



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
19 JANUARY 2022**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

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

Lincolnshire District Councils

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

Healthwatch Lincolnshire

Dr B Wookey

Also in attendance

Simon Evans (Health Scrutiny Officer), Nick Blake (Head of Transformation and Delivery (South Locality), Lincolnshire Clinical Commissioning Group), Katrina Cope (Senior Democratic Services Officer), Samantha Francis (Information and Systems Manager), Theo Jarratt (Head of Quality and Information), Wendy Martin (Associate Director of Nursing & Quality, Lincolnshire Clinical Commissioning Group) and Professor Derek Ward (Director of Public Health)

County Councillors C Matthews attended the meeting as observers.

58 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

The Committee was advised that Councillor M A Whittington (South Kesteven District Council) had replaced Councillor R Kayberry-Brown (South Kesteven District Council) on the Committee until further notice.

The Committee was advised that an apology had also been received from Councillor S Woolley (Executive Councillor for NHS Liaison, Community Engagement, Registration and Coroners).

59 DECLARATIONS OF MEMBERS' INTEREST

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

60 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING
HELD ON 15 DECEMBER 2021

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 15 December 2021 be agreed and signed by the Chairman as a correct record.

61 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 18 January 2022. The supplementary announcements referred to:

- East Midlands Ambulance Service (EMAS) - Involvement of Military Personnel;
- Covid-19 Update;
- Healthwatch Lincolnshire Live Panel Event: Dental Services in Lincolnshire;
- Healthwatch Lincolnshire Survey: Lakeside Healthcare in Stamford; and
- Proposed Arrangements for the Director of Public Health in Greater Lincolnshire.

Some clarity was sought regarding the involvement of military personnel working with EMAS. It was highlighted that the Committee would be receiving an update from EMAS at its meeting 16 February 2022, and that this would be a more appropriate time for members of the Committee to raise specific questions in relation to this matter. It was however noted that it was not unusual for support to be provided in emergency situations.

Further information was also sought regarding paragraph D on page 14 of the report pack – Priority to Improve Responsiveness of Urgent and Emergency Care and Build Community Care Capacity. The Committee was advised that the summary provided in the report was an extract from a more comprehensive document, and that this document could be shared with the members of the Committee.

RESOLVED

That the supplementary Chairman's announcements circulated on 18 January 2022 and the Chairman's announcements as detailed on pages 13 – 16 of the report pack be received.

62 LAKESIDE MEDICAL PRACTICE, STAMFORD - LESSONS LEARNT REPORT

The Chairman invited the following presenters from Lincolnshire Clinical Commissioning Group: Wendy Martin, Associate Director of Nursing and Quality and Nick Blake, Head of

Transformation and Delivery (South Locality), to remotely present the report, which advised the Committee on the outcome of the NHS Lincolnshire Clinical Commissioning Group's (CCG) Lessons Learnt Review in relation to the previous operation of Lakeside Healthcare General Practice at Stamford.

The report highlighted the five phases of the review; and provided a key summary of the outcome from the lessons learnt which were detailed in Appendix 1 to the report.

In conclusion, the Committee noted that the recommendations following the Lessons Learnt Review and report were being included within an ongoing review and reorganisation of the CCG's Primary Care Commissioning Team and associated CCG functions.

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

- Timetable for when the lessons learnt were likely to be implemented. The Committee was advised that an updated version of the progress made was being prepared. It was noted that some of the lessons learnt had already been completed; and that this information would be made available to the Committee. It was noted further that progress would be monitored by the CCG's Primary Care Commissioning Committee;
- Some concern was expressed as to what measures were in place to prevent the same happening again. The Committee noted that the CCG's Estates Working Group had put systems in place to mitigate the chance of the situation happening again. Details of the recommendations put in place were shown in Appendix A to the report;
- Support of NHS England and NHS Improvement. It was noted that CCG officers had been working with NHS England and NHS Improvement to better understand current break clauses within leases. It was noted further that the function of contracts from the NHS England Regional Team had been delegated to CCGs over time and that in 2020 there had been a Memorandum Understanding to this effect;
- How engagement with partners was measured. It was reported that there was a range of dashboards used, and that locality assurance meetings and countywide quality assurance meeting were being held. It was reported further that some of the dashboard metrics could be shared with the Committee;
- Further clarification was sought as to which primary care services Lakeside had or were planning to re-instate and whether the CCG had now received full clarification in respect of these services. Confirmation was given that the core primary care services had been reinstated at the St Mary's premises, with the exception of diagnostic testing which was being carried out by the practice at the Sheepmarket surgery;
- How much progress had been made with regard to the recommendations. The Committee was advised that progress was going well, and that an updated version of the timetable could be made available to members of the Committee to confirm the progress being made; and
- Confirmation was sought as to whether the Lincolnshire Integrated Care System (ICS), due to come into place in July 2022, would continue with the recommendations

highlighted in the report. Reassurance was given that the ICS would be continuing with the recommendations.

RESOLVED

1. That the report presented be received and noted.
2. That the recommendations, as set out in Appendix 1 to the Lessons Learned report be endorsed and that an updated timetable showing progress made against the recommendations be made available to members of the Committee.

63 SUSTAINABILITY TRANSFORMATION PARTNERSHIP CLINICAL CARE PORTAL DATA SHARING - UPDATE

The Committee considered a report from Derek Ward, Director of Public Health, which provided the Committee with an update on Lincolnshire County Council's involvement and activity to date in the Sustainability Transformation Partnership Clinical Care Portal.

The Chairman invited Samantha Francis, Information and Systems Manager and Theo Jarratt, Head of Quality and Information, to remotely, present the item to the Committee.

The Committee noted that the Sustainability Transformation Partnership Clinical Care Portal enabled organisations to share their recorded patient data with other partners in health and social care, via an online patient record populated from multiple source systems. Details relating to Phase 1 – Health data viewable via Mosaic; and Phase 2 – Social care data viewable via Portal were shown on page 30 of the report pack.

It was highlighted that the anticipated benefits of integrating Mosaic and the Portal would provide a more holistic view of the service user, data would only have to be recorded once; the data would help inform social prescribing in health and care; the data would be up to date and would be standardised; delays would be reduced, currently caused by request for information sharing; duplication of effort would be reduced with the service user; and there would be increased security in data sharing, which was currently done via physical transfer of paper files, email and attachments, or verbal communication.

The Committee was advised that Phase 1 had been achieved ahead of the expected target; and that Phase 2 was still in the development and testing stage.

Appendix A to the report provided feedback from Adult Care and Community Wellbeing Practitioners using the Care Portal to review patient health records; and Appendix B provided weekly totals for February to December 2021 of the number of Mosaic user visits to the care portal.

In conclusion, the Committee noted that shared access to service user/patient data was of great benefit to the Council's frontline practitioners and managers, as it enabled users to have a more holistic view of the patient and more efficient information sharing. It was

noted further that the various areas of development across the Portal programme would combine to create a hub for multi-agency case management, which would inform and improve health and care services.

During consideration of this item, some of the following points were raised:

- Some concern was expressed that the data being provided could be incomplete; and concern was also raised regarding the security of data being shared. It was highlighted that the care portal interfaced with other health development systems. The records involved were complete and checked to ensure that the records were only accessed by staff with the appropriate credentials, and when a patient record was accessed the name of the user was logged. Officers agreed to checking that all paper records were included. Reassurance was given that the necessary agreements and governance arrangements were in place and that advice on GDPR [General Data Protection Regulations] had been sought from the start of the project. The Committee noted that United Lincolnshire Hospitals NHS Trust managed access to the system; and that appropriate access was given to individual service users depending on their roles. Reassurance was also given as with any system, audits were completed to ensure user compliance and that there was constant vigilance to prevent external threats;
- Whether East Midlands Ambulance Service (EMAS) would have access to the portal. The Committee noted EMAS had shared some of their data in December 2021. Officers agreed to check with Sustainability Transformation Partnership (STP) as to whether EMAS staff would have access to the system;
- The Committee was advised that further clarification was needed with regard primary care data being mandatory;
- Whether North Lincolnshire and Goole Foundation Trust would be included in the list of next data sources to be developed/added. The Committee was advised that this trust was on the list as were other neighbouring trusts, as well as Lincolnshire Community Health Services NHS Trust and Lincolnshire Partnership NHS Foundation Trust. The Committee was also advised that neighbouring Trusts would have a similar system, as the regional structures had an awareness of the requirements of Local Health and Care Records across borders; and that a group had been set up to look at such matters. It was also highlighted that NHS Digital had stipulated that this was a national requirement across the country. It was noted that ultimately, it was the intention for Lincolnshire to connect regionally;
- Reassurance was given that training was given to new users joining the system;
- Use by Child Protection. It was confirmed that child protection had been one of the first services to be included. It was noted that the inclusion of primary care and the police was still work in progress.
- Private hospital care information would be picked up from local provider records;
- A request was made for a further update to be received in six months' time

The Chairman on behalf of the Committee extended his thanks to officers for their presentation.

RESOLVED

That the update on the Clinical Care Portal be received and noted and that a further update be received by the Committee in six months' time.

64 LINCOLNSHIRE ACUTE SERVICES REVIEW - FINALISATION OF THE COMMITTEE'S RESPONSE

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the item, which invited the Committee to approve its final response to the consultation on the Lincolnshire Acute Services Review.

A copy of the draft response had been circulated to members of the Committee by email on 18 January 2022 and had been based on the views of the working group which had met on 6 January 2022.

Thanks were extended by local Grantham members to members of the Health Scrutiny Committee for Lincolnshire, Lincolnshire County Council, South Kesteven District Council, campaign groups, and the working group for their support regarding Grantham and District Hospital.

During consideration of the draft response, the Committee raised some of the following comments:

- Part B – The Need for Change, the Committee agreed there needed to be change, and had indicated with a tick as 'Strongly Agree' but the Committee was not completely convinced in three instances out of four that the proposals as detailed were right for the people of Lincolnshire. Following a short discussion, it was agreed that explanation paragraph would be included in the introduction on page to explain the Committee's stance; and that an additional explanation box would be included on page two directly after the tick boxes;
- Acute Beds at Grantham and District Hospital – If budgets were to be held by the local authorities, as opposed to the NHS, the Committee would wish to see the County Council receiving adequate funding to ensure high quality service provision; and would not wish it to become a burden on the County Council's finances. That the Committee would wish to be made aware of any changes to community bed provision, as the initiative developed;
- Praise was extended to the Health Scrutiny Officer for the design and content of the response document; and
- Reference was also made to the poor attendance by members of the public at events, and consultation with hard-to-reach groups.

The Chairman extended his thanks to the Committee and to everyone involved in the Acute Service Review over the years.

RESOLVED

That the Committee's final response (as per the document circulated to the Committee on 18 January 2022) to the consultation on the Lincolnshire Acute Services Review be unanimously approved subject to the addition of the amendments highlighted above.

65 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The Chairman invited Derek Ward, Director of Public Health, to remotely present the item, which presented to the Committee the Director of Public Health's Annual Report 2021, which focussed on the health of children and young people in Lincolnshire and the impact of Covid-19 on this population.

A copy of the Director of Public Health's Annual Report 2021 was attached at Appendix A to the report; and Appendix B provided the Committee with an update on the progress made on previous Director of Public Health Report Recommendations.

The Committee was advised of the effects of the Covid-19 pandemic on children and young people in the county; how services supporting children had tailored their support during the pandemic; and the areas that needed to be focussed on as the county moved into a protracted period of recovery from the pandemic.

It was highlighted that the three areas that had been identified to address the issues highlighted in the report were:

- By delivering services designed for children and young people, not adapted adult services;
- By focussing on physical activity, diet and nutrition, emotional and mental well-being; and
- By prioritising education, increasing opportunity, and tackling health and social disparities.

Reference was also made to the proportion of the Lincolnshire population aged 0 - 19 at district and county level; child health in Lincolnshire and the leading causes of morbidity (years with a disability) and mortality (years of life lost) in 0 - 5 and 15 - 19-year-olds; the differences in water fluoridation and child deprivation within Lincolnshire; and the impact of Covid-19 on education, early years, mental health and emotional wellbeing.

Councillor Mrs L Hagues left the meeting 12:25pm.

In conclusion, the Committee was advised that children and young people in Lincolnshire were a priority and to ensure them a better future, focus would be made on the three key areas highlighted, which would be delivered by the ten priorities and recommendations as set out in figure 13, on page 70 of the report pack.

During consideration of the report, the Committee raised some of the following issues:

- Some concern was raised that adult mental health service provision was still an area that needed further consideration. It was agreed that this would be discussed further to see what could be brought forward for the Committee to consider, as it was highlighted this was a cross cutting issue, which was/had recently been considered by the Adults and Community Wellbeing Scrutiny Committee, and the Children and Young People Scrutiny Committee often considered children and young people's mental health;
- That the report could have included further information about the importance of communities and voluntary organisations. There was recognition that more could have been covered;
- That the Schools and Education percentages on page 60 did not reflect the achievements made by schools and that more information was available on the website with regard to school achievements;
- Healthy weight. The Committee was advised that a Child's Weight Programme was currently being developed by the County Council and that this would help provide information on healthy eating for children and their families. There was recognition that more needed to be done educationally to highlight healthy foods and that a whole range of work was being done in this area;
- Deprivation and fluoridation. The Committee was advised that more needed to be done to recruit dentists into Lincolnshire. The Committee noted that the commissioning of dentistry was to be moved over to local Integrated Care Systems, which would mean there would be more of a direct role locally. It was noted further that to improve fluoridation across Lincolnshire, representation would have to be made to the Secretary of State, and that this would be considered once everyone involved had been fully informed. That a further report could be brought to the Committee in this regard; and
- How the ten priorities/recommendations would be taken forward and whether the NHS was required to make a response. Clarification was given that there was no statutory responsibility from the NHS in this regard, however, the information would be shared with NHS colleagues. The Committee was advised that a further report could be presented to the Committee to update them on the progress made on the ten priorities/recommendations.

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

RESOLVED

1. That the 2021 Annual Report from the Director of Public Health be received and noted.
2. That the actions being taken to address the issues and recommendations presented in previous Director of Public Health Annual reports be noted.

66 HUMBER ACUTE SERVICES PROGRAMME - COMMITTEE'S RESPONSE TO
ENGAGEMENT

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which invited the Committee to approve the draft response by the Committee's working group to the engagement on the Humber Acute Services Programme.

Attached at Appendix A to the report was a copy of a draft letter on behalf of the Health Scrutiny Committee for Lincolnshire on the Humber Acute Services Programme for the Committee's consideration and approval.

During consideration of the response letter, a request was made for consideration to be given to include East Lindsey residents in the consultation to be included in the Committee's response. It was noted that this had been included in the submission.

RESOLVED

That the draft response letter on behalf of the Committee as detailed at Appendix A on the report to the Humber Acute Services Programme be approved.

67 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 84 – 86 of the report pack.

The Committee highlighted the following items for inclusion in the work programme:

- It was requested that the item on the Community Pain Management Scheme, scheduled for 16 March 2022, include reference to the broader impacts of the service;
- GP provision – the Committee was advised that an update was due to be considered by the Committee on 13 April 2022;
- Nuclear Medicine – This item was currently on the items to be programmed list and would be brought forward for consideration when proposals for consultation were brought forward by United Lincolnshire Hospitals NHS Trust; and
- Staffing challenges in hospitals.

RESOLVED

That the work programme presented be received, subject to addition of the items raised in the meeting relating to updates on the Clinical Care Portal, mental health services and an update on the progress of the ten priorities/recommendations from the Director of Public Health Annual Report; and that the items listed above be considered.

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HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
19 JANUARY 2022

The meeting closed at 1.12 pm