



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
22 JANUARY 2020**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors C J T H Brewis (Vice-Chairman), M T Fido, R J Kendrick, C Matthews, R A Renshaw, R Wootten and L Wootten.

Lincolnshire District Councils

Councillors S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), Mrs S Harrison (East Lindsey District Council), G P Scalese (South Holland District Council), Mrs A White (West Lindsey District Council) and Mrs L Hagues (North Kesteven District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Victoria Bagshaw (Director of Nursing, United Lincolnshire Hospitals NHS Trust), Liz Ball (Chief Nurse, Lincolnshire East Clinical Commissioning Group), Mark Brassington (Chief Operating Officer, United Lincolnshire Hospitals NHS Trust), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Jane Green (Primary Care Senior Contract Manager, NHS England / NHS Improvement), Anita Lewin (Director of Nursing, Allied Health Professionals and Quality), Jane Marshall (Director of Strategy, Lincolnshire Partnership NHS Foundation Trust), Sarah-Jane Mills (Chief Operating Officer, Lincolnshire West CCG), Carole Pitcher (Primary Care Senior Contract Manager, NHS England – Midlands & East (Central Midlands)), Rachel Redgrave (Head of Commissioning for Mental Health, Autism & LD, South West Lincolnshire CCG) and Jason Wong MBE (Chair of Lincolnshire Local Dental Network, NHS England, Central Midlands).

County Councillor Dr M E Thompson (Executive Support Councillor for NHS Liaison and Community Engagement) attended the meeting as an observer.

42 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors M A Whittington, S Barker-Milan (North Kesteven District Council) and Councillor R Kaberry-Brown (South Kesteven District Council).

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It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, had appointed Councillor L Wootten to replace Councillor M A Whittington for this meeting only.

It was noted further that Councillor L Hagues (North Kesteven District Council) had replaced Councillor S Barker-Milan (North Kesteven District Council) for this meeting only.

An apology for absence was also received from Councillor S Woolley (Executive Councillor MHS Liaison and Community Engagement).

43 DECLARATIONS OF MEMBERS' INTEREST

Councillor S Harrison (East Lindsey District Council) wished it to be noted that she was a patient of Connect Health.

**44 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE MEETING HELD ON 16 OCTOBER 2019**

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 16 October 2019 be agreed and signed by the Chairman as a correct record.

45 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the Supplementary Chairman's announcements circulated at the meeting.

The Supplementary Chairman's announcements made reference to:-

- Lincolnshire Partnership NHS Foundation Trust: Child Adolescent Mental Health Services. In relation to item 6 on the agenda, a letter dated 8 January 2020 from Brendan Hayes, Chief Executive of LPFT, to Debbie Barnes, Chief Executive of Lincolnshire County Council, was attached at Appendix A to the supplementary announcements for the Committee's consideration;
- Contribution from LIVES to emergency responses in Lincolnshire – Additional information requested by the Committee at their October meeting;
- NHS Access Standards Review – Urgent and Emergency Care – An update on the NHS Access Standards Review; and
- Lincolnshire Sustainability and Transformation Partnership (STP) Long Term Plan – An update on the Lincolnshire STP Long Term Plan. It was noted that NHS England/NHS Improvement was expected to allow local STPs to publish their plans sometime in March 2020.

RESOLVED

That the Chairman's announcements presented as part of the agenda on pages 19 to 26; and the supplementary announcements circulated at the meeting be noted.

46 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - UPDATE ON CARE
QUALITY COMMISSION INSPECTION

The Chairman welcomed to the meeting Mark Brassington, Chief Operating Officer, United Lincolnshire Hospitals NHS Trust and Victoria Bagshaw, Director of Nursing, United Lincolnshire Hospitals NHS Trust.

The Committee was advised that the Care Quality Commission (CQC) had inspected the Trust during June 2019; and that a separate 'well-led' assessment had taken place during July 2019. The Committee noted that the final inspection report had been published in October 2019.

It was reported that not all services and sites had been inspected. The services that had been inspected included:-

- Urgent and emergency care at Lincoln and Pilgrim hospitals;
- Medical care at Lincoln and Pilgrim hospitals;
- Critical care at Lincoln and Pilgrim hospitals;
- Maternity services at Lincoln and Pilgrim hospitals; and
- Children and young people's services at Lincoln and Pilgrim hospitals.

Details of the 2019 Care Quality Commission ratings were shown on pages 28 and 29 of the report. It was noted that the Trust remained with an overall rating of 'requires improvement'. It was highlighted that the CQC report detailed a mix of positive improvements and current challenges for the Trust, many of which had been identified within the Trust prior to the inspection and formed part of the on-going Quality and Safety Improvement Plan.

It was reported that the individual ratings for each hospital was that Lincoln County Hospital and Pilgrim Hospital, Boston 'required improvement'. Grantham and District Hospital and County Hospital, Louth, which had not been inspected continued to be rated as 'good'.

The Committee noted that the Trust was in the process of developing an Integrated Improvement Plan and was reviewing the process and structure through which the plan was owned, delivered and assured.

The Committee noted further that the CQC had identified examples of outstanding practice and exemplary care across services, and that this was particularly recognised at Pilgrim Hospital, Boston, where the overall rating had moved from 'Inadequate' to 'Requires Improvement'.

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Details of identified challenges for the Trust were shown on pages 30 and 31 of the report and Appendix A provided the United Lincolnshire Hospitals NHS Trust Response to CQC Must Do's and Should Do's for the Committee to consider.

In conclusion, the Committee was advised that the Trust was finalising an Integrated Improvement Plan following the inspection, which was a new structure through which the Trust described, delivered and monitored improvements. The Committee noted that once the plan had been agreed, the document would be shared more widely.

It was also highlighted that the Trust had a programme of work to support the development of leaders and to further embed the new Trust Operating Model. It was highlighted further that to improve the staffing position, the Trust was currently undertaking an extensive domestic and international recruitment programme for both medical and nursing posts, as well as working with universities to support further recruitment into nursing posts and supporting the development of the Lincoln Medical School. The Committee was advised that since the inspection in July 2019, measurable progress had already been made to respond to the CQC's immediate concerns.

During discussion, the Committee raised the following issues:-

- The opening of Grantham and District A & E 24/7. The Committee was advised that no decision had been reached with regard to Grantham and District A & E as it was part of the Lincolnshire Acute Services Review and that there had been engagement on its future as part of the 'Healthy Conversation' in 2019;
- Public availability of the Section 31 Enforcement Notice and Section 29A Warning Notice. The Committee was advised that the content of the Section 31 Notice was shown within the CQC's report and was an enforceable Notice. The Section 29A Notice was a warning. Clarification was given that the CQC did not release copies of the Section 29A and 31 notices into the public domain;
- Service changes at Pilgrim Hospital, Boston. Representatives of the Trust advised that they were not aware of any imminent service changes;
- Hand hygiene practices – The Committee was advised that this was an on-going issue. The Committee noted that compliance did vary and that it was not just a problem in Lincolnshire;
- Concern was expressed to the time taken to develop an action plan. The Committee had previously been advised earlier in the discussion, that a new Integrated Improvement Plan was still being developed. Reassurance was given that the new plan for the first time would bring together delivery, quality, performance and finances all into one document;
- The three conditions applied following the 2019 inspection (as shown on page 31 of the report). A question was asked as to how much impact staffing issues were having on the Trust being able to move forward. The Committee noted that at Pilgrim Hospital, Boston maintaining staffing levels represented a significant challenge; and that half the nursing positions were being filled by agency staff. On a more positive note, the Committee was advised that for

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the first time for six year's there were no gaps within the Trust for consultant-grade medical staff. It was noted that the newly recruited staff would all be in place by the end of April. It was highlighted that the new members of staff would still need to undergo further training to help them transition into the NHS and the Trust. Confirmation was also given that A & E staffing remained in a similar position; it was noted that there were proposals to expand the current establishment which would be concluded at the end of January 2020;

- The outcome of a recent CQC inspection. The Committee was advised that inspectors had returned to Lincoln County Hospital; and Pilgrim Hospital, Boston Emergency Departments as part of winter assurance, not part of the normal inspection regime. The headlines had been that Lincoln County ED was improving; and Pilgrim Hospital, Boston ED was under pressure. The Committee noted that Pilgrim Hospital, Boston ED was not large enough to deal with the current level of demand and that funding had been allocated for building work, and this was expected to be completed in 2023. The Committee noted further that the Trust was lobbying government for funding to extend Lincoln County Hospital's emergency department;
- Sepsis – The Committee was advised that improvements had been made and the Trust was now in the top quartile nationally for detecting and treating sepsis;
- The effect of the CQC report on staff morale – The Committee was advised that staff morale had been affected. Talks were on-going with staff to obtain their views and to ensure that they were involved in the process and any changes. The Committee noted that the Integrated Improvement Plan would highlight the challenges ahead, which would have a positive effect on staff. It was highlighted that HR were doing additional work around specific health and wellbeing issues;
- The CQC four hour A & E standard. The Committee was advised that the Trust was still waiting for planning guidance on any replacement to the four hour standard, which would then inform the Trust's direction of travel;
- Timescale for the programme of works and the Integrated Improvement Plan being finalised. It was reported that evidence had shown that this type of plan was successful. The Committee was advised that once the plan had been developed and had received approval from the Trust Board, it would then be shared with the Committee;
- A request was also made for more information regarding the refugee doctor project;
- The involvement of NHSE/I in improvement planning since the Trust had entered special measures in 2016. The Committee noted that the Trust had received national intensive support and regional support, which had provided the Trust with expertise and access to funding; and
- Public reassurance to the 'inadequate' rating. Reassurance was given that most areas were safe with systems and processes in place; and in the specific areas of concern highlighted; these concerns had now been addressed.

The Chairman on behalf of the Committee extended thanks the representatives present and commended staff for their continued hard work in the areas where improvements had been made.

RESOLVED

1. That a further update on the Care Quality Commission Inspection be received by the Committee in three months' time.
2. That a copy of the finalised programme of works, the Integrated Improvement Plan and the RAG ratings be provided to the Committee.
3. That information relating to the refugee doctor project be made available to members of the Committee.

47 LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST: CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

The Committee gave consideration to a report from Lincolnshire Partnership NHS Foundation Trust (LPFT), which invited comments on the Intensive Home Treatment Service Pilot, which had commenced operation on 4 November 2019.

The Chairman welcomed to the meeting Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust, Rachel Redgrave, Head of Commissioning for Mental Health, South West Lincolnshire Clinical Commissioning Group and Anita Lewin, Director of Nursing, Allied Health Professionals and Quality.

The Committee was advised that the pilot provided a community Intensive Home Treatment service for young people (aged up to 18). It was noted that investment for the new model of care pilot (including the clinical team running it) had come from an existing inpatient service (based at Ash Villa in Sleaford), which was temporarily closed. It was noted further that if the pilot was successful, following evaluation there was an option to continue with it. The Committee was advised that as the proposal would be a significant service change, it would be subject to public engagement and public consultation in line with statutory duties.

Background details and an explanation of the service was shown on pages 58 and 59 of the report.

The Committee noted that the reason for the pilot was to improve the quality of care provided for young people closer to home. The Committee noted further that the quality treatment and care would be delivered in less restrictive settings as a safe and effective alternative treatment model to in-patient care for young people who would otherwise require admission.

It was highlighted that the aim of the new model was to intervene earlier in the deterioration of a young person's mental health and provide a rapid response with treatment at home in order to prevent admission to hospital.

The Committee noted that whilst staff always provided excellent clinical care, Ash Villa had been identified as a "fragile service" and reasons for that were shown on page 60 of the report, but they included patient safety, the high risk building

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environment and the financial costs. The Committee was advised that a decision had been taken in September 2019, to temporarily close the unit on grounds of patient safety. Approval was given from NHS England to bring forward the pilot, which began on 4 November 2019, with the experienced staff from Ash Villa running the Intensive Home Treatment service.

A timetable for the new model of care was shown on page 61 of the report presented.

In conclusion, the Committee noted that the Lincolnshire Partnership NHS Foundation Trust was committed to a vision of providing care as close as possible to people's homes; and exploring new ways of working to build up capacity in community teams to provide 24/7 community services for young people with mental health problems. The Committee noted further that improvements were also needed to be made to improve the quality of care provided to young people, which included improving the physical environment of wards that LPFT operated in order to protect patient dignity and privacy as they received care and treatment.

During discussion, the Committee raised the following points:-

- The Committee's attention was brought to the letter from Brendan Hayes, Chief Executive of LPFT to Debbie Barnes, Chief Executive Lincolnshire County Council, which had been attached at Appendix A to the Chairman's Supplementary announcements concerning Ash Villa;
- The refreshing nature of the Pilot, which would bring a better service for young people with mental health issues within their communities;
- How children and young people with high level needs would be accommodated. The Committee was advised that LPFT was working closely with the County Council and Child and Adolescent Mental Health Services (CAMHS). The Committee was advised that earlier intervention would help alleviate young people being accommodated out of county. The Committee was advised that Ash Villa as a building would not be re-opening and that the County Council was looking at ways to provide the right level of education. Confirmation was given that there had always been young people accommodated in out of county facilities, as a result of their needs and this would not change. The Committee noted that LPFT were working together as part of the East Midlands group looking at inpatient provision, which would be completed at the end of October 2020, by which time the community model would have been evaluated. Some concern was expressed to potential transport issues, should a young person have to go out of county. The Committee asked for information as to how families and carers of children who were admitted as inpatients to an out-of-county CAMHS unit would be supported, given the travelling distance likely to be involved. Reassurance was given that all organisations were working very closely together to get the best outcomes for young people with mental health issues;
- Accessibility to the crisis team – The Committee noted that the crisis team provided 24/7 cover for young people up to the age of 18. It was noted that the service could be accessed by ringing 111; and single point of access could be made through GPs;

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- Educational provision at Ash Villa – It was reported that Ash Villa had not been the sole educator of inpatients at Ash Villa; and when young people were well enough, they had attended mainstream school. The Committee noted that only a very small minority of young people accessed the school at Ash Villa; and
- A request was made for the Committee to receive summary information relating to the feedback from service users; and also other options to be considered should the Pilot Intensive Treatment Service prove not to be successful.

The Chairman extended thanks on behalf of the Committee to the representatives from LPFT for their update.

RESOLVED

1. That LPFT be requested to provide the following information to a future meeting of the Health Scrutiny Committee for Lincolnshire:
 - other options, should the pilot Intensive Home Treatment Service not be considered a success; and
 - how families and carers of those children who are admitted as inpatients to an out-of-county CAMHS unit can be supported, given the travel which is likely to be involved.
2. That LPFT be requested to provide the Committee with a summary of the feedback information received from service users to date.

**48 LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST: OLDER
ADULTS MENTAL HEALTH HOME TREATMENT TEAM**

The Chairman welcomed to the meeting Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust, Rachel Redgrave, Head of Commissioning for Mental Health, South West Lincolnshire Clinical Commissioning Group and Anita Lewin, Director of Nursing, Allied Health Professionals and Quality.

The Committee was advised that the need for older mental health services was increasing; and that there were some gaps in services. The ambition of the pilot was to increase community support; offer care closer to home; to deliver seven day a week services; and have hospital care available to the best standard when needed.

The Committee was reminded that the Trust had set up the Adult Home Treatment Team (HTT) as a pilot service whilst estates work had been undertaken to upgrade Brant Ward, Lincoln to meet modern NHS privacy and dignity standards. The HTT provided services to adults with functional mental health conditions for example someone living with anxiety or depression. The service was focussed on admission avoidance, and supporting early discharge from hospital.

At the Health Scrutiny Committee for Lincolnshire meeting held in April 2019, a report had been received relating to the first five months of operation of the Home

Treatment Team, which had demonstrated significant positive outcomes, details of which were shown on page 64 of the report.

The Committee was advised that the upgrade to Brant Ward at Witham Court, Lincoln to create single en-suite bedrooms and improve ward living spaces was now complete and ready to re-open.

It was highlighted that LPFT were proposing to continue the current service model with one functional older adult mental health ward (Brant Ward, Lincoln) and a county-wide HTT. The Committee was advised as a result the Trust was proposing to transfer the in-patient ward from Rochford Ward in Boston to the newly refurbished Brant Ward in Lincoln. It was highlighted that the reason for the change was that the Rochford Ward was not fit for purpose and it did not meet the Care Quality Commission standard for care environments.

It was reported that the Rochford Ward would be temporarily closed with staff working into the HTT model or in other services. The Committee noted that a further HTT hub would be created in Boston to accommodate the HTT team.

In conclusion, the Committee was advised that LPFT were committed to a vision of providing care as close as possible to people's homes. There was recognition that there were still some challenging decisions to be made on the balance of inpatient and community facing services.

The Committee were invited to provide feedback to LPFT on the proposal to continue Older Adult Home Treatment service as well as re-opening of the refurbished Brant Ward, Lincoln.

During consideration of this item, the Committee raised the following points:-

- Support overall was given to the HTT service, and the Committee welcomed further details concerning the outcomes of the evaluation of the HTT service;
- Some concern was expressed to the temporary loss of the Rochford Ward. Reassurance was given that the Trust was committed to having a presence in Boston with ward 12; and at the moment it was difficult to ascertain how much provision was required. Members of the Committee were invited to visit both the Rochford Ward, Pilgrim Hospital, Boston and Brant Ward, Lincoln;
- The need to consider transportation for patients from Boston to Brant Ward, Lincoln. The Committee was advised that the County Council was looking into transport issues within the county with the CCG;
- Nurse presence in the police control – The Committee noted that a nurse was present on the control room to help deal with mental health issues earlier on in the process; and to mobilise the crisis team. The Committee noted further that the crisis nurse service was 24/7 and that it was hoped to expand this service further;
- How many patients since October 2018 had been treated by the HTT. Representatives present agreed to provide the requested data;

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- One member asked what the positive outcomes had been. The Committee was advised that there had been a reduction in the number of inpatients; and patients that had been sent out-of-county for in-patient treatment;
- Referrals to the service – The Committee was advised that referrals could be made by using 111; by health professionals; mental health teams; and Home Treatment teams;
- Evaluation data – The Committee was advised that in April 2020, the pilot would have been in operation for 18 months; and it was felt that there would be enough data to present to the Committee after the April 2020 date;
- Whether the Trust was actively seeking capital funding to move and re-open the provision at Pilgrim; and whether funding had been secured to continue the older adult home treatment. The Committee was advised that the Rochford Ward was not fit for purpose; once evaluation of the HTT was completed, the CCG would be approached for funding, hopefully to include the HTT; and
- A request was made for feedback of the comments received from patients and carers to date with regard to the new service and the temporary closure of the Rochford Ward. The Committee was advised that this information would be made available to the Committee.

The Chairman on behalf of the Committee extended thanks to representatives from LPFT for their update.

RESOLVED

1. That LPFT be requested to report to a future meeting of the Health Scrutiny Committee for Lincolnshire on the outcome of the evaluation of the Home Treatment Team pilot.
2. That an invitation for members of the Committee to visit both Rochford Ward, Pilgrim Hospital, Boston and Brant Ward, County Hospital, Lincoln be noted.
3. That LPFT be requested to provide information to the Health Scrutiny Committee for Lincolnshire on the following:
 - Any feedback to date from service users on the temporary closure of Rochford Ward and the Home Treatment Team arrangements; and
 - The number of patients to date who have been treated by the Home Treatment Team since October 2018, including the number of patients who have avoided an in-patient admission.

49 COMMUNITY PAIN MANAGEMENT SERVICE

The Chairman welcomed to the Committee Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group.

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The report circulated provided the Committee with an update on the mobilisation of the new service and the actions that had been taken to address feedback from patients and colleagues.

The Committee was advised that Lincolnshire CCGs closely monitored the performance of the Community Pain Management Service run by Connect Health in both terms of both access and quality.

It was reported that accessibility for patients had improved, Connect Health had mobilised 14 clinic locations across the county, details of which were shown on pages 70 and 71 of the report. It was noted that the average waiting time from referral to first appointment offered was 22 working days with 100% of all patients initiating their second phase of treatment within 40 working days. Information relating to the skill mix of multi-disciplinary pain management clinicians was shown on page 71 of the report. It was noted that the greatest number of referrals into CPMS had been from the Lincolnshire East region. The Committee was advised that currently the longest waiting times causing concern was for patients who had transitioned to the CPMS who required a Consultant appointment, but it was anticipated that demand on consultant appointments would reduce.

It was reported that Connect Health were working with the CCG's Medicines Management Optimisation Service and local prescribing forums to help address the issues in Lincolnshire in relation to the high prescribing of pain management medications, particularly, opioid based medication.

The Committee noted that new service users were very complimentary about the CPMS. It was noted further that complaints were reducing; and that the main theme from recent complaints had been with regard to the expectations of patients transitioning to the CPMS; and the provision of repeated PLCV injections. Page 75 of the report provided some patient feedback comments for the Committee to consider. Comments from friends and family between October and December 2019 were shown on page 81 of the report.

In conclusion, the Committee was advised that Connect Health were working very hard to mobilise a complex multi-faceted service based on 'Best Practice' and recognised by the British Pain Society and NICE. Recognition was given that the mobilisation of the new service had been challenging and had not provided a positive experience for some patients. Reassurance was given that the CCG and Connect Health would continue to work together to address issues highlighted by patients who had transitioned from previous services.

During discussion, the Committee raised the following issues:-

- That office staff needed better information to be able to provide help and guidance; and that there needed to be more follow up from office staff;
- That the transitioning stage could have been better managed if there had been better communication;

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- Long travelling distance of some patients to access the service. Confirmation was given that capacity match was being looked into particularly in the east of the county;
- Consultant capacity – Reassurance was given that in Lincolnshire capacity would be re-aligned and at the moment there was no plans for this to be reduced;
- How far it was expected that complaints would reduce during 2020 – Confirmation was given that it was hoped that complaints would be lower than 2% for 2020;
- Reassurance was sought as to whether sub-contractors were committed to NICE guidelines. The Committee was advised that in accordance with the contract specifications, sub-contractors would need to evidence that they met the NICE guidelines;
- A request was made for up to date feedback, especially negative comments which were missing from the report presented, as well as activity reports and key milestone outcome measures. The Committee was advised that this information was available and could be shared with the Committee; and
- Where additional sites were being considered for the mobile injection facility. The Committee was advised that consideration was being given to sites at Grantham, Sleaford, Skegness, Louth and Boston.

On behalf of the Committee, the Chairman extended thanks to the Chief Operating Officer, Lincolnshire West Clinical Commissioning Group for the update; but some disappointment was expressed that full feedback had not been provided.

RESOLVED

1. That the Community Pain Management Service update be received.
2. That the Health Scrutiny Committee for Lincolnshire receive a further report in six months' time (22 July 2020), which should include full feedback reports, including more detail on complaints, activity reports and key milestone outcome measures.

The Committee adjourned at 12.30pm and re-convened at 13.55pm.

Additional apologies for absence for the afternoon part of the meeting were received from Councillors M T Fido, R J Kendrick, L Hagues (North Kesteven District Council) and Dr B Wookey (Healthwatch Lincolnshire).

50 NHS DENTAL SERVICES OVERVIEW FOR LINCOLNSHIRE

The Chairman welcomed to the meeting Carole Pitcher, Primary Care Senior Contract Manager, NHS England/NHS Improvement, Jane Green, Primary Care Senior Contract Manager, NHS England/NHS Improvement, and Jason Wong, MBE, Chair of Lincolnshire Local Dental Network.

The Chairman on behalf of the Committee extended congratulations to Jason Wong on receiving his MBE in the recent New Year's Honours List.

The Committee was advised that NHS England and NHS Improvement had aligned to form seven new regional footprints. It was noted that the regional office covering Lincolnshire was the Midlands Region. It was noted further that the new Midlands region had two localities which were West and East Midlands; and that Lincolnshire was part of the East Midlands locality along with Nottinghamshire, Derbyshire, Leicester City, Leicestershire, Rutland and Northamptonshire.

Details of the 70 contracts in Lincolnshire providing NHS dental service were shown in the report. Details of the procurement process outcomes were shown on page 87 of the report. Disappointment was expressed to the fact that no preferred bidders had been identified for three lots in Lincolnshire, those being Mablethorpe, Spalding A (Johnson Community Hospital) and Skegness/Spilsby. It was highlighted that the Midlands local dental team were working with the preferred bidders identified for the five awarded lots.

It was reported that since the withdrawal of Bupa Dental Care from the NHS provision of dental services in Mablethorpe, a review of interim options were being considered. It was noted that expressions of interest had been received from existing providers to deliver urgent dental care sessions from the dental practice based in Marisco Centre, Mablethorpe for a twelve month period; and that discussions were on-going.

The Committee was advised that in-line with Department of Health guidance, orthodontic contracts had been nationally extended to 31 March 2019, or beyond, depending on the Regional timeline for procurement. It was highlighted that in Lincolnshire the current PDS contracts were due to expire on 1 May 2020; and that the new regional teams in the Midlands and East were currently considering the options to re-procure the services.

It was reported that it had been identified that there was a significant issue with recruiting dentists to work within the NHS across Lincolnshire and it was acknowledged that this was becoming an increasing pressure nationally. It was reported further that the Local Dental Network Chair for NHS England and NHS Improvement – Midlands had established a working group to review the recruitment and retention issues being experienced; and to developing a strategy to improve the dental workforce in Lincolnshire. The Committee was also advised that to support dentist recruitment, NHS England and NHS Improvement – Midlands were developing a business case to establish an international recruitment pilot for Lincolnshire based on the successful GP international recruitment programme. The Committee was also advised that a career event had been held in Lincoln to promote the dental pathways and that a copy of the presentation would be circulated to schools in Lincolnshire. A link to the presentation was included on page 90 of the report presented. The Committee noted that further events were planned. A further presentation to promote working as a dental health care professional in Lincolnshire had also been created for circulation to all stakeholders including dental core trainees and foundation Dentists, a link to which was provided on page 91 of the report presented.

Other actions mentioned were the recruitment of two fellow dentists to work in Lincolnshire to support delivering the Local Dental Network work programme; and the creation of two joint posts for dental trainees.

It was reported that a Performer List by Validation of Experience process had been established, which would enable non-EU qualified dentists to be assessed by Health Education England to make sure they had the necessary knowledge and experience, which would help recruiting dentists outside the European Union.

The Committee noted that NHS England and NHS Improvement continued to work closely with Health Education England to develop training programmes to support developing the dental workforce.

During discussion, the Committee raised the following issues:-

- Concern was expressed to the lack of dentist provision along the coastal area;
- Lack of information readily available to members of the public regarding provision available to them. Representatives agreed to produce a document advising them what arrangements were in place, and where provision would be available. It was agreed that the Health Scrutiny Officer would distribute the above said information to all members of the Committee;
- Shortage of dentists in Lincolnshire – Representatives reiterated the work being done to encourage young people to look at the dental pathways;
- Retention of trained dentists. The Committee was advised that the number of practices were stable at the moment; but most newly qualified dentists were attracted to the areas in which they trained;
- Confirmation was given that a dentist could do both NHS and private work;
- Problems with contract reforms. It was highlighted that offers needed to be attractive enough to draw the workforce in and that this was a problem;
- Orthodontic procurement options, a question was asked as to whether the initial procurement areas on district council boundaries were flawed. The Committee was advised that at the moment this question could not be answered;
- Two dental prototype commissioning contracts. The Committee was advised that one contract was in Leicestershire the other in Lincolnshire. It was highlighted that at the moment there was no information available to share with the Committee;
- Dental marketing event – It was agreed that details of the marketing event would be shared with members of the Committee after the meeting; and
- International recruitment drive – Some concern was expressed as to why it had taken so long to establish an international recruitment drive. The Committee was advised that there was recognition that international recruitment needed to be moved on, but as at this moment, no timescale was known.

The Chairman on behalf of the Committee extended thanks to the representatives for their update on NHS Dental Services in Lincolnshire.

RESOLVED

1. That the report on NHS Dental Services Overview for Lincolnshire be noted and that a further update be received in twelve months' time or at a time of the new contract procurement being issued.
2. That a request be made to NHS England/NHS Improvement for information that members of the Committee and other stakeholders, such as district councils, could share with local communities on the availability of dentists, particularly in the Mablethorpe, Spalding and Spilsby areas.

51 WORKSHOP - ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2019: THE BURDEN OF DISEASE IN LINCOLNSHIRE

The Committee gave consideration to a report from the Health Scrutiny Officer, which provided an update from the Workshop held on 18 December 2019 concerning the Annual Report of the Director of Public Health 2019: The burden of Disease in Lincolnshire.

The Committee was asked to consider whether it wished to look any aspects from the Director's Annual Report which could be included as part of the work programme.

RESOLVED

1. That the report on the Committee's informal workshop meeting held on 18 December 2019 on the Director of Public Health's Annual report on the Burden of Disease in Lincolnshire be noted.
2. That the local implementation plan of the NHS Long Term Plan which is due to be considered by the Committee, following its publication, be noted.
3. That the following topics from the Annual Report be included as part of the Committee's work programme:
 - Undiagnosed High Blood Pressure and High Cholesterol;
 - Musculoskeletal Problems; and
 - Cardiovascular Disease.

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Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which enabled the Committee to consider and comment on the content of its work programme as detailed on pages 98 and 99 of the report presented.

The Committee was asked to consider a request from the Adults and Community Wellbeing Scrutiny Committee to participate in two workshop sessions on rural and coastal health inequalities.

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
22 JANUARY 2020**

Suggestions put forward included 111 Service the number of calls per area and the number of patients helped/not helped; and the use of opioids. The Committee was advised that these matters could be included respectively in the out of hours update in March and the further update on the Community Pain Management Service.

RESOLVED

1. That the work programme presented be agreed subject to the potential inclusion of the items referred to above and those requested at minute numbers 46(1) (2) (3); 47(1) (2); 48(1) (2) (3); 49(2); 50 (1) (2);51(3); and52(2).
2. That support be given to the request from the Adults and Community Wellbeing Scrutiny Committee for members of the Health Scrutiny Committee for Lincolnshire to participate in two workshop sessions on rural and coastal health inequalities.

The meeting closed at 2.38 pm