	9 Oct	6 Nov	4 Dec	15 Jan	12 Feb	12 Mar				
Meeting Length – Hours : Minutes	3:04	2:44	2:54	3:28	3:30	2:53	3:12	2:54	2:35	3:52	2:05	3:46	3:05	0:07	3:32	3:02	3:17	3:03	2:36	2:19	1:25	2:43	3:41	3:48	3:10	1:33	2:37	2:32	2:47	2:41																
Teaching Hospital Status (ULHT)																																														
Urgent and Emergency Care Recovery Plan																																														
Urgent Community Response Service (LCHS)																																														
Urology Services (ULHT)	C	C																																												
Voluntary Sector Support for the NHS																																														
Water Supply Fluoridation																																														
Woolsthorpe Branch Surgery																																														

KEY TO ABBREVIATIONS	
ASR	Acute Services Review
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
DPH	Director of Public Health
EMAS	East Midlands Ambulance Service
ICB	Integrated Care Board
LCHS	Lincolnshire Community Health Services NHS Trust
LMC	Local Medical Committee
LPFT	Lincolnshire Partnership NHS Foundation Trust
NEPTS	Non-Emergency Patient Transport Service
NLAG	Northern Lincolnshire and Goole NHS Foundation Trust
ULHT	United Lincolnshire Hospitals NHS Trust
UTC	Urgent Treatment Centre
WG	Working Group