



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

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

Lincolnshire County Council

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

Lincolnshire District Councils

Councillors E Wood (City of Lincoln Council), J Makinson-Sanders (East Lindsey District Council), Mrs L Hagues (North Kesteven District Council), G P Scalese (South Holland District Council) and C Morgan (South Kesteven District Council).

Healthwatch Lincolnshire

Liz Ball.

Also in attendance

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

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

66 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

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

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

67 DECLARATIONS OF MEMBERS' INTEREST

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

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

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

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

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

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

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

**RESOLVED**

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

69 CHAIRMAN'S ANNOUNCEMENTS

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

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

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

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

## **RESOLVED**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**RESOLVED**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

## **RESOLVED**

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

## 72 HEALTH OVERVIEW AND SCRUTINY: REGULATIONS AND GUIDANCE

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

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

During consideration of this item the following comments were noted:

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

**RESOLVED**

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

**73 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME**

The Chairman invited the Health Scrutiny Officer, to present the item, which invited the Committee to consider and comment on its work programme, as detailed on pages 125 to 136 of the report pack.

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

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

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

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

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

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

#### **RESOLVED**

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

The meeting closed at 12.41 pm.

This page is intentionally left blank