Lincolnshire COUNTY COUNCIL Working for a better future		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, 17 April 2024 at 10.00 am in the 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

Item	Title	Pages
5	**NHS Dental Services in Lincolnshire** *(To receive a report from NHS Lincolnshire Integrated Care Board (ICB), which provides the Committee with an update on NHS dental services in Lincolnshire. Sandra Williamson, Director for Health Inequalities and Regional Collaboration, NHS Lincolnshire ICB, Sarah Starbuck, Head of Primary Care Commissioning and Development, NHS Lincolnshire ICB and Carole Pitcher, Senior Commissioning Manager, East Midlands Primary Care Team will be in attendance for this item)*	21 - 42
6	**Urgent and Emergency Care Update following Winter 23/24** *(To receive a report from NHS Lincolnshire Integrated Care Board (ICB), which provides the Committee with an update on urgent and emergency care from the NHS Lincolnshire ICB, which includes the actions being taken locally in response to the national Delivery Plan for Recovering Urgent and Emergency Care Services (January 2023) and an update following the winter of 2023/24. Clair Raybould, Director for System Delivery, NHS Lincolnshire ICB and Rebecca Neno, Deputy Director for System Delivery, NHS Lincolnshire ICB will be in attendance for this item)*	43 - 80
7	**United Lincolnshire Hospitals NHS Trust Update** *(To receive a report from United Lincolnshire Hospitals NHS Trust (ULHT), which provides the Committee with a general update on ULHT. Julie Frake-Harris, Chief Operating Officer, ULHT will be in attendance for this item)*	81 - 90
8	**Health Scrutiny Committee for Lincolnshire - Work Programme** *(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)*	91 - 102

Debbie Barnes OBE
Chief Executive
9 April 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, 17th April, 2024, 10.00 am (moderngov.co.uk)

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
20 MARCH 2024

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

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

Lincolnshire District Councils

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

Healthwatch Lincolnshire

Liz Ball.

Also in attendance

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

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

74 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

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

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

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

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

75 DECLARATIONS OF MEMBERS' INTEREST

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

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

RESOLVED

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

77 CHAIRMAN'S ANNOUNCEMENTS

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

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

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

RESOLVED

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

78 LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST - UPDATE

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

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

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

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

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

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

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

diagnosis to be able to seek reasonable adjustments to continue in their employment;

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

quickly, but those with more complex needs (step two) was where there was a waiting list. It was highlighted that the Trust was currently trying to recruit additional staff to help deal with the demand, and that there had been an outsourcing of some treatments to external providers to support reducing the waiting time. Some clarity was sought as to the percentage quoted in the report relating the 75% of patients commencing treatment within six weeks. The Committee was advised what the report was saying was that a number of people accessing first level treatment found that this was enough to meet their needs, and that some people were then waiting some considerable time for some specific treatments. The representative offered the Committee a more detailed report regarding this matter to a future meeting;

- The Committee received an explanation concerning the Dementia Home Treatment Team. It was noted that people were referred to the team via other health professionals, or community mental health teams and that it was not open access to the community;
- Reassurance was provided that young people waiting for mental health services who became teenagers would continue on their journey in children's services. It was noted that there was an arrangement that the service could keep individuals up to the age of 25 within the young people's services;
- The Committee noted that with regard to the review of the Vales at Discovery House, all staff teams would be contacted as would patients, and families of patients using the service;
- It was reported that the Trust had worked hard to minimise the number of people placed out of area. It was noted that there was a pressure on the availability of beds nationally and that the Trust currently had people in Nottingham, Essex and further afield. It was highlighted that in all cases the Bed Management Team were in constant contact with these individuals, and that everything was done possible to make sure these people were brought back into Lincolnshire as soon as possible. Reassurance was provided that the out of area care was provided by good providers. It was noted that when the Hartsholme Centre re-opened there would be enough capacity to support acute and intensive needs;
- The Committee was advised that information would need to be provided following the meeting regarding the number of people it was expected the expanded Adult Eating Disorder service would treat in the coming year;
- Reassurance was provided that the Trust had the right levels of staff to be able to maintain current services. It was however highlighted that the east coast was a harder place to recruit to generally; and
- The Committee was advised that the National Timewise Accredited Scheme was a programme open to all public sector organisations in which organisations had to demonstrate that they were offering different ways of flexible working, and that the recruitment and retention strategies of the Trust were defining different ways of working making LPFT a great place to work by offering flexible working arrangements whilst meeting service needs.

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

RESOLVED

1. That the planned expansion of the Trust's Adult Eating Disorder Support Service; the launch of the Virtual Autism Hub and the improvements to the recruitment and retention across the Trust be welcomed.

2. That consideration be given to any service changes arising from the Dementia Home Treatment Teams pilot and the review of the Vales at Discovery House at an appropriate future date.

79 LINCOLNSHIRE VOLUNTARY ENGAGEMENT TEAM

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

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

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

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

- The Committee was advised that LVET employed four members of staff, one of whom was on secondment and whose role was solely focused on the personalised agenda and the relationships with Primary Care Networks;
- The Committee noted that music and singing was something that could bring some radical change to those with dementia;
- It was reported that the complexity of the LVET sector was vast and that membership varied from large organisations to two or three people meeting together in a church hall. With support of the LVET team, effective use was made of all the resources to help them have a strategic impact. It was noted that LVET ensured that smaller organisations and groups were able to gain access to available funds;
- Anyone wishing to contact any of the delivery groups was advised to contact Paul Gutherson via email;
- Further information was sought regarding LVET supporting service redesign through 60 working groups, steering groups or boards. It was noted that LVET was a collective who represented around 150 organisations of different sizes, all of whom had different capacity and resource issues, and to enable members to voice their concerns or make contributions to any of those groups needed time to do that. As sometimes the timescale of being contacted before a board meeting or working group meeting did not always provide enough time to effectively talk with members for them to feedback to the working groups, so it was really hard to find a mechanism for more effective collaboration enabling all member to have a voice;

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

RESOLVED

1. That thanks be extended to the representatives from the Lincolnshire Voluntary Engagement Team for their presentation to the Committee.

2. That the Committee's gratitude be recorded for the work of all voluntary, charity and community interest organisations supporting the health service in Lincolnshire, including volunteers giving their own time for this role.

80 ARRANGEMENTS FOR THE QUALITY ACCOUNTS 2023-2024

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

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

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

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

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

RESOLVED

1. That ULHT and EMAS be prioritised as the two draft *Quality Accounts* for 2023-24 from local providers of NHS funded services, the Committee wishes to make a statement on.

2. That the Health Scrutiny Officer be tasked with contacting Healthwatch Lincolnshire to identify which of the following further four providers Quality Accounts: LCHS, LPFT, NWAFT and NLAG, Healthwatch was planning to consider to help avoid any duplication.

3. That for drafting statements in response to the *Quality Accounts* for 2024, Councillors: C S Macey, J McGhee, C Morgan, Cllr T J N Smith and L Wootten volunteered to be part of the remote working group.

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

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

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

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

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

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

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

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

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

RESOLVED

1. That full support be given to the plans for a new day-case treatment centre at Stamford and Rutland Hospital

2. That a further update be received in one year's time which should include information relating to patient flow.

82 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

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

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

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

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

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

RESOLVED

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

The meeting closed at 12.29 pm.

Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
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Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 April 2024**
Subject:	**Chairman's Announcements**

1. The Sidings Medical Practice, Boston

On 27 March 2024, the Care Quality Commission (CQC) published an inspection report on the Sidings Medical Practice in Boston, following inspections on 19 October, and 8 December 2023. The CQC made the overall finding of *Inadequate*. The ratings for five CQC domains were: are services safe? *Inadequate*; are services effective – *Requires Improvement*; are services caring? – *Good*; are services responsive to people's needs? – *Requires Improvement*; are services well-led? – *Inadequate.* The practice, which has nearly 17,000 registered patients, was placed in special measures and the CQC issued a number of 'must do' actions, some of which had to be completed by 22 December 2023.

The full report and evidence table may be found at:
The Sidings Medical Practice - Care Quality Commission (cqc.org.uk)

Since 1 September 2022, the practice has been operated by a new provider, Omnes Healthcare, who were awarded a five-year contract by NHS Lincolnshire Integrated Care Board. Prior to September 2022, the practice had been operated by Lincolnshire Community Health Services NHS Trust on a caretaker basis.

2. Powers for Pharmacy and Dental Staff

On 28 March 2024, the government announced arrangements to give wider roles to pharmacy technicians, and dental therapists and hygienists. The plans support improving access to primary care, including through initiatives such as *Pharmacy First* and the *Dental Recovery Plan.* The move follows public consultation, in which 97% of respondents were in favour of new roles for dental hygienists and therapists; and 84% of respondents were in favour of new roles for pharmacy technicians.

Dental hygienists and therapists will be able to give patients certain types of medicines, including pain relief and fluoride, without sign off from a dentist. Pharmacy technicians will now be able to administer and supply specified medicines to certain groups of patients, without those patients having to see a prescriber. These changes will potentially enable pharmacy technicians to undertake tasks like administering vaccinations and providing consultations under *Pharmacy First*.

There are currently over 25,500 pharmacy technicians working in pharmacies across England, Scotland and Wales, while there are 9,733 dental hygienists and 6,198 dental therapists currently registered with the General Dental Council in the UK. The government states that move will free up pharmacists' and dentists' time, allowing them to deliver more patient-facing clinical services and improving access to primary care services for patients.

3. Joint Health and Wellbeing Strategy, and Integrated Care Partnership Strategy

On 21 February 2024, the Committee considered and recorded its support for the draft Joint Health and Wellbeing Strategy. On 12 March 2024, the Health and Wellbeing Board approved the strategy. Also on 21 February 2024, the Committee considered and recorded its support for the draft Integrated Care Partnership Strategy. On 12 March 2024, the Integrated Care Partnership approved the strategy. These two strategies are now available in their final form on the Lincolnshire Health Intelligence Hub.

4. NHS England: 2024-25 Priorities and Operational Planning Guidance

On 27 March 2024, NHS England issued its *2024-25 Priorities and Operational Planning Guidance.* This document is aimed at NHS Integrated Care Boards, and their partner NHS trusts and NHS foundation trust, to focus their planning on key priorities in the coming year.

Overarching Priorities

The guidance states that the overall priority for the NHS in 2024/25 remains the recovery of its core services and productivity following the Covid-19 pandemic. The guidance also states that to improve patient outcomes and experience the NHS must continue:

- To maintain its collective focus on the overall quality and safety of our services, particularly maternity and neonatal services, and reduce inequalities in line with the *Core20PLUS5* approach.
- To improve ambulance response and A&E waiting times by supporting admissions avoidance and hospital discharge, and maintaining the increased acute bed and ambulance service capacity that systems and individual providers committed to put in place for the final quarter of 2023/24.
- To reduce elective long waits and improve performance against the core cancer and diagnostic standards.

- To make it easier for people to access community and primary care services, particularly general practice and dentistry.
- To improve access to mental health services so that more people of all ages receive the treatment they need.
- To improve staff experience, retention and attendance.

National Objectives for 2024/25

These overarching priorities are supported by a series of national objectives for 2024/25, which are set out in Appendix A to this report. NHS England asks Integrated Care Boards and their partner trusts and foundation trusts to work with wider system partners to develop plans to meet the national objectives and the local priorities agreed by Integrated Care Systems.

Some of the topic areas for these objectives, for example, Urgent and Emergency Care and Cancer, are topics regularly considered by this Committee.

Priorities and Operational Planning Guidance refers to a number of other specific plans, such as the NHS Long Term Workforce Plan

5. NHS Prescription Charges from 1 May 2024

On 5 April 2024, the Department of Health and Social Care announced that charges for prescriptions and prescription prepayment certificates (PPCs) would increase by 2.59% (rounded to the nearest five pence) from 1 May 2024. A prescription will cost £9.90 for each medicine or appliance dispensed, an increase of 25 pence from £9.65. The three month PPC will cost £32.05 instead of £31.25 and the twelve month PPC will cost £114.50, instead of £111.60.

NHS prescriptions remain free for those under 16, those aged between 16 and 18 in full time education, and those over 60. Other exemptions include:

- those who are pregnant of have had a baby in the previous twelve months;
- those with a specific medical condition, such as diabetes;
- those with a continuing physical disability who are prevented from going out without help from another person;
- NHS in-patients; and
- those on certain benefits including universal credit.

6. Lincolnshire Community and Hospitals NHS Group

Implementation of Group Arrangement

From 1 April 2024, the Group Arrangement involving Lincolnshire Community Health Services NHS Trust and United Lincolnshire Hospitals NHS Trust came into effect. This does not mean a formal merger of the two organisations, but will bring the two Trusts together under a single Board and Executive Leadership Team, with the goal of improving the care that is provided to patients both in the community and in hospitals across Lincolnshire. Both Trusts will retain their separate statutory names and legal obligations.

Following an extensive staff and stakeholder engagement exercise, the Group will be known as Lincolnshire Community and Hospitals NHS Group (LCHG). Elaine Baylis, who has also been the Chair of the two individual Trust Boards, has been previously designated as the Chair of the Group and will continue in this role.

Group Chief Executive

On 20 March 2024, the appointment of Karen Dunderdale as Group Chief Executive of Lincolnshire Community Health Services NHS Trust and United Lincolnshire Hospitals NHS Trust was announced. Karen Dunderdale will take up her role on 1 July 2024, to allow a handover between her and Andrew Morgan before he leaves the Trust at the end of the June.

APPENDIX A

NATIONAL NHS OBJECTIVES FOR 2024/25

The following table sets out the NHS national objectives for 2024/25. NHS England states that they will be the basis for the way NHS England assesses the performance of the NHS alongside the local priorities agreed by Integrated Care Systems.

Area	Objective
Quality and Patient Safety	Implement the Patient Safety Incident Response Framework (PSIRF).
Urgent and Emergency Care	Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within four hours in March 2025.
	Improve Category 2 ambulance response times to an average of thirty minutes across 2024/25.
Primary and Community Services	Improve community services waiting times, with a focus on reducing long waits.
	Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.
	Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels.
Elective Care	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest, except where patients choose to wait longer or in specific specialties.
	Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%.
	Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments, attracting a procedure tariff to 46% across 2024/25.
	Improve patients' experience of choice at point of referral.
Cancer	Improve performance against the headline 62-day standard to 70% by March 2025.
	Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026.
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.

Area	Objective
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%.
Maternity, Neonatal and Women's Health	Continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment.
	Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities.
Mental Health	Improve patient flow and work towards eliminating inappropriate out of area placements.
	Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional children and young people aged 0–25, compared to 2019).
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery.
	Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025.
	Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025.
People with a Learning Disability and Autistic People	Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025.
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults, or 12–15 under 18s, for every 1 million population.
Prevention and Health Inequalities	Increase the percentage of patients with hypertension treated according to NICE guidance to 80% by March 2025.
	Increase the percentage of patients aged 25–84 years with a cardiovascular disease risk score greater than 20% on lipid lowering therapies to 65% by March 2025.
	Increase vaccination uptake for children and young people year on year towards World Health Organization recommended levels.
	Continue to address health inequalities and deliver on the *Core20PLUS5* approach, for adults and children and young people.

Area	Objective
Workforce	Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions.
	Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors.
	Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan.
Resources	Deliver a balanced net system financial position for 2024/25.
	Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25.

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Lincolnshire COUNTY COUNCIL Working for a better future		**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 NHS Lincolnshire Integrated Care Board

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 April 2024**
Subject:	**NHS Dental Services in Lincolnshire**

Summary:

This report provides an update on NHS dental services in Lincolnshire. It includes information on developments on the national dental contract, including incentives for dentists to treat new patients; and details of access to NHS dentists in Lincolnshire.

The report also refers to specific issues in parts of Lincolnshire, for example, where NHS dental contracts have been handed back, such as North Somercotes, Market Deeping, Boston, and Stamford, as well as a new NHS service in Mablethorpe.

Actions Requested:

The Health Scrutiny Committee for Lincolnshire is requested to note the update on NHS dental services in Lincolnshire.

1 Background

1.1 The Health Scrutiny Committee for Lincolnshire received an update report on NHS Lincolnshire Dental Services in July 2023. The report provided information on:

- update and comparable position on NHS dentistry access for Lincolnshire;
- dental contract background;
- impact of Bupa Skegness Practice closure and other potential services changes;
- and the transition of the commissioning of all NHS dental services being fully delegated to NHS Lincolnshire Integrated Care Board (ICB) on 1 April 2023.

Following attendance at the Committee meeting on 19 July 2023 a request was made for a further briefing in six months.

1.2 Lincolnshire ICB recognises the importance of understanding the need of the local population. To enable robust commissioning plans to be developed, Dental Public Health Consultants have developed the Oral Health Needs Assessment for Lincolnshire. This will inform future dental commissioning and procurement plans going forward.

1.3 An Equality and Quality Impact Assessment will be undertaken to consider the impact on the population including the protected characteristics, as part of the dental commissioning and procurement plans.

1.4 NHS England has recently published 2024/25 priorities and operational planning guidance on 28 March 2024 which identifies dental planning objectives for NHS Lincolnshire Integrated Care Board (ICB) [see section 8.2 National Dental Contract Reform for further details relating to the plan to recover and reform NHS dentistry]: -

- To increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels.
- To implement dental checks within special residential schools during 2024/25, following engagement and market testing.
- To apply a ringfence to NHS dentistry budget for 2024/25, to establish current and planned spend against the ringfenced allocation budget and to identify opportunities to support contractors to deliver additional capacity beyond their existing contractual requirements.

On 7 February 2024, NHS England and the Department of Health and Social Care (DHSC) published a joint plan to recover and reform access NHS dentistry. This plan is an important next step in improving patient access to NHS dental care and supporting dental services to return to pre-pandemic levels of activity. It aims to:

- prevent poor oral health;
- boost access and activity;
- and support and develop the whole dental workforce.

1.6 The report has been developed by East Midlands Primary Care Team senior commissioning manager (working on behalf of NHS Lincolnshire ICB) and NHS Lincolnshire ICB. Representatives from Lincolnshire ICB will be present at the meeting.

2 National NHS Dental Contract

2.1 NHS Lincolnshire ICB is responsible for commissioning all NHS dental services including those available on the high street (primary care dental services), specialist dental services in primary care e.g. Intermediate Minor Oral Surgery (IMOS) and Community Dental Services (CDS) as well as from Hospital Trusts. Private dental services are not within the scope of responsibility of NHS Lincolnshire ICB.

2.2 Although NHS Lincolnshire ICB is responsible for commissioning all NHS general dental services, there are the limitations of the current national contract which may impact on the level of local flexibility which can be applied.

Challenges with access to NHS dental services are fully recognised, with dental access being a key priority for all Integrated Care Boards. The most critical issue remains gaining access to NHS Dentistry, and we are aware that people are reporting that they are unable to find a dentist taking on new NHS patients. The lack of NHS dentists accepting new patients is a common challenge across both Lincolnshire and other areas of England. Challenges for NHS Dentistry existed prior to the pandemic. Current challenges, both nationally and in Lincolnshire include:

- workforce – the recruitment of dentists and wider clinical dental team;
- access issues; and
- the discontent of the dental profession with current national contract.

2.3 NHS Dental Practices are independent contractors who are reviewing their business commitments and contractual delivery to remain viable and as a result may move towards providing more private provision (please see section 6 for further information on private dentistry).

2.4 Dental practices are responsible for patients who are undergoing dental treatment under their care. All completed courses of treatment within the same treatment band have a twelve-month guarantee. This means that repairs and replacements can be replaced within the twelve months, if it falls within the same band of treatment or lower. Should further treatment be required, this must take place within two months of when the course of treatment was completed. After the two months, the practice has no on-going responsibility as the patient would not be deemed to be undergoing current dental treatment under their care.

2.5 It is common that people associate themselves with a specific dental practice and are seen as "regular" patients of a dental practice. Many dental practices may refer to having a patient list or taking on new patients, however there is no registration in the same way as for General Medical Practices and patients are theoretically free to attend any dental practice that has capacity to accept them for a course of treatment.

2.6 Prior to the pandemic, patients would often make their 'dental check-up appointments' at their 'usual or regular dental practice'. During the pandemic, contractual responsibilities changed, and practices were required to prioritise:

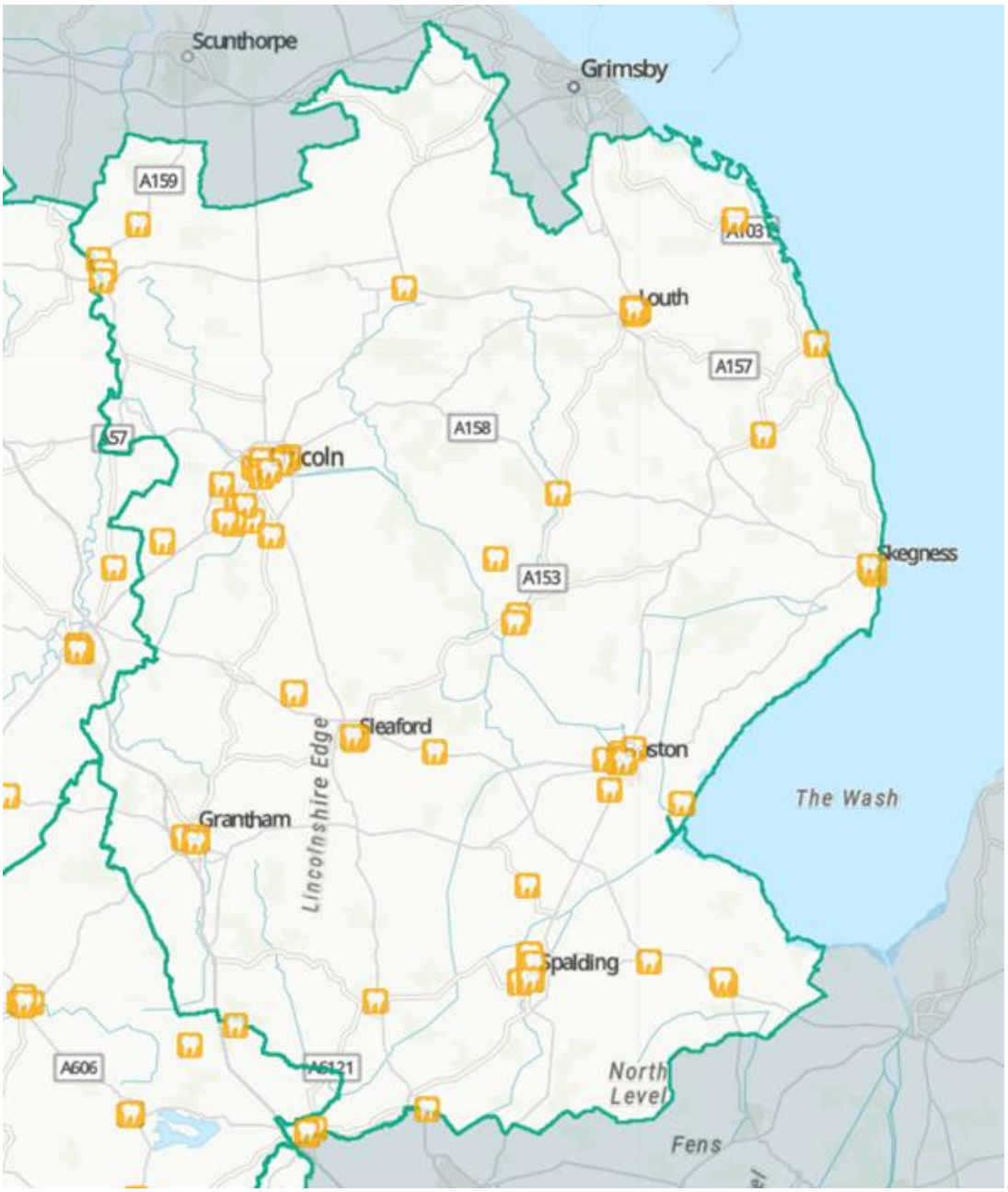
- urgent dental care;
- vulnerable patients (including children); and
- those at higher risk of oral health issues.

For many practices, post the pandemic, there has not been sufficient capacity to be able to offer routine dental check-up appointments to all those seeking access.

3 NHS Dental Services Across Lincolnshire

3.1 NHS General Dental and Orthodontic Services

3.1.1 The map below shows the 51 NHS dental practices spread across Lincolnshire who provide general and orthodontic dental services.



- North Kesteven: 4
- South Kesteven: 10
- Lincoln: 11
- East Lindsey: 11
- West Lindsey: 5
- Boston: 5
- South Holland: 5

3.1.2 Twelve of these also provide NHS orthodontic services:

- North Kesteven: 2
- South Kesteven: 5
- Lincoln: 2
- East Lindsey: 1
- West Lindsey: 1
- Boston: 0
- South Holland: 1

There are also two specialist NHS Orthodontic practices based in:

- Boston
- Spalding

3.2 Extended hours, urgent dental care and out of hours

3.2.1 Extended or out of hours cover is provided by three 8-8 NHS dental contracts:

- Lincoln
- Sleaford
- Spalding

These are NHS dental practices which provide access to patients from 8am to 8pm every single day of the year (365 days) and provide both routine and urgent dental care.

3.2.2 There are an additional seven NHS dental practices which offer extended or out of hours cover during weekdays, weekends, and certain bank holidays for both routine and urgent care:

- Boston
- Gainsborough
- Louth
- Lincoln
- Sleaford
- Skegness

3.2.3 Out of hours dental services only provide urgent dental care. Urgent dental care is defined into three categories as shown in Table 1 along with best practice access timelines for patients to receive self-help or face to face care.

Table 1: Triage category and associated timescale in relation to dental need

Triage Category	Time Scale
Routine Dental Problems: • Mild or moderate pain: that is, pain not associated with an urgent care condition and that responds to pain-relief measures • Minor dental trauma • Post-extraction bleeding that the patient is able to control using self-help measures • Loose or displaced crowns, bridges or veneers • Fractured or loose-fitting dentures and other appliances • Fractured posts • Fractured, lose or displaced fillings • Treatments normally associated with routine dental care • Bleeding gums	Provide self-help advice and access to an appropriate service within 7 days, if required. Advise patient to call back if their condition deteriorates
Urgent Dental Conditions: • Dental and soft-tissue infections without a systemic effect • Severe dental and facial pain: that is, pain that cannot be controlled by the patient following self-help advice • Fractured teeth or tooth with pulpal exposure	Provide self-help advice and treat patient within 24 hours. Advise patient to call back if their condition deteriorates
Dental Emergencies: • Trauma including facial/oral laceration and/or dentoalveolar injuries, for example avulsion of a permanent tooth • Oro-facial swelling that is significant and worsening • Post-extraction bleeding that the patient is not able to control with local measures • Dental conditions that have resulted in acute systemic illness or raised temperature as a result of dental infection • Severe trismus • Oro-dental conditions that are likely to exacerbate systemic medical conditions such as diabetes (that is lead to acute decompensation of medical conditions such as diabetes)	Provide contact with a clinician within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition

3.2.4 If a person has a regular dental practice and requires urgent dental care:

- During surgery hours, they should contact their dental practice directly
- Out of hours, they should check their dental practice's answer machine for information on how to access urgent dental care. Most people are signposted to contact NHS 111 (interpreters are available).
- For deaf people, there is also the NHS 111 BSL (British Sign Language) Service (alternatively, they can also call 18001 111 using text relay). There is also an online option for contacting NHS 111 that will often be quicker and easier than phoning.

3.2.5 If a person does not have a regular dental practice and requires urgent dental care, they can contact:

- any NHS dental practice during surgery hours to seek an urgent dental appointment and this would be dependent on the capacity available at each dental practice on any given day. They can use the Find a Dentist facility on the NHS website
- NHS 111, either online or on the phone (interpreters are available). For deaf people, there is also the NHS 111 BSL Service (alternatively, they can also call 18001 111 using text relay)
- Healthwatch Lincolnshire

3.2.6 Patients with dental pain should not contact their GP (General Practitioner) or attend A&E as this could add further delays in gaining appropriate dental treatment as both GP and A&E services will be redirecting such patients to a dental service.

3.3 People who require urgent out-of-hours dental care can attend any service in the Lincolnshire area, the nearest 8am to 8pm, 365 days sites are as follows:

- Lincoln
- Sleaford
- Spalding

Extended access sites are:

- Boston
- Gainsborough
- Lincoln
- Louth
- Sleaford
- Skegness

At times of peak demand, patients may have to travel further for treatment depending on capacity across the system.

3.4 Community (Special Care) Dental Service

3.4.1 The Lincolnshire Community (Special Care) Dental Services provides dental treatment to patients whose oral care needs cannot be met through NHS primary dental care due to their complex medical, physical, or behavioural needs. The service uses behavioural management techniques and follows sedation and general anaesthesia (GA) pathways. Dentists and/or health care professionals can refer into the service. There is one dental provider (CDS-CIC) treating children and adults from seven clinics across Lincolnshire:

- Louth
- North Hykeham
- Skegness
- Boston
- Grantham
- Spalding
- Gainsborough

3.4.2 The GA pathway for children and special care adults is managed between CDS-CIC and the United Lincolnshire Hospitals NHS Trust (ULHT) which is commissioned on a system area footprint.

3.4.3 CDS-CIC are also commissioned to provide NHS dental care and treatment for those who are unable to leave their own home or care home. Some limited dental care can be provided in a person's own setting such as a basic check-up or simple extraction, but patients may still need to travel into a dental surgery (as this is the safest place) to receive more complex dental treatment. If such patients require a dental appointment, they or their relative/carer can contact the local domiciliary provider via NHS 111 or access the Community Dental Services Lincolnshire Clinics website for information on how to refer.

3.5 Intermediate Minor Oral Surgery (IMOS) Service

3.5.1 The IMOS service is a specialist referral service in primary care providing complex dental extractions for Lincolnshire patients over the age of 16 years who meet the clinical criteria. There are currently 4 providers across Lincolnshire:

- Boston
- Lincoln
- Grantham
- Gainsborough

3.6 Secondary care dental services e.g. Orthodontics, Oral Surgery, Oral Medicine, Maxillofacial are commissioned from ULHT to deliver complex dental (often multi-disciplinary) treatment to patients who meet the clinical criteria in line with the NHS England Commissioning Guides. Activity and contract values are agreed annually with acute trusts.

4 NHS Dental Charges

4.1 Dentistry is one of the few NHS services where patients pay a contribution towards the cost of NHS care. The current charges are:

- **Urgent Dental Treatment – £26.80** This covers urgent assessment and specified urgent treatments such as pain relief or a temporary filling or dental appliance repair**.**
- **Band 1 Course of Treatment – £26.80** This covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.
- **Band 2 Course of Treatment – £73.50** This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth but not more complex items covered by Band 3.
- **Band 3 Course of Treatment – £319.00** This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.

More information on understanding NHS dental charges is available here. All NHS dental practices have access to posters and leaflets relating to NHS Dental Charges that should be displayed prominently.

4.2 Exemption from NHS charges is when patients do not have to pay these costs for instance when receiving certain benefits. If this is the case, then proof of entitlement would need to be presented at the NHS dental practice. It is the patient's responsibility to check whether they are entitled to claim for free dental treatment or prescription. Financial support is also available for patients on a low income through the NHS Low Income Scheme.

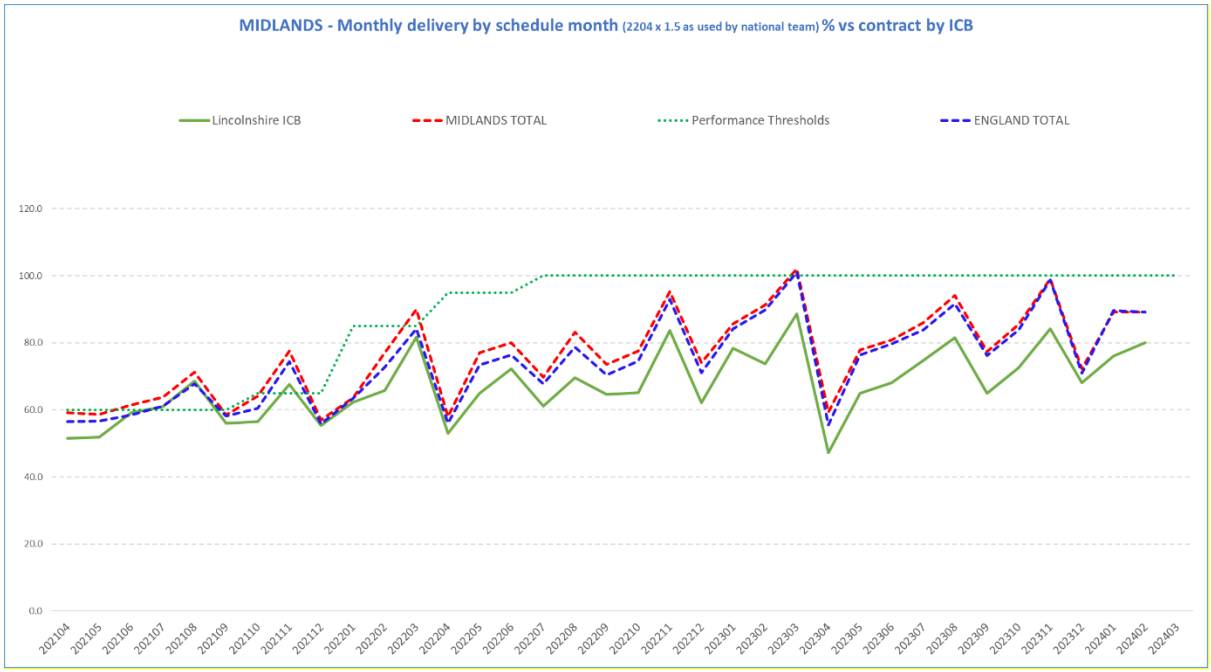
5 NHS Dental Access

5.1 Restoration and recovery of NHS dental services since the Covid-19 pandemic has enabled dental practices to deliver increasing levels of dental activity, however the backlog of NHS dental care which has accumulated during the period where dental services have not operated at full capacity has been widely recognised.

5.2 Figure 1 below shows the contract activity delivery trend for Lincolnshire ICB from April 2021 to February 2024. The graph indicates dental activity as follows:

Date	Lincolnshire ICB (%)	Midlands Position (%)	England Position (%)
April 2021	51.6	59.1	56.5
November 2022	83.6	95.2	93
February 2024	80	89.2	89.1

Figure 1 - Delivery trend for Lincolnshire ICB since the pandemic (April 2021 to February 2024)



5.3 As of February 2024, the level of retained patient access seen over a rolling 12-month period in Lincolnshire ICB is 85% of pre pandemic levels, this is lower than the Midlands rate of 89%.

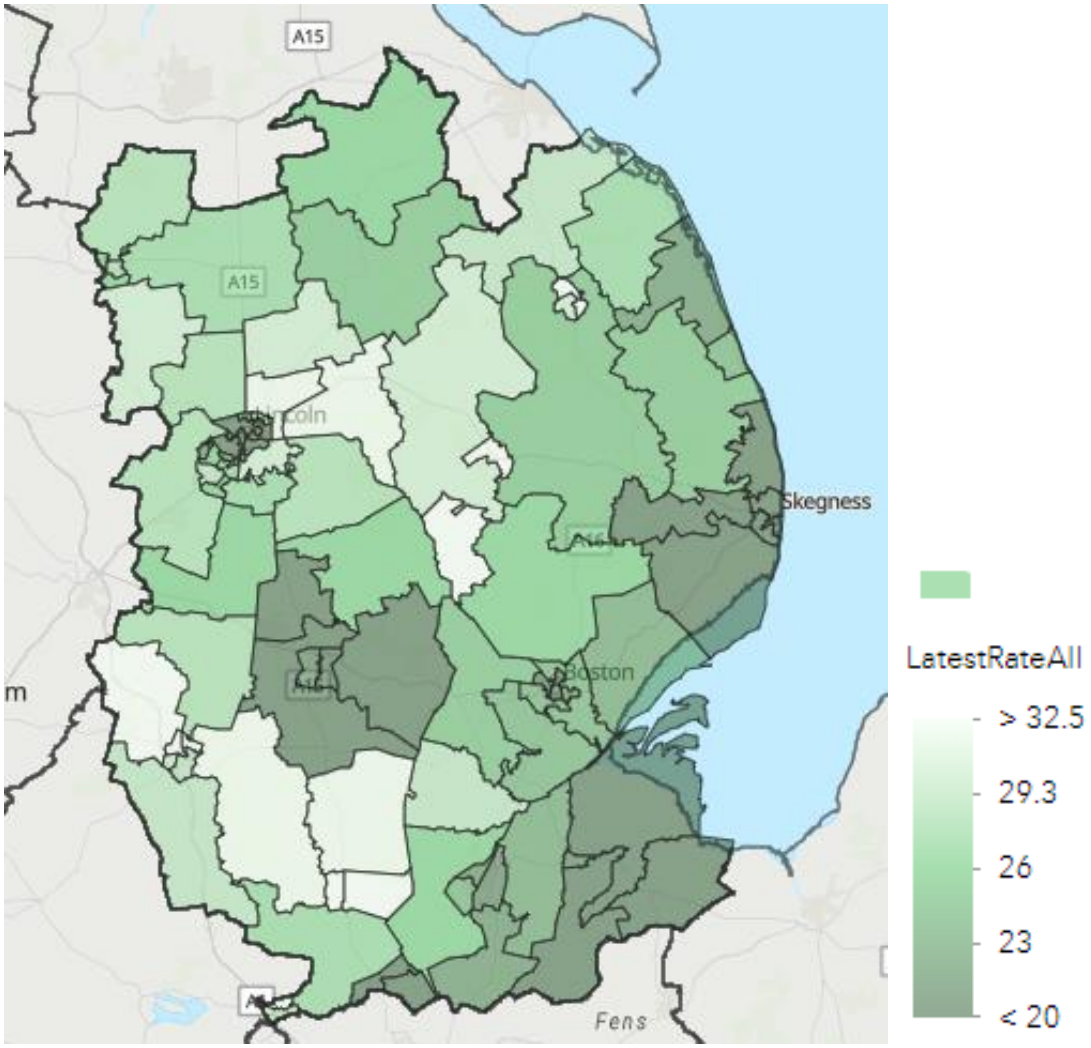
Figure 2 shows the overall dental access rates (July 2022- December 2023) for Lincolnshire ICB which indicates 24.99% of the total population are accessing NHS dental care, this is lower than the national average of 25.54%.

Figure 2 Overall access rates for Lincolnshire ICB (July – December 2023)

Group	Population Accessing NHS Dentistry	Total Population	Access Rate	Comparison to National Average
All	192,030	768,402	**24.99%**	Lower than national average of 25.54%
Adults	133,621	624,133	**21%**	Lower than national average of 21.51%
0-17	58,463	144,269	**41%**	Higher than national average of 40.88%

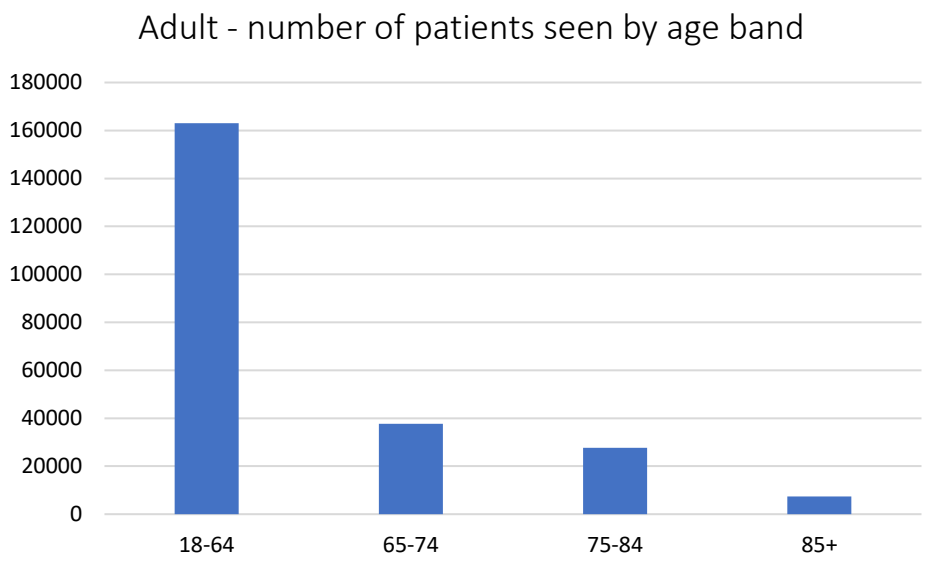
Figure 3 below is a visual graph which shows the level of dental access for Lincolnshire ICB by Middle Super Output Area (July to December 2023), the darker the shade the lower the rate of access, this demonstrates that the level of access is the most challenging on the East Coast, South Holland, North Kesteven, Boston and areas within Lincoln City and better rates of access in South Kesteven, East Lindsey (excluding the coast) and West Lindsey.

Figure 3 – Map of the level of dental access for Lincolnshire ICB



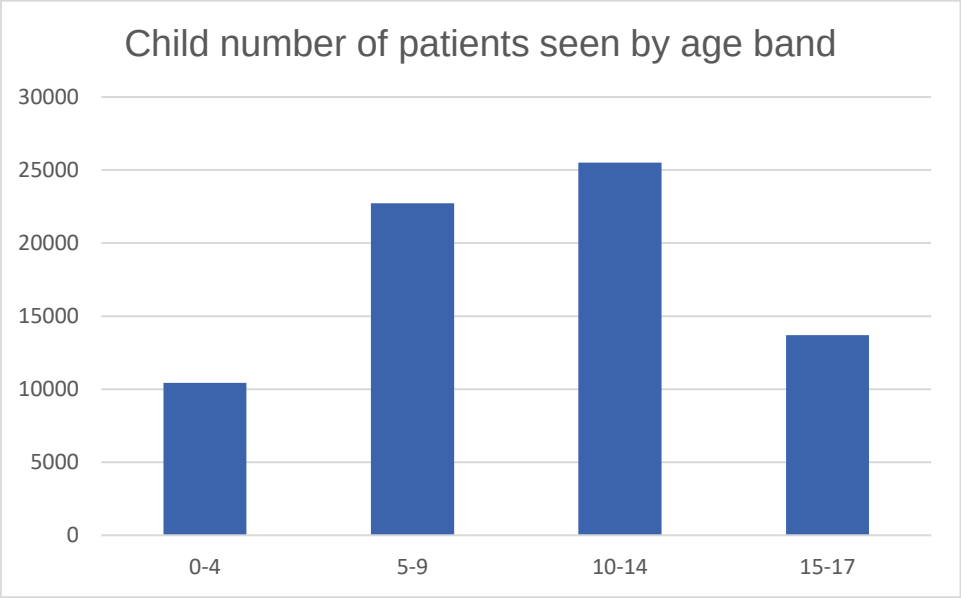
5.4 Figure 4 below shows the number of adults in Lincolnshire who have received NHS dental care in the 24 months preceding the quarter end date, the % of adult population seen in the preceding 24 months and age band of the adults and Figure 5 shows the number of children in Lincolnshire who have received NHS dental care in the twelve months preceding the quarter end date, the % of children seen in the preceding twelve months and age band of the children.

Figure 4 – Adults in Lincolnshire who have received NHS Dental Care in the 24 months preceding the quarter end date as of 30 June 2023



As of June 2023, the number of adults who have received NHS dental care in the 24 months preceding the quarter end date in Lincolnshire ICB was 38.1%, this is lower than the England rate of 40.7%.

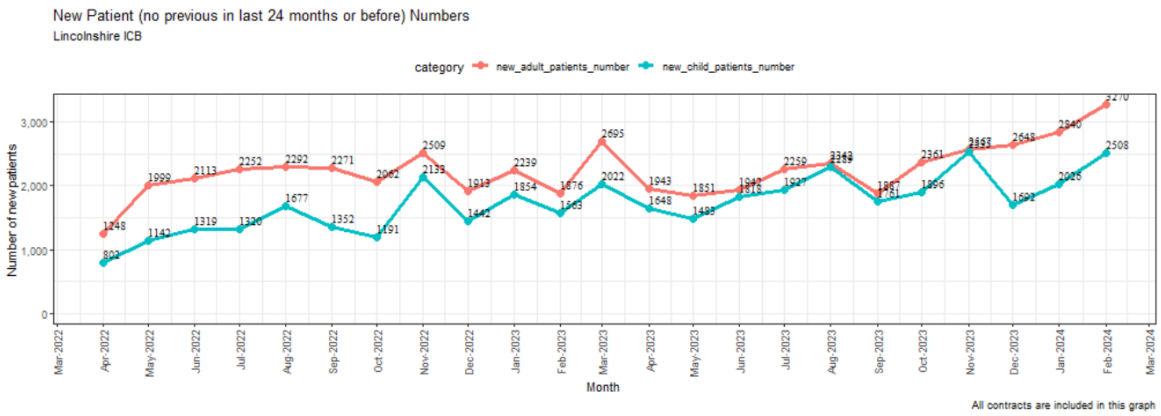
Figure 5 – Children in Lincolnshire who have received NHS Dental Care in the twelve months preceding the quarter end date as of 30 June 2023



As of June 2023, the number of children who have received NHS dental care in the 12 months preceding the quarter end date in Lincolnshire ICB was 49.1%, this is lower than the England rate of 52.7%.

5.5 Figure 6 below shows the count of new patients seen (not been seen previously in the last 24 months) between April 2022 to February 2024 for adults and children in Lincolnshire ICB.

Figure 6 – Number of new patients seen (April 2022 – February 2024)



5.6 The National Institute of Health and Care Excellence (NICE) does not support routine 6-monthly dental check-ups universally for all patients. NICE guidelines recommend dental recall is based on an oral health needs assessment for each patient. The recall interval can range from 3 to 24 months depending on the patient's age and oral health status, it should be discussed and agreed with the patient and reviewed at each oral health review appointment.

5.7 It was estimated that across the Country there has now been the equivalent of a year's worth of appointments lost in primary care dentistry since the start of the pandemic. The effects have been similar in community and hospital care due to restricted capacity from staff absences or re-deployment to support Covid-19 activities.

5.8 It is anticipated that overall Lincolnshire will not meet the contractual activity threshold for 2023/24, however the impact of a new patient premium in the national plan to recover NHS dentistry from March 2024 will support dentists to take on new patients and deliver their contracted activity levels moving forwards.

6 Private Dentistry

6.1 Private dental services are not within the scope of responsibility for NHS Lincolnshire ICB, therefore, the ICB are unable to provide any information on activity uptake within the private dentistry sector.

6.2 It should be noted that dental practitioners are independent contractors to the NHS and therefore many dental practices operate a mixed private/NHS model of care.

6.3 Some patients who have previously accessed dental care privately may now be seeking NHS dental care due to financial problems related to the current economic situation. This may place additional pressure on NHS services at a time when capacity is still constrained. Although these patients are eligible for NHS dental care, they may have difficulty in finding an NHS dental practice with capacity to take them on.

6.4 There have been anecdotal reports of some practices reluctance across Lincolnshire in offering NHS appointments (particularly routine) and instead offering the option to be seen earlier as a private patient. NHS Lincolnshire ICB does not support any stances of pressuring patients into private dental care. Any such concerns can be raised via a complaint about any specific practice/s by contacting the ICB via email licb.feedbacklincolnshireicb@nhs.net or telephone 01522 309299.

7 Dental Contract Hand-Backs

7.1 Since the last update in July 2023, there have been four contract terminations received from North Somercotes, Market Deeping, Boston, and Stamford areas, two were due to retirement and the other two were a move to private dentistry only.

7.2 There have been a further four reductions to contract activity levels due to challenges providers have been facing with the dental workforce to deliver NHS care. This can also be seen from both contractual performance and the number of patients treated as practices may not have been able to provide the access to NHS dental services, they would like due to the workforce position.

Workforce including recruitment and retention is one of the four themes within the Lincolnshire Dental Strategy which includes golden hello incentives to encourage dentists into under-served areas and the national implementation of an increased minimum UDA value will help support those practices with the lowest rates of payment for their work and be able to be more competitive in recruitment.

7.3 As part of the dental termination process, the NHS dental practices that are handing back their NHS activity must agree a communication letter for their patients with the commissioner. This letter notifies patients that the dental practice will no longer be providing NHS dental care and provides appropriate sign posting on how to continue gaining access to NHS dental care from elsewhere. This provides assurance to the commissioner that there is no inappropriate or forced signup to private dental services and enables informed patient choice.

7.4 Any dental activity from a terminated contract will not be lost. The NHS Lincolnshire ICB, East Midlands Primary Care Team and Dental Public Health colleagues continue to review the dental access data and understand the impact for patients. The normal process for terminations is to undertake a review and recommission the dental activity by dispersal to local dental practices surrounding the terminated contract or via a full procurement process.

7.5 To support patients in accessing dental services in East Lindsey whilst long term procurement plans are developed for Skegness, interim urgent dental care sessions have been commissioned from incumbent providers within the locality for a 24-month period from July 2023. It is expected that the additional sessional services commissioned could provide approximately 4,380 patients per annum with urgent dental care.

The urgent dental care sessions commissioned will be delivered from existing dental practices in Skegness, Louth, and Woodhall Spa in addition to their current contract activity arrangements.

8 Commissioning and Procurement Plans

8.1 Lincolnshire Dental Strategy

The aim of the strategy is to provide a roadmap for NHS Lincolnshire ICB and its partners of the plan of action needed over the next three years to achieve these improvements. Its production requires a collaborative approach, working with stakeholders, colleagues, and organisations across Lincolnshire to create a joined-up integrated whole system dental strategy that delivers on better oral health and care for communities across Lincolnshire.

The strategy has developed four key pillars: Developing the Dental Workforce, Improving Access to Dental Services, Increasing the Focus on Prevention and Strengthening the Integration of Oral Health into Wider Health Care Services.

The strategy is now progressing with partners, and meetings continue to be held to review the plans for the four themes and receive updates on progress from the theme leads, a summary of the key points for each theme are below: -

Prevention

- Development of Prevention 'Plan on a Page'.
- Investment of funds to expand prevention activity and improve oral health outcomes.
- Focus on how the prevention theme supports the Joint Health and Wellbeing Strategy for Lincolnshire and Better Lives Lincolnshire Integrated Care Partnership (ICP) Strategy.

Access

- Actions following Joint NHS and Department of Health and Social Care (DHSC) plan to recover and reform NHS dentistry in February 2024 (see section 8.2 below).
- Improving access in underserved areas through the use of dental vans - task and finish group has been set up to mobilise a Dental Van for Lincolnshire.

- Mablethorpe – mobilisation of general dental services and management of patients and public who are expressing an interest at being seen as a new patient at the Practice once open. (More details below)

Workforce

- To create the Centre for Dental Development, project officer has been appointed to lead and an initial scoping meeting has taken place.
- Increase the skill mix opportunities across the whole dental team through training and clarity on scope of practice.
- Develop the workforce through professional networks and communication channels and provide a supportive culture in Lincolnshire in order to retain new dentists and trainees.
- Review the impact of the golden hello scheme and its continuation in 24/25 and whether to consider wider for the dental team.

Integration

- Integrate dental services into the ICB Primary Care group meetings.
- ICB intranet development to include dental services and information for wider primary care colleagues.

Mablethorpe Dental Dentist Service

NHS Lincolnshire ICB advises that a new NHS dental service will be operating from the Marisco Medical Practice in Mablethorpe, and the opening hours will be Monday to Friday 8:00am to 6:30pm excluding Bank Holidays. The opening date has yet to be confirmed.

There have been regular mobilisation meetings with the provider for the service, the delay has arisen due to some legal issues in relation to the dental contract, which have been resolved. The correspondence and contract documentation has been finalised and it is hoped that a service commencement date will be agreed imminently. This is a priority for NHS Lincolnshire ICB, and we are working hard to secure access to the new dental service is in place from Marisco Medical Practice, Mablethorpe, as soon as possible. On an interim basis the urgent dental care sessions provided from this location continue to be commissioned until the new general dental services commence.

A phone line has been set up for the new NHS dental service based in Marisco Medical Practice in Mablethorpe. Anyone seeking NHS dental care can express an interest by calling 01507 225 226 or by visiting www.winsoverdentalcare.co.uk.

Once the opening date is confirmed the Committee will be advised.

8.2 National Dental Contract Reform

Work is underway nationally to transform the NHS Dental contract with the aim of ensuring patients most in need can access NHS dentistry. Following the first reforms to the dental contract announced in July 2022, on 7 February 2024, a joint NHS and Department of Health and Social Care (DHSC) plan to recover and reform NHS dentistry was published. This plan is an important next step in improving patient access to NHS dental care and supporting dental services to return to pre-pandemic levels of activity.

Measures include:

- NHS dentists will be given a 'new patient' payment of between £15-£50 (depending on treatment need) to treat patients who have not seen an NHS dentist in two years or more. This will begin from March 2024 and is time limited to end of financial year 2024/2025.
- targeted funding to encourage dentists to work in areas which historically have been difficult to recruit to
- a further increase in the minimum indicative UDA value from the £23 announced in July 2022 to £28 from April 2024
- improving access in underserved areas through the use of dental vans

In addition to these activities, the plan announces a range of government-delivered public health initiatives to improve the oral health of children and recommits to the workforce growth and development outlined in the Long-Term Workforce Plan.

Further to the measures above, a water fluoridation programme will be rolled out by the government, which could reduce the number of tooth extractions due to decay in the most deprived areas of the country. Subject to consultation, the programme would enable an additional 1.6 million people to benefit from water fluoridation.

The plan builds on the work as part of the NHS Long Term Workforce Plan, where the NHS investing in training, support, and contract reform to attract more talented professionals to join the dental team. Action on this front includes increasing dental undergraduate training places to a record-breaking level and expanding dental therapy and dental hygiene undergraduate training places by up to 40%.

New Patient Premium

The New Patient Premium guidance was issued, with the aim to improve access for new patients. The new patient premium scheme will be introduced from 1 March 2024. This scheme is planned to run for 13 months.

Participating practices will automatically receive a nominal flat rate payment of:

- £15 For new patients requiring only band 1 care,
- £50 for each eligible new patient requiring a band 2 or 3 treatment,

in addition to the NHS funding a practice would already receive for this care. In practice this means a nominal pound value for seeing a new patient would be translated into the equivalent UDA rate for each contractor. For example, in a case where a band 2 or 3 treatment has been completed (£50 premium):

- Where a contractor has a UDA rate of £30, they will receive a 1.67 UDA premium, and
- Where their UDA rate is £40, they will receive a 1.25 UDA premium.

Patient Eligibility

For the purposes of this scheme, the definition of a 'new patient' is anyone who has:

1. Not received a Band 1, 2, or 3 course of treatment (excluding urgent care) from that provider (a practice owner who holds the provider contract) in the previous 24 months, **and**
2. Not received a Band 1, 2, or 3 course of treatment (excluding urgent care) from that contract in the previous 24 months, **and**
3. Not received a Band 1, 2, or 3 course of treatment (excluding urgent care) from that clinician (dentist or dental care professional) in the previous 24 months (this may be on contracts for different providers).

This is to ensure that all new patients have a fair chance of accessing the system. This criterion is based on the data held by NHS BSA. If a patient does not fit into this criterion a new patient incentive payment will not be made.

Contractor eligibility for payments under the New Patient Premium Scheme

- A contractor's participation in the new patient premium scheme is voluntary.
- This scheme is only for contractors providing mandatory services.
- The contractor is only eligible to receive payments where such payments do not exceed the contractor's Negotiated Annual Contract Value or the total contracted units of dental activity.

Contractors to excluded from the scheme:

- A contract providing advanced mandatory services on a UDA basis.
- A contract attracting enhanced sessional payments.
- A contract for a referral service where all patients will be 'new'.
- A contract that is likely to or has exceeded the contractor's Negotiated Annual Contract Value. (This will be reassessed for financial year 24/25).
- A contractor participating in a local scheme that incentivises seeing new patients.

Figure 7 below eligible contracts to participate in the scheme.

ICB	Number of Contracts Eligible for the Scheme
Lincolnshire	47

Increase in the minimum indicative UDA value

Guidance to commissioners was issued for the national process to be undertaken to introduce the increase to the minimum indicative UDA value of £28 from 1 April 2024. This can be achieved through either:

1. A reduction to the number of a contractor's commissioned UDAs; or
2. An increase to a contractor's Negotiated Annual Contract Value (NACV).

A validation exercise has been undertaken of the NHSBSA data for contract eligibility to receive a change to their commissioned UDAs (option 1) or their NACV (option 2) due to an indicative UDA value of below £28. Eligibility consideration has been undertaken including historic contract delivery and any other local considerations to support the decision-making process on which option is appropriate for each contract.

Figure 8 below identifies contracts to receive a change to annual commissioned UDAs.

ICB	Number of contracts identified to receive change to annual commissioned UDAs (option 1)	Number of UDAs reduced per annum
Lincolnshire	5	5,437

Figure 9 below identifies contracts to receive change to NACV

ICB	Number of contracts identified to receive change to NACV (option 2)	£ Increased investment required
Lincolnshire	21	£450,798.67

Communications have been issued to all identified contractors notifying them of the recommendation.

8.3 The dental commissioning strategy for primary care dental will be informed by the Oral Health Needs Assessment (OHNA) that has been produced by NHS England Dental Public Health consultant. The structure and data content of the OHNA follows a framework which has been agreed across the East Midlands following feedback from ICB representatives.

The OHNA covering NHS Lincolnshire ICB builds on the data presented in the Lincolnshire Rapid Oral Health Needs Assessment, which was undertaken by Lincolnshire County Council and makes a number of recommendations which should feed into dental commissioning strategies and oral health improvement interventions.

The OHNA recommendations will inform the dental commissioning intentions which will support the general dental services procurement programme requirements for Lincolnshire ICB, this will include the re-commissioning of activity from terminated contracts during 2024/25.

8.4 A framework was published on 9 October 2023 by NHS England on the opportunities for flexible commissioning in primary care dentistry which provided an outline to ICBs of the legal requirements of the national dental contractual framework whilst highlighting the key considerations associated with procuring additional and further services which were previously termed 'flexible commissioning'.

NHS Lincolnshire ICB is currently reviewing this framework, whilst awaiting further supplementary guidance from NHS England. The review of this framework will include working collaboratively with Dental Public Health Consultants and the East Midlands Primary Care Team to determine how best to commission additional NHS dental access within the framework guidance. This review is expected to complete by late Spring 2024.

8.5 NHS Lincolnshire ICB is aware of the limited number of Specialist Orthodontic Providers within Lincolnshire and are reviewing longer term commissioning intentions and plans to commission new Orthodontic services. This is being reviewed on an East Midlands level and will be prioritised by area of urgent need.

If the commissioner receives requests to terminate orthodontic contracts or the orthodontic element of a mixed general dental services contract, there is a commitment to manage the relevant close downs to ensure that provision of services remain for patients currently within treatment to be able to complete the orthodontic course of treatment.

8.6 As part of the NHS England Workforce, Training and Education (WTE), the School of Dentistry is currently working on different strategies to improve workforce recruitment, retention, training, and development. This includes expanding training numbers within the East Midlands, increasing numbers of international dental graduates, expansion of specialist training posts and workforce development, please see Appendix 1 for further details.

8.7 Procurement of public sector services changed from 1 January 2024 and new Provider Selection Regime (PSR) regulations came into force. This means that NHS services will be decoupled from the existing Public Sector Procurement Regulations 2015 in favour of a more flexible and pragmatic approach. The PSR is intended to remove unnecessary levels of competitive tendering, removing barriers to integrating care and promote the development of stable collaborations.

9 Collaborative Working

9.1 The local dental commissioning team supporting the ICB works collaboratively with Public Health colleagues in Lincolnshire County Council around prevention initiatives linked to oral health improvement.

Within Lincolnshire, a wide range of preventative interventions continue to take place to improve oral health led by the Oral Health Alliance Group who coordinate this work across the Lincolnshire system. This covers the three stages of prevention (primary, secondary, and tertiary) and a range of interventions, for example, behaviour changes that support oral health (for example, improving oral hygiene, supporting people to stop smoking, and reducing harmful alcohol consumption).

9.2 There have been regular meetings with the profession via the Local Dental Committee.

9.3 There is a Local Dental Network (LDN) covering Lincolnshire with a LDN Chair in place and a number of East Midlands Managed Clinical Networks (groups of local clinicians) who continue to meet virtually to plan care and agree good practice guidance to support practices in managing their patients.

9.4 The local dental commissioning team continue to work with colleagues in the Communications team to draft a series of stakeholder briefings to update key partners and the public on the situation with respect to NHS dental services.

9.5 We continue to engage with Healthwatch Lincolnshire via the East Midlands Healthwatch meetings and where intelligence is shared on local concerns or on difficulties people may be having accessing NHS dental services.

10 Appendices

These are listed below and attached to the report:

Appendix 1	NHS England Workforce, Training and Education (WTE): School of Dentistry

11 Background Papers

No background papers, as defined by Part VA of the Local Government Act 1972, were used to a material extent in the preparation of this report.

This report was written by Carole Pitcher, Senior Commissioning Manager, Nottingham and Nottinghamshire ICB working on behalf of the 5 Integrated Care Boards in the East Midlands Email: carole.pitcher@nhs.net and Sandra Williamson, Director of Health Inequalities and Regional Collaboration, Lincolnshire ICB Email: sandra.williamson6@nhs.net

APPENDIX 1

NHS England Workforce, Training and Education (WTE): School of Dentistry

Foundation Training

This is an expanding area for both dentist and therapists. For dentists, WTE are expanding training numbers in the East Midlands to accommodate for ICB redistribution, Covid-19 bulge years in 2025/2026, increasing numbers of international dental graduates and starting to plan for wider expansion under the NHS Long Term Workforce Plan. The focus is firmly on East Midlands to address areas of recruiting difficulty. Therapy foundation training is proving to be very popular with a full scheme running 2023/24 in the WM. WTE are planning a second scheme for 2024/25 dedicated to the East Midlands with a plan to recruit 10 therapists who will work in pairs across 5 practices – 2 days each in clinic, 1 study day and 2 other days when they can source work elsewhere.

Core Training

There are approximately 80 Dental Core Training (DCT) trainees across the Midlands at DCT 1, 2, and 3 levels. The focus has been on developing the East Midlands with a better working relationship with the respective unit leads in each Trust. This strategy will help with recruiting in 2024 ready for the start of the next training year in September.

Specialist Training

Another growth area with additional posts across the East Midlands in oral surgery and special care dentistry.

Dental Workforce Development

Development of generic and bespoke training for all dental registrants across the Midlands. A major part of this is the Postgraduate Virtual Learning Environment (PGVLE) which is online learning platform that hosts both courses and a wide range of resources. A training pathway is currently being developed for dental nurses to support training to be Oral Health Practitioners via an apprenticeship pathway.

International Dental Graduates

Under NHS England, the process to support international dentists who wish to join the National Dental Performers List and work in an NHS practice has been simplified. This has enabled over 50 dentists to come and work across the Midlands. The new Dental Reform Plan has proposals to support new international dentists with a provisional registration scheme that will enable them to work under supervision in primary care whilst they prepare to take the ORE examination for full General Dental Council (GDC) registration. This is a significant change as currently international dentists who are not on the GDC register can only work in secondary care as temporary registrants.

Lincolnshire COUNTY COUNCIL Working for a better future		**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 NHS Lincolnshire Integrated Care Board

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 April 2024**
Subject:	**Urgent and Emergency Care Update following Winter 23/24**

Summary:

The Committee is invited to consider an update on urgent and emergency care from the NHS Lincolnshire Integrated Care Board (ICB), which details the actions being taken locally in response to the national *Delivery Plan for Recovering Urgent and Emergency Care Services* [*January 2023*] and update following winter 23/24. This report contains information relating to performance in relation to the National Delivery Plan following Winter 23/24 and highlights learning for future winter planning.

NHS Lincolnshire ICB's aim is to address the challenges and maximise the opportunities to improve outcomes for all people accessing urgent and emergency care services in Lincolnshire.

Actions Requested:

The Committee is requested to consider and note the information presented on urgent and emergency care.

1. Background

This paper sets out the national urgent and emergency care recovery plan and the local recovery actions being taken to address the challenges and maximise the opportunities to improve outcomes for all people accessing urgent and emergency care services during winter 23/24 and beyond. This paper follows the paper presented in October 2023 which described preparations for Winter 23/24 prior to the publication of the Lincolnshire Winter Plan for 23/24.

Nationally the NHS and care sector has experienced sustained pressure following the Covid-19 pandemic which impacted upon the health and wellbeing of the population. Lincolnshire experienced its busiest summer period in 2023 with further increased numbers of emergency department and urgent treatment centre attendances and high levels of demand across all services. This high level of demand continued through the winter months despite atypical prevalence of respiratory viruses and the relatively mild winter weather.

However, the ongoing periods of industrial action and associated recovery have continued to impact urgent and emergency care. As a result, it has not always been possible to provide timely access for our patients in the way we would have wanted to and has meant that some patients have experienced long waits and a poor experience. However, we have made some sustainable improvements, particularly in relation to ambulance handover delays and Category 2 ambulance mean response times.

2. National Recovery Plan

On 30 January 2023 the NHS published its *Delivery Plan for Recovering Urgent and Emergency Care Services* over the next two years that will improve both patients waiting times and patient experience. The plan describes how it will address key areas that will contribute to the required improvements:

- **Increasing Capacity** to help deal with pressures on hospitals where 19 out of 20 beds are occupied, investing in more beds and ambulances but also maximising the use of existing capacity.

- **Growing Workforce** to support the increase capacity and supporting staff to work flexibly.

- **Improving Discharge** working jointly with all partners to speed up discharge from hospitals to help reduce the numbers of beds occupied but patients that are ready to be discharged, backed by investment and a new metric.

- **Expanding and better joining up health and care outside hospital** new services or stepping up existing in the community including virtual wards so that people can be better supported at home for their physical and mental needs avoiding the need to attend Emergency Departments or be admitted.

- **Making it easier to access the right care** ensuring healthcare works more effectively for the public so people can more easily access the care they need, when they need it.

The recovery plan clearly articulates two main ambitions as follows:

I. **Patients being seen more quickly in emergency departments**: with the ambition to improve to 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.

II. **Ambulances getting to patients quicker:** with improved ambulance response times for category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.

In addition to these two ambitions, the National Recovery Plan highlights that there is a well-established link between high acute bed occupancy rates and poor Emergency Department performance. Where hospitals are busy it becomes more difficult to ensure that patients get the care they need and can lead to longer time spent in Emergency Departments which impacts the ability for timely ambulance handovers. Nationally bed occupancy has routinely been above 95% and there is a national ambition to reduce this to the 92% level which is safer and more efficient.

The focus of the national recovery plan provided the framework for the required improvements detailed within the Lincolnshire Winter Plan 23/24 which is attached as appendix A.

3. Lincolnshire Winter Plan 23/24

The Lincolnshire Integrated Care System Winter Plan was developed collaboratively incorporating national best practice, guidance issued by NHS England and learning from previous winter periods. The development of the plan was supported through system clinical summits and winter planning sessions and was built on the winter submissions to NHS England and included re-based capacity and demand plans. Positive feedback was received from NHS England that the plan was the most connected they had seen and demonstrated Lincolnshire's strength in relation to system working.

Our ambition was to create a 'safer' winter that has robust oversight of clinical risk which was balanced across the entire health and care system. This followed a difficult summer of increased demand and the ongoing impact of industrial action. At a national, regional, and local level it was impossible to predict how typical winter infectious diseases would profile making planning a challenge. However, we planned for similar levels of Covid-19 related hospital admissions as the previous year, based on learning from the southern hemisphere we also planned for normal levels of hospitalisations due to influenza. During winter 22/23 we experienced the unexpected impact of scarlet fever, and while we did not know what might impact this winter, we planned for the impact of something unexpected and similar.

Fortunately, Winter 23/24 profiled in an atypical way from an infectious disease perspective, we have seen low levels of influenza and covid and we have not seen any unexpected profiling of any infectious diseases. We have however seen some peaks in demand during early Autumn and late Winter with overall high attendance amongst those with frailty and long-term health conditions. In addition, we have seen multiple flooding incidents across the county with associated impacts and several episodes of industrial action which is expected to continue for the foreseeable future. Despite these challenges we have seen some promising improvements in performance and system partners report an overall more positive Winter despite the ongoing increase in demand and Industrial Action.

4. Urgent and Emergency Care Performance

Following an initial review of Winter 23/24 which took place across the system in Mid-March there was consensus that the current Winter had 'felt better' for all partners and this was supported by improvement in some of the key performance metrics for Urgent and Emergency Care which in turn demonstrate improved care. Relationships across the system with the oversight of the Urgent and Emergency Care Leaders weekly meeting had enabled rapid decision making to implement and change plans without delay. Robust industrial action planning had mitigated any potential impact

and supported rapid recovery and overall, the system recovered from escalation quicker than in previous years.

This is in part due the introduction of the System Coordination Centre during late Winter 22/23. The Lincolnshire System Coordination Centre is highly valued nationally and we were one of the first systems in England to receive full accreditation and national approval. The fully embedded System Coordination Centre and operational leadership that it provides has supported more rapid de-escalation and increased visibility of system pressures with earlier opportunity for resolution and appropriate timing of strategic escalation.

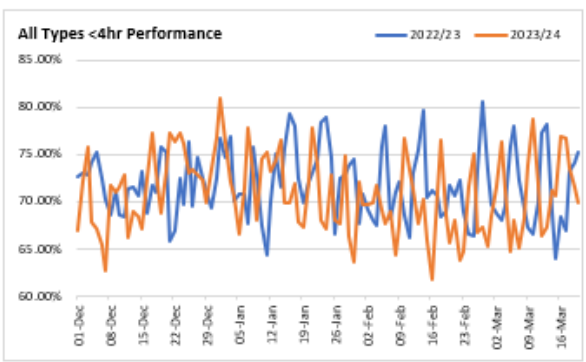
The System Co-ordination Centre will continue to operate from 8am – 8pm, seven days per week, and has oversight of performance and delivery in real time using a data resilience system as the monitoring mechanism. This data includes:

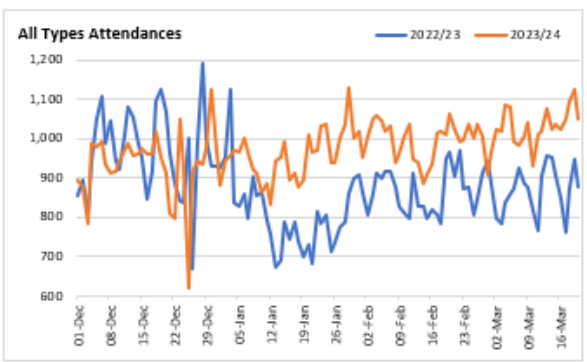
- acute hospital OPEL scores (ULHT, NLaG, NWAFT etc);
- ambulance provider resource escalation action plan and clinical safety plan level;
- category 1, 2 and 3 ambulance response times;
- NHS 111 performance and compliance with standards;
- ambulance-to-provider handover volume and handover intervals/mean;
- the number of patients in the emergency departments;
- the number and percentage of patients spending more than four and more than twelve hours in emergency departments from arrival;
- the current, prospective and potential acute hospital general and acute capacity;
- critical care capacity, to measure CRITCON status; and
- virtual ward capacity and occupancy.

4.1 Patients being seen more quickly in Emergency

The ambition to treat and discharge or admit 76% of patients was a new target from 1 April 2023, recognising the recovery required on the constitutional 95% target in place, and that ICBs are measured on the performance of the EDs and UTCs within their boundaries. The Lincolnshire plan to achieve 76% by March 2024 was based on all A&E and Urgent Treatment Centre activity within the system (ULHT & LCHS). All Types of activity performance for February 24 was 65.1% against a plan of 74.2%, in comparison, the Midlands performance was 69.5% and the England performance in February was 70.9%. Significant focus has been given to incremental improvements towards achieving this ambition during March against a backdrop of increased urgent care activity.

Despite overall increases in activity within both our Emergency Departments and Urgent Treatment Centres compared to the previous Winter, performance has remained at a similar level to last year and at points recently we have had individual days where the 76% 4-hour target has been achieved.

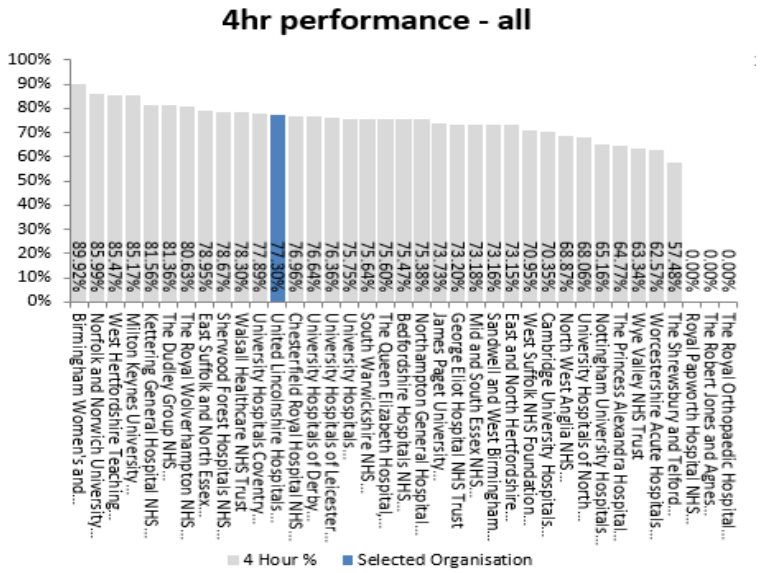




From a patient experience and quality improvement perspective, the number of patients initially seen by a clinician within 60 mins has been increasing and the number of patients that experience very long waits has been reducing. As a result of the focused 4-hour performance work a further reduction of 140 less patients experienced a long wait in March 24 compared to February 24.

When compared with the wider Midlands and East Regions the Lincolnshire System ranks in the top third of providers for 4 hour performance.

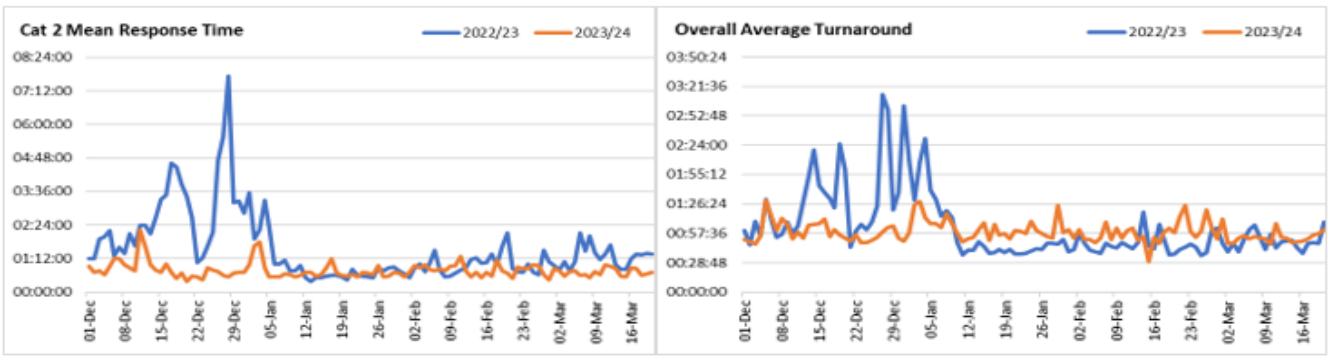
4hr performance weekly rank (all Types)	
Region	National
12 / 37	48 / 126



4.2 Ambulances getting to patients quicker

The 30-minute mean response time for Category 2 incidents for Lincolnshire ICB remains over 30mins, however considerable work has been undertaken to secure improvements in response times by all partners to ensure ambulance handovers are completed in a timely manner to enable effective community response and flow within hospital and community settings is optimised.

As a result, the data below shows, that despite managing industrial action and the impact on service provision, the system, this Winter, did not see the same December spike in Category 2 mean response times and handover delays as compared to last year.



There has also been a significant improvement in long handover delays, for example a 92% reduction in 4-hour handover delays at ULHT sites, which has had a positive impact on the number of lost hours to ambulance crews due to ambulance handover delays during Winter 23/24. This ensures that patients in the community can be responded to in a timelier manner. Acknowledging that a proportion of Lincolnshire patients will naturally be conveyed to Northern Lincolnshire & Goole Hospitals NHS Trust (NLaG) and North West Anglia Foundation Trust (NWaFT) the 4 hour performance and the ambulance handover times are reviewed at the Urgent and Emergency Care Partnership Board with colleagues from both of those trusts joining. In February 2024, average handover times at ULHT were 59mins, at NLaG they were 1hour 29mins and at NWaFT they were 1hour 14mins.

Improvements in handover delays have contributed to a reduction in the overall mean response time for Category 2 incidents in Lincolnshire and during Winter 23/24 the Category 2 mean response time for Lincolnshire was typically less than the overall EMAS Trust average. For example, in February 24, the Lincolnshire ICB position was 47:39 mins compared to the EMAS Trust mean of 49:45 mins.

By Comparison, the EMAS Lincolnshire Division CAT 2 mean response time in February was 47.40 which means that any Lincolnshire patients just outside of our northern and southern borders also experienced the same wait time.

4.3 Bed Occupancy

The United Lincolnshire Hospitals NHS Trust occupancy rates have been on average at or below 92% since March 2023, apart from a peak in early Autumn and during Feb / March 2024, although it is important to acknowledge that there have been escalation beds open for this period, increasing the overall number of beds available. At the end of March 2023 Lincolnshire acute bed occupancy wa sin line with regional rates.

Bed occupancy has remained in line with last year, although, it is worth noting that we had more acute beds open at points last year so maintaining occupancy this year was more challenging. We were able to reduce the acute bed base slightly and increase the winter community bed base in line with our strategic aim of care closer to home, as well as the success of initiatives such as virtual wards and active recovery beds. We commissioned 91 additional community beds during Winter 23/24, 20 more than the previous Winter, including 70 activity recovery beds, 10 spot purchase complex care beds and 11 community hospital escalation beds. The number of Active Recovery Beds required in 24/25 is being reviewed currently, including potential winter surge from December 2024. Community Hospital bed occupancy over this winter has at points been above 95%, supporting flow from the hospital and into other community services.

4.4 Pre - Hospital Care

There remains a system focus on reducing unnecessary hospital attendances and admissions and supporting people closer to home is a key ambition for Lincolnshire. This ensures that our population can access services best suited to meet their needs and protects emergency care capacity for those with emergency needs. Our key out of hospital services for Winter 23/24 included Virtual Wards, Urgent Community Response, NHS 111 and Clinical Assessment Service, Acute Respiratory Hubs, and our new Health Care Professional Single Point of Contact.

4.4.1 Virtual Wards and Urgent Care Response

In 2022/23, all systems submitted plans to create virtual wards to provide support to patients in their own home who would otherwise have required acute hospital care. Patients are cared for at home with enhanced clinical support and remote monitoring, to avoid a hospital admission and the associated impact of an admission. The remote monitoring with clinical support allows for both earlier supported discharge and admission avoidance. Currently the Lincolnshire system virtual ward provision covers six specialty areas as follows:

- cardiology
- frailty
- respiratory
- complex neurology
- acute medicine
- hospital at home

During Winter 23/24 we increased our Virtual Ward beds from 127 to 172 and during the Dec and January period occupancy was near 90%

The two-hour urgent community response service is an established service that provides assessment, treatment, and support to patients in their own home or usual place of residence who are experiencing a health or social care crisis and who might otherwise be admitted to hospital. Care is provided by a multi-skilled team including nurses, occupational therapists, physiotherapists, and therapy assistants who will undertake a holistic assessment of the patient's needs.

The Lincolnshire urgent community response service is aimed at patients known, or suspected to be suffering, from a range of issues including:

- fall or collapse, where there is no apparent acute injury;
- a patient found on the floor, where the individual has been assisted off the floor and requires crisis response;
- a sudden loss of mobility;
- sudden loss of function;
- sudden new acute confusion (post-medical review);
- requirement for equipment needs (to prevent harm/avoid hospital admission); or
- end of life care (in collaboration with existing palliative pathways)

This service also rapidly evolved during the Winter 23/24, during quarter one of 23/24 the service supported 386 contacts compared with 455 patient contacts during January 24 alone. Utilisation of this service increased significantly over the winter period and into the last quarter of 23/24.

4.4.2 NHS 111 & Clinical Assessment Service

During 2023/24 the NHS 111 contract was re-procured for full regional provision, and the new contract mobilises on the 9th April 2024. For Lincolnshire there will be no change in provider as the Lincolnshire incumbent provider DHU Healthcare were successful in securing the new contract through competitive tender. As part of this new service commencement, we will ensure more

patients complete their assessment and receive a response and advice within their first call to NHS 111, reducing the need for multiple calls with different services within the system.

The NHS 111-service model includes non-clinical call handlers who, using an algorithm software, determine whether the caller needs to access a service and if so, which type of service within what timeframe. The number of Lincolnshire calls to the NHS 111 service has remained relatively stable.

The NHS 111 service can access the Lincolnshire services through use of the national Directory of Services (DoS) which is managed locally to profile our Lincolnshire service provision. This means that patients can be signposted to or directly booked into a range of our local services. Where a patient calling NHS 111 needs an urgent or emergency ambulance, the service can automatically place the patient in the East Midlands Ambulance Service (EMAS) 999 dispatch queue. The 111 service can also pass Lincolnshire patients through to the local Clinical Assessment Service (CAS) for further clinical triage to support the patient into a local service and avoid an ambulance dispatch, and A&E attendance and possibly an admission.

The Lincolnshire CAS supports patients who come through the 111 service to access a range of local community services including virtual wards, two-hour urgent community response, home visiting and some more specialist services. The Lincolnshire CAS takes more than 10,000 calls per month to support patients to remain in their own homes.

The calls into CAS are a combination of patient and health and care professional calls, as CAS provides the CAS crew on-scene service and the CAS for care homes service. These two services support our ambulance crews and our care home staff to access alternative services to avoid ambulance conveyance, accident and emergency attendance and potential hospital admission where other more suitable services are available. Our Health Care Professional Single Point of Contact (SPA) pilot was launched in December 2023 with the aim to support a wider range of health and care professionals to keep people at home wherever possible and safe to do so. This will in turn help primary care colleagues who will be able to determine more quickly, which alternative service could support their patient's need and access it in a timelier manner. We will be expanding this pilot during 24/25 and will then complete a review of the total CAS service inclusive of the Health Care Professional function.

4.4.2 Acute Respiratory Infection Hubs

During Winter 23/24 we have piloted 10 Acute Respiratory Infection hubs available within 4 Primary Care Network (PCN) footprints across Lincolnshire. Referral into the Acute Respiratory Infection Hubs were made by GP Practices in the main where additional clinical support was required, and an acute attendance could be avoided. An evaluation of the impact is currently underway; however, this needs to be within the context of an atypical winter from a seasonal virus perspective which meant overall a lower prevalence of respiratory viruses were circulating compared to previous winters.

5. Discharge and Flow

The Discharge processes for patients admitted into hospital can be complicated and can involve several different system partners to facilitate a safe and timely discharge. In Lincolnshire discharge

and flow forms a significant part of the Urgent and Emergency Care system programme and delivered through the Urgent and Emergency Care governance.

One of the ten high impact interventions within the national Urgent and Emergency Care recovery plan is the implementation of transfer of care hubs. All patients who require a period of support on discharge are managed through the care transfer hubs based on the acute hospital sites. We have 2 care transfer hubs in Lincolnshire, one at the Lincoln County Hospital and one at Pilgrim hospital staffed and supported by system partners involved in pulling patients out of the acute to the most appropriate care setting for the next steps in their recovery. The hubs started in their current form in June 2022 and in 2023 were referred 8,673 patients, averaging over 24 new referrals every single day, operating 7 days a week, 365 days a year. January 2024 has been the busiest month to date since we started with 942 referrals received into the hubs – averaging 29 referrals per day.

The new national discharge metric is classed as an official statistic in development but has been published on the government website since December 2023 and is part of the UEC recovery plan commitments. It measures the number of additional bed days in total that patients have remained in an acute hospital when no longer meeting the criteria to reside averaged over a month. The data feeds have been tested for several months and the Lincolnshire data submission has been classed as submitting acceptable data to be published. The average number of days that a patient in ULHT waits between their Discharge Ready Date and the actual day of discharge was 4.9 Days in January, this is better than the national average which was 6.2 days in January and an improvement on our position last winter. Additionally, 77.6% of patients were discharged from hospital on a date that matches the date recorded as no longer meeting the Discharge Ready Date.

There has been investment in discharge capacity throughout 2023/24 both through the Urgent and Emergency Care allocation and the Better Care Fund (BCF) Discharge and Flow allocation. In 2023/24 this funding was used to support the capacity growth within specific areas particularly for those patients on pathway one who require additional support following an hospital stay. This included investment in the LCHS Discharge to Assess Service, Libertas reablement service, HART (Hospital Avoidance Referral Team) capacity and the short-term implementation of Homelink (hosted by ULHT) which supports acute health discharges into the community where additional support is required to manage health needs. In addition, as previously described investments within community bed base including additional Active Recovery Beds have also been made, all with the aim of helping patients move as quickly as possible from an acute bed once medically fit to do so.

6. Conclusion

Considerable work has been undertaken, and progress achieved in 2023/24 and during the Winter period we have continued to see the impact of this on performance. However, there is still significantly more to do to ensure a timely, seamless, and connected urgent and emergency care pathway for our patients. The Urgent and Emergency Care System programme manages risks, issues, and provides assurance on delivery to the Urgent and Emergency Care Partnership Board, which reports into the Integrated Care Board (ICB) System Delivery and Performance Committee as a sub-committee of the board. The Urgent and Emergency Care strategic Leaders Group and Clinical Reference group provide strategic and clinical leadership to the programme and oversee the clinical risk associated with the programme of work.

The urgent and emergency care system programme delivery will continue to ensure that the Lincolnshire ambitions are realised to transform and improve safety and experience across urgent and emergency care services for our population within Lincolnshire.

6. Appendices – These are listed below and attached to the report.

Appendix A	Lincolnshire Winter Plan 23/24

7. 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 Clair Raybould, Director for System Delivery, NHS Lincolnshire Integrated Care Board.

NHS
Lincolnshire
Integrated Care Board

Lincolnshire Integrated Care System

Winter Preparedness

2023-2024








Appendix A

Executive Summary

The Lincolnshire Integrated Care System (ICS) Winter Plan has been developed collaboratively and influenced by national best practice, guidance issued by NHS England and learning from previous winters within our system.

The health and social care system in Lincolnshire has experienced significant levels of pressure over the summer period with the continued impact of a range of industrial action. We recognise that we need to ensure that services can respond to the ongoing increases in demand expected during winter and that resilience over the winter period can only be achieved through partnership working across the health and social care system. As partners of the ICS, we are committed to working together to manage these challenges.

The purpose of this Winter Plan is to highlight the capacity and demand assumptions for winter and set out our planned response, with extra initiatives, capacity and information to manage the urgent care and patient flow pressures that the system will inevitably experience. The plan is designed to supplement the ongoing improvements and developments in urgent care in line with the Nation UEC Recovery Plan requirements and is inclusive of those requiring both physical and mental health care. During October 2023 NHS England Midlands Regional team conducted a Winter Assurance Visit in relation to this plan and whilst highlighted some opportunities for further development they described our plan as the most integrated they had reviewed.

Urgent action is required to address the Category 2 ambulance response times, and the amount of time that patients are spending in our Emergency Departments so that our residents receive the best possible care and experience improved outcomes.

This year we have again focussed on the avoidance of patient harm by adopting an approach that focuses on clinical risk, the main areas of risk in the Urgent and Emergency Care pathway remain as follows:

Risk 1
Patients are waiting for ambulances in the community

Risk 2
Patients are waiting on ambulances prior to entering Emergency Departments

Risk 3
Patients are waiting in Emergency Departments for assessment and treatment

Risk 4
Patients are waiting in Emergency Departments for admission

Risk 5
Patients are waiting for discharge into the community

Contents

1. Introduction

Integrated care is about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care. We recognise the importance of all local health and care providers and commissioners working together to provide the best services we can.

This document outlines our collective response to urgent and emergency care during anticipated peak times of demand to ensure patients get the safest, most effective, and efficient services. This winter we recognise that we will need to manage patients wherever appropriate and safe to do so within their own homes or usual place of residence, provide health and care in an integrated way and relying less on acute inpatient services. This plan sets out how we will ensure services provided by each of the partners that make up our system will be resilient through this winter. We have arrangements across all Lincolnshire ICS partners to manage patient flow between our services. Working together, we use the Operational Pressures Escalation Levels (OPEL) system which identifies the actions we all need to take when we are under increased pressure.

We learned much from the pandemic and from our responses. Perhaps most importantly it showed us that, on a day-to-day basis, all our partner organisations in Lincolnshire are stronger and better when we work more closely together. We have a shared commitment and determination to ensure people are cared for in the right place at the right time, so that they can achieve the best health outcomes.

During 2023 we developed our system Urgent and Emergency Care strategy which clearly articulates our vision for Urgent and Emergency Care for the next five years and our ambitions and enablers which will help us achieve this vision. Quite simply our overall vision for Urgent and Emergency care in Lincolnshire is:

"System Partners in Health and Care from across Lincolnshire have together committed to support people who present to our services in an emergency or with urgent needs to access safe, seamless, compassionate and timely care in the right place from the right team."

In addition to our vision, we have also articulated our clinical ambitions, which are detailed over the page, these set out the manner for the way we will deliver Urgent and Emergency Care within Lincolnshire.

Clinical Ambitions

- ✓ **Our team members have optimal time and resources to provide great care, in line with agreed professional standards.**
- ✓ **Our patients and team members are treated with respect, kindness, and compassion.**
- ✓ **Our Teams work collaboratively across the whole system, to join up care in a way which matters to our patients and those who matter to them.**
- ✓ **All patients are cared for in an appropriate and safe environment, minimizing the risk of hospital acquired infection and harm.**
- ✓ **Patient records are shared across clinical teams to enhance patient safety and reduce the need to share the same information multiple times.**
- ✓ **Where possible care is delivered 'closer to home', if patients need a stay in hospital, they are admitted quickly to the right bed to meet their clinical needs and when they are ready, they are discharged home without delay.**

At a system level we will work together to drive delivery of the plans set out in this document, managing risk and daily patient flow between all our partners through our System Co-ordination Centre. The System Co-ordination Centre is clinically and managerially led and will ensure a continuous focus on this plan so we can deliver the safest, most appropriate care we can over the winter months.

2. Context

The purpose of this winter plan is to demonstrate the Lincolnshire system approach to operational management of winter, detailing the specific pressures anticipated for our system and how we intend to mitigate them to ensure we deliver our vision for Urgent and Emergency Care across the county.

Urgent and Emergency Care is under significant pressure locally and nationally and we have faced one of the busiest summers ever with increasing numbers of attendances at our Emergency Departments and high levels of wider system demand within primary, community and mental health. As a result, we have been challenged in meeting our Urgent and Emergency vision and the associated performance metrics that measure success.

In addition to the expectations around Urgent and Emergency Care we also need to deliver our commitments in relation to cancer care, elective (those needing operations) and outpatient care, maternity and children's and young peoples care and mental health, learning disabilities and autism. These services are currently being delivered within the operational framework of regular Industrial Action that sees the focus on protecting Urgent and Emergency Care pathways, but resulting in significant disruption to other services meaning our population is waiting longer for planned interventions.

Winter 2023/24 is expected to bring additional demands with potential for high influenza and other infectious disease rates, alongside anticipated norovirus outbreaks and COVID 19. The Lincolnshire system has the following in place to support management of risks in relation to infectious diseases:

- ✓ **Arrangement with primary care out-of-hours provider to prescribe flu prophylaxis to those meeting the clinical requirements.**
- ✓ **COVID19 Medicines Delivery Unit (CMDU) moving to 7 day service for winter.**
- ✓ **Care Home Infection Prevention and Control (IPC) support including local outbreak management support, with dedicated Senior Health Protection Nurse for each setting.**
- ✓ **Integrated Health Protection approach and IPC collaborative in place.**
- ✓ **Integrated Care Board (ICB) engagement in all outbreak meetings across the system.**
- ✓ **Provider policies and processes to maintain safe services in line with the National IPC manual for England.**

As we continue to operate in a post-pandemic environment, there is an ongoing focus on protecting those in society who continue to be more at risk of severe COVID-19 infection or other infectious diseases. To achieve this, our planned and targeted vaccination programmes continue throughout the county. Delivering a sustainable COVID-19 vaccination programme is a key element of health protection and therefore we will continue to make

vaccination services accessible to all eligible groups. The Lincolnshire COVID-19 vaccination programme has been very successful in ensuring good uptake amongst our population and we continue to be one of the best performing systems both regionally and nationally.

Our Covid vaccination strategy includes:

- ✓ **Care home residents and staff to be prioritised early in the programme and vaccination offered by the 22nd October 2023**
- ✓ **Vaccination delivery through a combination of PCNs, community pharmacies and vaccination centres. There will be two fixed centres and one roving team to support care homes and housebound patients as well as providing access in areas with lower uptake.**
- ✓ **Ensuring we have a skilled and competent workforce to deliver the programmes safely**
- ✓ **Develop a coordinated vaccination programme that incorporates co-delivery of other vaccinations when possible and that Makes Every Contact Count (MECC) by incorporating appropriate health advice/screening in line with the NHS Core20PLUS5 approach.**
- ✓ **Provision of clinics for complex patients and at-risk children**
- ✓ **A robust staff vaccination plan, delivered via a hospital hub model, for both COVID and Influenza.**

Due to national monitoring of a new coronavirus strain, the Covid vaccination programme for 23/24 was brought forward and commenced on 11th September 2023. This is a precautionary measure that brings the Autumn 2023 covid vaccination programme in line with the influenza vaccination programme.

Uptake targets for Covid vaccination are 76% of all eligible cohorts and we expect to achieve or exceed this based upon previous performance.

The influenza vaccination programme started in September for adults aged over 65 and those identified as at risk and at the beginning of October for our eligible school aged children. All 82 practices will be offering influenza vaccines with some practices offering them alongside Covid vaccines.

3.Preparation for Winter 2023/24

Building on our learning from last winter, and the work undertaken throughout the year including our Urgent and Emergency Care Strategy and the Urgent and Emergency Care prioritisation work completed by all system partners, the following preparatory work and actions has been undertaken:

- ✓ **July: Attendance at Regional event to review learning from winter 2022/23 and indication of expectations for Winter 2024**
- ✓ **August: System Clinical Summit facilitated by the ICB Director of Nursing and Medical Director.**
- ✓ **August: System Winter Workshop to review the requirements of the NHS England winter letter 23/24 and determine and agree priority areas of focus for the winter plan.**
- ✓ **September: Development and submission of the Lincolnshire System responses to the NHS England key lines of enquiry (KLOEs) and revised demand and capacity assumptions.**
- ✓ **September: Development and submission of 5 business cases to the NHS England regional team to access non-recurrent funding to further support the winter period.**
- ✓ **September Regional winter event with early indications of national expectations.**

In July 2023, NHS England wrote to all Integrated Care Systems setting out the national approach to deliver operational resilience across the NHS this winter, building on the Urgent and Emergency Care Service (UEC) Recovery Plan published in January 2023. The winter resilience letter set out four key areas of focus which include the delivery of 10 High Impact Interventions. Each system was required to undertake a maturity self-assessment against these ten interventions and plan to accelerate delivery ahead of the winter period. The Lincolnshire self-assessment was completed collectively by all system partners and demonstrated that while several interventions are already quite mature within the system, there were some that required significantly more development such as Acute Respiratory Hubs and the Single Point of Access.

This self-assessment was used as a basis for the development of our additional bids for non-recurrent winter monies during September 2023 in which we secured an additional 1.8million for the following developments:

- ✓ **Development of a health and care professional Single Point of Contact to help navigate admission avoidance pathways across the county.**
- ✓ **Additional Active Recovery Beds (dedicated care home beds with therapy input).**
- ✓ **Additional non-emergency transport to ensure no one is not discharged or taken to appointments due to transport issues.**
- ✓ **Bespoke same day access within Primary Care.**

Additional investments are detailed within section 5 of our winter plan.

4. Capacity & Demand Modelling

We have undertaken detailed modelling of capacity and demand to test whether services can manage the winter pressures effectively, minimise ambulance handover delays, and excessive delays in the Emergency Departments including waits for admissions. This year's challenge has been made more complex with the post-pandemic recovery, compounded by significant increase in walk-in demand and the uncertain landscape in relation to ongoing Industrial Action.

The modelling included revisiting the key metric assumptions from our 23/24 operational planning submission and rebasing them using the learning year to date. We will continue to refine and redefine our modelling work throughout the winter period considering:

- ✓ **Further Urgent and Emergency Care programme and winter initiatives as they come online and whether they are having the assumed level of impact.**
- ✓ **The impact of ongoing Industrial Action**
- ✓ **The position against Elective and Cancer Recovery plans**
- ✓ **The emerging assumptions and projections around infectious diseases such as Influenza, Covid and RSV**
- ✓ **Met Office forecasting for excessive cold weather periods, as a predictor of increased respiratory conditions resultant of cold weather**

The capacity and demand modelling suggests three key areas of focus for our system during winter which are critical in ensuring our urgent care system can manage the anticipated pressures:

- ✓ **Demand Management to reduce unnecessary use of the acute trusts (prehospital)** 
- ✓ **Best practice for in-hospital Flow (in hospital)** 
- ✓ **Continued delivery of the Discharge Requirements (post hospital)** 

All actions detailed later will be clearly embedded within one of these key areas of focus for consistency and impact.

4.1 Trends, Forecasts, and Impact of Respiratory Disease

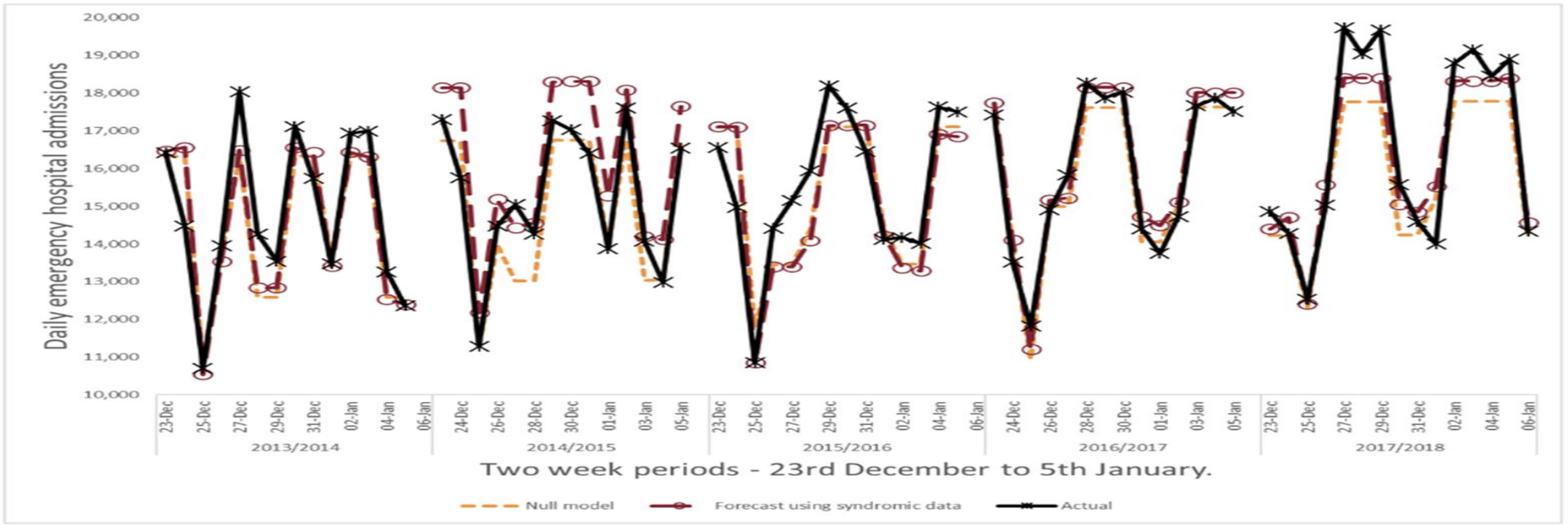
Predicting trends and peaks in demand during the winter period is essential to further mitigate risks and system pressures. As ever it is difficult to reliably determine what the winter 2023/24 period may look like through an Influenza, Covid and RSV lens, however early indications predict this winter is likely to be similar to last year from an infectious disease perspective. This means we are likely to see high rates of Influenza, Covid and RSV during late December and early January, particularly as a result of Christmas, New Year and schools returning in early January.

This correlates with trends from previous years prior to the pandemic as syndromic surveillance demonstrates as per the chart below. This articulates a peak in demand from 23rd. December to 5th January each year, indicating the need for additional capacity to support patients during this period. This anticipated peak in demand is also reflected in the East Midlands Ambulance Service modelling (appendix 1) which shows the highest demand expected between 22nd December and 1st January.

Can syndromic surveillance help forecast winter hospital bed pressures in England?

Fig 2

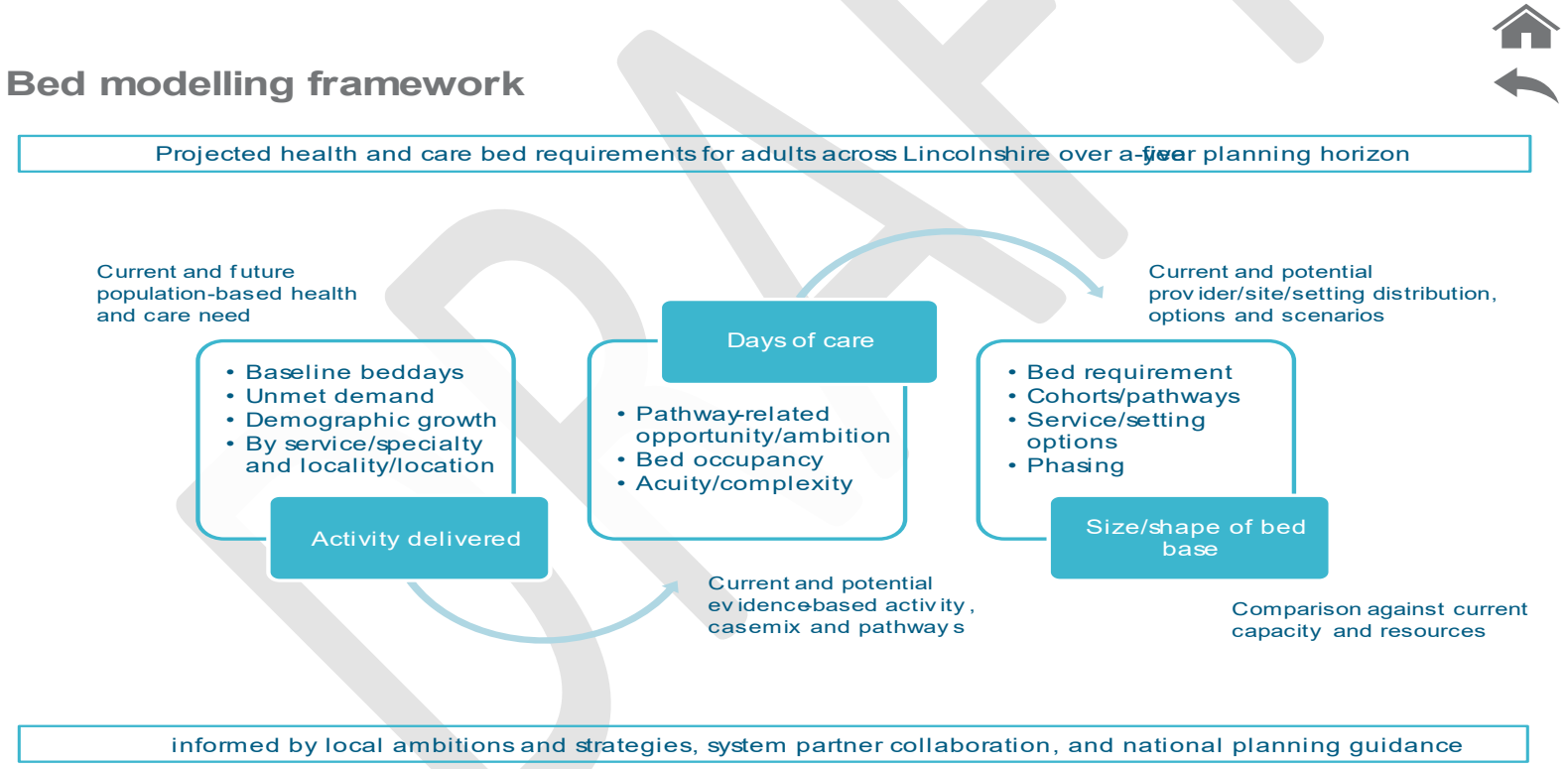
Example forecast using GP consultations for upper respiratory tract infection compared to null forecast model with no syndromic data.



doi: https://doi.org/10.1371/journal.pone.0228804.g002

4.2 Bed Modelling

During 2023 the system embarked on an ambitious project to understand the adult bed requirement across the health and care system in Lincolnshire over a 5-year planning horizon. As can be seen in the diagram below this was a complex but necessary piece of work to ensure enough adult bedded health and social care capacity for the coming years. Inputs into this modelling were typically fluid but included baseline bed numbers pre pandemic and post pandemic, population projections across the county and at district level, throughput and utilisation assumptions looking at how improvements in length of stay or demand management could change the number of beds required as well as consideration of our ambition to provide care closer and within peoples own homes where safe to do so and seasonal variations. Broadly, this modelling demonstrates the need to slightly reduce the number of acute hospital beds whilst expanding the virtual ward capacity over the next 5 years. It confirms no specific need to immediately increase bed capacity throughout the winter period but rather concentrate on actions to increase community capacity and ensure a small increase in adult bed base to help cope with the expected peak in demand in late December / early January as detailed earlier.

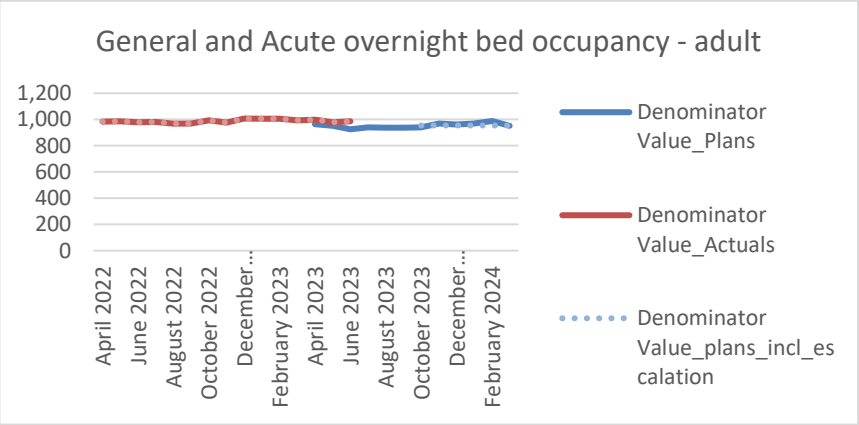


This work has been used to inform our current planning assumptions which also include our available estate, which is often limited due to the age and configurations of our NHS estate in Lincolnshire and our available workforce, as well as our assumptions in relation to elective care (operations and procedures that require an overnight stay) that must continue, and such beds protected during the winter period.

Our plan demonstrates that we require:

- ✓ **968 beds (936 adult and 32 paediatric) across Lincoln County Hospital, Pilgrim Hospital Boston & Grantham District Hospital**
- ✓ **An option to open 18 escalation beds during peak winter demand.**
- ✓ **Lincoln County Hospital and Pilgrim Hospital Boston to continue to initiate the continuous flow (+1) policy daily, enabling more patients to move through from the Emergency Department to reduce congestion and safeguard flow.**

The graph below demonstrates that we are slightly tracking above plan for bed occupancy which is being monitored closely through our governance groups for any necessary changes to the above plan to be considered.



From a community perspective and in addition we will also be mobilising the following to support our bed assumptions and anticipated demand:

- ✓ **Additional 30 Active Recovery Beds within care homes within Lincolnshire with wrap around therapy provision, this will mean we will have 70 Active Recovery beds available during the winter period.**
- ✓ **10 complex behaviour beds to support those patients with nursing requirements.**
- ✓ **Additional 11 Community Hospital Escalation Beds to support peak winter demand.**

5. Winter Response and Initiatives

Throughout 2023/24, Lincolnshire has received an additional investment of 13.71 million to support key schemes and improvements that should improve outcomes and experience of Urgent and Emergency Care, this money is being utilised to fund some new schemes and support work that was previously underway to expedite its delivery. The 13.71 million is made up of:

- ✓ **9.9 million to support key schemes and improvements which was secured as part of operational planning which includes a continuation of funding of the non recurrent monies received during 22/23 of 6.08 million, this allowed us to continue with some schemes that demonstrated impact during winter rather than stopping them at the end of March 23.**
- ✓ **2.01 million for the development of frailty services across our county.**
- ✓ **1.8 million of non-recurrent winter monies for 23/24 based upon specific business cases as detailed earlier such as the development of our Health Care Professional Single Point of Contact.**

Through the work undertaken, as detailed in section 3, to prepare for Winter, a focused action plan has been developed which provides clarity on how the above money is being spent to ensure our residents can access high quality and timely physical and mental health and care during the winter period. This action plan has been structured across key settings including, care homes, primary and community care, hospital care and discharge and key enablers and is detailed in the following sections.

5.1 Specific Support for Care Homes

Keeping people well at home is a key strategic component of the Lincolnshire ‘Home First’ strategy and that includes people where a care home setting is their own home and usual place of residence. When those living in care homes become ill, staff should have swift access to health care support. In Lincolnshire the Clinical Assessment Service (CAS) has a dedicated service (CAS for care homes) available for care home staff where senior clinical advice can be accessed swiftly. This model has been in place for several years, but we will be taking the opportunity to ensure staff are reminded to use this rather than dialling 999 where appropriate. We have also invested in CAS this year with increased capacity and skill set that will further support care home staff and wider system professionals to support people without the need for inpatient care wherever appropriate and safe to do so. Digital telehealth has also been available across Lincolnshire for several years but during this winter period we will ensure that this strategy is maximised.

Specifically, our action plan to support care homes include:

- ✓ **Continued work with care homes to promote use of Clinical Assessment Service for care homes and utilisation of community response services such as Urgent Community Response, frailty virtual ward and mental health services.**
- ✓ **Digital Tele Health to be maximised where available to support conveyance avoidance.**
- ✓ **Care Home staff to be trained and confident in use of falls equipment.**
- ✓ **Maximise utilisation of the previously rolled out IV training to Nursing Homes.**
- ✓ **Care Homes should have access to specialist nursing support to care for terminal patients in their preferred place of care.**
- ✓ **Everyone in a care home to have a care plan in place and for those at the end of life a decision about their wishes documented.**

Each care home has an identified 'wrap around' PCN led Enhanced Health in Care Homes Team which undertakes weekly meetings with the care home and Multi-Disciplinary Team (MDT) discussion to proactively manage any identified patients for who there may be health concerns. Falls in care homes remains a priority and this year 80 care homes have received raiser lifting equipment from the ICB to assist with Falls Response. An overarching Policy has been agreed to assist with staff training, which is almost complete and will complement our bespoke commissioned falls service across our county.

In addition, we have an Urgent Care Mental Health community response in place also to support care homes to help prevent their residents being unnecessarily admitted to hospital. This is also available through the CAS for Care Homes model and additional support is also available through our Out of Hours community services to ensure care homes are fully equipped and supported to help residents stay out of hospital where clinically appropriate to do so.

5.2 Primary and Community Care

The expansion of community capacity and increase in utilisation of community services is key in delivering our ambition to reduce reliance on acute services. We know that increasing numbers of patients are accessing our Urgent Treatment Centres and demand across community services is growing. Wherever possible we need to work with wider system colleagues to ensure that wherever appropriate and safe to do so we are accessing alternatives to attendance and admission, supporting people in their own home or within community settings through:

- ✓ **Consistent Risk Stratification of patients to proactively identity and support those that are vulnerable and High Frequency Users by Care Co-ordinators within PCNs and neighbourhood teams.**
- ✓ **Implementation of Acute Respiratory Hubs to manage people within the community where clinically appropriate to do so with acute respiratory infections such as Influenza, Covid and RSV.**
- ✓ **Maximise utilisation of our 2-hour Urgent Community Response service and other community-based admission avoidance pathways.**
- ✓ **Implementation of a Frailty Assessment Unit within Lincolnshire.**
- ✓ **Maximise utilisation and capacity of Virtual Wards across Lincolnshire.**
- ✓ **Commissioning review of our Urgent Treatment Centres and Out of Hours Service to ensure current model is most clinically and cost effective through the lens of increasing demand.**
- ✓ **Single Point of Contact for Health Care Professionals to help navigate admission avoidance pathways.**
- ✓ **Extension to the hours of our LIVES falls service which now operates additional hours from 8pm – 2am and 6am – 8am, covering a 20-hour period rather than 12 hours.**
- ✓ **Increasing the availability of same day access to appointments within Primary Care.**

We heard clearly from our clinicians at our clinical summits that admission avoidance pathways need to be simplified, whilst we implemented a simpler system through our Directory of Services last winter our clinicians told us it was still to complex. As part of additional monies, we have been successful in a business case to introduce a Single Point of Contact for Health Care Professionals to help navigate admission avoidance pathways to help keep their patients out of hospital when clinically indicated to do so. We will evaluate this model following winter and if appropriate expand this further for wider reach.

A primary development to help people stay closer to their own home whilst receiving health and care was the introduction of the Virtual Ward model during 2022. We will continue to deliver on our commitment to further develop virtual wards, where patients can receive specialist led care within their homes. So far, we have launched virtual wards for cardiology, frailty, respiratory, complex neurology and general medicine equating to a plan of 145 acute beds, we are committed to this model of care and continue to explore ways we can continue to expand and enhance this service. A capacity of 172 beds is planned by March 24

For this Winter we have implemented Acute Respiratory Hubs in 3 locations across Lincolnshire that that will provide timely and appropriate care for service users with suspected acute respiratory infections. The key objectives of the Acute Respiratory Hubs being to provide same day access, treatment and advice as needed to service users and reduce pressure across the system by reducing demand for ambulance conveyance, GP appointments, Emergency Department attendances, and hospital admissions, for patients who can be appropriately managed in the community. The hubs have been sited where there is identified high demand for acute hospital attendances or admissions, or where there is high prevalence of COPD or Asthma.

The Acute Respiratory Hubs using a 'hub and spoke model' are available in the following areas of Lincolnshire:

- ✓ **Gainsborough & Lincoln**
- ✓ **Mablethorpe, Skegness & Louth**
- ✓ **Bourne, Deeping, Holbeach, Gosberton & Swineshead**

We are currently developing a new Frailty Assessment Centre which will be based at Grantham Hospital, this will consist of a 8 chair-based service where people can be referred as an out patient and receive specialist frailty assessment and intervention without being admitted to an acute hospital. We anticipate that this service will be operational by the end of October 2023. In addition, we are also developing an 8 bedded based service as part of the model so where patients require an overnight stay, they can be accommodated within the unit rather than transferring to an acute hospital bed, anticipate that this part of the centre will be fully operational prior to the Christmas and New Year period.

5.3 Hospital Care & Discharge

The initiatives funded in 2023/24 as either part of the UEC programme or the winter specific work include a range of schemes that will support the front door, hospital ward processes and discharge support. The front door initiatives aim to ensure that only those that require treatment in one of our Emergency Departments remain there, and those that can be cared for elsewhere are supported to do so. This includes care in our Urgent Treatment Centres, in the community, but also in other acute assessment areas, such as our Frailty Same Day Emergency Care service. Where patients are admitted to inpatient areas for care we will ensure that they are discharged in a timely way with the correct level of support and with full assessments taking place outside of the hospital setting.

In addition, we have also invested to:

- ✓ **Reduce the number of patients experiencing long waits in our Emergency Departments by ensuring our senior clinical decision makers are available at our front doors and re-invigorate 'Breaking the Cycle' to protect Non-Elective Flow.**
- ✓ **Maximise utilisation and impact of Clinical Navigators employed by East Midlands Ambulance Service, a scheme we introduced during last winter, to ensure people arriving on ambulances are directed to the most appropriate place within the hospital.**
- ✓ **Ensure dedicated space (rapid handover space) within our Emergency Departments are available so that in times of escalation people can still access hospital care and not be waiting on ambulances unnecessarily.**
- ✓ **Extend Frailty Same Day Emergency Care service to cover 7 days per week at Lincoln and Boston.**
- ✓ **Minimise delays for people being discharged from hospital across all pathways by expanding our Transfer of Care Hubs by increasing staff and hours of operation to respond to the growing requirements for additional support that patients need upon discharge from hospital.**
- ✓ **Increase the number of Active Recovery Beds by 30 within care homes with wrap around therapy provision and additional GP support, this will mean we will have 70 Active Recovery beds available during the winter period.**
- ✓
- ✓ **Implement 10 complex behaviour beds to support those patients with nursing requirements be discharged from hospital in a timely way.**
- ✓ **Secure additional non-emergency transport during winter months to ensure no discharges fail due to lack of transport capacity.**

During winter 2022/ 23 we implemented Active Recovery Beds within Lincolnshire, which received ministerial and national interest. During this winter we will be further expanding the number of Active Recovery Beds available within the county. The service supports a person to transfer to the most appropriate setting and will provide care led reablement that cannot be provided in a person's own home for a short period of time, The level of reablement service provided to each person during their stay will be based on a comprehensive care plan with input from the multi-disciplinary team.

The core principle of the service is to maximise an individual's independence and enable a person to resume living in their own home safely in a time-efficient manner. The active recovery beds are not intended for all hospital discharges. The purpose of these is to support those with complex needs requiring an integrated response and enable them to live at home independently with a reduced level of statutory services.

The service will also be accessible to those in the community where a short period of stay in a bed-based reablement setting would prevent an unnecessary admission into hospital. This means the service will also be available for use by the community services such as Adult Care Community Teams (including out of hours teams), the Falls Response Service and East Midlands Ambulance Service.

Aims of the Active Recovery Bed service are:

- ✓ **To improve outcomes for those who are medically fit and who, with a short period of intensive reablement in a bed-based setting, can return and remain in their own home safely, with a reduced package of care.**
- ✓ **To facilitate the timely discharge from acute care (e.g., from hospital for those who no longer require acute medical intervention) which should not be delayed by the requirement for a further period of assessment or an action to be taken to enable a return home.**
- ✓ **To improve outcomes for those who experience delays in discharge due to awaiting a community social care reablement service or a new homecare package. Ensuring that those people continue their recovery in a setting where reablement and support to return to a level of independence.**
- ✓ **To increase the prevention of unnecessary admissions (including readmissions) to hospital of people in crisis, who could safely be looked after elsewhere (e.g., in an Active Recovery Bed) and supported to be re-abled at home.**
- ✓ **Maximise Pathway 1 discharges from inpatient settings by increasing community capacity to support patients who, once medically optimised, require a short period of bed based reablement. The purpose of the reablement is to allow them to resume living at home safely in a time efficient manner and where possible with a reduced package of care.**
- ✓ **Reduce the length of hospital stays.**
- ✓ **Reduce the rate of readmission to acute settings.**

During 2022 ULHT implemented 'Breaking the Cycle' this is an approach consistently being implemented across England to move patients waiting beds to wards even if a bed space is not available. There will be a focus on re-invigorating this approach ahead of Winter 2023/24 to maintain patient safety and ensure that patients are cared for upon their specialist wards rather than often overcrowded Emergency Departments, improving patient outcomes and experience.

5.4 Mental Health

The implementation of the Mental Health Urgent Assessment Centre in Lincolnshire has been a great success and ensures that those patients with a mental health need only, do not need to attend our hospital Emergency Departments and instead they can attend a more appropriate environment which provides a better patient experience and improved outcomes. The service currently cares for adults but will move to an all-age model for winter 2023.

Patients in Lincolnshire will continue to be supported by robust crisis and home treatment teams and the planned integration of those services with NHS111 during the winter will further support people to access the right service in a timely way. Lincolnshire already has established 'crisis alternatives' in place, such as our Night Light Cafes which are safe spaces that offer an out-of-hours, non-clinical support service and are staffed by teams of trained volunteers who are available to listen. They can also provide signposting advice and information on other organisations that may be able to help with specific needs, such as debt advice or emergency food parcels. There is a network of Voluntary, Community and Social Enterprise (VCSE) services in operation across the county which have been purposefully targeted at areas of deprivation and those with the greatest need.

Two crisis response vehicles are in operation across our county to respond to those with urgent mental health needs alongside a trained nurse who is based within the Police Control Room to support any calls and required response to 999.

We also invest significantly in our VCSE over the winter period by creating warm spaces within our wellbeing hubs, allowing our community connectors to establish targeted additional capacity in the form of initiatives to support people over the winter period, alongside additional capacity in some of our wider mental health and wellbeing VCSE projects which provide activities tackling suicide prevention, social isolation, befriending or other wellbeing support.

Key activities to increase resilience of the winter period include:

- ✓ **Expanding the Mental Urgent Health Assessment Centre (MHUAC) to provide an all-age service (including CYP).**
- ✓ **Embedding the additional CYP workers in the Mental Health Liaison Teams.**
- ✓ **Increasing CAMHS capacity to meet rising demand.**
- ✓ **Reopening the male PICU (planned for end of November).**
- ✓ **Employing dedicated staff to run the CVR and PCR functions.**
- ✓ **Expanding alternatives to specialist crisis services, including the expansion of crisis cafes across the county.**
- ✓ **Expansion of VCSE support to create warm spaces within our wellbeing hubs.**
- ✓ **Online resource to help people to navigate support and training - www.haylincolnshire.co.uk**
- ✓ **Expand the Mental Urgent Health Assessment Centre (MHUAC) offer to all ages.**
- ✓ **Integrate Mental Health Support with NHS111 and supplement the local mental health helpline.**
- ✓ **Mental health UEC champions to raise awareness, provide visibility and interface with system partners.**

5. System Co-ordination Centre

System Co-ordination Centres (SCC) were introduced across England in 2022 to ensure the safest highest quality of care possible for the entire population across every area by balancing the clinical risk within and across all acute, community, mental health, primary care, and social care services.

The Lincolnshire SCC ensures that there is robust oversight of all system pressures and is operational 8am – 8pm, 7 days per week, reporting to the ICB Deputy Director for System Delivery with escalation to the Director for System Delivery and Senior Responsible Officer for Urgent and Emergency Care.

After 8pm a full operational handover to ICB Strategic and Tactical on call ensures that there is full visibility of pressures and risk going into the overnight period. On-call commanders in the ICB attend provider escalation calls throughout the overnight period as required for support in addition to usual escalation processes.

The Lincolnshire SCC lead on monitoring demand, capacity and pressure within the system as follows:

- ✓ **Daily system calls 0930 and 1300hrs – early warnings of current and potential issues that are logged and actions raised for that day.**
- ✓ **Level of escalation for each provider discussed on system calls – reasons for level and how we can work as a system to de-escalate where necessary.**
- ✓ **Extra system calls added if continued high demand.**
- ✓ **Attendance at Regional Reporting and Escalation Call at 10am each day**
- ✓ **Continued monitoring of demand using a range of digital options and dashboards including but not limited to SHREWD Resilience dashboard and East Midlands Ambulance Service arrivals screen to pre-empt any delays.**
- ✓ **Transport issues being flagged on the system calls to pre-empt any discharge delays due to transport.**

In addition to the operational management of the system the SCC also have dedicated staff to help rapidly diagnose issues, complete lessons learnt through rapid cycles of improvement, this is a fundamental element of the SCC as we strive to improve our performance across the county and ensure our patients receive timely access to urgent and emergency care.

6. Workforce

We are considering workforce through two lenses as part of the winter planning, firstly how our workforce feel, particularly when under pressure and making sure they have the right support to remain well and in work and secondly how we will move our workforce around where needed if critical services are understaffed. This is particularly a risk in relation to the current Industrial Action across some professional groups, but mainly within Lincolnshire, impacting our medical workforce predominately but we are aware we are asking people to work differently and for sustained periods to help keep patients safe, which may increase stress and anxiety.

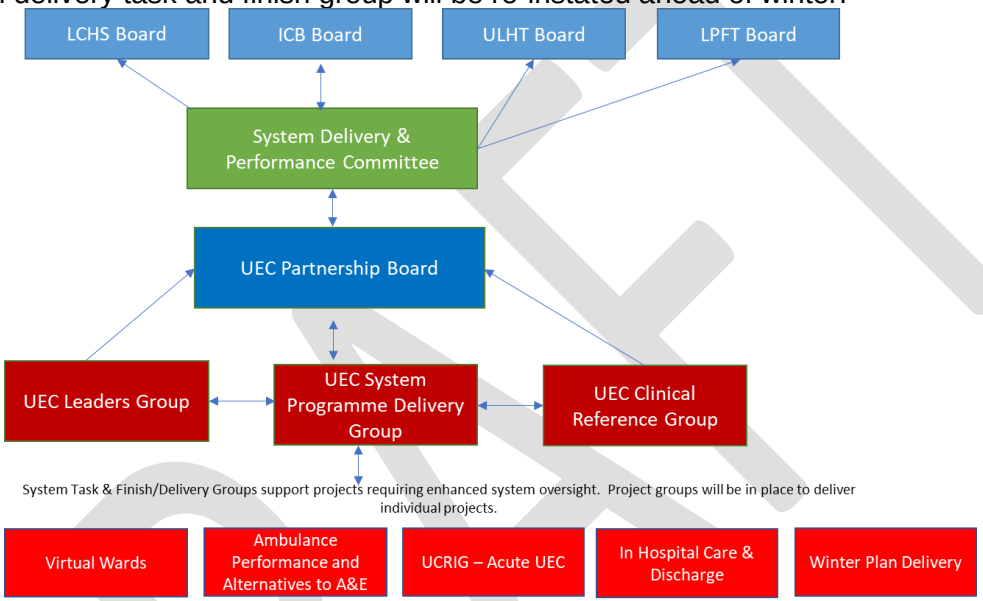
Keeping our staff well this Winter is part of supporting residents and patients across the system. All organisations are putting a strong emphasis on the importance of having wellbeing conversations with team members to support their physical and mental health and signposting them to our collection of services across the system where necessary. We are providing the following support to our people:

- ✓ **Leadership development of managers to ensure that they are having the right conversations with their teams and signposting appropriately.**
- ✓ **Flu vaccination will be made available to all eligible staff via our Hospital Hubs, via GP, or Pharmacy**
- ✓ **COVID vaccinations to front line teams across the system.**
- ✓ **Continuing to operate a hybrid way of working which includes, for those that can, a mixture of working from home and office based.**
- ✓ **Our system Wellbeing Hubs, provided by our Mental Health Trust have a range of support from financial wellbeing to mental health support and ideas for physical activity.**
- ✓ **Each organisation has an Employee Assistance offer which staff can access as well as Occupational Health.**
- ✓ **We have a number of cultural ambassadors, Mental Health First Aiders and Mentors across the system who are all offering their support for one-to-one conversations where needed.**

We have a Memorandum of Understanding in place across the Lincolnshire health and care system which allows the sharing of workforce across individual organisations. This was used successfully within the Covid pandemic and would be utilised again to mitigate against any potential escalation in demand or shortage of workforce.

7. Governance and Escalation

The ICS Urgent and Emergency Care Partnership Board (UECPB) has strategic responsibility for overseeing the development and mobilisation of robust winter capacity and resilience plans. To ensure adequate governance controls are in place we have reviewed the governance structure in readiness for winter, and the winter plan delivery task and finish group will be re-instated ahead of winter.



While our UECPB meets monthly, the UEC leaders group and the UEC clinical reference group meet weekly, providing strategic and clinical leadership and guidance whilst maintaining oversight of system pressures and risk. The Lincolnshire system-wide escalation management plan which sets out the operational management arrangements when part(s) of the Health and Care System experience pressure, over and above business as usual is in place. This will be reviewed on release of the updated national action cards, and ahead of winter. Formal trigger points are set out in the plan with agreed actions that each partner within the system must take to maintain patient safety, quality of care and expedite patient flow in a proactive as well as a reactive way. There are four levels of escalation:

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
PLANNED OPERATIONAL WORKING	MODERATE PRESSURE	SEVERE PRESSURE	EXTREME PRESSURE

This escalation plan sets out the procedures across the ICS to collectively and safely manage day to day demand and any significant surges by having a clear escalation and de-escalation plan where every system partner knows what they should be doing and when, taking responsibility for their individual and organisational actions and contributing to a shared risk management approach across the system.

8. Risk Management

The System Urgent and Emergency Care programme maintains a risk register which will be routinely reviewed as part of programme delivery but also in the context of winter, the Urgent and Emergency Care Leaders Group will have ownership of the risks in relation to this plan.

As this plan articulates there are a number of unknown variables at this point in time that are likely to be influential on the success of our winter plan and the ability of the system to deliver safe and effective care during the winter period. These include:

- ✓ **Measuring impact of the Urgent and Emergency Care programme and winter initiatives and whether the outcomes of each scheme deliver the assumed improvement.**
- ✓ **The impact of ongoing Industrial Action**
- ✓ **The position against Elective and Cancer Recovery plans**
- ✓ **The emerging assumptions and projections around infectious diseases such as Influenza, Covid and RSV**
- ✓ **Met Office forecasting for excessive cold weather periods, in relation to the severity of the winter, as a predictor of increased respiratory conditions resultant of cold weather**

As a result, the overarching risk is:

'As a result of demand exceeding capacity and despite all the additional investment and service developments detailed within this plan, we may still be unable to mitigate against all risks, previously outlined, to ensure our patients receive safe, timely and accessible care'.

9. Communication

Our Lincolnshire system communications and engagement approach this year has two prime approaches. Firstly, our core approach:

- ✓ **Support the Urgent and Emergency Care services and promote this to all audiences across the whole of Lincolnshire including all partner organisations.**
- ✓ **Look at the business-as-usual demands and include the promotion of national campaigns such as choose well, NHS 111 online, self-care and Waitless.**
- ✓ **Develop internal and external communications support for key operational initiatives across the System this winter.**

Secondly, we will develop a behavioural change/social marketing campaign which is driven by data, to target in a focused and trackable way, people who are using Urgent and Emergency Care services inappropriately and offer them alternatives. This will be in addition to the broader approach as detailed in our first section, to generate maximum impact and return. We will target based on:

- ✓ Highest inappropriate self presenters(demographics).
- ✓ Geographical areas in which most inappropriate self-presenters reside.
- ✓ GP practices to which most inappropriate self-presenters are registered.
- ✓ Conditions/ complaints which most inappropriate self-presenters report.

Working with our informatics and population health management team we are building a picture of the above cohorts, including behavioural characteristics to focus what and how we inform them of alternatives, and where and when we place our messages. We will also develop creative (linked to the prime national campaigns) to increase interest.

Examples of some of the planned activities in support of both elements described above include:

- ✓ **Develop a visual campaign to engage with each of the target audiences and conditions which have been identified through the data.**
- ✓ **Development of bespoke social media assets targeting the conditions presenting mostly which can be treated in other settings.**
- ✓ **Develop a range of short videos using health professionals to educate and help change the behaviour of the frequent attenders.**
- ✓ **Use paid for targeted leaflet drops in the areas directly around our Emergency Departments and Urgent Treatment Centres.**
- ✓ **Use paid for social media in times of increased pressure/activity.**
- ✓ **Develop printed materials to be circulated to holiday camps such as Butlins which operates year-round.**
- ✓ **Have materials available in a range of languages to engage with the population for whom English is not their first language.**
- ✓ **Identify champions within the system to act as advocates for the campaign.**

In times of escalation, we will apply our pre-agreed guidelines and discharge appropriate communications as outlined below:

Operational Pressures Escalation Levels	
OPEL 1	• Promotion of the range of services that are available • Promotion of WaitLess • Messaging posted on social media every 2/3 days
OPEL 2	• Promote self-care • Promote NHS 111 online and NHS 111 • Promote Use your Pharmacy • Promotion of WaitLess • Messaging posted on social media every 2 days
OPEL 3	Increased promotion of all level 2 actions and including the below: • Accessing services locally • Discharge Messaging – internally and externally • Messaging posted on social media every day
OPEL 4	Increased promotion of all previous messaging and including: • Messaging around how busy services are and to use alternatives • Call for staffing support internally across the system • Internal messaging with social care • Will use specific paid for targeted social media activity • Use Next Door to get messaging out • Use LRF colleagues to increase message spread • Prioritise social media messaging across the system • Offer proactive/reactive media interviews • Messaging posted on social media four times a day

10. Conclusion & Evaluation

The Winter Plan will be monitored via our governance routes and operationally, daily, through the System Co-ordination Centre activities and specifically via:

- ✓ **System oversight through the Urgent and Emergency Care Partnership Board and associated sub governance groups**
- ✓ **Fortnightly monitoring of the Winter Plan initiatives via the Urgent and Emergency Care Leaders Group, with escalation where required.**
- ✓ **Ongoing monitoring of Demand and Capacity to understand performance and delivery over the winter period and the impact of existing, planned and any further initiatives and change.**
- ✓ **Robust capacity and demand modelling, revisited on a routine basis.**
- ✓ **Urgent and Emergency Care Partnership Board review of the Urgent and Emergency Care programme dashboard monthly.**

This winter plan sets out the starting point for the management of winter 2023/24 in Lincolnshire across the health and care system. We acknowledge that our assumptions around demand and the impact of the planned initiatives may not be completely accurate, but we will ensure ongoing review of demand, capacity, and impact of interventions.

We will utilise all available resource to ensure that we are delivering safe and accessible services to our patients and that we improve their experience and outcomes. The Urgent and Emergency Care programme governance will ensure that there is robust oversight of the delivery of this plan, with both strategic and clinical leadership as guidance. We will review the plan early next year to ensure we can identify the learning and impact.

Appendix One

Predicted EMAS Demand

Boston Pilgrim and Lincoln County Hospital Activity (incl Uplift)	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu
	01/11	02/11	03/11	04/11	05/11	06/11	07/11	08/11	09/11	10/11	11/11	12/11	13/11	14/11	15/11	16/11	17/11	18/11	19/11	20/11	21/11	22/11	23/11	24/11	25/11	26/11	27/11	28/11	29/11	30/11
	117	134	128	117	118	123	136	114	134	132	107	118	131	121	127	144	130	118	139	133	121	136	109	127	99	117	113	109	100	128
2021/2022 Hospital Activity	113	138	140	128	142	144	123	125	140	139	129	134	132	128	147	127	127	124	137	124	127	125	128	138	119	127	134	130	127	112

Boston Pilgrim and Lincoln County Hospital Activity (incl Uplift)	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	01/12	02/12	03/12	04/12	05/12	06/12	07/12	08/12	09/12	10/12	11/12	12/12	13/12	14/12	15/12	16/12	17/12	18/12	19/12	20/12	21/12	22/12	23/12	24/12	25/12	26/12	27/12	28/12	29/12	30/12
	109	117	107	114	119	105	118	102	109	122	116	124	107	101	110	100	85	96	100	87	112	136	109	110	107	105	73	111	89	99
2021/2022 Hospital Activity	118	121	108	121	128	135	138	132	119	125	129	112	128	135	117	126	129	139	148	156	134	132	111	120	134	137	137	118	139	141

Boston Pilgrim and Lincoln County Hospital Activity (incl Uplift)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue
	01/01	02/01	03/01	04/01	05/01	06/01	07/01	08/01	09/01	10/01	11/01	12/01	13/01	14/01	15/01	16/01	17/01	18/01	19/01	20/01	21/01	22/01	23/01	24/01	25/01	26/01	27/01	28/01	29/01	30/01
	97	105	100	108	99	112	109	120	104	74	114	106	112	105	106	119	109	120	121	118	120	106	121	112	124	115	120	110	124	107
2021/2022 Hospital Activity	116	123	129	125	132	104	129	130	126	132	122	138	117	125	136	129	125	122	125	119	137	134	126	150	122	127	127	121	139	126

Boston Pilgrim and Lincoln County Hospital Activity (incl Uplift)	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu
	01/02	02/02	03/02	04/02	05/02	06/02	07/02	08/02	09/02	10/02	11/02	12/02	13/02	14/02	15/02	16/02	17/02	18/02	19/02	20/02	21/02	22/02	23/02	24/02	25/02	26/02	27/02	28/02	29/02
	119	119	105	125	98	119	113	132	109	125	114	103	96	114	119	131	118	105	92	100	125	117	119	108	119	119	125	111	124
2021/2022 Hospital Activity	138	118	113	132	120	140	134	134	128	118	115	122	122	142	112	122	117	126	126	110	121	129	136	125	124	148	115	115	125

Boston Pilgrim and Lincoln County Hospital Activity (incl Uplift)	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	01/03	02/03	03/03	04/03	05/03	06/03	07/03	08/03	09/03	10/03	11/03	12/03	13/03	14/03	15/03	16/03	17/03	18/03	19/03	20/03	21/03	22/03	23/03	24/03	25/03	26/03	27/03	28/03	29/03	30/03
	135	108	112	109	120	110	104	126	109	113	120	121	128	109	129	110	122	114	106	115	123	114	112	112	111	106	106	112	116	122
2021/2022 Hospital Activity	116	112	127	142	126	141	125	125	119	108	127	125	117	120	116	110	117	104	120	116	130	114	106	113	110	84	105	129	114	107

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Lincolnshire COUNTY COUNCIL Working for a better future		**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 United Lincolnshire Hospitals NHS Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 April 2024**
Subject:	**United Lincolnshire Hospitals NHS Trust Update**

Summary:

The committee asked for a detailed update on United Lincolnshire Hospitals NHS Trust (ULHT), including reference to:

- Activity
- Waiting Times
- Care Quality Commission Activity
- Louth County Hospital
- Recruitment and Retention
- Impact of Storms Babet and Henk
- Car Parking
- Lincolnshire Provider Review
- Teaching Hospital Status Application
- Other Positive Developments

The below report covers all requested updates.

Actions Requested:

The Health Scrutiny Committee for Lincolnshire is requested to note the update by United Lincolnshire Hospitals NHS Trust on Lincoln County Hospital.

1. Overview of Trust Activity

Please see the table below for an overview of activity at United Lincolnshire Hospitals NHS Trust (ULHT) for the calendar year 2023, split by site:

Activity	Lincoln County Hospital	Pilgrim Hospital, Boston	Grantham and District Hospital	Louth County Hospital	Other Sites *(See Note 1)*
Outpatient Appointments	334,020	204,478	79,469	17,781	25,260
Elective Procedures	3,085	1,969	1,784	28	0
Day Case Procedures	27,655	18,282	8,477	4,089	2,283
Emergency Admissions	31,226	25,611	3,823	20	0
Hospital Births	2,674	1,586	0	0	0
A&E Attendances	65,649	51,761	24,399 *(See Note 2)*	0	0

Notes

1. *Other Sites – These cover clinics and perform procedures on non-ULHT sites. This includes Johnson Community Hospital in Spalding, Skegness Hospital, John Coupland Hospital in Gainsborough, Boultham Park Medical Practice in Lincoln, and James Street Family Practice in Louth.*
2. *The figures for Grantham and District Hospital cover the period January to October 2023. Since November 2023, Grantham Urgent Treatment Centre has been open. A report on its first six months of operation is due on 12 June 2024.*

In addition, the Trust performed 264,698 'diagnostic events' – 15 key tests including MRI, CT and ultrasound.

2. Elective Activity - Waiting Times

ULHT has made significant progress in reducing waiting times for planned patients and is currently on track to have zero patients waiting over 78 weeks and only 337 waiting over 65 weeks by the end of March 2024. The next ambition is to eliminate waiting times over 52 weeks by March 2025 and ULHT is on track to deliver this having already reduced from 8,000 to 3,000 since December 2022.

Head and neck specialties are the most challenged within the organisation and make up the majority of the long waiters. Gynaecology and gastroenterology are also pressured, but to a lesser extent. Whilst the pressure points by specialty vary by organisation, ULHT is in line with the rest of the East Midlands around this cohort of patients.

Industrial action by both consultant and junior doctor colleagues over the last year has had an impact upon elective activity, as the Trust has had to cancel some elective activity to protect emergency care and cancer services.

The level of cancellation has been kept to a minimum, and any cancellations made are re-booked at the earliest possible opportunity.

3. Care Quality Commission Activity

The Trust received an unannounced inspection by the Care Quality Commission (CQC) in October 2021, followed by an announced Well-Led review in November 2021. From this the Trust's ratings are as follows:

- Safe: Requires Improvement
- Effective: Good
- Caring: Good
- Responsive: Requires Improvement
- Well-Led: Good

The Trust subsequently had a further unannounced inspection on 31 May 2023 to Lincoln County Hospital. This visit was a targeted inspection of the Childrens and Young Persons core service at Lincoln. The inspection focused on the 'Safe' key question and resulted in no changes to the Trust or core service ratings.

The Trust retained two conditions on its registration with CQC from previous inspection activities in 2019. These were closed by CQC during 2022 following a review of evidence submitted by the Trust.

The Trust has no conditions on its registration with CQC.

The CQC has transitioned to a new Single Assessment Framework, a move that has been planned since 2021. This has resulted in some restructuring within the CQC. The Trust is looking at the new framework to ensure a proactive approach to the CQC's amended definitions of quality.

4. Louth County Hospital

Services at Louth County Hospital are run by a number of different providers, with the site overall run by Lincolnshire Community Health Services NHS Trust (LCHS).

Services run from the site by ULHT are detailed below:

Diagnostics:

- Ultrasound
- X-ray
- MRI
- Endoscopy
- Abdominal Aortic Aneurysm Screening
- Diabetic Eye Screening Programme
- Breast Screening

Surgery:

- Orthopaedics
- Ophthalmology
- Urology

Therapies:

- Occupational Therapy
- Physiotherapy
- Orthotics
- Rehabilitation Medicine Consultant Clinics
- Dietetics

Speciality Clinics:

- Abdominal Aortic Aneurysm
- Breast clinic
- Colorectal
- Dermatology, including minor operations
- Diabetes
- Ear, Nose and Throat
- Gastroenterology, including the Functional Bowel Team
- General Surgery
- Gynaecology
- Oral and Maxillofacial, including minor operations
- Ophthalmology, including Orthoptists and Glaucoma Clinics
- Orthopaedics
- Paediatric – Neurodevelopmental Clinic
- Rehabilitation
- Respiratory
- Urology
- Vascular

5. Recruitment and Retention

Since March 2021 we have seen a large level of growth in our workforce across all key staff groups. There has been a significant increase in our nursing and midwifery staff group (+254.74 FTE) following successes in recruitment, including internationally.

As of January 2024, we had a total of 8,396 FTE substantive staff in post across all staff groups, with plans in place to further improve our substantive staffing position in 2024/25 and reduce our reliance on temporary staff.

Our Registered Nursing (Band 5+) vacancy rates continue to reduce when compared to 2022 data, and in 2023 there has been an increase in the number of Nurse Associates, which supports the Trust to robustly manage and co-ordinate against safer staffing requirements.

In addition to this, we have seen our overall vacancy rate reduce significantly from 10.55% in April 2022, to 6.17% in January 2024. Turnover has also seen improvements within the same timeframe from 15.45% in April 2022, to 11.11% in January 2024. Both of these improvements evidence the focus which has been placed in recent years to increase and stabilise our substantive workforce.

In January 2024, the People and Organisational Development Team launched a Nursing and Allied Health Professional (AHP) Staff Retention and Experience Retention Working Group, which aims to work with key leaders across those staff groups to collaboratively develop a strategy which outlines how the Trust will support retention. Learning from this working group will also be taken forward into future development of similar strategies across other staff groups.

Model hospital data from August 2023 shows that ULHT is better than its peers, and the national median for NHS leavers rates in the below staff groups:

- Medical and Dental
- Midwives
- Allied Health Professionals
- Corporate and Administrative
- Estates
- Support to nurses, AHPs and scientific, therapeutic and technical

Workforce planning approaches are being developed and strengthened across the Trust, including reporting, which helps us identify areas where further improvement is needed and also where we are doing well. This will further support the Trust to understand staff needs.

The NHS Long Term Workforce Plan and associated Planning Guidance is being incorporated into how we build our future plans, so that once we successfully recruit staff we can also understand more about how we are able to support them in their onward career journey and stay working for ULHT or within Lincolnshire.

An area which will be further developed over the coming months is utilising insights from Population Health data, and how this translates into where our workforce work and live. By understanding this, we will be able to further understand more about staff health and wellbeing, and how working in rural Lincolnshire can be challenging. This will support us to develop plans which support our staff to stay well at work during times of increased pressure, and how best to support those who may be living with a long term condition, or caring for someone who has.

6. Impacts of Storms Babet and Henk

Thankfully, Storms Babet and Henk which hit the UK in October 2023 and January 2024 had no significant impact at ULHT from an emergency planning perspective. We did experience some localised flooding on our hospital sites, which was managed under business continuity processes, and did not have an impact upon either staff or patients.

7. Car Parking

We know that car parks at Lincoln County Hospital can become very busy at certain times of the day, especially around dedicated visiting hours. We have separate dedicated car parking for staff and visitors, and we continually monitor their use.

Any complaints around car parking are dealt with by our PALs team, but we currently do not collate data on the direct impact of car parking on missed appointments, for example. We also provide information on alternative travel modes, to reduce the number of patients and visitors travelling by car. We are also looking to add a link to patient letters, signposting patients and visitors, to local public transport information.

We are looking at both short-term and long-term solutions to improve the car parking situation on all sites. Options include:

- Review of staff parking permissions within patient and visitor car parks.
- Improved CCTV coverage to support enforcement of Trust car parking policy.
- Increased promotion of existing public transport services.
- Investment in VMS (Variable Message Signs) which inform patients and visitors when carparks are full.
- Park and Ride options.
- Shuttle Bus Options.
- Capital Investment in Additional Spaces.
- Local Investment in Additional Spaces.

8. Lincolnshire Provider Review

Last year, NHS Lincolnshire Integrated Care Board commissioned a review of the provider landscape in Lincolnshire to understand if there is a better way to work together to achieve this. After a series of dedicated meetings and workshops between colleagues across Lincolnshire's Integrated Care System, ten recommendations to support this ambition were developed. These were evaluated and accepted by the Chairs, Chief Executives and Boards of the four NHS Statutory Organisations.

These ten recommendations have been consolidated into the four priority areas, which are listed below:

Community and Primary Partnerships (CPPs)

This recommendation is to deliver care closer to home by improving joint working across statutory and non-statutory services at a locality level, by developing community and primary care partnerships. These will build on existing Primary Care Network and neighbourhood team arrangements.

Group Provider Model between ULHT and Lincolnshire Community Services NHS Trust

This Group was formally established with effect from 1 April 2024. It continues its focus on making things better, both for those who receive care and for those who work in both organisations. At the heart of all decisions is the need to provide safe, high-quality care for all patients and those who use services. The Trusts will have a joint Chair and CEO, joint executive team, joint non-executive directors and close working relationships at Board level.

Developing Shared Corporate Service Functions across NHS Organisations

This workstream will be working closely with corporate service leaders and teams to understand how best we can operate closer together, to create high-quality, integrated, efficient and value-for-money corporate services serving the whole of the NHS in the county.

Organisational Development Programme to Support Cultural Change

Focusing on trust, transparency and the empowerment of clinical and care professionals. The specific requirement associated with this workstream will be defined by the other programmes of work and importantly signifies leaders' intent to ensure colleagues across the system benefit from support and an opportunity to be involved and integrate.

9. Teaching Hospital Status Application

Following a period of engagement with our staff, patients and other stakeholders and the collation of a portfolio of evidence which demonstrates our significant commitment to teaching and education, we submitted our application for Teaching Hospital Status to the Department of Health and Social Care (DHSC) on 5 December 2023.

If we are successful with our application we are confident that teaching hospital status will further enhance our ability to attract top-tier talent, engage in ground-breaking research and innovation in collaboration with our university partners, continue to provide the highest standards of clinical education, and ultimately improve upon the already high standards of patient care for the people of Lincolnshire.

At the time of writing, we have been advised by the DHSC that our application is currently being reviewed by their legal team ahead of submission for ministerial review.

10. Other Positive Developments

Stroke Services

Plans are being developed to expand the Stroke Unit at Lincoln County Hospital, as a result of the recent review into four acute services in Lincolnshire (the acute service review). We are creating a centralised service for stroke within Lincolnshire for hyper-acute and acute stroke services. This will be supported by an enhanced community stroke rehabilitation service across the county to form the Lincolnshire Stroke Service. Plans for the multi-million pound development at Lincoln are now being made and will see the unit increase with seven additional beds, bringing the overall total on the ward to 35 beds. Building work is due to start later this year.

Pilgrim Hospital Emergency Department

Work is well underway on the multi-million pound transformation of the Emergency Department at Pilgrim Hospital, Boston. The plans will see the hospital's Emergency Department more than treble in size, have a much bigger resuscitation zone for the sickest patients, have more cubicles in which to treat patients and have a separate area dedicated to providing emergency care for the hospital's youngest patients and their families. The development is due to be complete by 2026.

Lincoln Endoscopy Development

We are moving forward with our plans for a brand new £18.9 million Endoscopy Unit and Urology Investigation Suite (UIS) at Lincoln County Hospital. The new unit will provide state-of-the-art facilities, innovative pod building system within endoscopy to provide improved patient dignity and drop-off parking for patients undergoing procedures.

Electronic Patient Record (EPR)

Approval has been received for the Trust to move towards an Electronic Patient Record (EPR). This is a great step forward for the Trust, as a fully integrated patient record will help to improve staff and patient experience, as well as meeting the national ambition to revolutionise how information is captured and stored to provide better joined-up care. The EPR will transform how we provide care, by electronically storing patient information - making communication between patients and staff much simpler. Additionally, it will introduce time-saving features making it easier to deliver safer, more personalised care for our patients.

Electronic Prescribing and Medicines Administration (EPMA)

This has now successfully been rolled out across the Trust. It is an electronic prescribing solution which replaces paper drugs charts and links ward activities with the pharmacy department digitally. It will help to improve efficiency, care quality and patient safety, as time previously used for transcriptions can now be put into patient care and unnecessary travelling to the ward is avoided by remote prescribing.

Community Diagnostic Centres (CDCs)

The Trust has successfully opened a Community Diagnostic Centre (CDC) in Grantham, which offers x-ray, ultrasound and now MRI services. Further CDCs are also in development for Lincoln and Skegness, with the aim of significantly increasing diagnostic capacity across Lincolnshire, supporting the delivery of treatments for cancer, cardiovascular disease, and stroke.

Award for Support of Overseas Recruits

The Trust has achieved the NHS Pastoral Care Quality Award in recognition of best practice care for staff recruited and onboarded from overseas. Over the last three years, in excess of 780 internationally educated nurses have joined ULHT across 42 cohorts from countries around the world including India, Japan, Malta, Philippines, Jamaica and more. To achieve the award, Trusts are assessed against a set of standards for pastoral care developed by international recruitment leads and international nursing and midwifery associations.

Gold Award in Defence Employer Recognition Scheme

In 2023, the Trust received the Gold Award as part of the Defence Employer Recognition Scheme. This represents the Ministry of Defence's highest accolade for employers. This honour recognises organisations which proactively demonstrate their forces-friendly credentials as part of their recruiting and selection processes. They also, amongst other policies, provide reserves within their workforce with at least ten days of additional paid leave for training.

11. Consultation

This is not a consultation item.

12. Conclusion

The Committee is requested to consider the update.

13. Background Papers

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

This report was written by Anna Richards, Associate Director of Communications and Engagement ULHT

Calire Lincolnshire COUNTY COUNCIL Working for a better future		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:	**17 April 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 First Initiative Services *(Added to List on 24 January 2024)*

(3) Availability of Prescription Medicine *(Added to List on 24 January 2024)*

(4) NHS England: 2024-25 Priorities and Operational Planning Guidance - National Objectives for 2024/25 - Local Planning to Meet Objectives *(Added to List on 24 January 2024)*

2. Items Already Programmed

17 April 2024		
	Item	*Contributor*
1	NHS Dental Services, including Lincolnshire Dental Strategy	NHS Lincolnshire Integrated Care Board: • Sandra Williamson, Director for Health Inequalities and Regional Collaboration • Sarah Starbuck, Head of Primary Care Commissioning and Development Carole Pitcher, Senior Commissioning Manager, East Midlands Primary Care Team
2	Urgent and Emergency Care Update, including the Outcomes of the Review of Urgent Treatment Centres	NHS Lincolnshire Integrated Care Board: • Clair Raybould, Director for System Delivery. • Rebecca Neno, Deputy Director for System Delivery.
3	United Lincolnshire Hospitals NHS Trust – General Update	Julie Frake-Harris, Chief Operating Officer, United Lincolnshire Hospitals NHS Trust

15 May 2024		
	Item	*Contributor*
1	Lincolnshire NHS People Strategy	Saumya Hebbar, Associate Director of People – Lincolnshire Integrated Care System
2	GP Provision on Lincolnshire, including: (a) NHS Lincolnshire Integrated Care Board (b) Lincolnshire Local Medical Committee	• 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
3	Protocol Between Health Scrutiny Committee and NHS Lincolnshire Integrated Care Board	Simon Evans, Health Scrutiny Officer

12 June 2024		
	Item	*Contributor*
1	Lincolnshire Urgent Treatment Centre Strategy	• Clair Raybould, Director for System Delivery, NHS Lincolnshire Integrated Care Board • Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board
2	Grantham Urgent Treatment Centre – The First Six Months	
3	Lincolnshire Suicide Prevention Strategy	Lucy Gavens, Consultant in Public Health at Lincolnshire County Council
4	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		
	Item	*Contributor*
1.	Use of Planning Mitigation Funding for NHS Facilities	NHS Lincolnshire Integrated Care Board Representatives: • Sarah-Jane Mills, Director for Primary Care and Community and Social Value • Sarah Starbuck, Head of Primary Care Commissioning and Development
2.	Implementation of the Mental Health Community Rehabilitation Service	Representatives from Lincolnshire Partnership NHS Foundation Trust

11 September 2024		
	Item	*Contributor*
1	Cancer Care and Living with Cancer Programme	• 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		
	Item	*Contributor*
2	Non-Emergency Patient Transport Service	East Midlands Ambulance Service: • 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

APPENDIX A

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	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	2:29											
A&E Pilgrim Hospital (ULHT)																																									
Acute In-patient Mental Health, Boston															C																										
Armed Forces Covenant Duty																																									
Ashley House, Grantham															C			C	C																						
Asylum Seeker Accommodation – Former RAF Scampton Site																																									
Blood Pressure Campaign																																									
Bourne Gellatly Medical Practice																																									
Branston and Heighington Family Practice																																									
Brant Road and Springcliffe Surgery, Lincoln																																									
CAMHS		C																																							
Cancer Care and Living with Cancer																																									
Cancer Screening – Lung Cancer																																									
Care Quality Commission National Reports																																									
Care Quality Commission 2023 Maternity Survey																																									
Care Quality Commission Working Arrangements																																									

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Caskgate Street Surgery, Gainsborough																																								
Chief Medical Officer's Annual Report																																								
Cliff House Medical Practice, Lincoln																																								
Clinical Care Portal Data Sharing																																								
Community Diagnostic Centres												C																												
Community Emergency Medicine Services																																								
Community Pain Management Service																																								
Continuing Healthcare																																								
Covid-19 Data, Updates and Vaccinations																																								
Critical Incidents																																								
Defibrillators – Fund for Community Organisations																																								
Dementia – Enhanced Home Treatment																																								
Dementia Services - General																																								
Dental Services																																								
DPH - Annual Report																																								
DPH – Greater Lincolnshire Arrangements																																								
Early Mental Health Support Hubs																																								
Elective Recovery Plan																																								
Emergency Ambulance Services (EMAS)																																								
Fluoridation of Water Supplies																																								
Glebe Park GP Surgery, Lincoln																																								
GP Patient Survey																																								
GP Provision – Lincolnshire CCG / ICB																																								
GP Provision – Lincolnshire LMC																																								
GP Data for Research																																								
Government Announcements for NHS																																								
Government Blood Pressure Campaign																																								
Government New Hospitals Programme																																								

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Grantham Urgent Treatment Centre (formerly A&E)					C		C																																		
Grantham Medical Beds (Lincolnshire ASR)						C	C																																		
Grantham Theatre Capacity																																									
Hartsholme Psychiatric Intensive Care Unit																																									
Hawthorn Medical Practice, Skegness																																									
Health and Care Bill 2021 / Act 2022																																									
Health Scrutiny Regulations and Guidance																																									
Healthwatch Lincolnshire Annual Report																																									
Healthwatch Lincolnshire Forward Vision Event																																									
House of Commons Select Committee - Dentistry																																									
Humber Acute Services Programme						C	C						C													C	C						C								
Humber and Lincolnshire Joint Scrutiny Arrangements																																									
Industrial Action by Junior Doctors																																									
Influenza Vaccination Programme																																									
John Coupland Hospital, Gainsborough																																									
Joint Forward Plan (NHS)																																									
Joint Health and Wellbeing Strategy																																									
King's Lynn - Queen Elizabeth's Hospital																																									
Lakeside Healthcare, Stamford																																									
Lincolnshire Acute Services Review							C																																		
Lincolnshire Integrated Care Board																																									
Lincolnshire Integrated Care Partnership																																									
Lincolnshire Integrated Care Strategy																																									
Lincolnshire Integrated Care System																																									
Lincolnshire System Recovery Support Programme																																									
Lincoln Medical School																																									
Lincolnshire NHS Strategy																																									
Lincolnshire People Board Strategy																																									

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Lincolnshire Voluntary Engagement Team																																										
LCHS - General Update																																										
LPFT – General Update																																										
Louth County Hospital																																										
Mablethorpe Campus for Future Living																																										
Mablethorpe Dental Services																																										
Manthorpe Ward, Grantham and District Hospital																																										
Maternity Wards, Lincoln County Hospital CQC																																										
Mental Health Adult In-Patient Wards																																										
Mental Health High Dependency Rehabilitation																																										
Mental Health Urgent Assessment Centre																																										
Mental Health Service Developments																																										
Mental Health Community Rehabilitation Service															C			C	C																								
NHS Backlogs and Waiting Times Report																																										
NHS Dental Recovery Plan																																										
NHS Discharge Fund																																										
NHS England Announcements / Guidance																																										
NHS Free Prescriptions – People Aged 60 - 66																																										
NHS Joint Forward Plan																																										
NHS Support for Victims of Sexual Assault																																										
NHS Workforce Plan (National)																																										
Newark Road Surgery, Lincoln																																										
Night Light Cafes																																										
Non-Emergency Patient Transport Service				C																																						
NLAG – Breast Oncology																																										
NLAG – CQC Reports																																										
North West Anglia NHS Foundation Trust																																										
Norton Lea Mental Health Unit, Boston															C																												

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Nottinghamshire Health Services																																									
Nuclear Medicine (ULHT)			C						C	C																															
Older Adults Mental Health Services		C																																							
Ophthalmology																																									
Opioids																																									
Orthopaedics (Lincolnshire ASR)						C	C																																		
Paediatric Services (ULHT)	C																																								
Peterborough City Hospital Maternity Services																																									
Peter Hodgkinson Centre, Lincoln County Hospital																																									
Pharmaceutical Needs Assessment																																									
Pharmacy Services																																									
Pilgrim Hospital, Boston, A&E Construction																																									
Portland Medical Practice, Lincoln																																									
Prescriptions – People Aged 60 - 66																																									
Primary Care Network Annual Report																																									
Prostate Cancer Screening National Trial																																									
Protocol – NHS Lincolnshire ICB																																									
Psychiatric Intensive Care Unit (Hartsholme)																																									
Recruitment and Retention of Staff (Lincolnshire)																																									
Richmond Medical Centre, North Hykeham																																									
Quality Accounts																																									
Queen Elizabeth's Hospital, King's Lynn																																									
Rochford Ward, Pilgrim Hospital Closure		C																																							
Scampton - Asylum Seeker Accommodation at Former RAF Site																																									
Spalding GP Surgery																																									
Stamford Minor Injuries Unit																																									
Steps2Change – Talking Therapies																																									
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Stroke Services (Lincolnshire ASR)					C		C																																		
Suicide Prevention																																									
Suicide Prevention and Mental Health WG																																									
Talking Therapies - Steps2Change																																									
ULHT - CQC Inspection																																									
ULHT – Clinical Strategy 2024-29																																									
ULHT - General Update																																									
ULHT – Patient Flow and Discharge																																									
ULHT – Recovery and Waiting Lists																																									
Teaching Hospital Status (ULHT)																																									
Urgent and Emergency Care																																									
Urgent Community Response Service (LCHS)																																									
Urology Services (ULHT)	C	C																																								
The Vales, Discovery House, Lincoln																																									
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

KEY TO ABBREVIATIONS	
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

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