



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
15 FEBRUARY 2023**

**PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)**

Lincolnshire County Council

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

Lincolnshire District Councils

Councillors K Chalmers (Boston Borough Council), J Loffhagen (City of Lincoln Council) and Mrs A White (West Lindsey District Council).

Healthwatch Lincolnshire

Liz Ball.

Also in attendance

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), and Lucy Gavens (Consultant - Public Health).

The following representatives joined the meeting remotely, via Teams:

Michelle Harris (Deputy Chief Operating Officer ULHT), Andrew Morgan (Chief Executive, United Lincolnshire Hospitals NHS Trust), Will Legge (Director of Strategy and Transformation, East Midlands Ambulance Service), Joy Weldin (Head of Non-Emergency Patient Transport, East Midlands Ambulance Service) and Tim Fowler (Associate Director of Contracting and Performance NHS Lincolnshire Integrated Care Board).

County Councillors R D Butroid (Executive Councillor People Management, Legal and Corporate Property) and C Matthews Executive Support Councillor NHS Liaison, Community Engagement, Registration and Coroners) attended the meeting as observers.

38 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs S Harrison (East Lindsey District Council), L Hagues (North Kesteven District Council), P Robins (South Kesteven District Council), Glynis Scalese (South Holland District Council) and Dr M E Thompson.

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

39 DECLARATIONS OF MEMBERS' INTEREST

No declarations of members' interests were received at this stage of the proceedings.

40 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING  
HELD ON 18 JANUARY 2023

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 18 January 2023 be agreed and signed by the Chairman as a correct record.

41 CHAIRMAN'S ANNOUNCEMENTS

Further to the announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on 14 February 2023.

The supplementary announcements referred to: Care Quality Commission reports of GP Practices; Improvement works to the Scotter Ward in John Coupland Hospital, Gainsborough; Lincolnshire System Recovery Support Programme; the Lincolnshire NHS Strategy – Consultation; and the North West Anglia NHS Foundation Trust Recovery Plan.

During consideration of this item, some concern was expressed that the Delivery Plan for Recovering Urgent and Emergency Care 2023 did not take into consideration the current recruitment and retention situation in the NHS and that the proposals for expanding new services in the community would result in more de-skilling of the workforce. The Committee was advised that further information regarding the support programme would be received at a future meeting of the Committee.

Some clarity was also sought as to how many patients would receive care via the 'Care Transfer Hubs.'

The Committee was advised that the NHS Lincolnshire Integrated Care Board Plans would be received by the Committee at a future meeting.

RESOLVED

That the supplementary announcements circulated on 14 February 2023 and the Chairman's announcements as detailed on pages 13 to 18 of the report pack be noted.

42 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - PLANNED CARE: RECOVERY AND RESTORATION UPDATE

Consideration was given to a report from United Lincolnshire Hospitals NHS Trust, which provided the Committee with an update on its progress with the recovery and restoration of planned care.

The Chairman invited the following representatives to present the item remotely, to the Committee: Andrew Morgan, Chief Executive United Lincolnshire Hospitals NHS Trust (ULHT) and Michelle Harris, Chief Operating Officer ULHT.

In summary, the Committee was advised of the improvements and pace of delivery for patients of ULHT waiting 78 weeks, as per the direction of the Secretary of State for Health and Social Care issued to all acute hospitals in England. It was highlighted that ULHT would meet this instruction by the end of March 2023 with internal increases in capacity, and by working in partnership with the independent sector.

The Committee also noted that ULHT had put forward to create an Elective Hub based on the Grantham and District Hospital site, and that a second Community Diagnostic Centre was to be created on the East Coast (Boston). It was highlighted that all the measures would help restore full capacity to meet the complete recovery of the waiting list position and build further resilience to moving closer to the 18 week *Referral to Treatment* standard.

Appendix A to the report presented provided the Committee with details of the position as at the end of December 2022, in terms of waiting times and recovery trajectories and the current position as of 1 February 2023.

The Committee was advised that from April 2023, the Trust's new target was that no patient would exceed a wait of 65 weeks, and that by the end of March 2024, no patient would be waiting greater than 52 weeks.

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

- Some concern was expressed to the lack of treatment available to some patients in their local area because of the lack of availability of transport from home to the hospital. The Committee noted access to services had improved for cancer patients and that transport had been one of the concerns raised by the Patient Group. Recognition was given that transport should not prevent patients attending treatment;
- Confirmation was given that there had been a reduction in the number of cancer patients waiting 62 weeks; and that the graphs provided within the agenda pack were just a snapshot in time;
- Some concern was expressed that some patients were still having to wait to access primary care. Reassurance was given that validations and checks were completed to make sure that a patient's condition, while on the waiting list, had not deteriorated; and if the situation had changed patients, then approached their GP. It was

highlighted that clinicians reviewed their waiting lists frequently and that patients were clinically prioritised, so that those most critical were dealt with first;

- One member enquired what proportion of NHS treatment was being done by the independent sector. As this information was not readily available at the meeting, representatives agreed to forward this information on to the Health Scrutiny Officer after the meeting;
- The impact on the waiting list when operations had been cancelled. The Committee was advised that if an operation/outpatient appointment was to be cancelled, the national standard was that it had to be re-booked within 28 days;
- High Level Objectives for the High Volume Low Complexity Recovery Plan, as detailed on page 29 of the report pack;
- The Committee was advised that as a result of a lot of planning and engagement with patients, no patient would be waiting more than 78 weeks by 31 March 2023, unless any patient chose not to receive treatment;
- That from personal experience one member confirmed that ULHT were addressing waiting lists; and
- The Committee was advised that the community diagnostic centre for Boston was still work in progress, and confirmation was given that transport access had been considered. Representatives agreed that details of the timescales for the centre could be shared with the Committee after the meeting.

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

#### RESOLVED

1. That the improvements and pace of delivery for the patients of United Lincolnshire Hospitals NHS Trust waiting more than 78 weeks as per the direction of the Secretary of State for Health and Social Care be noted.
2. That the Trust's plan to eliminate waits of more than 65 weeks for elective care by March 2024, in line with the NHS's *2023/24 priorities and Operational Planning Guidance* be noted.
3. That the actions as detailed in the report, in support of the targets in (1) and (2) above be welcomed.
4. That a further full update be received in twelve months' time and that an interim update be received in six weeks' time, to be included as part of the Chairman's announcements.

43 THE DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT 2022 - THE DIVERSE COMMUNITIES OF GREATER LINCOLNSHIRE

The Committee considered the annual report from the Director of Public Health, which was the first annual report for the whole of Greater Lincolnshire. The report highlighted the diverse communities of Greater Lincolnshire and the significant challenges that it posed in preventing ill health and improving life expectancy.

Appendix A to the report was a copy of the Director of Public Health Annual Report for 2022 relating to the Diverse Communities of Greater Lincolnshire for the Committee's consideration.

The Chairman invited Lucy Gavens, Consultant in Public Health to present the item to the Committee.

The Committee noted that the four dominant 'types' of community in Greater Lincolnshire had been identified which were urban centre; urban industrial; coastal community and rural and market towns. It was noted that whilst each community faced its own challenges relating to different health outcomes, there were also commonalities of challenges: for example: poor housing and fuel poverty; the lack of a teaching hospital and the problems recruiting and retaining a health and care workforce; poor air quality in urban areas; and also, the impact of agricultural air pollution.

Page 33 of the report detailed six recommendations from the annual report for 2022.

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

- The Committee noted that the team were working collaboratively to understand and reduce levels of air pollution;
- That dentistry provision had been omitted from the report. It was reported that the Integrated Care Board was developing a Dental Strategy which was focussing on oral health and improving access and outcomes for dentistry in Lincolnshire;
- The Committee was advised that the recommendations would be used to influence health and care outcomes. The Director of Public Health was promoting them at a strategic level and the Health and Wellbeing Board and Integrated Care System would be incorporating the findings in their plans to help shape health and care in Lincolnshire;
- The determinants of the issues in Lincolnshire. It was reported that an annex to the report which provided more background history of the communities would be published shortly;
- Reassurance was given that consideration had been taken regarding the needs for the older population, and the need to grow specialisms in local communities to help with the care of the elderly. These factors had been taken into consideration by Primary Care Networks (PCNs) and the ICB;
- Congratulations were extended to officers for the quality of the annual report;

- The challenge of obesity nationally and locally and the work being done to promote 'One You Lincolnshire' service and other projects to help promote healthy living. It was noted that obesity/diabetes could be applied to each of the four communities identified;
- Clarification was provided regarding Figure 1 and Figure 2 on pages 39 and 40 of the report pack;
- The Committee was advised that information at district level was available and that this could be broken down against the four identified communities. It was agreed that this information would be shared with the Health Scrutiny Officer after the meeting. One member also suggested that this information might be useful to town and parish councils;
- The Committee was advised that when an individual moved to Lincolnshire in later life, data was not always readily available regarding that individual's medical history. There was recognition however that this information would be useful to support people moving into the county;
- The Committee was advised that feedback would be expected from NHS in Lincolnshire on the report and its recommendations after it had been considered; and
- Reassurance was given that an action plan would be developed and reported on as part of the next annual report.

The Chairman on behalf of the Committee extended his thanks to the Consultant in Public Health for her presentation.

#### RESOLVED

That the Director of Public Health Annual report for 2022 be noted and that the Committee looks forward to actions in response to the Director's six recommendations on page 33 of his report.

#### 44 NON-EMERGENCY PATIENT TRANSPORT

Consideration was given to a report from NHS Lincolnshire Integrated Care Board (ICB), which provided the Committee with an update on the Non-Emergency Patient Transport Service (NEPTS) for the period since the previous report considered by the Committee in March 2021.

The Chairman invited the following representatives to present the item remotely, to the Committee: Tim Fowler, Associate Director of Contracting and Performance NHS Lincolnshire ICB, Will Legge, Director of Strategy and Transformation, East Midlands Ambulance Service (EMAS) and Joy Weldin, Head of Non-Emergency Patient Transport, (EMAS).

The Committee noted that NEPTS services in Lincolnshire had generally been stable since the date of the previous report to the Committee, and that the Health Transportation Group UK (HTG), formerly known as Thames Ambulance Service Limited (TASL), had been working

responsively with the ICB and hospital and community partners in the delivery of their service.

The Committee was advised that since the last report, the ICB had undertaken a competitive procurement process in 2021, which had resulted in a nine-year nine month contract being awarded to EMAS, with services commencing on 1 July 2023.

Details of the ongoing preparations with EMAS were provided within the report. It was highlighted that it was expected there would be a smooth transition to EMAS from HTG and the other NEPTS providers commissioned in Lincolnshire.

It was reported that new national eligibility criteria for access to NHS funded non-emergency patient transport had been published in May 2022, and that the new criteria had been applied by HTG and that processes were in place to ensure that EMAS applied the same criteria when they took over responsibility for the service on 1 July 2023.

Detailed at Appendix A to the report were details of HTG performance against contracted key performance indicators to December 2022 for the Committee to consider.

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

- That the ICB would be monitoring the contract. Some concern was raised regarding the end user benefits. The Committee noted that satisfaction with the service would be derived from patients' satisfaction and hospital providers surveys. The Committee noted further that the contract placed more emphasis on providing a good service for patients, and that as a result there was a financial risk to EMAS if the service was unsatisfactory;
- The Committee noted that complaints on the existing contract with HTG had declined over the last six months and that further information in this regard would be passed on to the Health Scrutiny Officer;
- It was reported that since the change in the eligibility criteria there had not been an increase in activity. It was highlighted that the most important factor was ensuring that those who were eligible for transport, received assistance, and if that resulted in an increase, then this would be discussed further with EMAS;
- Assurance was given that volunteer drivers would be supported, as they were integral to the delivery model. The Committee noted that engagement with voluntary car scheme providers would be happening in the next few months;
- Confirmation was given that there were no built in contract break clauses, as NHS terms and conditions allowed for the ICB as Commissioner, to give notice to the provider of the termination of the contract;
- It was reported that the service model for EMAS relied on third party resilience and capacity;
- The Committee was advised that EMAS was planning to recruit ahead of the go live date and that the service model allowed for flexibility and progression which would help with recruitment and retention; and

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- Confirmation was given there was a list of premises location for EMAS NEPTS. These were given out at the meeting.

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

RESOLVED

1. That the existing contractor's average performance over the life of the contract has not been met be noted.
2. That the Committee looks forward to a smooth transition from the existing contractor to the new contractor, East Midlands Ambulance Service, from 1 July 2023.
3. That a further update on the Non-Emergency Patient Transport be received by the Committee in twelve months' time.

45 CONSULTATION ON MENTAL HEALTH REHABILITATION CARE - PROPOSED  
RESPONSE OF THE COMMITTEE TO THE CONSULTATION

The Chairman invited Simon Evans, Health Scrutiny Officer to present the item, which asked the Committee to consider and agree to the draft response as attached at Appendix A to the report, as the Committee's final response to the consultation on *Mental Health Rehabilitation Care*, which was being undertaken by Lincolnshire Partnership NHS Foundation Trust.

The Committee extended thanks to the Health Scrutiny Officer for all his work in getting an excellent response drafted.

RESOLVED

That the draft response as detailed at Appendix A to the report be approved as the Committee's final response to the consultation on *Mental Health Rehabilitation Care*, being undertaken by Lincolnshire Partnership NHS Foundation Trust.

46 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the report which invited the Committee to consider and comment on its work programme, as detailed on pages 72 to 74 of the report pack.

Attached at Appendix A to the report was a schedule of items covered by the Committee since the beginning of the current Council term, May 2021, as well as details of planned work for the coming months.



During discussion, reference was made to: the need for the Committee to comment on the Integrated Care Strategy before the end of the year.

The Committee also noted that an update concerning the temporary closure of Hartsholme Centre - Male Psychiatric Intensive Care Unit, might not be ready as a substantive item for the 15 March 2023 meeting, but an update could be considered as part of the Chairman's announcements.

**RESOLVED**

That the work programme presented on pages 72 to 74 of the report pack be received, subject to the comments raised and the additions from minute numbers 42(4) and 44(3).

The meeting closed at 12.37 p.m.

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