Lincolnshire COUNTY COUNCIL Working for a better future

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
15 SEPTEMBER 2021

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

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

Lincolnshire District Councils

Councillors S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), G P Scalese (South Holland District Council), Mrs R Kaberry-Brown (South Kesteven District Council), Mrs A White (West Lindsey District Council), T Boston (North Kesteven District Council) and S Devereux (East Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer).

The following officers/representatives joined the meeting remotely via Teams:

Simon Evans (Chief Operating Officer, United Lincolnshire Hospitals NHS Trust), Wendy Martin (Associate Director of Nursing & Quality, Lincolnshire Clinical Commissioning Group), Sarah-Jane Mills (Chief Operating Officer (West Locality), Lincolnshire Clinical Commissioning Group), Anna Richards (Associate Director of Communications and Engagement), Caroline Walker (Chief Executive, North West Anglia NHS Foundation Trust), Nick Blake (Head of Transformation and Delivery (South Locality), Lincolnshire Clinical Commissioning Group) and Laura White (Head of Nuclear Medicine, ULHT) and Laura White (Head of Nuclear Medicine, ULHT).

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

24 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

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

It was noted that Councillors S Devereux (East Lindsey District Council) and T Boston (North Kesteven District Council) had replaced Councillors Mrs S Harrison (East Lindsey District Council) and Mrs L Hagues (North Kesteven District Council) respectively, for this meeting only.

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

25 DECLARATIONS OF MEMBERS' INTERESTS

No declarations of members' interest were made at this stage of the proceedings.

26 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING ON 21 JULY 2021

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 21 July 2021 be agreed and signed by the Chairman as a correct record.

27 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on the 14 September 2021. The supplementary announcements made reference to:

- Build Back Better – Our Plan for Health and Social Care document which had been published by the government on 7 September 2021, which provided an overview of how the elective care backlog in the NHS will be tackled;
- Covid-19 Statistics for Lincolnshire. It was noted that Lincolnshire's Local Outbreak Engagement Board (LOEB) was due to meet on the 15 September 2021 at 10.00am. The Board would be considering the latest Covid-19 statistics for Lincolnshire. The Committee was advised that the information would be circulated to members of the Committee following the LOEB meeting;
- Health Infrastructure Plan: Future New Hospitals Programme. It was noted that the Lincolnshire NHS system had prepared an expression of interest as part of the latest phase of the government's *Health Infrastructure Plan: Future New Hospital's Programme*, which had to be submitted by 9 September 2021; and
- Appointment of Chief Executive – Lincolnshire Partnership NHS Foundation Trust (LPFT). The Committee noted that LPFT had appointed Sarah Connery as its new Chief Executive.

During a short discussion, the following matters were raised:

- Whether the *Health Infrastructure Plan: Future New Hospital's Programme*, included the building of new hospitals. The Committee noted that details had yet been received regarding the new programme and that once information had been received, it would be shared with members of the Committee;
- The need to ensure that United Lincolnshire Hospitals NHS Trust Urology Services, (Item 4 of the Chairman's Announcements) was kept on the Committee's Work Programme for further consideration in six months' time; and
- Concern was also expressed to the centralisation of services by United Lincolnshire Hospitals NHS Trust, particular reference was made to the effect on Pilgrim Hospital, Boston. The Chairman confirmed that this would be monitored by the Committee.

RESOLVED

That the Supplementary Chairman's announcements circulated on 14 September 2021 and the Chairman's announcements as detailed on pages 17 – 46 of the report pack be noted.

28 LAKESIDE MEDICAL PRACTICE, STAMFORD

The Chairman invited the following presenters from the Lincolnshire Clinical Commissioning Group (CCG): Wendy Martin, Associate Director of Nursing and Quality,) and Nick Blake, Head of Transformation and Delivery (South Locality), to remotely present the report to the Committee. The Committee was advised of an apology from Andy Rix, Chief Operating Officer (South Locality).

The report advised of the actions taken both in advance of and following the publication of an inspection report by the Care Quality Commission (CQC) on 2 August 2021 on the Lakeside Medical Practice (Stamford). It was noted that the CQC report had found Lakeside Stamford to be 'inadequate' and as a result had put the practice into special measures.

The report also provided the Committee with details of the mitigating actions taken by Lakeside, Stamford, plus assurance and support activity for Lakeside by the Lincolnshire Clinical Commissioning Group.

Summary details relating to the response of Lakeside, Stamford to address all areas of concern were shown on pages 50 and 51 of the report pack.

It was highlighted that the CCG was satisfied with the progress of the practice to date and the Committee was advised that the CCG would be continuing to meet with the practice at regular intervals to receive on-going assurance on the improvement actions and to provide support and guidance when required.

It was reported that Patient Participation Group (PPG) chair would be gaining feedback from patients, through an email address, online survey and from postcards left at the surgery.

It was also reported that CQC representatives had also been satisfied with the progress made by the practice. The Committee noted that the CQC had carried out a re-inspection in the week commencing 30 August and that a update on progress and any issues identified following the re-inspection were expected to be received in the near future.

The Committee was invited to review and consider the report to improve care provision from Lakeside Healthcare General Practice (Stamford). During discussion, the following comments were raised:

- The CQC Inspection Regime. The Committee noted that when the practice had been inspected previously, it had been rated as 'good'. As a result of issues raised by patients and patients groups the CQC had made an inspection on 8 June 2021 and found the practice to be 'inadequate' and as a result had placed the practice into special measures. Some concern was expressed that action should have been taken sooner;
- Whether there was a monitoring process that checked that the concerns highlighted by patients had been addressed. The Committee was advised that the PPG would be obtaining feedback from patients through an on-line survey and from postcards left at the surgery. Reassurance was given by the Healthwatch representative that some improvements had already been made, but there was still some concerns as to whether the local voice was being listened too; and whether there were communication problems, as the practice was part of a larger group;
- Whether lessons had been learnt which could assist other practices? Confirmation was given that lessons had been learnt and that these would be shared with other practices. Some Committee members felt that further information concerning the lessons learnt should have been included in the report, and that a further report should be made available to the Committee advising of the lessons learnt to help ensure that the situation did not happen in other GP practices;
- That further information needed to be made available regarding the workings of the telephony system; and the advice available to patients on the website;
- Some concern was also expressed regarding contractual obligations and whether these were being adhered to. The Committee noted that the contracts were standard national contracts and that clauses and penalties were part of the said contracts;
- Reassurance was sought that the action plan identified timeframes by which the highlighted actions needed to be completed by. A summary of the required main actions and their current status was provided on pages 50 and 51 of the report pack. The Committee noted that the practice was still within the period set by the CQC for improvements. It was noted further that if it was found that insufficient progress had been made and a practice was still deemed inadequate, the CQC could de-register a practice;
- When the outcome of the re-inspection would be made available. The Committee noted that indications were that improvements had been made, but that the practice still had some further work to do. It was highlighted that the

practice had been very receptive to help and would be receiving additional support to help them improve; and

- What the biggest challenges were for Lakeside in the coming months. The Committee was advised that the biggest challenge was gaining back patient trust; and making sure that staff at the practice were well informed, trained and supported.

The Chairman on behalf of the Committee extended thanks to the presenters; and their best regards were extended to Andy Rix, Chief Operating Officer (South Locality).

RESOLVED

1. That the Committee's concerns be recorded concerning the standards of care provided by the Lakeside Medical Practice, which had led to the Care Quality Commission's rating of 'inadequate'.

2. That a request be made for a copy of the practice action plan to address all areas of concern highlighted by the CQC; and information relating to lessons learnt.

3. That the actions taken by Lakeside Medical Practice to date in response to the inspection be noted and that a further update be received at a future meeting.

29 COMMUNITY PAIN MANAGEMENT SERVICE - UPDATE

The Committee gave consideration to a report from NHS Lincolnshire Clinical Commissioning Group, which provided the Committee with an update on the Community Pain Management Service (CPMS).

The Chairman invited Sarah-Jane Mills, Chief Operating Officer (West Locality), to remotely present the report to the Committee.

The Committee had previously received an update on the Community Pain Management Service at its March 2021 meeting.

It was reported that the CPMS had made good progress in the last six months in improving referral to assessment waiting time performance, whilst continuing to operate in a Covid-19 safe working environment.

The Committee was advised that the CPMS expected to have 100% of clinic locations operating face to face appointments by the end of September, improving capacity and convenience for patients, where it was clinically appropriate to do so, or at the wish of the patient.

It was highlighted that the Care Quality Commission (CQC) had rated Connect Health, the organisation which provided the CPMS in May 2021 as 'good' overall.

The Committee noted that the latest CPMS Quarterly Quality Report up to June 2021 had not highlighted any areas of concern. It was highlighted that the report had shown an improvement as positive feedback had been received by patients completing and returning a patient satisfaction survey and that there had been a reduction in negative feedback compared to the previous quarter.

The report also provided a summary of the time taken for the CCG to make decisions where pain management treatment had been requested through the CCG individual Funding request process and further commentary on the use of opioids, a medicine which traditionally had been used for the treatment of chronic pain.

Appendix A to the report provided a Key Performance Indicator Performance Summary for the period January to June 2021 for the Committee's consideration.

The Committee was asked to consider the information presented. During discussion, the following comments were raised:

- The impact of chronic pain on an individual. Some concern was expressed to the length of time patients were waiting to be seen and to the minimum targets. The Committee was advised that the targets were national targets. Reassurance was given that Connect Health would ensure that patients were signposted to other support services to help them manage their pain. The Committee noted that it was the aspiration of the service to exceed the national targets;
- Some concern was expressed that delays in obtaining a GP appointment were also an issue for patients accessing the service;
- Whether the service was effective in dealing with pain management. Reassurance was given that the treatment prescribed matched the needs of the individual. It was noted that the use of the public health management system, would enable the service to better understand needs at a local level, highlight trends and help shape the service to meet needs better;
- Some concern was raised at to how pain management services were provided in Lincolnshire compared with other areas. Particular reference was made to the pathway into the CPMS; and to the service's reluctant use of opioids. The Committee was advised that the model adopted in Lincolnshire was in line with NICE guidance and the British Pain Society recommendations, which had been adopted as best practice. The Committee was advised further that it was the case in Lincolnshire that patients were able to receive injections. Injections would be administered where it was clinically appropriate to do so. It was noted that the pain management service looked at the whole person, as opioids were very addictive, and that clinicians worked with patients to find other ways of managing their pain;
- Clarification was sought as to the start of the assessment process. The Committee as advised that the start of the process was when the patient was review and assessed;

- Clarification as to the provision of the CPMS to Stamford residents. The Committee was advised that Stamford had not been omitted from the initial commissioning of the service. Due to closeness of Stamford to the border, it had been originally agreed that both Peterborough and Stamford should have their own local clinic;
- Concern was expressed that the follow up system did not appear to be working very effectively and needed to be reviewed. The representative agreed to look into this matter further;
- Referral into the service – The Committee was advised that referrals could be made by consultants as well as primary care;
- Some concern was expressed that there would be no provision for a pain management clinic in Louth until October. Reassurance was given that the clinic would be open as soon as possible; and
- The problems encountered by some patients accessing the CMPS via their GP. The Committee was advised that the CCG could review this information, to identify if some practices were not accessing the service via the clinical pathway, or not utilising the service, as their referral rates would be lower.

The Chairman extended thanks on behalf of the Committee to Sarah-Jane Mills for her presentation.

RESOLVED

1. That the information presented on the Community Pain Management Service, including the rating of good by the Care Quality Commission in June 2021 and the actions taken to the high level review of complaints in June 2021 be noted.

2. That the positive direction of travel of the service be noted, but with three of the key performance indicators still not reaching their targets, a further report be received in six months' time, and that a copy of the action plan also be made available for consideration by the Committee.

30 UPDATE ON KEY DEVELOPMENTS AT NORTH WEST ANGLIA NHS FOUNDATION TRUST

The Chairman invited Caroline Walker, Chief Executive North West Anglian NHS Foundation Trust, to remotely present the report to the Committee.

The Committee was advised that the report provided a clinical and strategic update on the activities of the North West Anglia NHS Foundation Trust, which managed Peterborough City Hospital, and Stamford and Rutland Hospital, as well as Hinchingbrooke Hospital in Huntingdon.

The update made reference as to how the Trust had adapted and responded to manage patient care during the Covid-19 pandemic. It was noted that patients requiring treatment for Covid-19 were being cared for in dedicated 'red' areas at Peterborough City and

Hinchingbrooke Hospitals. The Trust had maintained 'green' status at its Stamford and Rutland Hospital site, where outpatient and day care services continued as normal alongside the John Van Geest in patient ward.

It was reported that the Trust were supporting their staff, regularly reminding them of the range of services available to them to help with their emotional wellbeing; and that the Trust had held a week-long focus on staff health and wellbeing in mid-August to further support colleagues.

The Committee was made aware of the Stamford and Rutland Redevelopment; the impact of the shortage of midwifery staff, which had resulted in the temporary suspension of the Trust's home birth service. It was hoped that the service would be resuming during September; and the Urgent and Emergency Care Reconfiguration at Peterborough City Hospital.

During consideration of the report, the Committee raised the following comments:

- Return of mobile breast screening. The Committee was advised that during the pandemic the service had been centralised to the Peterborough City Hospital; and that it was the intention to keep the service on the Peterborough site;
- Whether there was scope for expansion of primary care on the Stamford Site. The Committee noted that there was no plan at the moment for Lakeside to expand on to the site. It was noted however, that there had been interest from a company to develop a nursing home on an unused part of the site;
- What plans were in place to reduce A&E waiting times at Peterborough Hospital. The Committee was advised that discussions had been undertaken with the two ambulance services, so as to avoid too many ambulances arriving all at the same time, which would improve the ambulance waiting time. The reconfiguration of urgent and emergency care at Peterborough City Hospital had provided an integrated front door for all urgent care needs for the Greater Peterborough community. This had now enabled clinical staff to assess patients quickly and start them on the most appropriate pathway for their care;
- Whether the Trust had any major plans for development in the coming year. Reference was made to the development of the Hinchingbrooke Site; improving patient flow through the hospital; and the reconfiguration of neighbourhood work with GP's;
- What the current level of staff vacancies was across the Trust and the Trust's recruitment plan. The Committee was advised that the vacancy rate was currently at 5%. It was noted that the Trust had hard to recruit areas for example maternity. The Committee was advised further that the Trust had managed to recruit 20 midwifes. It was highlighted that nurse vacancies were at the lowest in the region. It was noted that the Trust worked hard to support staff with their health and wellbeing; and the Trust encouraged talent management, which had helped retain staff;

- A request was made for the Committee to view the Trusts two year recovery plan. The Committee was advised that once the plan was completed, the Trust was happy to share with members of the Committee.

On behalf of the Committee the Chairman extended thanks to Caroline for her presentation.

RESOLVED

1. That the information presented by North West Anglia NHS Foundation Trust be noted and that thanks be extended to all the staff at the Trust for their efforts in response to the Covid-19 pandemic over the last year.

2. That a further update on the North West Anglia NHS Foundation Trust be received in 12 months.

31 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - NUCLEAR MEDICINE

The Committee gave consideration to a report from United Lincolnshire Hospitals NHS Trust (ULHT) concerning Nuclear Medicine.

The Chairman invited the following representatives from ULHT to remotely present the report to the Committee: Simon Evans, Chief Operating Officer, Laura White, Head of Nuclear Medicine and Anna Richards, Associate Director of Communications and Engagement.

It was reported that nuclear medicine was a specialist imaging technique involving the administration of radioactive substances in the diagnosis and treatment of disease. The service was provided by the Trust at Grantham and District Hospital, Lincoln County Hospital and Pilgrim Hospital, Boston. Details relating to the current reconfiguration of the nuclear medicine service and the number of studies performed were shown on page 67 of the report pack. The second table on page 67 provided information relating to staffing levels and the geographical demands on the service.

The Committee was advised that as nuclear medicine involved radiation, the technique was highly regulated and that all staff had to undergo extensive training. Details of the challenges faced by the service nationally and in particular with workforce were shown on page 68 of the report for the Committee to consider.

It was highlighted that Lincolnshire had struggled to recruit and retain clinical technologists over the last five years. This had been further impacted by the national training service for nuclear medicine clinical technologist's ceasing, which had resulted in a national shortage of trained specialist in the country. Attempts had been made to recruit abroad, but these had been protracted and unsuccessful in a couple of instances.

In order to ensure continuity of the service, the Committee was advised that the Trust had taken the decision to convert one of the full time posts to an apprentice post. Further

information regarding the experts required to provide the service were shown on page 69 of the report pack.

It was highlighted that the workload demand was only enough for three cameras within the county, but currently there were five. The five gamma cameras in Lincolnshire were all over ten years old and as such were considered to need replacing.

In conclusion, the Committee was advised that the challenges faced by the Lincolnshire nuclear service included a shortage of skilled workers; the removal of specialist training programmes, which had resulted in an aging workforce, which meant that the department had to look at training staff internally, which in itself posed a challenge. In addition to this the equipment used was over ten years old, and was not properly utilised.

With these challenges, it was highlighted that the service could not continue to guarantee a well-led service, and therefore the Trust was seeking support from the Committee in its development of a proposal for a future service model; and for a public engagement exercise on the proposal to begin no later than 2021.

During discussion, the Committee raised the following comments:

- The qualifications required for the role. The Committee was advised that the area of work was very specialised and required extensive training over a number of years to become fully trained;
- The Committee was advised that the Trust was trying to work with colleagues in the East Midlands to train people. Lincolnshire was planning to have contingency measures in place for the next 10 to 15 years;
- Whether the Trust planned to go out for engagement for a two site model or a one site model. The Committee was advised that at this stage all options would be kept on the table; and
- What the impact was on stopping the service on other services at any one of the hospitals. The Committee noted that the services impacted would be those at Lincoln, due to the concentration of cancer services. The Committee was advised that the engagement details would be presented to the Trust Board in October and then to the Health Scrutiny Committee for consideration in October, prior to start of the engagement process.

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

RESOLVED

That any future engagement exercise by United Lincolnshire Hospitals NHS Trust on the configuration of nuclear medicine be presented to a future meeting of the Committee.

32 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 74 and 75 of the report pack.

During consideration of the item, the Committee raised the following comments/suggestions:

- Update from Northern Lincolnshire and Goole Hospitals NHS Foundation Trust regarding services provided to residents at the north of the county. The Committee was advised that an item was expected later in the year regarding the Humber Acute Services Review;
- Some concern was expressed regarding the quality of service provided by some GP practices. It was highlighted that an item concerning GP Practice – Developments and Challenges would be considered by the Committee at the 13 October 2021 meeting;
- Lessons learnt by the CCG with regard GP services; and contract management by the CCG of GP Services. As the forthcoming agendas were already concentrating on the Lincolnshire Acute Service Review, the Chairman agreed to speak to the CCG regarding the issues highlighted by the Committee.

RESOLVED

That the work programme presented be agreed, subject to the inclusion/consideration of the items listed above and the inclusion of the items agreed at minutes numbers 28 (3), 29 (2) and 30 (2).

The meeting closed at 12.54 pm