Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

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A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 19 January 2022 at 10.00 am in the Council Chamber, County Offices, Newland, Lincoln LN1 1YL

MEMBERS OF THE COMMITTEE

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

District 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), Mrs R Kaberry-Brown (South Kesteven District Council) and Mrs A White (West Lindsey District Council)

Healthwatch Lincolnshire: Dr B Wookey

AGENDA

Item	Title	Pages
	Group, which advises the Committee on the outcome of the NHS Lincolnshire Clinical Commissioning Group's Lessons Learnt Review in relation to Lakeside Healthcare General Practice at Stamford. Wendy Martin, Associate Director of Nursing and Quality and Nick Blake, Head of Transformation and Delivery (South Locality) will be in attendance for this item)	
6	**Sustainability Transformation Partnership Clinical Care Portal Data Sharing - Update** *(To receive a report from Derek Ward, Director of Public Health, which provides the Committee with an update on Lincolnshire County Council's involvement and activity to date in the Sustainability Transformation Partnership Clinical Care Portal programme. Samantha Francis, Information and Systems Manager and Theo Jarratt, Head of Quality and Information will be in attendance for this item)*	29 - 34
7	**Lincolnshire Acute Services Review - Finalisation of the Committee's Response** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to approve its final response to the consultation on the Lincolnshire Acute Services Review)*	35 - 40
8	**Director of Public Health Annual Report** *(To receive a report from Derek Ward, Director of Public Health, which presents to the Committee the Director of Public Health's Annual Report 2021, which focuses on the health of children and young people in Lincolnshire, and the impact of Covid-19 on this population)*	41 - 78
9	**Humber Acute Services Programme - Committee's Response to Engagement** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to approve the draft response by the Committee's working group to the engagement on the Humber Acute Services Programme)*	79 - 82
10	**Health Scrutiny Committee for Lincolnshire - Work Programme** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comment on its forthcoming work programme)*	83 - 86

Debbie Barnes OBE
Chief Executive
11 January 2022

Please note: This meeting will be broadcast live on the internet and access can be sought by accessing Agenda for Health Scrutiny Committee for Lincolnshire on Wednesday, 19th January, 2022, 10.00 am (moderngov.co.uk)

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
15 DECEMBER 2021

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 L Hagues (North Kesteven District Council) and Mrs A White (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

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

The following representatives joined the meeting remotely, via Teams.

Dr Dave Baker (South West Lincolnshire Locality Clinical Lead, Lincolnshire Clinical Commissioning Group), Charley Blyth (Director of Communications and Engagement, Lincolnshire Sustainability & Transformation Partnership), Peter Burnett (System Strategy and Planning Director, Lincolnshire NHS), Steven Courtney (Partnership and Stakeholder Engagement Manager), Linsay Cunningham (Associate Director Communications and Engagement), Claire Hansen (Programme Director - Interim Clinical Plan), Ivan McConnell (Programme Director), Dr Yvonne Owen (Medical Director, Lincolnshire Community Health Services NHS Trust) and Kalundaivel Sakthivel (Consultant and Clinical Lead Trauma and Orthopaedic Surgery, United Lincolnshire Hospitals NHS Trust).

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

50 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors S Harrison (East Lindsey District Council), R Kayberry-Brown (South Kesteven District Council) and G Scalese (South Holland District Council).

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 T J N Smith to permanently replace Councillor R P H Reid on the Committee.

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

51 DECLARATIONS OF MEMBERS' INTEREST

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

52 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 10 NOVEMBER 2021

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 10 November 2021 be agreed and signed by the Chairman as a correct record, subject to two typographical errors being amended (page 13, minute 48(1) should read 'be noted' and page 14, Minute number 49 should ready 'Patient Transport').

53 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcement circulated with the agenda, the Chairman brought to the Committees attention the supplementary announcements circulated on 14 December 2021. The supplementary announcements referred to:

- Covid-19 update;
- The Lincolnshire Community Diagnostic Centres: Phase 1 Survey; and
- A list of NHS services provided at Louth County Hospital.

RESOLVED

That the Supplementary Chairman's announcements circulated on 14 December 2021 and the Chairman's announcement as detailed on pages 15 – 39 of the report pack be noted.

54 LINCOLNSHIRE ACUTE SERVICES REVIEW - ORTHOPAEDIC SURGERY

The Chairman invited Mr Vel Sakthivel, Consultant in Trauma and Orthopaedic Surgeon and Peter Burnett, System Strategy and Planning Director, Lincolnshire NHS, to remotely, present the item to the Committee.

Appendix A to the report detailed an extract (pages 22-26) from Lincolnshire NHS Public Consultation Document – Relating to Four of Lincolnshire's NHS Services – Orthopaedic Surgery; and Appendix B provided a copy of Chapter 9 of the Pre-Consultation Business Case for the Lincolnshire Acute Services Review for the Committee to consider.

Page 43 of the report pack provided details of orthopaedic services before and after August 2018, when the service had become part of the national orthopaedic pilot which looked at how service quality and patient outcomes could be improved.

The Committee noted that the challenges pre-pilot had included: a lack of 'protected' planned orthopaedic surgery beds across United Lincolnshire Hospitals NHS Trust; that around 28 patients each month had their planned orthopaedic surgery cancelled on the day of their surgery, due to a lack of available beds; failure to consistently meet nationally set referral to treatment time targets; that the service had high doctor and nurse vacancies; that over 3,000 patients from Lincolnshire each year received a planned orthopaedic procedure in the private sector (funded by the NHS), much of which took place outside of Lincolnshire.

The Committee noted that the proposal for change (which reflected the pilot arrangements) was to develop a 'centre of excellence' in Lincolnshire for planned orthopaedic surgery at Grantham and District Hospital, and a dedicated day case centre at County Hospital Louth, which would mean Grantham and District Hospital would not provide unplanned orthopaedic surgery. Lincoln County Hospital and Pilgrim Hospital, Boston would continue to provide unplanned orthopaedic surgery and some planned surgery for high-risk patients with multiple health problems. Details of the anticipated change for patients were shown on page 45 of the report.

It was noted that there had been on-going engagement with the public and details of the consistent themes raised in relation to orthopaedic surgery were highlighted on page 45 of the report and included: acknowledgement of the current situation with regard to the number of cancelled operations and the number of people choosing to go out of county for treatment; the principles for separating planned and un-planned care; further information regarding where any unplanned/planned sites would be located; concerns regarding the distances needed to be travelled, with transport infrastructure and rurality being identified as major challenges; the need to improve 'step down' care and integrate more closely with social care and being able to work within existing resources.

It was highlighted that the overarching theme from the patent experience was that patients had been impressed and happy with the level of care and treatment received from all staff involved.

Details of the evaluation of the pilot pre-Covid had identified that there had been a reduction in waiting times for planned orthopaedic surgery, the number of cancellations on the day of planned orthopaedic surgery had reduced; the average length of stay had reduced from 2.9 days to 2.3 days across the Trust and from 2.7 to 1.7 days at Grantham and District Hospital; the Trust had performed better in terms of length of stay and time patients stayed in hospital compared to other hospitals; better overall patient experience; the number of patients going to the private sector for planned orthopaedic surgery, funded by the local NHS had reduced and the pilot workforce model had successfully removed the need for temporary staff to cover vacancies; and the service was now more attractive to junior doctors which supported the longer sustainability of the service.

In conclusion, it was highlighted that the success of the pilot had meant that more patients were choosing to go to Grantham and District Hospital for their surgery treatment.

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

- Some concern was raised with regarding to the staffing numbers for the increased number of beds at Grantham and District Hospital. The Committee was advised that there were enough staff to deal with the current bed situation;
- Travelling distances for patients. Some concern was expressed on the travelling time for patients on the east coast; and that transport provision was not consistent for the elderly population on the coast. It was reported that travelling distances had been taken into consideration for the pilot; and that to date, the Trust had not received any complaints regarding travelling distances and that staff had been commended by patients for the quality of service they had received. The Committee noted that the service patients had received at Grantham & District Hospital had meant that operations were being done quicker, and there had been fewer cancellations; and that patient stay time had been reduced. Reassurance was given that the issue of travelling time had been considered and that the threshold for this had been agreed by the local health system. It was also highlighted that some patients qualified for patient transport. The Committee was further reassured that if a patient was to have mobility issues, then transport would be provided, ensuring that the right vehicle was provided after surgery, and that transport would also be provided for the carer;
- Discharge of patients. Some concern was expressed regarding the timing of when a person was discharged; whether a day case patients time would be extended; and who was clinically responsible for the patient after they were discharged. Reassurance was given that a patient would not be discharged if it was not clinically safe to do so and that various factors were always taken into consideration prior to the discharge of a patient, such as safety implications, social implications, travelling etc. The Committee was advised that following discharge, a patient would be contacted by a senior nurse to check if they had any issues and that the patient remained the responsibility of the department/surgeon who operated on the patient. It was confirmed that a patient having had their operation at Grantham and District Hospital would be able to have their follow up appointments at County Hospital Louth. It was noted that the number of patients who had chosen to go out of county for their surgery was around 55%. It was noted further that aim of the Trust was to

improve its status and encourage patients to have their surgery back in county, and to offer elective surgery to patients from neighbouring health areas. The benefit of the pilot had shown both the length of stay and the number of cancellations had been reduced. Reassurance was given that the care and welfare of the patient had improved significantly and that the backlog of patients because of the pandemic was not as high as in neighbouring health authorities. Some members commended the local NHS for its continued work on reducing the backlog. The Committee noted that Healthwatch had been reassured by the changes;

- The reluctance of some patients to approach primary care with their orthopaedic issues and whether this would cause more complex cases as a result. The Committee was advised of a new NHS England/Improvement initiative for patient care in the community;
- The confirmation of funding for the two new laminar theatres. The Committee was advised that there had been extra theatre capacity at Grantham Hospital, as it had been a green site and that the theatres had been used for speciality operations. Also, due to seven day working arrangements the extra theatre capacity was needed to catch up on elective orthopaedic surgery; and
- If the additional beds and the extra 2.5 theatre space (Out of scope of the current business case) did not progress, whether this would affect the plan of repatriation of patients from private or neighbouring trusts. The Committee was advised that it would influence the proposal, but it was hoped the situation would not arise. It was highlighted that there were funds available to implement the four proposals in the Lincolnshire Acute Services Review and that the proposal was to make the pilot for orthopaedic surgery arrangements permanent.

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

RESOLVED

1. That the details presented on the Lincolnshire Acute Services Review of Orthopaedic Surgery be noted.

2. That the Committee's initial findings on the proposal be recorded for consideration by the Committee's working group.

55 LINCOLNSHIRE ACUTE SERVICES REVIEW ACUTE MEDICAL BEDS AT GRANTHAM AND DISTRICT HOSPITAL

The Committee considered a report, which provided details on the Lincolnshire Acute Services Review - Acute Medical Beds at Grantham and District Hospital.

The Chairman invited Dr Dave Baker, South West Lincolnshire Locality Lead, Lincolnshire Clinical Commissioning Group, Dr Yvonne Owen, Medical Director, Lincolnshire Community Health Services NHS Trust, Pete Burnett, System Strategy and Planning Director and Charley Blyth, Director of Communications and Engagement, Lincolnshire Clinical Commissioning Group, to remotely present the item to the Committee.

Appended to the report at Appendix A was an extract (Pages 32-36) from the Lincolnshire Public Consultation Document – Relating to Four of Lincolnshire's NHS Services – Acute Medical Beds at Grantham and District Hospital; and Appendix B provided a copy of Chapter 11 of the Pre-Consultation Business Case for the Lincolnshire Acute Services Review for the Committee to consider.

The Committee was advised of the current service provision and how it was currently organised; the challenges and opportunities for acute medical beds at Grantham and District Hospital; engagement feedback received; and details of the preferred community/acute medical beds at Grantham and District Hospital, in place of the current acute medical beds. The integrated community/acute beds would be delivered through a partnership model between a community health care provider and United Lincolnshire Hospitals NHS Trust. It was highlighted that the care of patients would still be led by consultants and their team of doctors, practitioners, therapists, and nursing staff. The positive impacts of the proposal would ensure that acute medical bed provision continued to be delivered at Grantham and District Hospital and that the service would be delivered in a more sustainable way. It was noted that 90% of patients currently cared for in the acute medical beds at Grantham Hospital would continue, and that the proposal would deliver a more comprehensive local service provision which would enable Grantham and District Hospital to build a centre of excellence for integrated multi-disciplinary care. It was reported that a small number of patients with higher acuity needs (estimated to be around one per day) would receive treatment at an alternative site which had the facilities and skills to look after more seriously ill patients.

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

- Clarification was sought as to the term 'Urgent Treatment Centre Plus'. The Committee was advised that the term could not be used, as there was no reference to it in the NHS specification for urgent treatment centres; and therefore, the inclusion of the term within the report had referred to an earlier intention to use the term, which could not be progressed. Pages 83 to 85 of the report provided details relating to the proposed model. Paragraph 11.2.9 advised that the proposal enabled Grantham Hospital and District Hospital to offer services which were not on offer at other urgent treatment centres and build a centre of excellence for integrated multi-disciplinary care, for frail patients;
- Some concern was expressed to the low number of people attending some of the consultation events and whether the Trust could advise the Committee of the total number of responses received to date. It was noted that the total was nearing 2,000. The Committee was advised that it was the quality of the responses received that was important not the quantity received;
- The number of patients that would be affected by the change who would receive care at an alternative hospital. Confirmation was given that this would be around 10% (approximately 1 patient a day);

- The Committee was advised that recruitment was an issue nationally, as well as locally and that having the innovative model for Grantham and District Hospital would make the service more attractive to potential candidates;
- Confirmation was given that providing care in the community was more expensive to provide, but that was the service people wanted and therefore that was what would be provided, a consultant-led team supporting the local wider community teams;
- The need for easier to read information to allow the general public to respond. It was reported that information was available in various levels of detail to suit the need of the reader; and that these documents were available on the website. Confirmation was given that public facing material was different to that received by members of the Committee;
- The Committee noted that the Community Pathway would enable GPs and primary care to be involved from the start. The community pathway would enable GPs to manage their patients in a more effective way, with the help of the multi-disciplinary team, using the same clinical software, which would improve communication; and
- A request was made for percentages shown in reports to be accompanied by relevant figures, to enable the Committee to give full consideration to the matter in question.

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

RESOLVED

1. That the details presented on the Lincolnshire Acute Services Review of Acute Medical Beds at Grantham and District Hospital be noted.

2. That the Committee's findings on the proposal be recorded for consideration by the Committee's working group.

56 HUMBER ACUTE SERVICES PROGRAMME - UPDATE

The Chairman invited Ivan McConnell, Programme Director, Claire Hansen, Programme Director – Interim Clinical Plan, Linsay Cunningham, Associate Director Communications and Engagement and Steven Courtney, Partnership and Stakeholder Engagement Manager, to remotely present the item to the Committee.

The Committee received a presentation which referred to the Humber Acute Services Programme Overview; the engagement undertaken to date with regard to the Humber Acute Services Review and an evaluation of the information received; the current situation with regard to Acute Services and what needed to change, and the steps that needed to be taken to put forward potential options on what hospital care might look like in the future.

Appendix A to the report presented also provided the Committee with further detailed information relating to the Humber Acute Services Review.

The Committee was advised that consultation with the public and other key stakeholders was due to commence in the Spring of 2022.

During consideration of this item, the Committee were asked to identify any specific aspects where further or more detailed information might be required; and to provide feedback on how they would like to be engaged over the next phase of the programme; and to determine any other specific future scrutiny activity at this time.

During discussion, the Committee raised some of the following comments: -

- The honesty of the presentation which highlighted the potential challenges for residents in northern Lincolnshire;
- Whether residents in East Lindsey would be consulted on the potential changes. The Committee was advised that the next step in the process was for a further report to be brought back to the Committee early in 2022, which would provide a plan of action for the consultation, and would be seeking the views of the Committee on the proposed consultation plan;
- Some concern was raised regarding the level of deterioration of buildings and equipment;
- Staffing levels – It was highlighted that some services were just managing to deliver services now. However, it was highlighted that 30% of staff would be eligible to retire within the next five to ten years, and therefore it was imperative that plans were made for workforce changes now. Confirmation was given that currently 90% of staff had been vaccinated against Covid-19;
- The impact of any changes on the ambulance service, and residents on the east coast;
- Further details were sought regarding page 78, paragraph 72 of the report, which referred to an expression of interest for £720 million as part of the new hospital programme. The Committee was advised that the bid was one of three in the region which had been prioritised, the outcome of which would be known by 6 March 2022. If the bid was unsuccessful, other options for securing finance were being considered;
- Whether the lack of support by mothers for a stand-alone midwifery-led unit, had ruled out the developing any option including a stand-alone midwifery unit. It was noted that nothing had been ruled out. The feedback received would be reflected on and considered further along with the views of service users;
- What feed had been received from staff regarding the possibility of moving to a single workforce across the two trusts. It was reported that the feedback from staff had varied and that views of staff had been mapped, to ensure a better understanding of the views raised;
- The working arrangements with neighbouring CCGs and health trusts regarding the proposed plans. The Committee was advised that arrangements were in place to share information with neighbouring health systems;
- The impact that the proposed acute services review programme would have on the residents of Lincolnshire and whether plans were in place to mitigate this. The Committee were advised that at the moment it was not possible to answer the question as it was too early in the process, as it was not known what the options

would be. It was highlighted that when the options were put out public consultation, the public would then have the opportunity to respond; and

- Appreciation was given to the presenters for the quality of the research information and for the figures presented in the report/presentation.

The Chairman on behalf of the Committee extended his thanks to the representatives for their presentation and for the quality of the information provided.

RESOLVED

1. That the details presented in the report and appendices, including the reasons for change, the work undertaken to date and the next steps as part of the Humber Acute Service Programme be noted.

2. That the intention to complete a Pre-Consultation Business Case in early 2022 for the Humber Acute Service Programme, with the aim of formally consulting on potential clinical models with the public and other stakeholders in Spring 2022 be noted.

3. That current legislative framework governing statutory consultation with local authorities in relation to NHS reconfiguration proposals, recognising existing health scrutiny arrangements and provisions may change as the current Health and Care Bill (2021) is enacted and becomes law be noted.

4. That a formal response be prepared for approval at the next meeting of the Committee which would

   (a) identify the aspects where further detailed information is required; and
   (b) state how the Committee would like to be engaged over the next phase of the programme.

5. That a further update be provided to the Committee in six months' time unless there is a need for consideration before then.

57 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 136 to 138 of the report pack.

The Committee was advised that consideration would be given to whether the Lakeside Stamford and Lessons Learned item would be considered as one item and not two as detailed on page 137 for the 19 January 2022 meeting. The Committee noted that the Nuclear Medicine item might not come forward for consideration at the 19 January 2022 meeting.

It was also reported that a report on Dental Services would be received by the Committee at its 15 June 2022 meeting and that it would contain the level of detail as required by the Committee. The Health Scrutiny Officer agreed to try to obtain the report for the 18 May 2022 meeting.

Other items highlighted and discussion were as follows:

- Suicide Prevention – The Committee was advised that colleagues from public health and the Clinical Commissioning Group would be contacted. One member also highlighted the need to establish suicide figures for forces personal and the impact on their families. The Committee also noted that Healthwatch Lincolnshire had completed the first part of a report concerning suicide prevention, and that this document might be able to be shared with members of the Committee;
- East Midlands Ambulance Service; and
- Staffing Challenges in Hospitals.

Councillor S R Parkin left the meeting at 12:48pm.

Note: Councillor T J N Smith wished it to be noted that he was a member of the Veterans Advisory and Pensions Committee, East Midlands.

RESOLVED

That the work programme presented be received and that the items highlighted above be considered.

The meeting closed at 12.53 pm.

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Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**19 January 2022**
Subject:	**Chairman's Announcements**

1. Covid-19 Update

Since the Committee's last meeting on 15 December 2021, there have been several developments with Covid-19, in particular following the Government announcement on 13 December 2021 to offer booster vaccines to all adults by 31 December 2021, who had received their second dose more than 90 days previously.

The most recent available data on infection rates and vaccinations will be provided to the Committee on 19 January 2022. In the meantime, the following developments since the last meeting are highlighted:

Shuttle Bus Services to Lincolnshire's Mass Vaccination Centres

On 20 December 2021 shuttle bus services were introduced in Lincoln and Boston to transport people from Lincoln Bus Station to the Lincolnshire Showground; and from Boston Bus Station to the Princess Royal Sports Arena Mass Vaccination Centre for their Covid-19 booster vaccinations.

Patient Visiting – United Lincolnshire Hospitals NHS Trust

From 16 December 2021, patient visiting at Lincoln County Hospital, Pilgrim Hospital Boston, and Grantham and District Hospital was suspended, except for maternity, paediatric, neonates. There were also exceptions for patients nearing the end of their life; and in other special circumstances, such as patients with dementia or specific needs, such as learning disability.

Patient Visiting – Lincolnshire Community Health Services NHS Trust

On 7 January 2022, Lincolnshire Community Health Services NHS Trust announced that visitors at its four community hospitals (John Coupland Gainsborough, County Hospital Louth, Skegness Hospital, and Johnson Hospital Spalding) would be asked to take a lateral flow test prior to arrival and provide proof of a negative result. All visiting continues to be by appointment only, with visitors limited to one per patient to support social distancing on the wards.

Update on Booster Vaccinations in Lincolnshire

Lincolnshire Clinical Commissioning Group has reported that by 30 December 2021, 440,000 booster vaccinations had been delivered in Lincolnshire, which represented the vaccination of 85% of those eligible to receive one. In addition to the two mass vaccination centres, vaccinations without appointment were offered at a number of one-day 'pop up' centres in Spalding, Lincoln, Long Sutton, Stamford and Horncastle, in the week beginning 3 January 2022.

2. NHS: 2022/23 Priorities and Operational Planning Guidance

On 24 December 2021, NHS England published *2022/23 Priorities and Operational Planning Guidance*. In addition to setting a new target date of 1 July 2022 (instead of 1 April 2022) for the implementation of integrated care system arrangements, NHS England asked local health systems to focus on the following priorities for 2022/23:

A. **Invest in Workforce** – with more people (for example, the additional roles in primary care, expansion of mental health and community services, and tackling substantive gaps in acute care) and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.

B. **Respond to Covid-19 ever more effectively** – delivering the NHS Covid-19 vaccination programme and meeting the needs of patients with Covid-19.

C. **Deliver significantly more elective care** to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.

D. **Improve the responsiveness of urgent and emergency care and build community care capacity** – keeping patients safe and offering the right care, at the right time, in the right setting. This needs to be supported by creating the equivalent of 5,000 additional beds, in particular through expansion of virtual ward models, and includes eliminating twelve-hour waits in emergency departments and minimising ambulance handover delays.

E. **Improve timely access to primary care** – maximising the impact of the investment in primary medical care and primary care networks to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.

F. **Improve mental health services and services for people with a learning disability and/or autistic people** – maintaining continued growth in mental health investment to transform and expand community health services and improve access.

G. **Continue to develop our approach to population health management, prevent illhealth and address health inequalities** – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.

H. **Exploit the potential of digital technologies to transform the delivery of care and patient outcomes** – achieving a core level of digitisation in every service across systems.

I. **Make the most effective use of resources** – moving back to and beyond prepandemic levels of productivity when the context allows this.

J. **Establish integrated care boards and collaborative system working** – working together with local authorities and other partners across their integrated care system to develop a five-year strategic plan for their system and place.

The full document is available at: B1160-2022-23-priorities-and-operational-planning-guidance.pdf (england.nhs.uk)

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Open Report on behalf of NHS Lincolnshire Clinical Commissioning Group

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**19 January 2022**
Subject:	**Lakeside Medical Practice, Stamford – Lessons Learnt Report**

Summary:

This report advises the Committee on the outcome of NHS Lincolnshire Clinical Commissioning Group's Lessons Learnt Review in relation to Lakeside Healthcare General Practice at Stamford. The Review looked at the factors leading up to Lakeside Healthcare's request to the Clinical Commissioning Group to close the St Mary's branch site in Stamford and the process taken to resolve the matter.

Actions Requested:

The Committee is requested to review and consider the contents of this report.

1. Background

As part of considering the impact of the proposed closure of the St Mary's site in Stamford by Lakeside Health Care NHS Lincolnshire CCG's (CCG) Primary Care Commissioning Committee (PCCC) requested a Lessons Learnt Review and report to be undertaken to ensure any opportunities to improve outcomes were identified and put into practice.

The following is a summary of the Lessons Learnt report submitted to the CCG's Primary Care Commissioning Committee (Private session) on 19 May 2021. The scope of the report requested by PCCC was to review the CCG's actions within the context of Stamford primary care premises issues, identify where outcomes could have been improved and make recommendations.

Abridged Lessons Learnt Report

The Lessons Learnt Report paper aimed to update PCCC following the reflective review of the key actions in respect of the proposed closure of Lakeside Stamford, St Mary's branch, and the timeline leading up to that point. The report was divided into the following phases:

- Phase 1 - Initial discussions
- Phase 2 - Working with a range of alternative options
- Phase 3 - Temporary premises options
- Phase 4 - Extension of current lease/closure application
- Phase 5 - Reinstatement of Primary Care services

This paper was shared with the CCG's internal auditors Price Waterhouse Cooper for their comments and observations; these were included in the final report.

It is worth noting at this point that throughout the process a significant amount of support and advice was offered to Lakeside Health Care, covering all aspects of each phase.

Phase 1 – Initial discussions on a new primary care site for Stamford – up to October 2018

In 2018, the South Lincolnshire Clinical Commissioning Group was approached by Lakeside Healthcare to discuss a proposed new-build surgery on a greenfield site, adjacent to the Morrison's supermarket in Stamford. This would have consolidated both the Sheepmarket Surgery and the St Mary's branch.

The CCG took the view that it needed to understand the need and affordability when compared to current costs. The CCG also needed to understand the phasing of a project designed to deliver healthcare for the longer-term growth in the population of Stamford.

This conversation led to discussions about building on the Stamford Hospital site, which was something the CCG had always aspired to. This option had been approved in principle by South Lincolnshire CCG.

There were meaningful conversations and a contractor was engaged by Lakeside to undertake some option appraisal work. As part of preparations Lakeside gave notice to the owner of St Mary's of their intention to exercise a break clause in December 2020 and advised the CCG of this. Lakeside had not sought formal approval from the CCG to exercise the break clause or close the St Mary's premises at this point.

Phase 2 – Working with a range of alternative options – October 2018-August 2019

The CCG, working with the local council and stakeholders, scoped a number of alternative site options. These options were explored and a shortlist of schemes was put together with development on the Stamford Hospital site the preferred option. It is during this period that the option of Stamford Hospital site became more complicated. North West Anglia Foundation Trust (NWAFT) owns the majority of the Stamford Hospital site and offered for sale a number

of parcels of land in 2019. Lakeside Stamford reviewed all of the plots offered for sale but did not bid for them due to financial, planning or archaeological constraints.

Lakeside then approached the CCG in the summer of 2019 looking for support for a longer-term solution, either on the hospital site or elsewhere in Stamford. The CCG worked with both South Kesteven District Council (SKDC) and NWAFT to find a longer-term solution to the St Mary's relocation and the growth in patient numbers that will be seen in the coming years. These early outline proposals were shared with Lakeside Stamford who agreed to work with all parties on this longer-term solution. As any such solution would not be in place before the end of December 2020, the CCG and SKDC worked together to support Lakeside Stamford to negotiate a new St Mary's lease for at least the next three years to provide an opportunity for a new development to be progressed, with appropriate public and stakeholder consultation.

Phase 3 – Temporary Premises Options – August 2019-December 2019

As options for alternative premises appeared to be limited, particularly given the timescales, the Practice was asked to focus on the temporary accommodation options. Lakeside were keen to explore using the Dental Surgery (Lakeside owned premises) adjacent to Sheepmarket Surgery.

This option was withdrawn when Lakeside extended the lease with BUPA; this resulted in the only viable option as an alternative to St Mary's being temporary accommodation on the New Sheepmarket site.

Phase 4 – Extension of current lease/closure application – December 2019-December 2020

Lease discussions relating to St Mary's were ongoing from December 2019 with some specific premises issues forming the main points for discussion. In July 2020 Lakeside Health Care informed the CCG that discussions on future use of the building beyond December 2020 were not progressing and that the break clause would mean their lease ending on this date.

The CCG confirmed to Lakeside that any closure of the St Mary's site would require approval by the CCG in advance of any change and that Lakeside would need to engage with patients in respect of their proposals. Patient engagement would be considered by the CCG as part of the decision-making process with the Primary Care Commissioning Committee (PCCC) taking the decision. The CCG advised Lakeside that if PCCC didn't approve the proposed closure then ceasing provision of core primary care services from St Mary's would effectively be a breach of contract. The CCG confirmed to Lakeside it would work to support Lakeside comply with the required process, undertake the necessary public engagement and to present a formal proposal to PCCC in November 2020.

Initial messaging from Lakeside about St Mary's caused concerns amongst patients and the wider public and appeared to suggest that a decision, supported by the CCG, had already been made to close St Mary's prior to any public consultation or application to the CCG. Communication around the lease appeared to be confusing in relation to the lease expiring in December 2020.

As part of considering all options and planning for continued provision from St Mary's the option of extending the current lease arrangements was explored with the landlord and Lakeside with steps to mitigate the issues previously raised. Progress was made in November 2020, just prior to PCCC considering the proposal to close St Mary's with Lakeside Health care indicating they would provide services from St Mary's whilst a longer-term solution was found (subject to necessary consultation and considering the future needs of the population).

PCCC Decision on St Mary's

Agreement on extending the St Mary's lease was brokered at the last minute and after a formal proposal to close St Mary's had been submitted by Lakeside Health Care to PCCC for consideration at the Committee's November meeting. Given that this solution would provide continuity of provision at St Mary's it was agreed by PCCC that the decision would be set aside pending agreement on the lease.

Extending the Lease at St Mary's

Discussions on extending the lease were progressed over November and December 2020 with Lincolnshire Community Health Services (LCHS) agreeing to act as the tenant and leaseholder at St Mary's with Lakeside as a sub-tenant of LCHS.

Phase 5 – reinstatement of primary care services at St Mary's

Core primary care services are being provided from St Mary's premises, there have bene some periods where reduced services have been provided to enable the covid vaccination programme to be delivered from the premises.

Lessons Learnt Report

The key summary of the output from the Lessons Learnt Review can be seen at Appendix 1.

As a result of the Lessons Learnt Review and considering the impact of the proposed closure of St Mary's the CCG has identified the following recommendations:

- The CCG clearly articulates its approach to managing primary care provider contractual compliance with clear roles and responsibilities defined across commissioning, contracting and quality teams. This should involve pro-active identification and management of potential issues where possible and include management of providers working across system boundaries in partnership with neighbouring commissioners where appropriate.
- The CCG articulates the requirement for providers to pro-actively engage on communications and engagement relating to service or premises changes.
- The CCG reviews its approach to primary care commissioning project management – including clear approaches to stakeholder management and defining roles and accountability.
- The CCG's Primary Care Estates Working Group monitors and reviews lease and premises related risks and issues with escalation via Primary Care governance routes

where required.

- The CCG co-develops estates strategy and management principles with GP practices, PCNs and wider system partners

2. Finance and Resource Implications

Making the proposed changes set out in the Lessons Learnt report will be managed within existing CCG resources.

3. Legal Considerations and NHS Constitution

The CCG has a statutory duty to engage with patients and the public under section 13Q of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012). The section 13Q duty ensures that the CCG acts fairly in making plans, proposals and decisions in relation to the health services it commissions and where there may be an impact on services.

The CCG also has a duty to secure the continuous improvement of services.

This recommendations in the Lessons Learnt report supports the CCG in discharging its duties and in supporting the patient rights set out in the NHS Constitution.

4. Outline Engagement – Clinical, Stakeholder and Public/patient

The Lessons Learnt Report was the output of an internal CCG review, Price Waterhouse Cooper provided support and guidance.

5. Consultation

This is not a direct consultation item with the Committee. The Committee is being requested to consider the report for information.

6. Conclusion

Recommendations following the Lessons Learnt Review and report are being included within an ongoing review and reorganisation of the CCG's Primary Care Commissioning team and associated CCG functions.

7. Appendices

These are listed below and attached at the back of the report	
Appendix 1	Lessons Learnt

8. Background Papers

No background papers, as defined by Part VA of the Local Government Act 1972, were used to a material extent in the compilation of this report.

This report was written by the following officers from Lincolnshire Clinical Commissioning Group, who may be contacted via the email addresses listed: Nick Blake, Head of Transformation and Delivery (South Locality) nickblake@nhs.net

Appendix 1 - Lessons Learnt – Lakeside Mary's

Category	Description	Impact & Analysis	**Recommendation**
Expectations of Provider	• Clear understanding of the providers requirements and associated timescales.	• Potential for the lack of clarity • Potential for uncertainty over actions leading to providers not taking full responsibility for their actions. • Reduces the ability to hold the provider to account. ➔ **Improved Contract Management** ➔ **Potential for better outcome** ➔ **Timely and improved engagement with patients**	• **In the future, for the avoidance of doubt and to set expectations, this should be formalised in a letter outlining the requirements of the provider, together with outlining the approvals process.** • **Clearly articulated approach to supporting providers in meeting their obligations and managing non-compliance. Developed in conjunction with CCG Contracting Teams - clear definition of roles and responsibilities.**
Engagement with external stakeholders	• Clear understandings of the role external parties have in the delivery of a project.	• Potential for delays. • Lack of an understanding has the potential for incongruent outcomes. ➔ **Reduced criticism of the system** ➔ **Aligned outcomes**	• **Assure ourselves that the systems and governance are in place to support such issues.** • **Develop and implement stakeholder management systems within defined project planning methodology**

Appendix 1 - Lessons Learnt – Lakeside Mary's

Category	Description	Impact & Analysis	**Recommendation**
Agreement of providers obligations	• Providers are clear on contractual requirements and obligations.	• Potential for complaints. • Risk that due process will not be followed and the CCG obligations will not be met. ➔ **Reduces risk around decision making** ➔ **Improved patient engagement**	• **Obligations needed to be formally reiterated in writing as required.** • **Contract management approach supports providers to meet obligations**
Lease Documentation	• Understand the signatories to the lease and practices lease obligations. • Understand the lease end dates and any break clauses.	• Risks with not understanding the signatories to lease. • Possible financial risks around dilapidations. • Lack of understanding when signatories are not the same as the contract holder. ➔ **Improved understanding of lease and associated risks** ➔ **Assists with Estates Strategies**	• **Awareness of signatories to leases and have a methodology for ensuring that these are updated by practices.** • **Lease end dates – these are known to the CCG and are flagged with Commissioning staff well in advance. The Estates Group have added this as an agenda item for its monthly meeting** • **CCG Officers are working with NHS England and NHS Improvement colleagues to understand the current break clauses within leases.** • **Estates Working Group includes lease issues within a risk and issues register. These are actively kept under review using CHP database.**

Appendix 1 - Lessons Learnt – Lakeside Mary's

Category	Description	Impact & Analysis	**Recommendation**
Condition of Premises	Understand the physical to the lease.	• Potential for risk to Patients, staff and other entrants to surgery (such as CCG staff). • Potential for issues around dilapidations. These may have financial implications. With the potential for the commissioner paying twice. ➔ **Understand Level of Risk** ➔ **Gives assurance in relation to safety** ➔ **Reduced Risks** ➔ **Assists with Estates Strategies**	• **The CCG also needs a system that is in place to gain assurances around the condition of premises, for which it reimburses rent.** • **Oversight to sit under Primary Care Estates Groups**
Communications	Consistent and accurate communications	• Lack of consistent, incorrect information may undermine public confidence in the process. • Increases the number of complaints and representations made to the CCG ➔ **Reduction in patient, public and stakeholder complaints** ➔ **Improved confidence in process**	• **Agreeing that all communications are shared and where possible agreed between both parties.** • **Link to setting out providers expectations.** • **Further development of work to involve and engage PCNs in estate's planning and strategy development.**

Appendix 1 - Lessons Learnt – Lakeside Mary's

Category	Description	Impact & Analysis	**Recommendation**
Exercising of a lease Break Clause	Provider prevented from unilaterally exercising break clause	• Practices undertaking a new lease are expected to gain CCG approval. • To prevent future issues arising CCG approval should be given to exercising of break clauses. ➔ **Alignment of processes; lease and applications to close/change premises.** ➔ **Provides leverage for the commissioner**	• **Should a practice wish to exercise a break in future, in the same way that the lease was approved by the CCG, the break should also be approved.** • **Develop estate management principles and clearly articulate to enable and support pro-active management.** • **Communicate above with practices and PCNs.**
Reinstatement of Primary Care Services	Understanding the plans for reinstating service delivery from St Mary's	• Lakeside has indicated the services to be reinstated (needs some points clarifying). • Likely to be the measure of the CCG which patients and stakeholder use. ➔ **Reduction in patient, public and stakeholder complaints** ➔ **Improved confidence in process**	• **An initial meeting has been held with Lakeside on 23rd April with follow up meetings taking place and updates from Lakeside (currently on hold as Lakeside deal with their CQC inspection issues).**

Appendix 1 - Lessons Learnt – Lakeside Mary's

Category	Description	Impact & Analysis	**Recommendation**
Contracting	Changes within the CCG regarding contracting and primary care commissioning. Also changes to the NHSE&I support in relation to Primary Care Medical Services.	• Understanding of where primary care contracting responsibilities reside given the CCG changes and changes to NHSE&I support . ➔ **Understanding any knowledge and skills gaps**	• **Ensure that there is clarity on roles and responsibilities within the CCG on such issues.** • **Undertake an assessment to ensure that knowledge and skills are appropriately assessed/transferred.**
Quality Meetings	Impact of Covid on Quality Meetings	• Deferment of formal quality meetings reduced the opportunity to discuss practice quality and risks. ➔ **Improved understanding of risks** ➔ **Increased ability to proactively manage issues**	• **Quality meetings have been reinstated and report through to PCCC.**

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Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Derek Ward, Director of Public Health

Report to:	**Health Scrutiny Committee for Lincolnshire**
Date:	**19 January 2022**
Subject:	**Sustainability Transformation Partnership Clinical Care Portal Data Sharing - Update**

Summary:

The purpose of this report is to provide information about Lincolnshire County Council's involvement and activity to date in the Sustainability Transformation Partnership Clinical Care Portal programme, which was last considered by this Committee on 15 September 2021. Appendix A to this report provides practitioner feedback from usage of the Care Portal to date, and Appendix B provides data of Mosaic users' weekly visits to the Care Portal (Feb-Dec 2021).

Actions Requested

Health Scrutiny Committee for Lincolnshire is asked to receive the Sustainability Transformation Partnership Clinical Care Portal Data Sharing update report and note its content.

1. Background

The Sustainability Transformation Partnership (STP) Clinical Care Portal (product – HealthShare, supplier - InterSystems) enables 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. The intention is that this will evolve to include data from: United Lincolnshire Hospitals NHS Trust (ULHT), Lincolnshire Committee Health Services NHS Trust (LCHS), Lincolnshire Partnership NHS Foundation Trust (EMAS), the East Midlands Ambulance Service (EMAS), Lincolnshire County Council, Primary Care, and End of Life Care.

Phase 1 – Health data viewable via Mosaic: Approximately 850 Adult Care Mosaic users have had access to view an agreed dataset of patient health data (read only) in the Care Portal via an in-context viewer tab in Mosaic since February 2021. Data is retrieved in real time from source systems, with the NHS number as the common patient identifier.

Phase 2 – Social care data viewable via Portal: This is currently in the development and testing stage. An agreed dataset from Mosaic is to be shared (read only) via a Social Care tab in the Portal. Data is retrieved in real time from Mosaic, with the NHS number as the common patient identifier.

Additionally, the County Council's Adult Care and Community Wellbeing Hospital Teams are currently involved in piloting shared care planning via the Care Portal, alongside health colleagues at Lincoln County Hospital and Boston Pilgrim. These users have direct Care Portal access.

The anticipated benefits of integrating Mosaic and the Portal are:

- Holistic view of the service user/patient record for all professionals involved
- "Tell us once" / Make Every Contact Count (MECC) approach
- Shared data to inform social prescribing in health and care
- Accurate, up to date, timely, relevant information sharing
- Standardised datasets
- Reducing delays currently caused by requests for information from/to other agencies
- Sharing of alerts and warnings (within a common dataset)
- Reducing duplication of effort in contact with the service user/patient and seeking information
- Increased security in data sharing – currently via physical transfer of paper files, email attachments, or verbal communication (telephone)

This programme was implemented as a result of the NHS Digital requirement for regional and local shared health care records; minimum viable product, version 1 = connecting NHS providers and use of unstructured data by end of Sept 2021, minimum viable product, version 2 = NHS Digital requirements to be confirmed, but expected to include a move to structured data, including social care and care planning capability. Lincolnshire has achieved Phase 1 ahead of the expected minimum viable product, version 2 target.

Organisations with access to Care Portal are currently: Primary Care, LCHS, ULHT, LPFT, neighbourhood teams and Lincolnshire County Council Adult Care and Community Wellbeing.

Current Care Portal data sources are: Child Protection Information Sharing, Summary Care Record, ULHT, GP Connect (EMIS/SystmOne), EMAS, and North West Anglia NHS Foundation Trust (Peterborough City; and Stamford and Rutland Hospitals).

Next data sources to be developed/added: Lincolnshire County Council (Mosaic), LCHS, LPFT (RiO – an electronic patient record system), Maternity, Endoscopy.

The future portal development programme includes a Patient Portal (Personal Community), integration with data from wearable devices, and an analytics module.

2. Consultation

This is not a consultation item.

3. Conclusion

Shared access to service user / patient data is of great benefit to our frontline practitioners and managers, to enable a more holistic view of the person and more efficient information sharing. The various areas of development across the Portal programme will combine to create a hub for multiagency case management, informing and improving health and care services.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Feedback from Adult Care and Community Wellbeing Practitioners using the Care Portal to view patient health records
Appendix B	Mosaic User Visits to the Care Portal – Weekly Totals (Feb-Dec 2021)

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

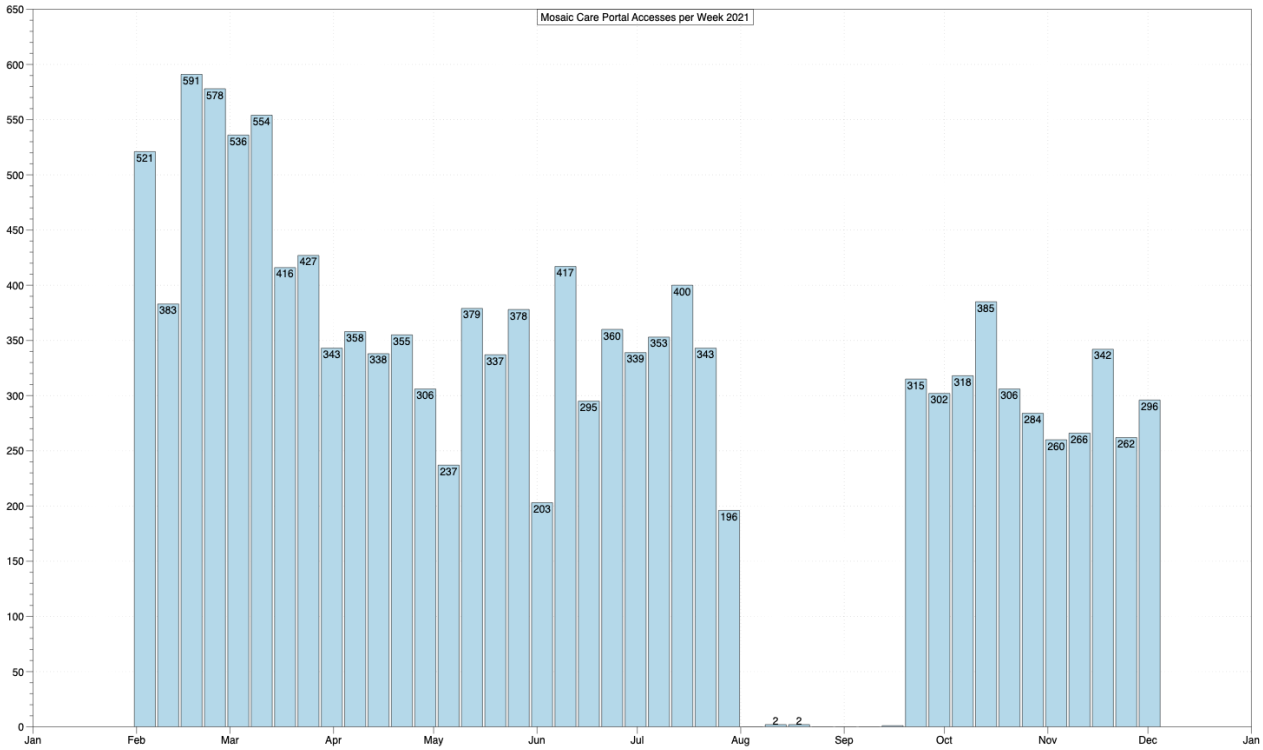
This report was written by Samantha Francis, Information and Systems Manager, who can be contacted at Samantha.francis@lincolnshire.gov.uk

APPENDIX A

Feedback from Adult Care and Community Wellbeing Practitioners using the Care Portal to view patient health records

Role and Team	Feedback
Community Care Officer, Adult Frailty and Long Term Conditions	I just want to feedback that being able to view my Service Users (STP Care Portal patient health records via Mosaic) has been a great help to me. It has meant that I have been able to act quickly as well as have history that I am not able to always reliably find out from the individual.
Community Care Officer, Adult Frailty and Long Term Conditions	I find the portal extremely helpful especially when getting background information on a new allocation. Previously I would have to contact the GP for info so it is much quicker. It is also invaluable when doing decision support tools on Teams because quite often the Nurse Assessor does not have access on their own systems, so it's good to be able to check for medication and previous medical history. It also helps to confirm what a person or their family tell you regarding medical history. I use it all the time.
Social Worker, Adult Frailty and Long Term Conditions	I have found this system very beneficial. I recently had a case where I wanted access to the medications and the GP wanted an NHS e-mail address to send the info to. I tried explaining that we are using secure e-mails but still I could not receive the information! When I raised this through other channels it was eventually agreed to share the information – at this point I was able to say I didn't require the information as it was on our system. Saves a lot of time.
Community Care Officer, Review Team	I find it particularly useful when completing decision support tools to find out their medical history, diagnosis and current medication.
Qualified Practitioner, Learning Disability Intake Team	I have found the Care Portal extremely useful when checking medications, GP and hospital input and so on for Adult Needs Assessments and Continuing Healthcare Assessments in my post as a Qualified Practitioner for the Intake Team.

Mosaic User Visits to the Care Portal – Weekly Totals (Feb-Dec 2021)



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Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**19 January 2022**
Subject:	**Lincolnshire Acute Services Review – Finalisation of the Committee's Response**

Summary:

On 30 September 2021, the NHS in Lincolnshire launched a public consultation on the Lincolnshire Acute Services Review. Following this, the Committee considered an introduction to the consultation documentation on 13 October 2021 and detailed proposals for each element of the Acute Services Review on 10 November and 15 December 2021.

The closing date for the public on the consultation was 23 December 2021. However, the Committee accepted an offer from Lincolnshire Clinical Commissioning Group to submit its response by 31 January 2022.

The Committee also established a working group, which met on 6 January 2022 to begin drafting the response. **A draft response will be circulated to the Committee prior to the meeting.**

Actions Requested:

That the Committee's final response to the consultation on the Lincolnshire Acute Services Review be approved.

1. Background

Launch of Formal Consultation

On 30 September 2021, Lincolnshire Clinical Commissioning Group (CCG) launched a formal public consultation exercise on four NHS service change proposals. The public consultation exercise on the four service change proposals ran for twelve weeks from 30 September until 23 December 2021.

The Committee accepted an offer of 31 January 2022, as the date to submit its response, so that the Committee could use the time available to consider the detail; prepare its response; and consider any interim feedback made available on how the public has been responding.

2. Consideration by the Committee

Introductory Item

On 13 October 2021, the Committee considered an introductory item on the consultation, which was presented by John Turner, Chief Executive of Lincolnshire CCG. The Committee resolved:

(1) That the introductory presentation on the public consultation on the Lincolnshire Acute Services Review be noted.

(2) That the arrangements for responding to the NHS's consultation on the Lincolnshire Acute Services Review in line with the following timetable be confirmed:

a) Detailed consideration of two specific elements of the Acute services Review at each Committee's next two meetings on 10 November and 15 December 2021;
b) Consideration of the interim feedback report on the consultation from the Lincolnshire Clinical Commissioning Group on 15 December 2021;
c) Establishment of one working group to draft the detailed response to the consultation;
d) Finalisation of the Committee's response to the consultation on 19 January 2022, for submission prior to 31 January 2022.

(3) That the working group be comprised of the following: Councillors Carl Macey, Linda Wootten, Mrs Sandra Harrison, Sarah Parkin, Mrs Angela White, Mark Whittington and Ray Wootten.

Service Change Proposals

Following this, the Committee considered the each of the four NHS service change proposals, at its following two meetings. The Committee's agenda for these items included the relevant pages of the consultation document, and the relevant chapter from the Pre-Consultation Business Case. In each case the proposals were presented by the clinicians with expertise in the service area. The following tables set out the key points raised by the Committee during its consideration.

Service	**Stroke Services**
Summary of Proposal	Development of a 'centre of excellence' in Lincolnshire for hyper-acute and acute stroke services at Lincoln County Hospital, which would be supported by enhancement of the community stroke rehabilitation service so it can support stroke patients with more complex needs.
Date	10 November 2021
Key Points in Committee's Consideration	• Recruitment and Retention of Staff • Speed of Treatment of Stroke Patients on Arrival in Hospital, for example, Scans, Thrombolysis (where appropriate) • Stroke Services in other Acute Hospital Trusts • Continuation of Transient Ischaemic Attack Clinics • Impacts on Patients on East Coast • Suggestion for a Mobile Stroke Unit

Service	**Urgent and Emergency Care at Grantham and District Hospital**
Summary of Proposal	Establishment of a 24/7 walk in Urgent Treatment Centre, in place of the current Accident and Emergency department.
Date	10 November 2021
Key Points in Committee's Consideration	• Recruiting and Retaining Staff in Urgent Treatment Centres • Overnight Medical Cover • Services not provided at Grantham Hospital: Gynaecology; Obstetrics; Acute Surgery; Acute Orthopaedics; Ear, Nose and Throat; Stroke Medicine and Acute Interventionalist Cardiology. • Need to Reflect the Views of Grantham Residents • Role of County Council in Public Transport • Importance of Communications with the Public on How to Access Urgent and Emergency Care • The Term 'Urgent Treatment Centre Plus' • Modest Capital Investment for Expansion of Proposed Urgent Treatment Centre • Application of the Four-Hour Standard to Urgent Treatment Centres

Service	**Orthopaedic Surgery**
Summary of Proposal	• Development of a 'centre of excellence' in Lincolnshire for planned orthopaedic surgery at Grantham and District Hospital; and • Dedicated day case centre at County Hospital, Louth, for planned orthopaedic surgery.
Date	15 December 2021
Key Points in Committee's Consideration	• Recruitment and Retention of Staff • Importance of Showcasing of Orthopaedic Services • Overall Accessibility of Grantham Hospital • Reduction in Cancelled Operations from Current Level of 30% • Impacts of Proposal on: ➢ Neighbouring Health Systems ➢ NHS Use of Independent Sector ➢ Residents in East of Lincolnshire ➢ Patient Travelling Times • Role of Non-Emergency Patient Transport Service • Operating Surgeon to Review Patients at Subsequent Appointments

Service	**Acute Medical Beds at Grantham and District Hospital**
Summary of Proposal	Establishment of an integrated community/ acute medical beds, in place of the current acute medical beds.
Date	15 December 2021
Key Points in Committee's Consideration	• Recruitment and Retention of Staff - Proposal Likely to be Attractive to Consultants and Middle Grade Doctors and Supported by East Midlands Clinical Senate • Higher Range of Services at Proposed Urgent Treatment Centre, compared to Other Urgent Treatment Centres. • Impact of Any Future Withdrawal of Services at Proposed Urgent Treatment Centre • GPs Unlikely to be Involved on Wards • Low Attendance at Recent Consultation Event • Links to the Proposed Urgent Treatment Centre

Working Group Activity

On 6 January 2022, the Committee's working group met and began drafting the response to the consultation. The working group has agreed to structure the response as follows:

Part A - Introduction

Part B - Response to Consultation Survey Questions
This section of the response would follow the format of the survey questions issued by the NHS in Lincolnshire.

Part C - Themes Raised During the Consultation, which include:

- Travel and Transport
- Recruitment and Retention of Staff
- Links to Neighbouring Health Systems
- Consultation Arrangements

A draft response will be circulated to the Committee prior to the meeting.

3. Consultation and Conclusion

The Committee is invited to approve its response to the consultation on the Lincolnshire Acute Services Review.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Draft Response of the Health Scrutiny Committee for Lincolnshire to the Lincolnshire Acute services Review consultation – January 2022 (To be circulated prior to the meeting.)

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk

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Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Derek Ward, Director of Public Health

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**19 January 2022**
Subject:	**Director of Public Health Annual Report**

Summary:

The purpose of this report is to present the Director of Public Health's (DPH) Annual Report 2021. The focus of this year's report is the health of children and young people in Lincolnshire, and the impact of Covid-19 on this population.

Given this focus, it has been agreed that this will be a joint report co-authored by the Director of Children's Services. This is an innovative approach to a DPH annual report and reinforces the importance of a system wide strategic approach to protecting and improving children's health.

Alongside this year's DPH Annual Report, Appendix B provides an update on the actions taken to address the recommendations in previous DPH Annual Reports produced under Lincolnshire's current DPH.

Actions Required:

Health Scrutiny Committee for Lincolnshire is asked to:

- receive the 2021 annual report from the Director of Public Health and note its content.
- note the actions being taken to address the issues and recommendations presented in previous Director of Public Health annual reports.

1. Background

Directors of Public Health in England have a statutory duty to write an annual public health report to demonstrate the state of health within their communities. Local authorities have a statutory duty to publish the report.

The DPH Annual Report for 2021, presented in Appendix A, outlines the burden of disease on children in Lincolnshire, as well as articulating the significant impact of COVID-19 on children and young people, and describing how services are addressing these needs. Recommendations are made for priority actions to protect and improve health and wellbeing.
Each chapter has had input from Children's Services managers and Assistant Directors and analyses key services and priorities for demographic groups and by key themes:

- Child health in Lincolnshire – the burden of disease
- COVID-19
- Early years
- Schools and education
- Children with SEND
- Social care and support
- Mental health and emotional wellbeing

The main burden of disease (morbidity and mortality) upon children and young people is neonatal conditions, communicable diseases for younger children and mental health conditions for older children and young people.

The impact of COVID-19 on children and young people has been minimal in terms of primary effects (hospitalisation, mortality) but extremely significant in terms of secondary effects (impact of isolation on education, mental health and emotional wellbeing).

The report highlights the excellent service provision in Lincolnshire and sets out the following principles for strategy and service delivery:

- Children are not 'little adults' - they need specific services and support tailored to their needs
- Children are a priority - the NHS Integrated Care System will rightly have a focus on supporting our ageing population, but in order to prevent poor health and poor outcomes in the population we need to keep our children and young people fit and healthy
- We can do this by:
    - Delivering services made for children and young people, not adults
    - Focussing on physical activity, diet and nutrition, and mental and emotional wellbeing
    - Reducing inequalities in education and opportunity.

The annual report was presented to the Executive in December 2021 and is published on the council's website.
Appendix B provides an overview of the recommendations and actions taken to date to address the issues from previous DPH Annual Reports prepared by the current DPH. The

intention is to provide similar annual updates alongside the publication of the DPH Annual Report.

2. Consultation

This is not a consultation item.

4. Conclusion

The Director of Public Health has a statutory duty to produce an annual report on the health of the people in Lincolnshire. The Adult and Community Wellbeing Scrutiny Committee is therefore asked to note the contents.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Director of Public Health Annual Report 2021
Appendix B	Progress on Previous Director of Public Health Report Recommendations

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Alison Christie, Programme Manager, who can be contacted on alison.christie@lincolnshire.gov.uk

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The impact of COVID-19 on children and young people in Lincolnshire

Director of Public Health Annual Report 2021

Lincolnshire COUNTY COUNCIL
Working for a better future

Contents

1. Foreword and introduction

Welcome to my third annual report as Director of Public Health for Lincolnshire. The past few years have been enormously challenging for us all and while we are in a better place than we were a year ago with the successful rollout of the vaccine we aren't out of the woods yet.

COVID has tested us all and in no small way that of our children and young people in the county. They are the focus of this report.

We all want our children to succeed in life and do well – to be healthy, happy, and to be able to look forward to a future rich with opportunity. In Lincolnshire we have excellent services and high aspirations for all our children, but we can't be complacent. We are very aware that, at every stage, some children have better outcomes than others. Importantly, many of these trends persist right through the life-course; meaning that those with worse health and outcomes as adults will have had worse health and outcomes as children as well. The effects of the COVID-19 pandemic are likely to have widened some of these gaps.

It's a challenge to us, but also an opportunity. Every time we interact with children, we have a chance to address this – to prevent poor outcomes and ill health, to help ensure our children are resilient and can move forward from the pandemic well.

This report highlights some existing areas where children and young people have distinct needs in Lincolnshire, the services we have that support them, how these services have tailored their support during the COVID-19 pandemic and what the core areas of focus are as we now move into a protracted period of recovery from the pandemic. It will take as its focus three key areas which we believe can address the issues which are highlighted in the report:

- 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
- by prioritising education, increasing opportunity, and tackling health and social disparities.

The impacts of the pandemic are still being felt by young people. We have good services in place but we need to build on those strengths to ensure children get the best start in life, have equal opportunities to support so they can thrive and reach their potential.

Derek Ward
Director of Public Health

I'm delighted to be co-author of this report with Derek. I'm also proud to be leading some of the best children's services in the country which are rated as 'outstanding' by Ofsted.

The COVID pandemic has been an enormous challenge for children and young people and their families and carers. It's brought some innovation and inspiration in the way we work but it's also highlighted areas where we can do even better for our children.

It's widely accepted that prevention is better than cure, and yet the need to treat adults in poor health often dominates the agenda when discussing health and care services. This is despite the fact that over 20% of our population in Lincolnshire is made up of people aged less than 20. We have a lot of children and young people, and they need support which is tailored to their needs and not simply through adapting the solutions and interventions we have for adults.

This is where our services can come in. Instead of waiting for disparities to show up later in life, we have universal services, such as health visitors, schools and children's centres which can change lives through the right support at the right time. We have excellent support for those children who have additional needs, and social services ready to protect and support those

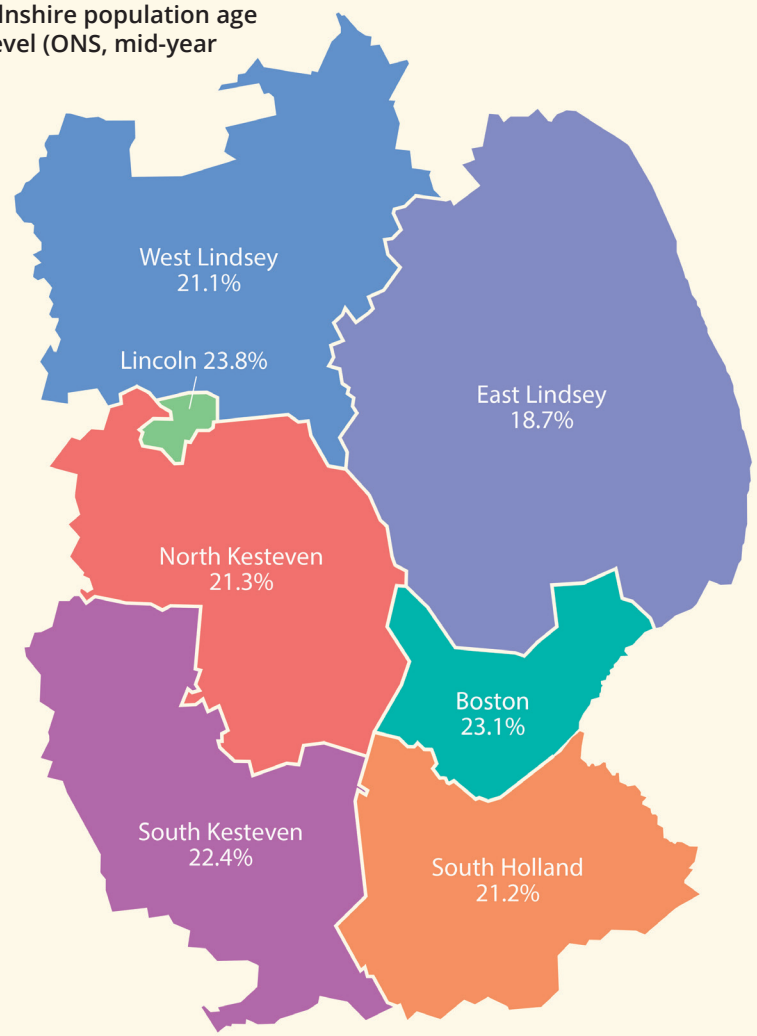
most in need of help. This report outlines both the needs of children and young people in Lincolnshire, and how we plan to shape our services to do the best for our children and families that we possibly can.

We can build on the increased use of digital technology to engage with certain groups and provide some services virtually, while offering effective alternatives where they are needed. We need to consolidate on the partnerships and collaborations we have built through the pandemic to have joint targets, reduce duplication and ensure strong, effective services.

Very simply, children are not little adults. If we want to build a healthier, happier society in Lincolnshire for the long-term then we need to have a clear focus on ensuring our children get the best start in life we can possibly give them. If we're serious about prevention, we need to start with children.

Heather Sandy
Director of Children's Services

Figure 1: Proportion of Lincolnshire population age 0–19 at district and county level (ONS, mid-year population estimates: 2019)



1.1 Children and young people in Lincolnshire - Demography

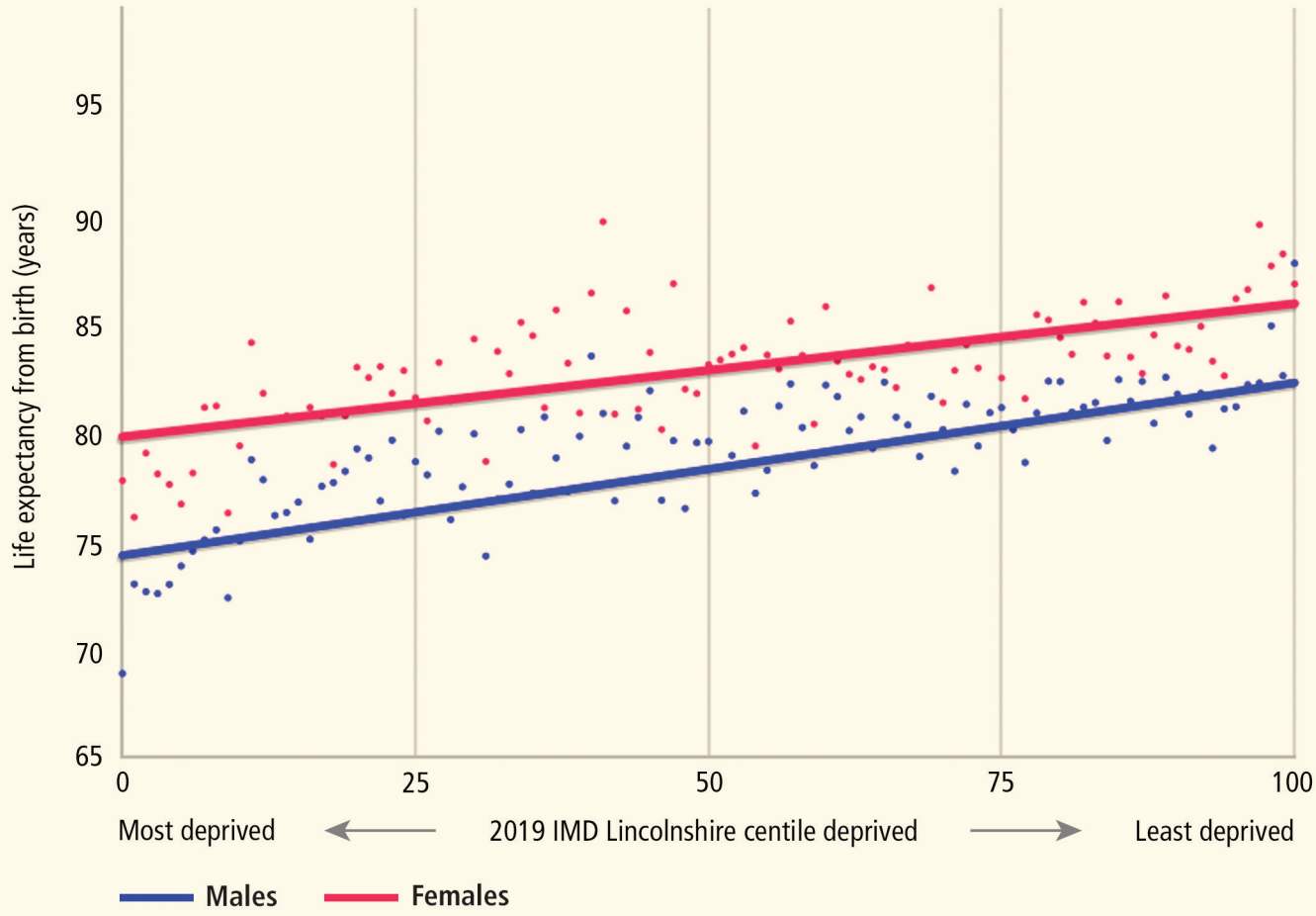
Lincolnshire has a large number of children and young people with 163,550 people aged 0–19, accounting for 21.4% of the local population, which is below 23.6% seen nationally. South Kesteven contains proportionally more 0–19-year-olds than any other district (Figure 1). This number is expected to rise but only slightly, to approximately 165,900 by 2043 compared to a projection for England of a fall in the total number of 0–19 years olds in the same time period. This change in population is linked to falling birth rates and numbers of overall births across the country (Source: ONS, Births in England and Wales 2019).

1.2 Vulnerability factors

1.2.1 Inequalities in Life Expectancy

We know not all children in Lincolnshire get an equal start in life. The importance of early childhood experiences in having a happy, healthy life is well-known throughout the life course. There is a direct link between deprivation, health inequalities, and poor life outcomes. This can be seen clearly as children born into deprived areas have a lower life expectancy on average than in less deprived areas (Figure 2).

Figure 2: Projected life expectancy for a child in Lincolnshire born between 2017-2019 (ONS Life expectancy for local areas of the UK: between 2001 to 2003 and 2017 to 2019)



1.2.2 Child vulnerability at home

Secure and safe home environments nurture children to thrive and live happy lives and Lincolnshire is an excellent place to raise children. Unfortunately, various factors can adversely affect a child's living situation and place them at risk of harm in the short and long-term. Though Lincolnshire observes one of the lowest overall rates of child vulnerability (Children's Commissioner, 2021), over 23,000 children in the county are affected by at least one of the 'toxic trio':

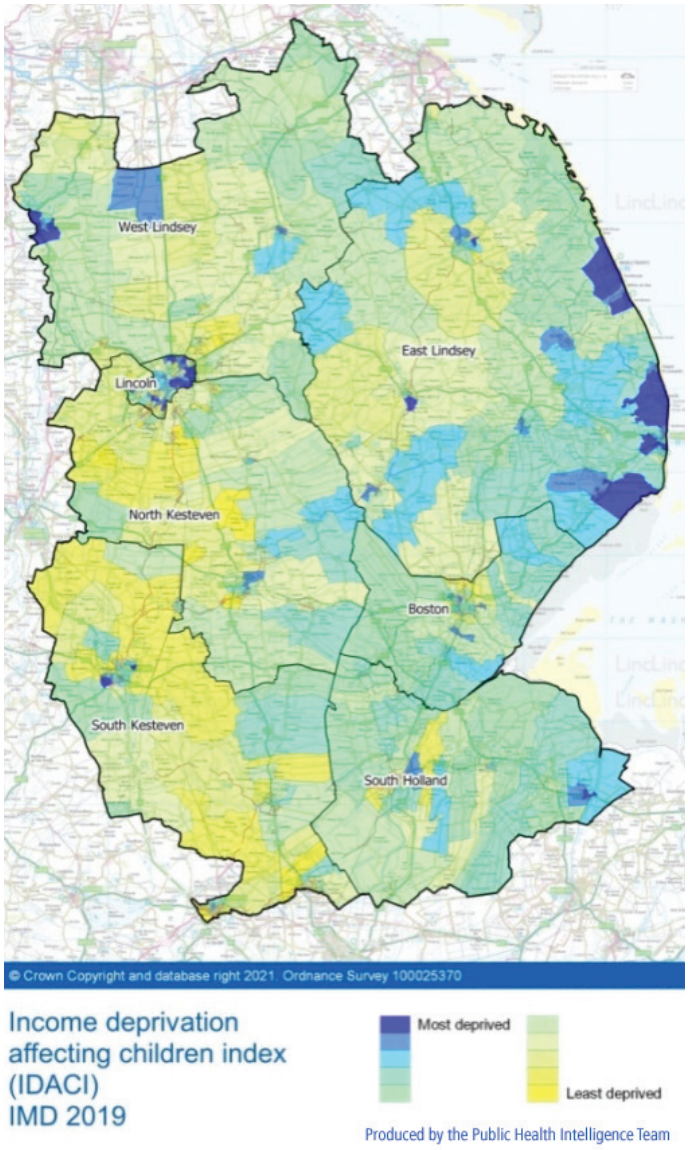
- 3.7% live with an adult who misuses alcohol or other substances
- 5.9% live with an adult who has experienced domestic abuse within the past year
- 11.5% live with an adult with a severe mental health problem

Children exposed to adverse childhood experiences (ACEs) such as neglect, exploitation, and household dysfunction are more likely to smoke, binge drink, and enter the criminal justice system, as well as experience poor health including injury and mental illness. We believe every child deserves a fair chance, which is why we place priority on promoting child welfare to give every child the best start.

1.2.3 Deprivation

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of children aged 0 to 15 living in income deprived families. Much of Lincolnshire has relatively low-income deprivation among children however there are pockets of deprivation along the east coast, as well as in Lincoln, Gainsborough, Grantham, Louth, and Horncastle (Figure 3).

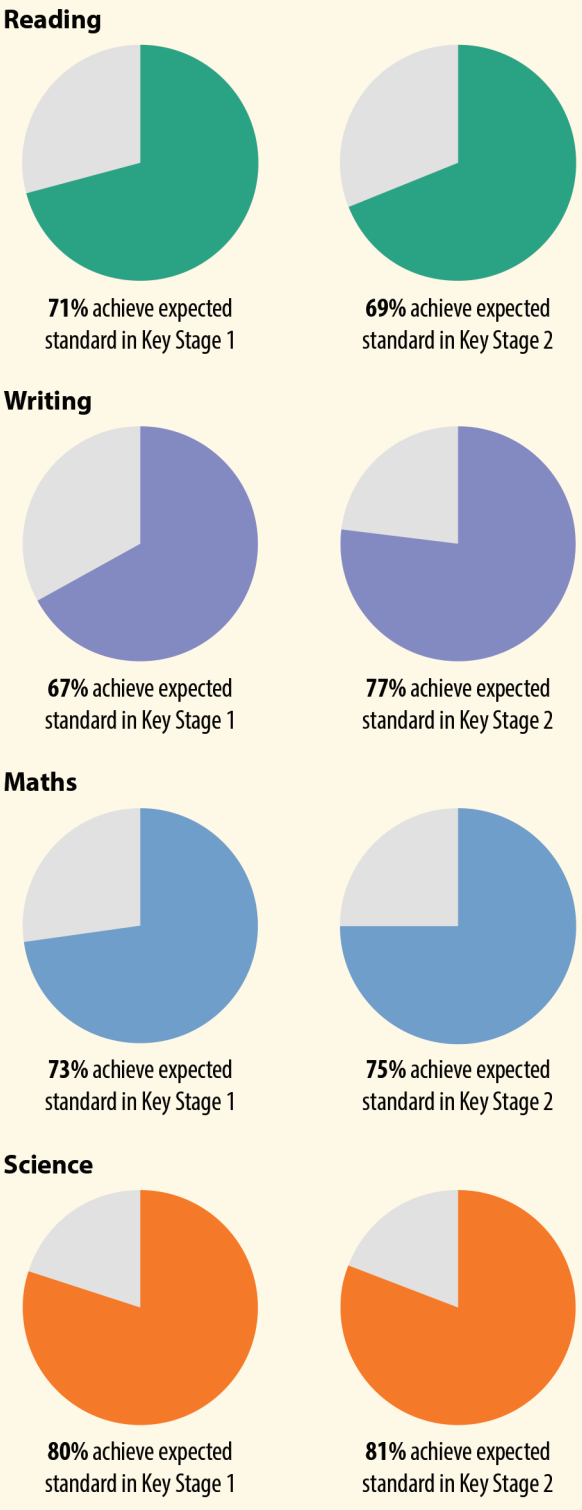
Figure 3: Income Deprivation (IDACI) affecting children aged 0-15 years in Lincolnshire



1.2.4 Educational attainment

Despite the various challenges outlined above we do know that our children in Lincolnshire are, overall, well supported to achieve good educational outcomes, as can be demonstrated by Figure 4 below.

Figure 4: Educational attainment at Key Stages 1 and 2 in Lincolnshire



2. Child health in Lincolnshire

2.1 Burden of disease

It is important to remember that children are not simply little adults. Children and Young People (CYP) experience different health problems to adults at different life stages for different reasons. We want to outline the main reasons why CYP become ill, in Lincolnshire. We can summarise this by using data from the Global Burden of Disease (GBD) study. Within this we can see the estimated years lived with disability (YLD), which is a measure reflecting the impact an illness has on quality of life before it resolves or leads to death.

2.1.1 Morbidity

The top overall causes of (level 4 GBD) YLDs for 0–19-year-olds in Lincolnshire are eczema (352.3 YLDs per 100,000), anxiety (328.6 per 100,000) and asthma (322.5 per 100,000). Other leading causes include conduct disorder, symptoms of depression, and autism. The main causes of morbidity are dominated by mental health and behavioural problems rather than physical health issues. The predominant causes of YLD change with age: from birth related and infectious disease in early childhood, to mental health and non-communicable disease in adolescents.

2.1.2 Mortality

Thankfully, it is a rare event for children to die and Lincolnshire neonatal and infant mortality rates are lower than the national average. The main causes of (level 4 GBD) Years of Life Lost (YLLs) for 0–19-year-olds in Lincolnshire are prematurity (452.3 YLLs per 100,000), congenital heart disease (146.7 per 100,000) and brain injury at birth (101.9 per 100,000). Genetic disease, road injuries, and sudden infant death are also in the top 10 causes of child death in the county. Again, we see a division between causes of mortality in younger children (birth related, genetic and infectious disease) and teenagers (injury, self-harm, and cancer).

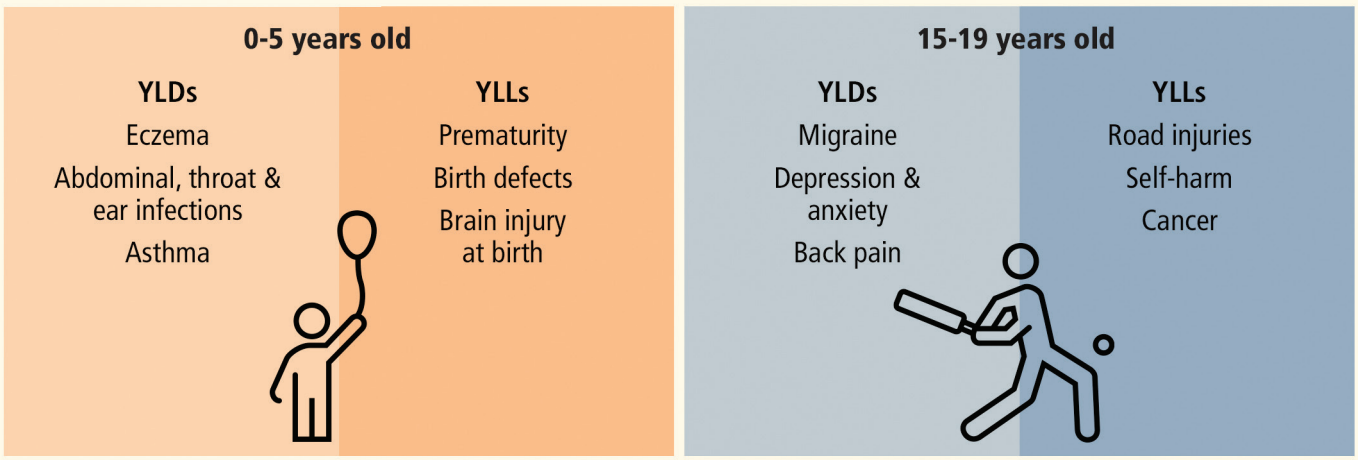
Table 1: Top causes of YLD in Lincolnshire aged 0-19 (GBD Compare, Level 3 data 2019)

	Both sexes	Female	Male
1	Dermatitis	Headache disorders	Dermatitis
2	Headache disorders	Anxiety disorders	Asthma
3	Anxiety disorders	Dermatitis	Conduct disorder
4	Asthma	Asthma	Anxiety disorders
5	Depressive disorders	Depressive disorders	Headache disorders
6	Low back pain	Low back pain	Autism spectrum disorders
7	Conduct disorder	Acne vulgaris	Low back pain
8	Acne vulgaris	Viral skin diseases	Depressive disorders
9	Neonatal disorders	Neonatal disorders	Acne vulgaris
10	Congenital birth defects	Conduct disorder	Neonatal disorders

2.1.3 Overall disease burden

As seen in Figure 5, the leading causes of Disability Adjusted Life Years (DALYs) are strongly influenced by

Figure 5: Leading causes of morbidity (YLDs) and mortality (YLLs) in 0-5 and 15-19-year-olds



age group. The main cause of DALYs for children under five years old are related to causes of mortality such as prematurity (1985.7 DALYs per 100,000), whilst DALYs for 15–19-year-olds are more influenced by causes of morbidity, such as depression (772.5 per 100,000) and anxiety (739.6 per 100,000). Mental health DALYs feature heavily for both sexes during adolescence, and good mental health is important for young people to live secure, happy, and healthy lives. This is likely to worsen given the isolating effects of COVID-19.

Prematurity is the single greatest overall cause of DALYs for 0–19-year-olds in Lincolnshire as it affects short and long-term health as well as risk of mortality. Premature birth is more likely to happen if a mother smokes during pregnancy. In Lincolnshire, prevalence of smoking in early pregnancy (18.1%) and at time of delivery (16.2%) is higher than the national average, and the importance of reducing smoking in pregnancy has been highlighted in Saving Babies' Lives and Lincolnshire's Joint Strategic Needs Assessment 2019 to improve maternal and neonatal health.

The above findings show that not only should we consider the health needs of CYP to be different to adults, but there are important differences within this age group. We understand and apply this to provide effective services that meet the needs of local children and young people.

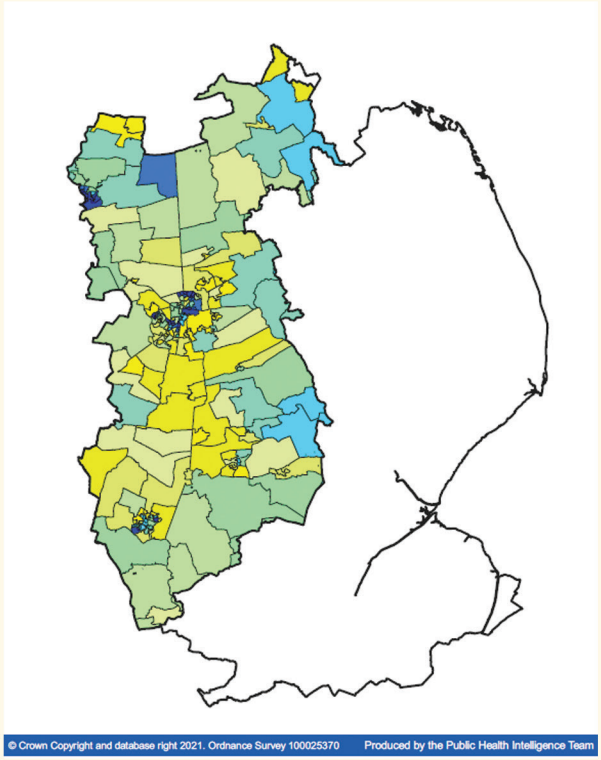
2.2 Health and healthcare

According to Child Health Profiles (Source: https://fingertips.phe.org.uk/profile/child-health-profiles/), when compared to England, Lincolnshire has comparatively better (lower) levels of A&E attendances for children under the age of 18. Despite emergency admissions being higher than seen across England underlying this are variances by particular conditions which causes the admission. For some conditions Lincolnshire is significantly better than the England rate but for other worse.

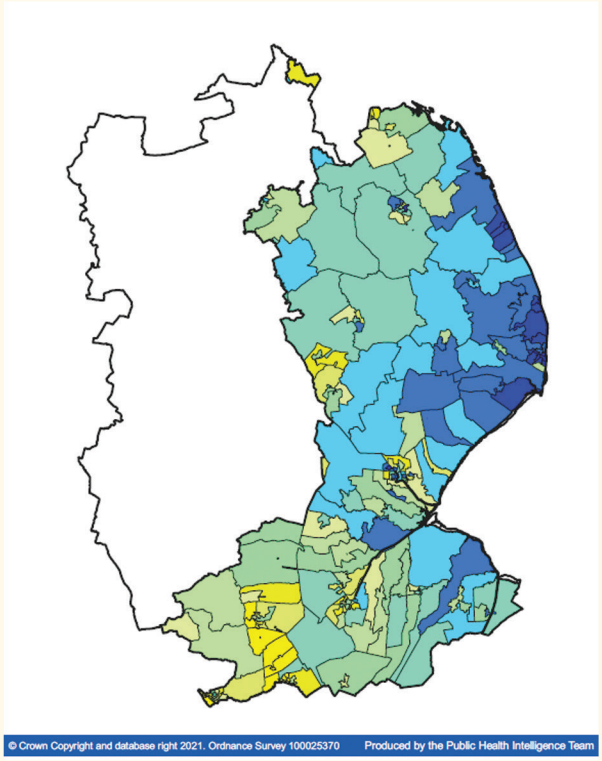
Dental health is important not just because healthy teeth help us chew and digest food, but they also allow us to speak clearly, give shape to our faces and provide us with confidence. Lincolnshire has a higher proportion of children under 5 years with visible dental decay (25.5%) compared to the national average with an increasing trend to 2018-19. There are a range

Figure 6: Differences in water fluoridation and child deprivation (IDACI) within Lincolnshire

Fluoridated Water Area Zones by overall deprivation



Non-Fluoridated Water Area Zones by overall deprivation

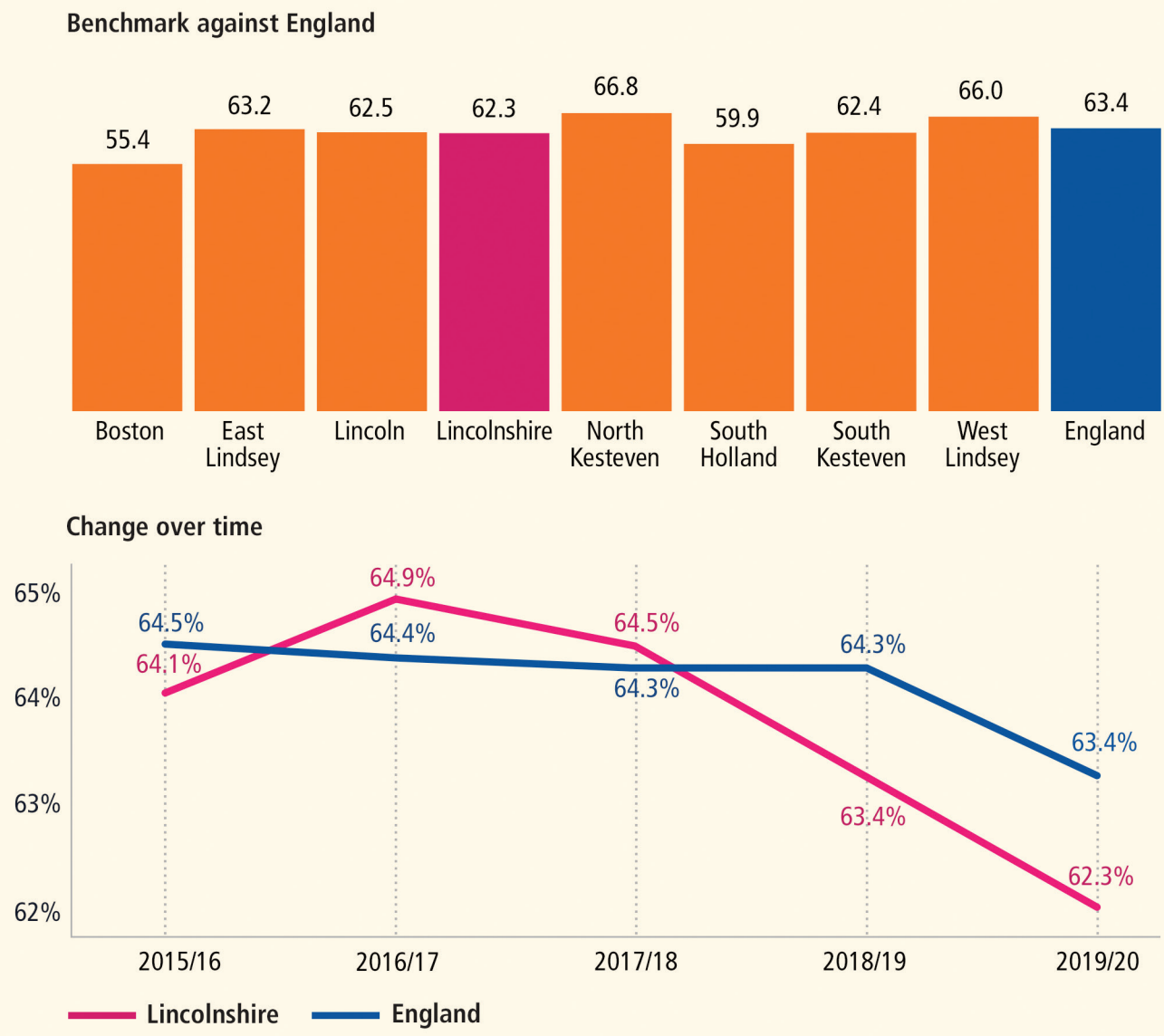


of reasons for oral health inequalities in children such as deprivation, access to dental services and diet. Additionally, children in deprived areas are more likely to live in an area without water fluoridation (Figure 6). These risk factors contribute to poorer dental health for children living in more deprived areas (Lincolnshire County Council, 2019).

Healthy weight is a key determinant in ensuring children grow up happy and healthy. Locally our Joint Strategic Needs Assessment (Source: www.research-lincs.org.uk/JSNA-Topics.aspx) tells us that Lincolnshire has 68.8% of children with a healthy weight compared to 70.4% nationally but this belies a variance across the county, something which we intend to address with our child weight management programme currently being developed.

Though children are not little adults, in that they are unlikely to directly experience obesity related health problems during childhood (such as type 2 diabetes), obese children are more likely to become obese adults and experience these health effects in the future. Supporting a child to maintain a healthy weight supports future health through the life course.

Figure 7: Prevalence of healthy weight in Year 6 children



3. COVID-19

3.1 Introduction to COVID-19

The COVID-19 pandemic has had an unprecedented effect on life in Lincolnshire – and our children have certainly been affected. Although risk of severe disease in children is thankfully low, children have experienced significant disruption – from parents not able to introduce their babies to others, to teenagers missing out on education and social contact. Our services have risen to the challenge of supporting children and families in the midst of a global pandemic, and now we plan for the long recovery.

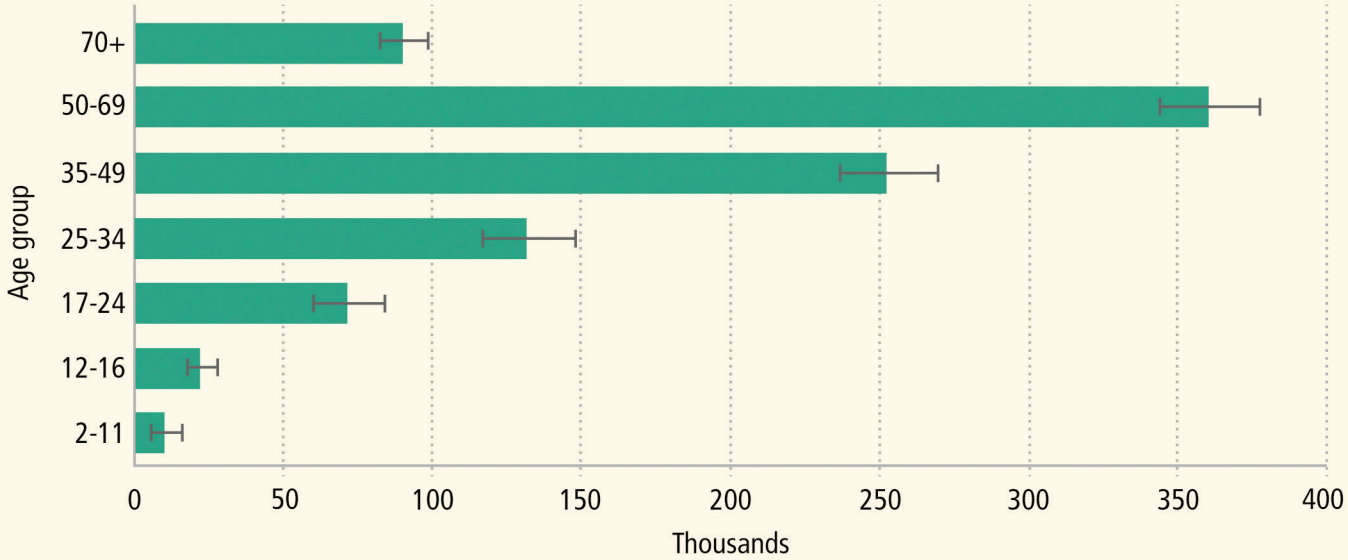
3.2 COVID-19 and children

Coronavirus disease 2019 (COVID-19) is a viral disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus is spread between people via respiratory transmission (as droplets or aerosol), and direct contact (Public Health England, 2021). The risk of SARS-CoV-2 transmission is greatest when in:

- Closed spaces
- Crowded places
- Close contact

The most commonly reported COVID-19 symptoms are fever, a new continuous cough, and a change to sense of smell or taste, however the presenting symptoms in children are less well understood. Additionally, an estimated 945,000 people in private households in the UK experience long-term COVID symptoms (Figure 8), of which 3.6% are under 16 years old (Office for National Statistics, 2021). The most common long COVID symptoms reported overall are fatigue, shortness of breath and muscle aches[1].

Figure 8: Estimated number of people living in private UK households with self or parent reported long COVID symptoms: four-week survey ending July 2021 (ONS, 2021)



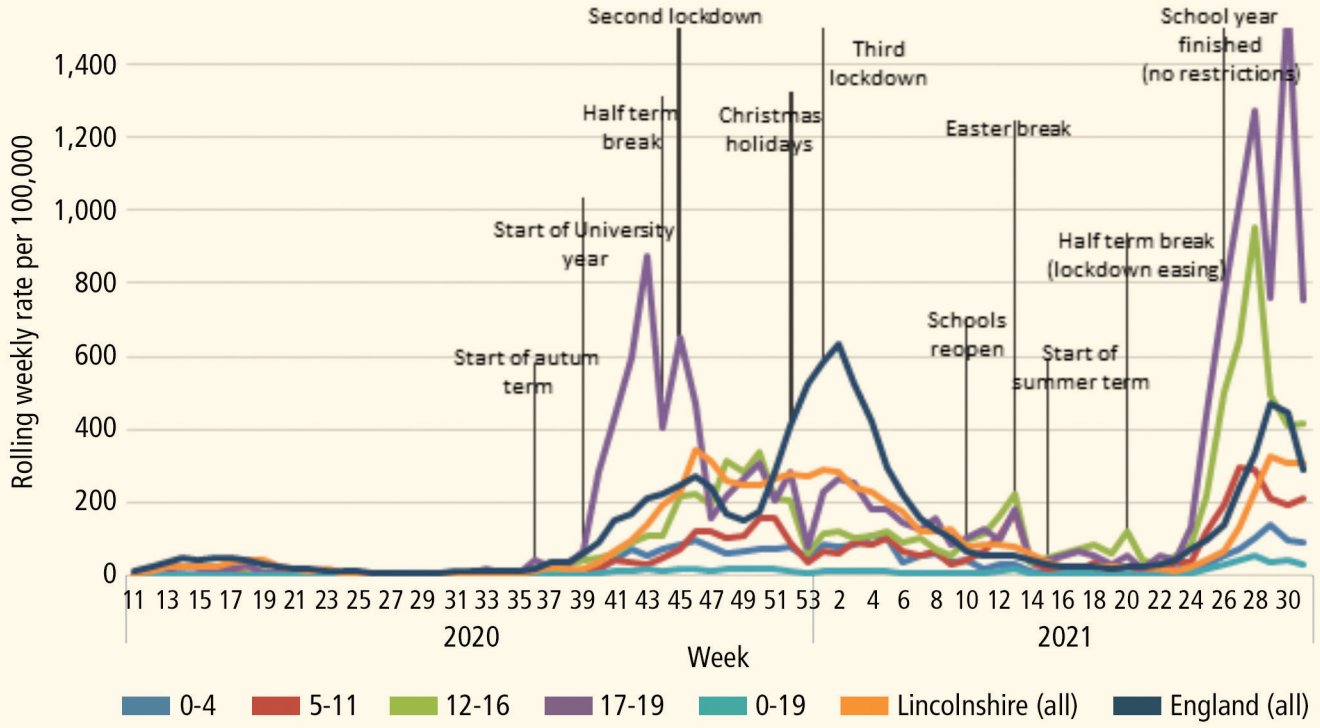
Children experience different health problems to adults in different ways, and this is also seen in COVID cases. Children generally experience milder COVID-19 symptoms and are far less likely to be admitted to hospital for treatment and thankfully it is very rare for children to die from COVID-19.

1. The National Institute for Health and Clinical Excellence have published a guideline pertaining to the provision of a multi-disciplinary service to support patients with long COVID.

3.3 COVID-19 and children in Lincolnshire

Figure 9 illustrates the 7-day rolling rate of COVID-19 infections in Lincolnshire for all persons and those aged 0–19 years since the start of the pandemic[2].

Figure 9: Weekly case rate of COVID-19 cases in Lincolnshire by age groups



The 0–19 weekly case rate increased with return to school (with higher rates in older age groups) and a considerable increase among 17–19s with the start of university year. Following this, cases largely followed a downward trajectory until school testing protocols were changed[3]. Among 0–19s, COVID-19 case rates have been higher in older age bands both locally and nationally (Table 2).

Table 2: COVID 19 cases and rates in Lincolnshire and England (March to August 2021)

Lincolnshire			England		
Age Group	Cases	Rate per 100,000	Age Group	Cases	Rate per 100,000
0-4	954	2,447.1	0-4	118,712	3,597.7
5-9	1,473	3,396.9	5-9	176,691	4,993.8
10-14	2,948	7,161.1	10-14	308,870	9,208.3
15-19	4,989	12,461.6	15-19	486,322	15,787.6
0-19	10,364	6,336.9	0-19	1,090,595	8,217.0
All	62,545	8,216.4	All	6,555,200	11,856.9

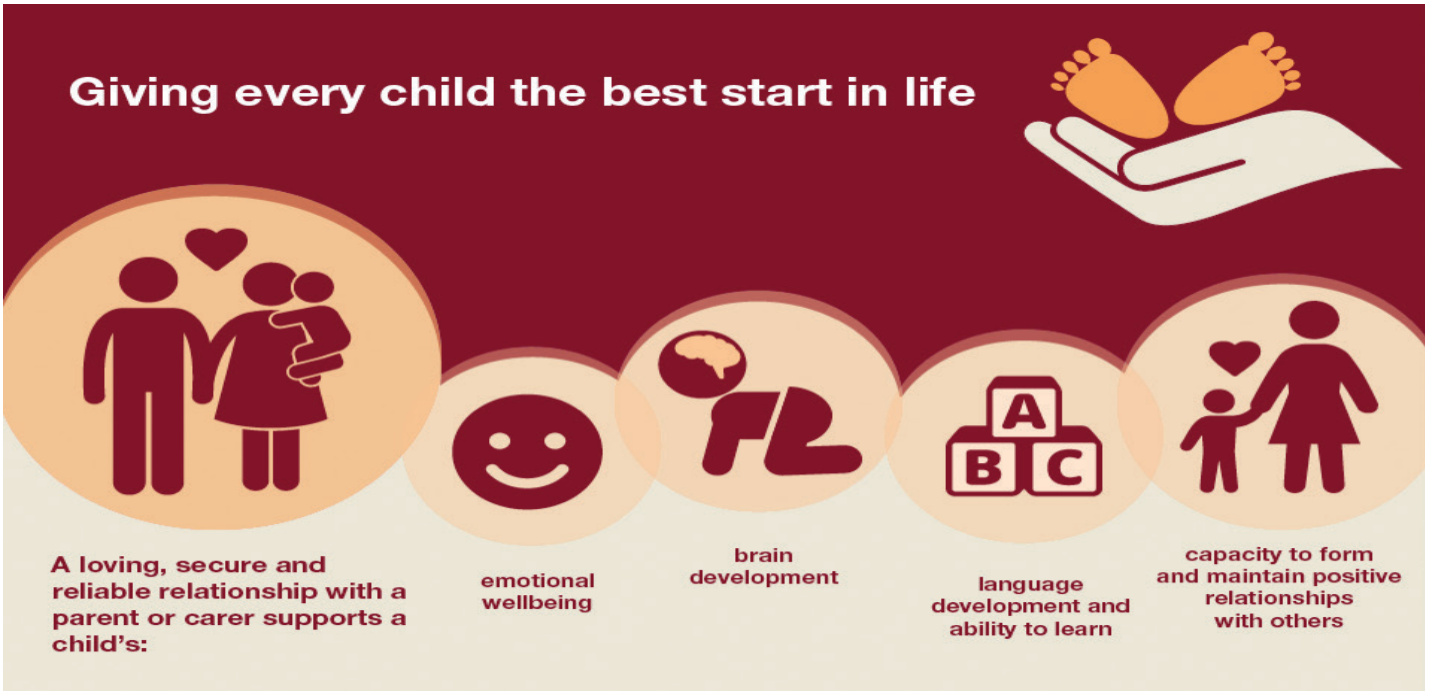
2. Due to testing policy and accessibility March to May 2020, the whole Lincolnshire case rate should be interpreted with caution.
3. From 8 March, twice weekly staff testing took place using home testing kits.

Though children are less likely to directly experience harm from COVID-19, the potential indirect impact should not be understated. Children have endured uncertainty, isolation from friends and family, lost school time, and threats to social security through poor parental health. Respiratory infection resurgence, long COVID, mental and physical deconditioning, delays in diagnosis and disease management, and health and social care disruption (including management of backlogged cases) are key challenges cited by the Academy of Medical Sciences.

4. Early years

Early life events are highly influential on long-term health and wellbeing. The life course approach is a way of thinking about how experiences in earlier parts of life affect later health and wellbeing (Figure 10). Some of these experiences are protective (such as a loving family, an active lifestyle, and a nutritious diet) and others can be harmful (such as neglect and unsafe housing). Positive early life experiences foster a child's growth, development, wellbeing, and the formation of secure relationships. We view the early years of a child's life as an absolute priority in shaping future life events through the life course approach, and use this to plan and provide effective services.

Figure 10: Applying the life course approach to the early years (Health Matters infographics)



4.1 Child development

Prior to the pandemic, Lincolnshire recorded a higher rate of children achieving the expected level in development, communication skills, fine motor skills and personal-social skills at 2–2.5 years compared to national figures (Public Health England, 2020). However, 5-year-olds in Lincolnshire had lower levels of good development at the end of reception, although this has been increasing over recent years.

During the pandemic, a decreasing proportion of children are at the expected level for communication skills. Referrals to children's health services for speech and language concerns have more than doubled from 2019-20 to 2020-21 – suggesting an already high level of need has been exacerbated and highlights the unique effects of the pandemic on developing children.

The impact of the pandemic on young children's development has been identified nationally within the early years sector:

Almost all providers said that the pandemic had significantly impacted the learning and development of children who had left and subsequently returned. They were particularly concerned about children's personal, social, and emotional development. Some children had returned less confident and more anxious. In some cases, children had also become less independent, for example returning to their setting using dummies or back in nappies having previously been toilet trained.
www.gov.uk/government/publications/covid-19-series-briefing-on-early-years-october-2020

Early Years and Childcare are piloting an audit on the quality of learning opportunities offered within

Lincolnshire's early years settings; this will identify the impact on childcare settings following the pandemic and the subsequent effects on children's development, as well as supporting our providers to be able to demonstrate how they have met the challenges of the pandemic.

4.2 Health visiting

Health visitors lead on The Healthy Child Programme (HCP), a universal preventive service for families with young children. Health visitors in Lincolnshire have been working throughout the pandemic to support children and families and ensure children have the best start they can. The 0–19 health service in Lincolnshire is considered a national exemplar and during the pandemic this service ensured families with the greatest need were prioritised. We need to ensure this service also becomes a core part of how we recover from the pandemic and supports children and families at such a crucial stage of their lives.

4.3 Immunisations

Childhood vaccinations protect children, their contacts, and the wider community against preventable and potentially serious communicable disease. Ensuring a high level of uptake of these vaccinations is a key public health priority to prevent outbreaks. Prior to the pandemic, Lincolnshire generally had similar local to national uptake for childhood vaccinations though often below the benchmark goal, for example MMR uptake at 2 years was 90.6% locally and nationally, with a target of 95%. COVID-19 resulted in national suspension of the School Age Immunisation Service during the first lockdown, affecting human papilloma virus vaccine delivery and deferral of MenACWY and teenager booster programmes to 2021. Uptake and catch-up has been supported by the recruitment of additional staff and by setting up community clinics.

4.4 Breastfeeding

Breastfeeding supports maternal-infant bonding and offers a range of health benefits to both mother and infant, such as greater protection to infants from infectious disease and allergic conditions, and lower risk of postnatal depression and cardiovascular disease for breastfeeding mothers. The pandemic impacted on delivery of breastfeeding support groups across Lincolnshire meaning breastfeeding rates were at risk of falling. However, individual breastfeeding support and advice continued throughout the pandemic with virtual breastfeeding group support gradually restored from June 2020. This has supported and maintained sustained breastfeeding rates, and face-to-face breastfeeding support groups opened again in September 2021 with an initially reduced capacity. Increasing local breastfeeding rates remains a priority for Early Years and Children's Health Services.

4.5 Supporting parents and families

During the pandemic, parents have continued to access the Children's Health Single Point of Access (SPA) advice line for supportive guidance and information. The SPA team is complemented by a central duty health visitor and a children's nurse role that ensures prompt response times to parents contacting the service. SPA calls are for a range of reasons and demand in calls per month has gradually increased. Building on our successful use of social media to communicate with parents through the pandemic, we are currently working to create a website which will share information, deliver health protection messages, and signpost parents and carers the support that they need. This is one way we are working to make sure we build on the good practice put in place during the pandemic to ensure our support for families is better than ever.

4.6 Children's Centres

There are 48 children's centres in Lincolnshire which offer a wide range of services including:

- Antenatal appointments
- Child and family health services
- Early education
- Support for parents
- Skills development
- Outreach services to children and families

The centres are free to join for families from antenatal through to age five. Any adult who is caring for a child can access services at the centre. During the school holidays, older siblings up to eight years old are welcome. There are eight maternity hubs based in children's centres, part of the NHS Better Births Maternity Transformation Programme. The aim is to bring families together, so parents have access to antenatal, postnatal, and general health care under one roof.

Children's centres remained open during the pandemic to ensure the delivery of antenatal appointments and the Healthy Child Programme. Services have now

returned to a pre pandemic offer. Children's centres are a key part of our vision for ensuring children in Lincolnshire get the best early support possible, and will remain central to that as we move forward.

4.7 Best Start

Lincolnshire's 'Best Start' services cover a range of Early Years support and inclusion for children aged 0–5 years and their families, within Children's Centres, outreach venues and the family's home.

The Early Years and Family Service, delivered by Early Years Alliance, provides early childhood activities across Lincolnshire that support children's early development and their parents and carers positive parenting skills and techniques. Delivery encompasses play-based sessions focusing on different areas of child development to provide tailored support where needed, such as communication themed sessions. In addition, service provision includes delivery with other professionals, e.g. antenatal top tips sessions are co-delivered with midwifery services to prepare expectant parents for parenthood. This Service is delivered across Lincolnshire within the 48 designated Children's Centres, including two additional sites and 24 outreach sites. There are 21 different session types provided.

4.8 BAME Inclusion Service

Our Black Asian and Minority Ethnic (BAME) Inclusion Service, delivered by PAB Languages Ltd., provides an inclusion service to families via translation support and encouraging families from different backgrounds to make use of our Early Years and Family services. This service is funded to deliver activities across three Lincolnshire districts, which are Boston, South Holland, and Lincoln, and works hard to ensure that families who might find it harder to access our services are empowered to sustain & improve their own wellbeing and that of their community.

4.9 Early Education and Childcare

Lincolnshire has a diverse marketplace of childcare & early education settings, made up of around 900 registered childcare providers, ranging from private, voluntary, and independent group-based provision to childminders and the early years provision delivered in our schools and academies.

In Lincolnshire, at the end of the summer term 2021, 75% of eligible children aged 2 years were accessing their funded education places. Nationally, 62% of children aged 2 years were accessing their funded education in January 2021, down from 69% in 2020. The pandemic has had an impact, but approximately 55% of providers in Lincolnshire remained open throughout the lockdown, and where provision closed, some children (where parents required access to childcare) transferred their place to an alternative setting who were able to remain open during this time.

A Childcare Sufficiency Assessment in Lincolnshire, to assess the current availability of childcare, was completed across the county in the autumn term 2020. Feedback from the childcare sector provided the local authority with an understanding of how the marketplace was responding to the global pandemic. We're pleased that this consultation demonstrated that Lincolnshire remains in a strong position to meet the needs of children and families.

It's not been easy, however – many childcare providers have experienced some financial losses as a result of the pandemic, but we're pleased to say that 95% of the marketplace remains sustainable and take-up of childcare places is increasing. Childcare providers in Lincolnshire are committed to making provision flexible and continue to be responsive to the needs of the community.

The early years and Childcare sector have successfully mitigated risk and prevented outbreaks through following guidance, they have also been supported throughout by Lincolnshire's Health Protection Team and the Early Years and Childcare Support team.

5. Schools and Education

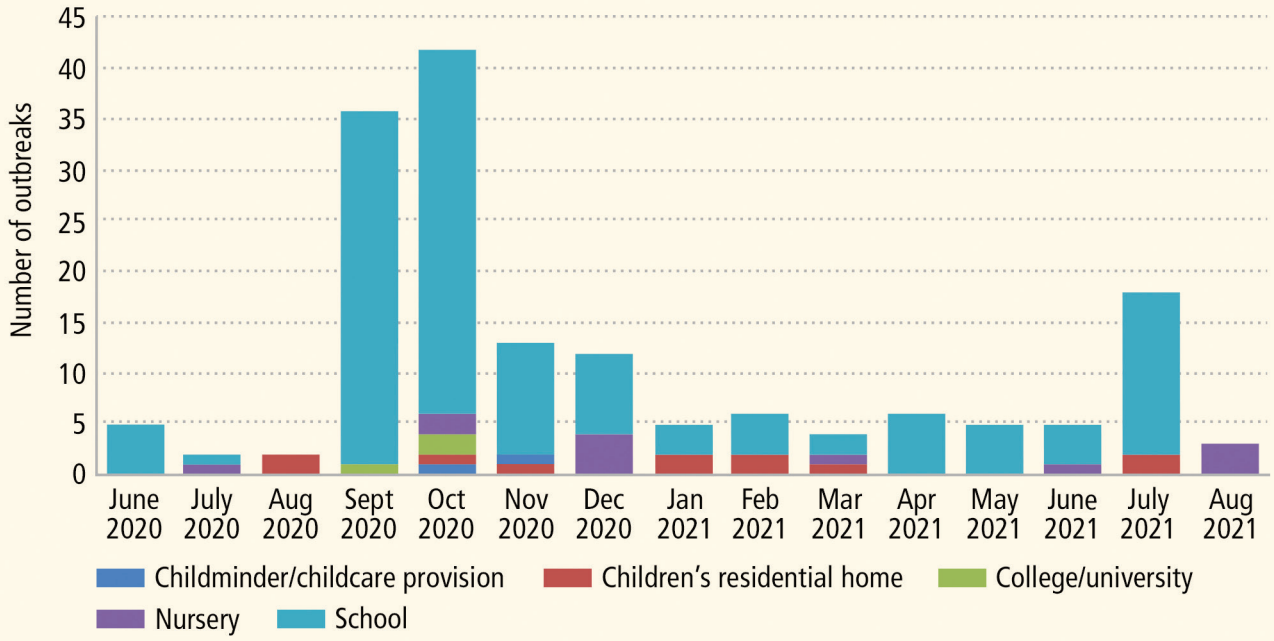
Lincolnshire's children receive an excellent education, and we are very proud of their achievements. We always have an ambition to see children do better – and we've seen this in some areas, for example with the proportion of 5-year-olds achieving a good level of development by the end of Reception increasing over recent years.

5.1 Education during COVID-19

Attainment in Lincs is better than the England Average – with an attainment 8 score of 46.8, and higher proportions of pupils passing Key Stage 4 English and Maths 9-4 (64.8%), and higher average point score per entry of best 3 A Levels (provisional 2020 result: 39.39). In 2019, 93.1% of 16–17 year olds in Lincolnshire were in education or training, higher than the national average (92.5%).

During the pandemic, school pupils and education providers have adapted at pace. Though schools were closed at times during the pandemic to the general school population, children of key workers were able to attend. Figure 11 shows the number of Public Health England (PHE) confirmed outbreaks across child and education settings in Lincolnshire between June 2020 and August 2021. A peak in school COVID-19 outbreaks coincided with when schools reopened in September 2020, though this was not observed when schools re-opened in March 2021. Schools have kept children in school by successfully mitigating risk and preventing outbreaks through following guidance and have been supported throughout by Lincolnshire's Health Protection Team.

Figure 11: PHE confirmed COVID-19 outbreaks in children's settings in Lincolnshire



The pandemic has meant that children have missed out on a lot of face-to-face teaching. This has been a huge challenge for them, their families, and their teachers. Schools have worked with our education team to ensure laptops were distributed to families in need and prevent anyone from being left out. Despite this, quality internet access remains a significant problem in parts of Lincolnshire (Children's Commissioner, 2021).

It is not just the educational impact that's important - school can provide a safe space and a haven from challenges at home for children who need it. We all need support, social contact, and friendship – the pandemic has meant that many of our young people were prevented from mixing with their peers at a vitally important time for them to grow and build their own identity. We have seen evidence that suggests

the pandemic has seen an increase in demand for mental health support for children and young people. Protecting and supporting safe attendance at school is therefore a priority moving forwards.

5.2 School meals

Children in reception, Year 1, Year 2, and children from disadvantaged families are entitled to receive free school meals. Good nutrition is important for children to grow, learn, and live healthy lives. We are seeing growing numbers of children in Lincolnshire receiving free school meals (22.8% of primary school and 16.5% of secondary school pupils). Early school closures and episodic outbreaks placed this at risk, so action was taken to ensure free school meals continued to be provided throughout the pandemic in Lincolnshire, including when schools were closed.

6. Children with SEND

Children with special educational needs and disabilities (SEND) are a diverse group of young people with varying needs, which may include needing additional support for learning and physical or hidden disability. Their needs are particular and require dedicated support that is distinctively targeted to children and their parent carers alike. School attendance and health service accessibility is important for children with SEND to live healthy lives through individualised support.

6.1 Supporting children with SEND

An education healthcare plan (EHCP) is a multi-disciplinary assessment of the educational, health and social needs of a CYP up to the age of 25, to identify additional support required in school settings. Over 6,300 CYP in Lincolnshire have an EHCP and the number of EHCPs is projected to rise to over 8,000 in 2023. In Lincolnshire we are proud to have the highest ambitions for our CYP with SEND. We know that children feel very positive about the support they receive from education, health and care professionals in Lincolnshire and our parent carer forum has contributed to the shaping and designing of our services.

6.1.1 Keeping SEND children supported in school

It has been a priority in Lincolnshire throughout the pandemic to safely keep children in school. Education, transport, SEND and health protection teams worked together with schools and health providers to ensure children could return to school safely. The National SEND review is informative in ensuring systems meet the needs of SEND children and young people and this has unfortunately been delayed. We are proud however to have ensured the safe education for children with SEND by considering individual health needs, disseminating infection prevention and control guidance and personal protective equipment (PPE), and regular communication between schools and Lincolnshire's health protection team.

6.1.2 Supporting families

Good communication has been central to supporting children and young people with SEND during the pandemic. During the first and second national lockdowns, all families of children with EHCPs were contacted to check their wellbeing and risk assess any concerns in family circumstances and access to learning. Those at higher risk were followed up to ensure the right support was available. The SEND team have conducted virtual visits during the pandemic, with face-to-face visits returning as social measures were relaxed.

Respite has continued to be provided during the pandemic to support children and their families. Short breaks are important in allowing children and young people with SEND to spend time away from their family, and the service provides a break from usual care responsibilities, something which positively impacts on the psychological wellbeing of parents and carers.

6.1.3 Ask SALL

The SEND Advice Line for Lincolnshire (SALL) was introduced in September 2020 as an early advice service supporting education settings to meet the academic, social, and emotional needs of CYP with SEND in Lincolnshire.

We have seen the benefit Ask SALL provides to education settings and, more importantly, the child themselves. This highlights the importance of providing early help to children and their families and strengthening support for special educational needs co-ordinators (SENCOs). It is for this reason we want to continue with this level of support to empower SENCOs and manage the emotional and behavioural impacts of the pandemic.

6.2 Autism and learning difficulties

Children with autism and learning difficulties have a broad range of health, social and educational needs. According to a report by the National Autistic Society, parents of children with autism have expressed concerns about their child's academic progress during the pandemic, as well as withdrawal of key support services, and anxiety among children who find disruptions to routine challenging. The Lincolnshire County Council autism and learning disability (ALD) service delivered virtual training to support and enable education staff to support CYP in school during the pandemic. The ALD service saw no clear negative impact on CYP returning to school after the autumn 2019-20 lockdown, with positive improvements seen across ALD areas of support (such as communication, learning, and social, emotional and mental health (SEMH)), and education staff confidence to provide support.

6.3 Health services for children with SEND

Children with SEND have a spectrum of health needs and require regular access to a range of health, care, and support services. The Disabled Children's Partnership found delays to health appointments for disabled children were common and support detailed in EHCPs or special educational needs (SEN) plans were not provided for some children. Health services for children with disabilities are sometimes delivered at school, which limited service access during periods of school closure.

In Lincolnshire, the early support co-ordination team have virtually supported parents of children with complex needs, and funding support has been continued for domiciliary care. Where there have been delays in access to health services (such as community paediatrics and occupational therapy (OT)) this is being mitigated through a focus on increasing recruitment and virtual service delivery. However, this remains challenging and not appropriate for every child. Continued effort to improve access to appropriate support will be crucial to ensure good health outcomes for these children.

7. Social care and support

Lincolnshire is home to many happy and thriving children. Children deserve to grow up in loving, secure and caring households but we know that children sometimes grow up in challenging circumstances. In this chapter, we examine how the pandemic has affected young people's social security.

7.1 Safety and security at home

The pandemic has required people to spend periods of time out of work and school, and more time at home. For some families, this means more time spent living in difficult circumstances, with children possibly subject to neglect and reduced access to routine services. Locally, though child social care referrals have not significantly changed, there has been an increase in the total number of Lincolnshire children subject to a child protection plan (CPP) and child in care (CIC). The Social Care screening team and Early Help Front Door made changes to increase identification of hidden harm, and support vulnerable children and families. Virtual Multi-Agency Child Exploitation (MACE) meetings have ensured a clear focus on vulnerability to child exploitation with targeted work to promote awareness, create safe spaces and protect children at risk of harm.

We have worked with partners to ensure children receive timely and appropriate support, Team Around the Child (TAC) consultants have supported schools to prevent escalation of need. The Family Assessment and Support Team (FAST) and Early Help (EH) team have worked together to transition cases when there is no longer a need for statutory intervention. When schools were not open and less able to take on the lead practitioner role, Early Help took this on so that children could continue to be transitioned appropriately.

We developed a COVID-19 risk assessment and Red/Amber/Green (RAG) rating systems to identify children most at risk during the lockdown period and prioritise providing support to them. These were reviewed daily and scrutinised weekly by senior managers.

Some young people attended their reviews for the first time during lockdown as they found engaging virtually to be more accessible and inclusive. Going forward, young people will be offered the choice of how they would like to participate in their reviews.

7.2 Children in care

7.2.1 Reviews and court hearings

Raising and empowering the voice of the child is of paramount importance and the impact of the pandemic on this has been reviewed resulting in new guidance to support further improvements in this area.

The impact of COVID-19 on court hearings raised concerns around delays in vulnerable children finding an adoptive family. The pandemic has increased the average length of time taken for a child entering care to move in with their adopted family though this has recently been improving. As we move forwards, we want to ensure these improvements are maintained so children enter secure homes that provide stability and a nurturing environment.

"My flat is great, much better than foster care. It is really good being here, and my flat mate is great."

– Young person commenting on Lincolnshire Youth Housing Accommodation

7.2.2 Health for children in care

Children in care are more likely to experience poorer health and are less likely to be fully vaccinated or receive regular dental assessments. Early childhood experiences strongly influence health and wellbeing throughout the life course. The pandemic has reduced developmental, immunisations and dental checks for looked after children. Prior to the pandemic we were assessed as outstanding in the delivery of our children's social care services. Our integrated model of delivery with early help, children's health and children's social care resulted in highly effective multi-agency working to co-ordinate and deliver services for families that they valued, and that make a positive difference to children's lives. Moving forward, we need to ensure looked after children are not left behind and reduce inequalities in health and service access through the delivery of continued outstanding services.

7.3 Youth support

7.3.1 Housing

Lincolnshire is a great place to live though there are some young people living in difficult circumstances. Lincolnshire sees a similar rate of homeless young people (0.48%) to the national rate. Locally, children in care age 16–17, care leavers and homeless 16–17-year-olds are offered multi-occupancy housing and support in preparation for independence and adulthood. COVID-19 created the risk of housing placement breakdowns during difficult times. Lincolnshire Behaviour Outreach Support Service (BOSS) worked

with Healthy Minds Lincolnshire to provide information, advice, and support to build resilience among young people and staff, to offer an additional layer of support and enhance the youth housing offer. As a result, there were no evictions or breakdowns in youth housing during the pandemic.

7.3.2 Young carers

Young carers are children and young people who provide care for a family member or friend for reasons such as poor physical or mental health. This may involve personal care, budget management, household chores, and arranging healthcare. During the pandemic, some young people have taken on caring roles for the first time and others have had caring roles increased. The offer to attend school was welcome for young carers, and some young carers informed us remote learning has lessened their anxiety and conflict of school attendance versus leaving someone unwell at home.

During the pandemic, schools and Lincolnshire County Council's Early Help Team have supported young carers virtually, on the phone, or face-to-face. Local Young Carers support groups have continued to support young carers by providing information, advice, and time off to enjoy fun activities. The local priorities for young carers are to increase identification of young carers and improve their access to information, advice, and support, and ensure a co-ordinated approach for families with better experiences and outcomes. A Young Carers survey is currently being completed to explore young carer experiences to inform and shape future local support.

"When dad is unwell or we cannot wake him we know what to do. We have a Safety Plan our Early Help Worker did with us and we know to call an ambulance and then either ring our mum. If she does not answer we call our neighbour and this makes us feel safer."

– A young carer describing the support provided by the Early Help Team

7.3.3 Bright futures

Young people in Lincolnshire generally have excellent prospects following school. This is shown by Lincolnshire having significantly fewer 10–17-year-olds entering the criminal justice system (120.6 per 100,000) than nationally (208.6 per 100,000) as well as a lower-than-average proportion of 16–17-year-olds not in education, employment, or training (NEET) (4.8%).

Future 4 Me is a service supporting young people in Lincolnshire who may be at risk of entering the criminal justice system. The Emergency Duty Team have worked with Future 4 Me to extend emergency support to families, and the Positive Futures Service and Youth and Community Development team created a re-modelled activities offer in COVID-19 secure venues, offering individual support and Time Out sessions during the pandemic using PPE. Young people have been supported by the dedicated health team within Future 4 Me providing access to psychology interventions and speech and language specialisms. BOSS also provided careers guidance to some young people and was well received.

The Liaison and Diversion Service commenced in April 2020 and offers a contact with every child and young person on their reception into Police custody. The use of virtual meeting technology has meant that the Joint Diversionary Panel has continued to operate to avoid children entering the criminal justice process and provide early intervention at the lowest possible level. The aforementioned services lift up young people and empower them to reduce inequalities and facilitate positive lives.

8. Mental health and emotional wellbeing

Mental health is arguably the most significant issue coming out of the pandemic for children and young people. According to Children's Commissioner, an estimated 1 in 6 children in England age 5-19 have a probable mental disorder and there are national increases in referrals to child mental health services. We want children and young people in Lincolnshire to live happy and fulfilling lives and to do this we need to ensure services continue to be tailored to their specific needs and recognise that these differ from adults.

8.1 Isolation and loneliness

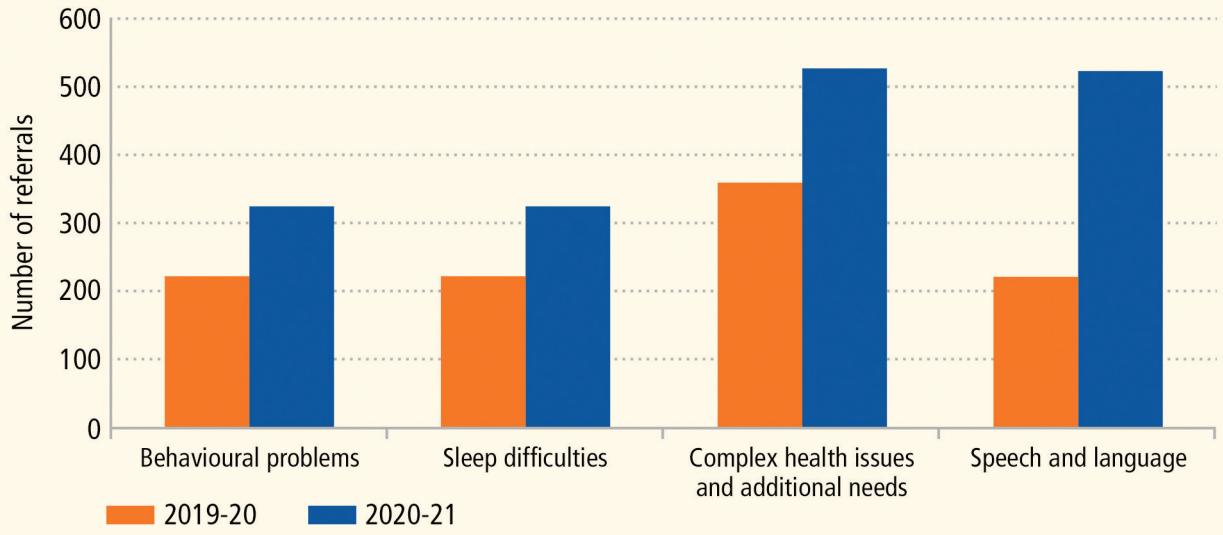
The pandemic has been extremely isolating, whether staying at home in lockdown or in quarantine following close contact with the virus. Many children have been isolated from friends and family with some households struggling with access to online learning and social platforms. Family relationships have been strained and became one of the top reasons young people accessed emotional wellbeing services. The pandemic has affected the mental health of parents who have navigated home working alongside supporting their child's remote learning. Parental low mood and anxiety impacts on the wellbeing of children because it poses risks to bonding, attachment, and safety at home.

With gradual easing of restrictions, Lincolnshire can come together once again and we need to review the services which the Local Authority and other partners offer to ensure these are designed for and meet the specific needs of children.

8.2 Emotional wellbeing and stress

Emotional wellbeing is about being happy, confident, and having good relationships. Children and young people have endured a prolonged period of uncertainty, frequent change, and worry. Public Health England found the mental health and emotional wellbeing of CYP in England was relatively resilient and stable in the early stages of the pandemic, with an increase in anxiety and decline in wellbeing over time. There is evidence the mental health and wellbeing of certain groups were disproportionately affected based on gender and ethnic background, as well as factors including being in care, SEND, pre-existing mental health needs, and LGBT+ young people. In Lincolnshire, we have seen signs of the burden faced by local children, with increases in referrals for difficulties with sleep and behaviour (Figure 12).

Figure 12: Referrals to Children's Health



8.3 Support

8.3.1 School

Schools are safe and secure environments that help children thrive. Schools and local partners have worked to support young people throughout the pandemic. During periods of school closure in lockdown, BOSS refocused support to parents and carers of young people already in receipt of support pre-pandemic. Parents reported that BOSS support helped them by offering a listening ear (83%), supporting their child (79%), giving practical advice (67%), helping to connect them with the school (67%) and signposting to further advice and information (44%). Moving forwards, we want to support services to open up and resume normal business.

In November 2020, the Department for Education and Department for Health and Social Care launched the Wellbeing for Education Return programme – a package of training and resources using a whole school approach to mental health and wellbeing, and targeted support for children and families. In Lincolnshire, we worked closely with Healthy Minds Lincolnshire and education partners to co-deliver this package to 338 education settings by March 2021, empowering them to support local children. As well as this, the Caring2Learn project trained and supported schools in response to COVID-19 and lockdowns, and in summer 2020 we joined with the KYRA Teaching School to deliver a series of workshops to support education settings in their pandemic response.

After the second national lockdown, there was a sharp increase in referrals to Pilgrim Hospital School due to Emotionally Based School Avoidance (EBSA). The 'EBSA Ladder' aims to identify all factors contributing to school avoidance, and was introduced to mitigate this rising demand, alongside the appointment of additional caseworkers to support this work. In Lincolnshire, we are exploring a range of person-centred solutions to this growing problem including community support and social prescribing models.

8.3.2 Healthcare

Sometimes young people need help in an emergency for reasons of mental health and emotional crises. In Lincolnshire, a higher proportion of young people needing help in a mental health crisis received an emergency telephone response within 4 hours during the pandemic (95%) compared to the previous year. This above national average figure is testament to the hard work put in locally to respond to children and young people's SEMH needs.

In terms of mental health admissions, rates are similar for under 18s in Lincolnshire to nationally, though lower for self-harm among 15–19-year-olds. During the pandemic, Lincolnshire has seen an increase in the number of young people presenting with eating disorders. However, in 2020-21 there has been a significant decrease in mental health inpatient admissions in Lincolnshire. This is largely due to the success of a new intensive home treatment model implemented just before the pandemic – the Child and Adolescent Mental Health Services (CAMHS) and Crisis and Enhanced Treatment Team (CCETT). CCETT have avoided admission for 97% of CYP who provided with home treatment in 2020-21 and the number of admissions halved despite a 7% increase in referrals. This is excellent both in terms of keeping young people safe in their own homes with the support needed and reducing demand on inpatient health services.

8.3.3 Local services

Healthy Minds Lincolnshire (HML) is delivered by Lincolnshire Partnership NHS Foundation Trust through a partnership agreement led by Lincolnshire County Council. HML provides emotional wellbeing support for young people up to 19 years old (or 25 if a young person with SEND or leaving care). During the pandemic the service has adapted to offer telephone and video appointments for children as well as parents.

The promotion of resilience, normalising emotions and positive coping mechanisms will support children, parents, and carers to bounce back from the impact of the pandemic. In addition, CAMHS and Mental Health Support Teams (MHSTs) worked together to enhance the virtual mental health support available to children and young people, parents and carers, and education settings.

9. Conclusion

Approximately 1 in 15 people aged 0-19 in Lincolnshire have tested positive for coronavirus, compared to 1 in 12 nationally. Thankfully, the effects of the virus for children are very different and it is very rare for children to experience severe COVID-19. However, the indirect effects of the pandemic are undeniable and significant. Though the hard work and collaborative effort of people across Lincolnshire has eased this burden, we are seeing signs of harm and must continue to do all we can to minimise this and give children in Lincolnshire the best start in life.

9.1 Summary of impact

Children and young people in Lincolnshire have endured separation from family and friends, altered access to health and dental care, and disruptions to learning and development. We have seen that young people are less likely to be physically active which increases the risk of becoming overweight and continuing this into adulthood. Altered access to health services during the pandemic could mean continuation of behaviours harmful to health, including smoking in pregnancy which increases the chance of prematurity, a significant health burden in Lincolnshire. Perhaps most significantly, the pandemic has taken its toll on the mental health of the nation and its impact is no less in young people, who are showing signs of stress, anxiety, and low mood. This is particularly pronounced among children with SEND and children in care. The coronavirus pandemic has highlighted inequalities and vulnerabilities and threatens to widen the gap in health and wellbeing between richer and poorer communities.

9.2 Summary of support and learning for the future

We have taken significant strides to support young people in Lincolnshire during the pandemic and have seen excellent success in actions taken to keep children in school, support breastfeeding mothers, vaccinate young children, and keep children fed. Early Years practitioners have delivered creative learning resources, encouraging play and development through video calls to support learning and development, and enhancing attachment relationships. Services adapted rapidly to offer virtual health visitor contact, mental health support, deliver workshops, and raise the voice of the child in social care reviews. Health visitors, social workers and Team Around the Child have protected vulnerable young people, and Lincolnshire County Council's health protection team, Ask SALL, and the SPA advice line have provided information and advice to people across Lincolnshire during a time of uncertainty and challenge.

HML, CAMHS, BOSS and other partners have worked together to support and empower parents and educators in Lincolnshire, and we have seen fewer mental health admissions thanks to the work of CCETT, with support from HML, CAMHS and BOSS. The pressure on local early intervention services has been increasing, and key partners have begun a full review of children's mental health services. This will take time, but we will work collaboratively to understand how services can work better for CYP and their families in Lincolnshire, learning from the pandemic and transforming the help available locally.

9.3 Challenges ahead

The COVID-19 vaccination programme has been highly effective in reducing deaths and hospital admissions in the general population, but the virus remains in circulation. COVID-19 is expected to become endemic and with this comes future uncertainty and the need for learning lessons and continuing to protect the health of the public. Though we have been able to describe a broad range of impacts of the coronavirus pandemic upon young people, it is likely we will see its full extent revealed over time.

9.4 Moving forwards

It is our priority to address the findings in this report to promote and protect the health of people in Lincolnshire.

As we move into COVID-19 recovery, we aim to open up and protect services and settings such as children's centres which offer social support, improve parental wellbeing, and are utilised by health visitors and children's nurses. We want to develop a child and family weight management service with a continued focus on maintaining a healthy weight and promoting positive health through fun family friendly activities.

We also want to preserve gains during the pandemic such as closer working relationships and collaborative partnerships, where there are opportunities to define roles and create joint targets to avoid duplication and ensure efficient and effective service delivery. Increased

use of virtual technology has demonstrated potential benefit in terms of accessibility, acceptability, and engagement with certain groups. Moving forward, we will consider continuing to offer this for people who prefer to access support virtually and offering options around engagement that are appropriate to service context.

This report has highlighted some existing areas where children and young people have distinct needs in Lincolnshire, the services we have that support them, how these services have tailored their support during the COVID-19 pandemic and what the core areas of focus are as we now move into a protracted period of recovery from the pandemic. As a result of this we should focus on three key areas going forwards which can be delivered by the priorities and recommendations set out in Figure 13 below. Three key areas which can begin to address the issues highlighted in this report are:

- Ensure services are designed for children and young people specifically, not adapted adult services
- Focus on physical activity, diet & nutrition, emotional and mental well-being
- Prioritise education, increasing opportunity and tackling health and social disparities

Figure 13: Priorities and recommendations moving forwards

1. **Keep schools and other child settings open**
2. **Offer universal programmes whilst targeting disadvantage**
3. **Reduce health inequalities and disease burden**
4. **Use creative and innovative ways of working and engaging**
5. **Monitor and maintain critical services**
6. **Get young people the right support at the right time**
7. **Support children to eat well and get active**
8. **Catch-up on vaccinations, dental and physical health needs**
9. **Support the mental health and wellbeing of people in Lincolnshire**
10. **Prioritise recruitment, maximise staff mix and work together**

The children and young people of Lincolnshire are our priority. We will continue to work for and with them for a better future so they may enjoy happy and healthy lives.

Glossary

1. ALD – Autism and Learning Disability – A Lincolnshire County Council service working with and supporting schools to meet the needs of pupils with autistic spectrum disorder and/or learning difficulties.

2. BAME – Black Asian and Minority Ethnic – terminology normally used in the UK to describe people of non-white descent.

3. Birth Rate – The number of live births per thousand of population per year

4. BOSS – Behaviour Outreach Support Service – Lincolnshire Behaviour Outreach Support Service is a service commissioned by Lincolnshire County Council on behalf of the community of schools in Lincolnshire. They provide support to schools as part of the Lincolnshire Ladder of Behavioural Intervention.

5. CAMHS – Child and Adolescent Mental Health Services – CAMHS are NHS Services that assess and treat young people with emotional, behavioural or mental health difficulties.

6. CCETT – Crisis and Enhanced Treatment Team – CCETT are provided by CAMHS (definition above) as a new intensive home treatment model to support young people with mental health difficulties at home.

7. CIC – Child in Care – the definition of looked-after children (children in care) is found in the Children Act 1989. A child is looked after by a local authority if a court has granted a care order to place a chid in care, or a council's children's services department has cared for the child for more than 24 hours.

8. CPP – Child Protection Plan – Children may be subject to a Child Protection Plan following a child protection case conference detailing the ways which the child is to be kept safe, how their health and development is to be promoted and any ways in which professionals can support the child's family in promoting the child's welfare if this is in the child's best interests.

9. CYP – Children and Young People – Refers to children and young people from birth until their 18th birthday.

10. DALY – Disability-adjusted life year – a measure of overall disease burden, expressed as the number of years lost to ill-health, disability or early death.

11. Demography – the study of statistics such as births, deaths, income, or the incidence of disease which illustrate the changing structure of human populations.

12. EBSA – Emotionally Based School Avoidance – A term used to describe a group of children and young people who have severe difficulty in attending school due to emotional factors, often resulting in prolonged absences from school.

13. EH – Early Help – A team that supports children, young people, and their families to achieve their potential, by either preventing difficulties, or stopping things getting worse.

14. EHCP – Education Health Care Plan – a legal document which: identifies a child's special educational needs; the additional or specialist provision (support, therapy etc) required to meet their needs; and, the outcomes (capabilities, achievements) the provision should help them achieve.

15. FAST – Family Assessment and Support Team – social work teams across the county working with and supporting children in need, child protection, and court work.

16. GBD – Global Burden of Disease – The GBD study aims to quantify the burden of premature mortality and disability for major diseases or disease groups, and uses a summary measure of population health, the DALY, to combine estimates of the years of life lost and years lived with disabilities.

17. Health inequality – Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. A health inequality refers to a higher burden of illness, injury, disability or mortality experienced by one group relative to another.

18. HML – Healthy Minds Lincolnshire – a service which provide emotional wellbeing support for children and young people up to 19 years.

19. IDACI – Income deprivation affecting children index – an indicator which gives a rank, score and decile by pupil and school postcode to describe a child's level of deprivation.

20. IMD – Index of Multiple Deprivation – This is the official measure of relative deprivation for small areas (or neighbourhoods) in England.

21. LGBT+ – Collectively refers to people who identify as Lesbian, Gay, Bisexual or Transgender and people with gender expressions such as nonbinary, intersex, and queer people (can also be written as LGBTQ+).

22. MACE – Multi-Agency Child Exploitation – the strategic-planning group for partnership activity to address the sexual and/or criminal exploitation of children, including 'County Lines' and missing children.

23. MenACWY – The MenACWY vaccine is offered to teenagers and University students to protect against four strains of a bacteria which can cause meningitis and meningococcal disease.

24. MMR – Measles, Mumps and Rubella vaccine – These are three different diseases which are caused by three different viruses. The vaccines given to immunise against measles, mumps and rubella are all combined into one injection, the MMR vaccine. This is usually administered to children aged 12-13 months. A second dose is usually given as a pre-school booster.

25. Morbidity – A state of poor health, due to a specific illness. 'Co-morbidity' refers to several different types of illness that you may have at once.

26. Mortality – The number of deaths in a given area or period, or from a particular cause.

27. NEET – Young People Not in Education, Employment or Training – Those aged 16 to 24 years who are not in education, employment or training.

28. ONS – Office for National Statistics – an organisation who collect, analyse and disseminate statistics about the UK's economy, society and population.

29. OT – Occupational Therapy – A service offered by both the NHS and Social Services which works with a person to improve their ability to perform everyday tasks for those having difficulties.

30. PPE – Personal Protective Equipment – equipment that will protect the user against a health and safety risk.

31. QALY – Quality-adjusted life year – A measure of the state of health of a person or group in which the benefits, in terms of length of life, are adjusted to reflect the quality of life. One QALY is equal to 1 year of life in perfect health

32. SALL – The SEND Advice Line for Lincolnshire – an early advice service for SENDCos and other professionals to help schools meet the needs of children and young people with special educational needs and disabilities, as early as possible. It is not a referral process.

33. SEMH – Social, Emotional and Mental Health – refers to students with difficulties managing their feelings, emotions and behaviour. These issues can hinder their ability to access education and opportunities.

34. SENCO – Special Educational Needs Coordinator – a school teacher who is responsible for assessing, planning and monitoring the progress of children with special educational needs and disabilities.

35. SEND – Special Educational Needs – Children and young people with special educational needs who also have a disability. A disability is described in law (the Equality Act 2010) as a 'physical or mental impairment, which has a long-term (a year or more) and substantial adverse effect on their ability to carry out normal day-to-day activities.

36. TAC – Team Around the Child – A group of professionals who are working with an individual child or young person with a disability or complex needs come together to share information and agree a plan – along with parents/guardians – to meet the child's needs. The emphasis should be on the needs of the child and the aim is to provide joined-up support.

37. Variance – In statistics, variance measures how far a set of random numbers are spread out from the mean (the average).

38. YLD – Years Lived with Disability – The number of years of what could have been a healthy life that were instead spent in states of less than full health. YLD represents non-fatal disease burden.

39. YLL – Years of Life Lost – The number of years of life lost due to premature death, defined as dying before the ideal life span. YLL represent fatal disease burden.

APPENDIX B

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

PROGRESS ON PREVIOUS DIRECTOR OF PUBLIC HEALTH REPORT RECOMMENDATIONS

1. PURPOSE

This report provides an update on the actions taken to address the recommendations in the annual Director of Public Health reports produced under Lincolnshire's current Director of Public Health (DPH).

2. BACKGROUND AND CONTEXT

The DPH is required to prepare an annual report on the health of the people in the council's area. The report includes a series of recommendations on measures that the DPH, the council and wider partners from across the health and care system need to take to address the issues highlighted in the report.

Two reports have been produced under Lincolnshire's current DPH:

- DPH Annual Report 2019 – Global Burden of Disease (published January 2020)
- DPH Annual Report 2020 – Impact of Covid-19 in Lincolnshire (published January 2021)

As the 2020 DPH Annual Report focused on Lincolnshire's response to the Covid-19 pandemic it did not include any specific recommendations, other than reiterating the national message of 'Hands, Face, Space and Fresh Air' and encouraging people to get vaccinated. Therefore, the following sections focus solely on the 2019 DPH Annual Report.

3. DPH ANNUAL REPORT 2019 – GLOBAL BURDEN OF DISEASE

The DPH Annual Report 2019 used the Global Burden of Disease (GBD) methodology. GBD is a study into how disease affects populations in terms of both morbidity and mortality. It also provides the ability to look at the major risk factors behind the causes of morbidity and mortality. It can be used to drive change to improve health and wellbeing and reduce health inequalities. Table 1 below outlines the main causes of disease burden in Lincolnshire and the contributing risk factors.

Table 1 – Addressing the Cause of Disease Burden

Burden of Disease	Contributing Risk Factors
Cardiovascular Disease (CVD) - strongly associated with health inequalities and people living in England's most deprived areas are almost 4 times more likely to die prematurely from CVD than those living in the least deprived.	• High blood pressure (hypertension) • Smoking • High cholesterol • Obesity • Physical inactivity • Excessive alcohol consumption • Poor diet
Musculoskeletal Conditions (MSK) – low back pain and neck pain, together cause the greatest disease burden in Lincolnshire.	• Age • Being overweight or obese • Physical inactivity • Smoking
Chronic Obstructive Pulmonary Disease (COPD) – this is a progressive disease, with symptoms including breathlessness and persistent coughs, and is a leading cause of disease burden in Lincolnshire.	• Smoking • Physical inactivity • Air quality
Alzheimer's Disease – this is the most common cause of dementia, affecting around six in every 10 people with dementia.	Some of the risk factors are the same as for CVD
Headaches – a common symptom associated with many conditions. The majority of headaches are primary. Most people self-manage their headaches, but it is one of the most common reasons for primary care consultation.	• Primary headaches are not associated with an underlying condition, for example, tension type headaches or migraines • Secondary headaches occur as a result of trauma or infection

Burden of Disease	Contributing Risk Factors
Depression – characterised by persistent low mood and/or loss of pleasure in most activities and a range of associated emotional, cognitive, physical and behavioural symptoms.	The cause of depression is unknown, but it is likely to result from complex interaction of biological, psychological, and social factors.

4. ADDRESSING THE KEY RISK FACTORS

The risk factors linked to disease burden emphasise the importance of a broad approach to enable behavioural, metabolic and environmental risk to be addressed. Interventions for one risk factor will address multiple causes of disease burden. Therefore, there is a need for an approach that prevents the onset of risk factors/disease (primary prevention), whilst also diagnosing and managing risk factors/disease (secondary and tertiary prevention). Table 2 shows the DPH recommendations, and the actions taken to date to address the key risk factors.

Table 2 – Addressing the Risk Factors

Risk Factor	Director of Public Health's recommendation	What has happened
Smoking - remains the single greatest contributor to health inequalities, accounting for half the difference in life expectancy between those living in the most and least deprived communities.	A range of interventions are needed to address the health consequences of smoking. These include prevention (particularly in young people and pregnant women); supporting people to quit; eliminating the variation in smoking rates (for example, the higher rate amongst people with a serious mental illness) and effective enforcement.	• A Maternity Transformation Smoking Lead has been appointed. • An initial funding allocation of £60k is being focused on Smoking at the Time of Delivery, with a proposal for a specialist smoking cessation member of staff based in the United Lincolnshire Hospital Trust (ULHT). • Costed proposals for the 'gold standard' model of inpatient smoking cessation services are also being developed to be progressed through the Integrated Care System (ICS).

Risk Factor	Director of Public Health's recommendation	What has happened
Physical Inactivity – contributes to many diseases and premature deaths including heart disease; strokes; diabetes and certain cancers.	The Blueprint for Creating a More Active Lincolnshire focuses on four main areas that will have the greatest potential to change activity levels across Lincolnshire. The four areas are: • Active Societies • Active Places • Active People • Active Systems	• An initial evidence review has been completed by Public Health on proposals for increasing physical activity for two key age ranges – Children and Young People (CYP) (0-19) and people aged 50 to 65 years old. • Proposals are being developed with the Centre for Ageing Better focusing on the 50 to 65-year-old cohort looking at physical activity as a prevention approach. This work will be integrated with the 'Know your Numbers' campaign (currently in development) and the ICS led Health Inequalities programme to target population cohorts who are less likely to take up proactive and preventable healthcare offers. • Least Active: Inequalities Projects – Active Lincolnshire has been awarded £160k from the Tackling Inequalities Fund to support over 40 community and voluntary sector organisations to ensure their clients/members stay active. The projects are focused on lower socio-economic groups, people with long term health conditions, people with disabilities and people from BAME communities. • Discussions are underway with the creators of the "Refresh Lincoln" initiative to explore expanding this work across Lincolnshire as a means of using the voices of CYP to engage them in physical activity. • Discussions are also underway with the Lincoln City Foundation about working with Lincoln City Football Club on a health-promotion campaign or intervention. • Physical activity support has been incorporated into the National Diabetes Prevention Programme locally. • Better Births Lincolnshire has received transformation funding to build competence across health and leisure staff to support pregnant women to remain active. • Active Lincolnshire are shortly launching their Club and Activity Finder which will provide a user-friendly search facility for people to find opportunities to be more active in their local area.

Risk Factor	Director of Public Health's recommendation	What has happened
High Blood Pressure – is amongst the top risk factors for years of life lost in England and the second highest attributable risk factor causing overall burden of disease in Lincolnshire.	Interventions to reduce a person's risk of developing high blood pressure Primary prevention measures include: • Diet • Alcohol • Weight management • Physical activity • Smoking Secondary prevention measures: • Know your numbers campaign • Maximising the NHS Health Check Programme	• Public Health commissions One You Lincolnshire, an integrated Lifestyle Service the service offers people support to stop smoking, eat less, move more and drink less. • An additional £425k has been secured to expand the offer of support and enable an additional 2,000 individuals to achieve their goals. The funding will be used to support: ○ Digital interventions (via the 'Gloji' weight management app) ○ Additional support for people with a diagnosed mental health condition ○ Post pregnancy support ○ Additional support for men who want to lose weight, including the expansion of the 'Man vs Fat' challenge. • The NHS Health Check programme was put on hold during 2020 due to the Covid-19 pandemic. Now services are returning to normal, the NHS Health Check programme has restarted. A new IT system has been mobilised to support performance management of NHS health checks provided by GP practices. • Know your numbers campaign, in conjunction with ICS partners, will run from April to September 2022.

5. Conclusion

Actions to address the recommendations have been delayed due to the Covid-19 response, but we remain committed to taking actions outlined in the DPH annual report 2019. In light of the global pandemic some are even more important. It is our intention to update on actions from previous reports each year as we publish the new DPH annual report.

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Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**19 January 2022**
Subject:	**Humber Acute Services Programme – Committee's Response to Engagement**

Summary:

On 15 December 2021, the Committee received a presentation from the Humber Acute Services Programme and agreed that a response to the engagement activity would be drafted and submitted to this meeting for approval.

A response has been drafted by the Committee's working group, which met on 6 January 2022 to draft the response, and is attached as Appendix A to this report for the Committee's consideration.

Actions Requested:

That the Committee's response to the engagement on the Humber Acute Services Programme be approved.

1. Background

On 15 December 2021, the Committee received a presentation on the Humber Acute Services Programme, which includes the services provided at Diana Princess of Wales Hospital in Grimsby and Scunthorpe General Hospital by Northern Lincolnshire and Goole NHS Foundation Trust.

2. Consultation and Conclusion

The Committee is invited to approve its response to the engagement on the Humber Acute Services Programme.

3. Appendices

These are listed below and attached at the back of the report	
Appendix A	Draft Letter on behalf of the Health Scrutiny Committee for Lincolnshire on Humber Acute Services Programme

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk

APPENDIX A

19 January 2022

DRAFT LETTER ON HUMBER ACUTE SERVICES PROGRAMME

Dear

HEALTH SCRUTINY COMMITTEE LINCOLNSHIRE
HUMBER ACUTE SERVICES PROGRAMME

The Health Scrutiny Committee for Lincolnshire would like to thank members of the Humber Acute Services Programme team for attending and presenting on the programme to the Committee on 15 December 2021. The Committee welcomed the clarity of the documentation and the candour of the responses made to the questions.

The Committee would like to confirm the importance of the acute hospital services provided by Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) for the residents of Lincolnshire, in particular for those residents in East Lindsey and West Lindsey. For example, the Diana, Princess of Wales, Hospital (DPOW) in Grimsby is considered by many people in the Louth and the surrounding area, as their nearest and preferred acute hospital.

Any substantial changes to the services provided at DPOW are likely to have a significant impact on local residents, for example increased travel times or patients choosing to have treatment from United Lincolnshire Hospitals NHS Trust, which in turn would add pressure to this trust. Furthermore, NLaG also provides several services at Louth County Hospital, such as community midwifery, so any changes to these services would be likely to lead to a direct local impact.

The Committee understands from the presentation that where services changes are due to be proposed an analysis of patient flows from Lincolnshire into NLaG (as well as into Hull) is being prepared and will be made available, either as part of the pre-consultation business case or the consultation document. The Committee urges that this analysis is sufficiently detailed so that the impacts from any changes in services can be assessed for Lincolnshire residents.

Whilst it is acknowledged that four other health overview and scrutiny committees have a stronger interest in the Humber Acute Services Programme by virtue of patient numbers, the Health Scrutiny Committee for Lincolnshire would like to formally record its interest in responding to the planned consultation on services. The Committee would also like to request that local authorities such as East Lindsey District Council are engaged, so that they can prepare a response to the consultation.

In the coming months, the Committee would welcome any updates from the programme team on developments, for example the outcome of the capital bid for approximately £700 million, to support, among other developments, the rebuilding of Scunthorpe General Hospital and the refurbishment of critical care at DPOW.

Yours sincerely,

Councillor Carl Macey (CllrC.Macey@lincolnshire.gov.uk)
Chairman of the Health Scrutiny Committee for Lincolnshire

Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**19 January 2022**
Subject:	**Health Scrutiny Committee for Lincolnshire - Work Programme**

Summary

This report sets out the Committee's work programme, and includes items listed for forthcoming meetings, together with other items, which are due to be programmed. The Committee is required to consider whether any further items should be considered for addition to or removal from the work programme.

Actions Required

To consider and comment on the Committee's work programme.

1. Background

At each meeting, the Committee is given an opportunity to review its forthcoming work programme. Typically, at each meeting three to four substantive items are considered, although fewer items may be considered if they are substantial in content.

2. Today's Work Programme

The items listed for today's meeting are set out below: -

19 January 2022		
	Item	*Contributor*
1	Lakeside Medical Practice, Stamford – Lessons Learnt Report	Lincolnshire Clinical Commissioning Group Representatives: • Wendy Martin, Associate Director of Nursing and Quality • Nick Blake, Head of Transformation and Delivery (South Locality)
2	Sustainability Transformation Partnership Clinical Care Portal Data Sharing - Update	Lincolnshire County Council (Adult Care and Community Wellbeing) Representatives: • Samantha Francis, Information and Systems Manager • Theo Jarratt, Head of Quality and Information
3	Lincolnshire Acute Services Review – Finalisation of the Committee's Response	Simon Evans, Health Scrutiny Officer
4	Director of Public Health Annual Report: The Impact of Covid-19 on Children and Young People in Lincolnshire	Derek Ward, Director of Public Health, Lincolnshire County Council
5	Humber Acute Services Programme – Committee's Response to Engagement	Simon Evans, Health Scrutiny Officer

3. Future Work Programme

16 February 2022		
	Item	*Contributor*
1	East Midlands Ambulance Service Update	East Midlands Ambulance Service Representatives: • Ben Holdaway, Director of Operations • Sue Cousland, Divisional Director for Lincolnshire
2	United Lincolnshire Hospitals NHS Trust – Urology Services	Representatives from United Lincolnshire Hospitals NHS Trust

16 February 2022		
	Item	*Contributor*
3	NHS Continuing Healthcare	Wendy Martin, Associate Director of Nursing and Quality, Lincolnshire Clinical Commissioning Group
4	Suicide Prevention Strategy	Lucy Gavens, Consultant in Public Health, Public Health Division, Lincolnshire County Council

16 March 2022		
	Item	*Contributor*
1	Community Pain Management Service (CPMS) Update	Representatives from Lincolnshire Clinical Commissioning Group
2	Lincolnshire Pharmaceutical Needs Assessment	Shabana Edinboro, Senior Public Health Officer, Lincolnshire County Council
3	Lakeside Medical Practice Stamford – Update on Response to the Inspection Report	Lincolnshire Clinical Commissioning Group Representatives: • Wendy Martin, Associate Director of Nursing and Quality • Nick Blake, Head of Transformation and Delivery (South Locality)

13 April 2022		
	Item	*Contributor*
1	GP Services Access Update	Dr Kieran Sharrock, Medical Director Lincolnshire Local Medical Committee

18 May 2022		
	Item	*Contributor*
1	Dental Services Update	Representatives from NHS England

15 June 2022		
	Item	*Contributor*
1		

Items to be Programmed

The following items are due to be programmed at forthcoming meetings:

- **Care Quality Commission Report: Protect, Respect, Connect – Decisions about Living and Dying Well During the Covid-19 Pandemic** – On 18 March 2021, the Care Quality Commission published its report, with eleven recommendations, three of which were directed at NHS providers.

- **Cancer Care –** The Committee has previously requested an update on the treatment of cancer in Lincolnshire, in particular on the impact of the Covid-19 pandemic.

- **Staffing Challenges in Hospitals and NHS Lincolnshire People Plan –** On 21 July 2021 the Committee requested inclusion of an item on staffing, particularly at Grantham and District Hospital.

- **Future Commissioning Arrangements for Dental Services, Ophthalmology and Pharmaceutical Services** – The commissioning of these services is due to transfer to Lincolnshire Clinical Commissioning Group in shadow form from April 2022.

- **Nuclear Medicine** – On 15 September 2021, United Lincolnshire Hospitals NHS Trust gave an introductory presentation on the challenges being experienced by its nuclear medicine service and agreed to bring forward proposals to the Committee on potential changes to the service.

4. **Background Papers -** No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk