



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
15 JUNE 2022**

PRESENT:

Lincolnshire County Council

Councillors C S Macey, L Wootten, M G Allan, R J Cleaver, S R Parkin, T J N Smith and R Wootten.

Lincolnshire District Councils

Councillors K Chalmers (Boston Borough Council), J Loffhagen (City of Lincoln Council), Mrs S Harrison (East Lindsey District Council), G P Scalese (South Holland District Council), Mrs A White (West Lindsey District Council) and K Rice-Oxley (South Kesteven District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Sarah Brinkworth (Planned Programme Lead, Lincolnshire Clinical Commissioning Group), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Lucy Gavens (Consultant - Public Health) and Clair Raybould (Director of Operations, NHS Lincolnshire Clinical Commissioning Group).

The following representatives joined the meeting remotely, via Teams:

Peter Burnett (System Strategy and Planning Director, Lincolnshire NHS), Alison Christie (Programme Manager, Strategy and Development), Katrina Cope (Senior Democratic Services Officer), Tom Diamond (Associate Director of Strategy, Lincolnshire Clinical Commissioning Group), Simon Evans (Health Scrutiny Officer), Lucy Gavens (Consultant - Public Health), Jane Green (Primary Care Senior Contract Manager, NHS England / NHS Improvement), Rose Lynch (Commissioning Manager- Primary Care Dental Services), Sarah Brinkworth (Planned Programme Lead, Lincolnshire Clinical Commissioning Group), Kenny Hume (Lincolnshire Local Dental Network Chair), Claire Lloyd (Clinical Transformation Lead, United Lincolnshire Hospitals NHS Trust and Project Lead for Community Diagnostic Centres), Adam Morby (Regional Chief Dentist for the Midlands), Jasmine Murphy (Consultant in Dental Public Health), Clair Raybould (Director of Operations, NHS Lincolnshire Clinical Commissioning Group) and Sandra Williamson (Chief Operating Officer, NHS Lincolnshire Clinical Commissioning Group).

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

1 ELECTION OF CHAIRMAN

RESOLVED

That Councillor C S Macey be elected as the Chairman of the Health Scrutiny Committee for Lincolnshire for 2022/23.

COUNCILLOR C S MACEY IN THE CHAIR

2 ELECTION OF VICE-CHAIRMAN

RESOLVED

That Councillor L Wootten be elected as the Vice-Chairman of the Health Scrutiny Committee for Lincolnshire for 2022/23.

3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Dr M E Thompson, L Hagues (North Kesteven District Council) and M A Whittington (South Kesteven District Council).

It was noted that Councillor Kaffy Rice-Oxley (South Kesteven District Council) was the replacement member for Councillor M A Whittington (South Kesteven District Council) for this meeting only.

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

4 DECLARATIONS OF MEMBERS' INTEREST

No declaration of members' interest were received at this stage of the proceedings.

**5 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING
HELD ON 18 MAY 2022**

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 18 May 2022 be agreed and signed by the Chairman as a correct record.

6 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcement circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on 14 June 2022. The supplementary announcements referred to:

- Healthwatch Lincolnshire Representative change due to Dr B Wookey retiring as a trustee of Healthwatch Lincolnshire;
- Lakeside Healthcare, Stamford – published report by the Care Quality Commission (CQC) on 1 June 2022 on Lakeside Healthcare, Stamford;
- Non-Emergency Patient Transport in Lincolnshire Update; and
- Specialist Mental Health Support for GP Surgeries.

During discussion, reference was made to the NHS funding for two new mental health practitioners for GP practices in a local area. It was confirmed that the two positions would apply to a Primary Care Network.

The Chairman on behalf of the Committee extended his thanks to Dr B Wookey for his contribution to the Committee over the years and wished him all the very best in his retirement.

RESOLVED

That the Supplementary announcements circulated on 14 June 2022 and the Chairman's announcements as detailed on page 13 of the report pack be noted.

7 RECONFIGURATION OF FOUR NHS SERVICES IN LINCOLNSHIRE: ORTHOPAEDICS; URGENT AND EMERGENCY CARE; ACUTE MEDICINE; AND STROKE SERVICES

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which invited the Committee to consider the Board of Lincolnshire Clinical Commissioning Group's (CCG) decision, and its rationale for making the decision in relation to the reconfiguration of four NHS Services in Lincolnshire: Orthopaedics; Urgent and Emergency Care; Acute Medicine and Stroke Services.

The Chairman highlighted to the Committee the motion agreed at the South Kesteven District Council Extraordinary Council meeting held on 14 June 2022 concerning Grantham and District Hospital. A copy of which had been circulated to all members of the Committee prior to the meeting.

The Chairman invited the following presenters from the NHS Lincolnshire Clinical Commissioning Group: Pete Burnett, System Strategy and Planning Director and Tom Diamond, Associate Director of Strategy, to remotely present the item to the Committee.

In guiding the Committee through the report, reference was made to: the decision of Lincolnshire Clinical Commissioning Group, which approved changes to the four NHS Services in Lincolnshire; the consultation process; feedback received; assessment by the Clinical

Directorate and NHS Lincolnshire Clinical Policies Sub-Group; endorsement by the Quality and Patient Experience Committee; extensive clinical engagement in Lincolnshire and the East Midlands Clinical Senate; and support regionally and nationally for the Board's decision being in-line with best practice.

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

- Some opposition was received to the proposed changes for Grantham and District Hospital A & E becoming a 24/7 Urgent Treatment Centre (UTC); and to the fact that 700 people per year would now have to travel to Lincoln. One member provided details of their personal experience of having to wait thirteen hours in Lincoln County Hospital before being admitted. The Committee was apprised of the situation concerning Grantham A & E and to the services provided by the UTC and to the fact that the services to be provided at Grantham and District Hospital's UTC would be enhanced, compared to other UTC's;
- Some concern was expressed regarding transport plans and who would be responsible for these. A request was made for a copy of the completed document to be shared with the Committee. The Committee noted that engagement was taking place with the county council in this regard, as was looking at voluntary car services and increasing the commissioning capacity of the East Midlands Ambulance Service (EMAS). It was also highlighted that with the rising cost of fuel; some patients would not be able to afford to attend appointments;
- One member queried who the service provider would be for the Grantham UTC. The Committee was advised that the aim was to have an integrated model, including United Lincolnshire NHS Hospitals Trust;
- Problems encountered across all major sites in Lincolnshire when accessing services. It was reported that patients were willing to travel for specialised services and that best practice was to centralise services, as this provided better outcomes and better recovery for patients;
- Staffing shortages. It was noted that there were staffing shortages nationally as well as locally, and that Lincolnshire was taking steps with the Lincoln Medical School, apprenticeships and growing existing staff to help bridge some of the gaps in Lincolnshire;
- Some concern was expressed to ambulance poor response times in Lincolnshire, and to the fact that the Fire Service was being asked to do more in this regard. It was highlighted that joint working arrangements happened in other areas around the country. It was highlighted further that the ambulance service had improved, but the current level of demand was beyond anything ever seen before. Some concern was also raised that (EMAS) were not meeting their Key Performance Indicators (KPIs);
- The need for lifestyle changes to alleviate pressures on the NHS and that more preventative measures needed to be considered;
- Assurance was sought that access to Grantham UTC would be 24/7, when other UTC sites in the county were having to close their doors, for example, due to staff shortages. Reassurance was given that the integrated service being provided at

Grantham would ensure 24/7 opening, as it was not just a community provider. One member stressed that 24/7 healthcare was vital at Grantham;

- The need for a Communication Strategy to ensure that the public were aware of the changes and the conditions that could be treated at the Grantham UTC due to the changes;
- Whether potential housing growth had been factored into the service changes. Reassurance was given that consideration had been taken to future growth. The Committee was advised that every year a detailed plan was compiled concerning service modelling and that the figures provided were nowhere near a critical mass situation;
- The usefulness of UTCs in front of A & E departments and whether they were actually making a difference. Unfortunately, the presenter was unable to comment, as this was a matter for United Lincolnshire NHS Hospitals Trust (ULHT);
- Extended waiting times in A & E departments, it was felt that some of the congestion could be prevented if GPs continued to make contact with specific specialist units, if some action was required;
- Some concern was expressed that despite most respondents living nearest to Grantham Hospital disagreeing with the proposal for Grantham becoming a UTC; the same with those living near to Boston disagreeing with the stroke proposal, the two changes were supported across Lincolnshire as a whole. Clarification was sought as to what was being done to mitigate this; and a question was asked as to whether feedback had been worthwhile. The Committee was advised there had been support for both proposals; and confirmation was given that views were considered and not dismissed and that this could be demonstrated in the evidenced feedback provided; and that there had been overwhelming clinical support for the four proposals and that this had informed the Board's decision;
- Some clarity was sought regarding stroke services, as the report had stated that a third of staff disagreed with the plan for centralisation. It was noted that people locally were concerned what the changes to services would mean for them. It was noted further that ULHT would be having ongoing discussions with staff, as part of the implementation process;
- Clarity was sought regarding the impact of any referral by the Committee to the Secretary of State for Health and Social Care of any proposal, on the overall implementation of the changes. The Committee was advised that the understanding was that the implementation process would not go ahead until after a decision from the Secretary of State had been received. It was highlighted that the delay caused because of this would be detrimental to the health of the population of Lincolnshire. The Committee were reminded of the overwhelming clinical support for the proposal and that referral would be going against this expertise. It was highlighted that the permanent service changes would provide a better future, which would mean staff would be attracted to the area which would help with recruitment, and that there would be certainty in the provision of services. This, however, would not be possible, if there was a Secretary of State action pending. Some members expressed concern regarding the impact a referral would have for Lincolnshire; and that the evidence provided indicated that a referral might not be

successful. Some support was shown for referral for some elements of the decision by the CCG Board; and

- Some clarity was sought regarding the status of Grantham UTC, and whether Grantham would be a 'UTC plus'. The Committee was advised that as part of the modelling prior to consultation, the East Midlands Clinical Senate would not accept the term 'UTC plus', as this was not the accepted terminology. It was however reported that the Grantham UTC was planned to have a stronger clinical base than other UTCs, for example with middle grade A & E doctors, GPs and nurses and the ability to admit patients into hospital, to the 70 community beds to support frail and elderly patients. The level of provision would be higher than other UTCs in the country and that this would provide an excellent service for the population of Lincolnshire.

As a result of the comments raised by the Committee, the Chairman advised the Committee of the options available to them in this regard, to continue to monitor the implementation arrangements; refer all four proposals to the Secretary of State; or just refer one or two elements from the proposals.

It was proposed and seconded that:

- (1) To record the Committee's disappointment with the CCG Board's decision on Orthopaedics; Urgent and Emergency Care; and Stroke Services, as these reconfigurations had not been supported by the Committee in its response to the consultation exercise.
- (2) To seek further reports on the implementation arrangements for the four NHS services, with particular emphasis on the arrangements for:
 - (a) staffing, including recruitment and retention;
 - (b) transport and travel arrangements, including:
 - any new local discretions allowed as part of the national non-emergency patient transport arrangements;
 - the extent to which the £1m contingency allocated to cover the additional demands on the East Midlands Ambulance Service, and the non-emergency patient service is required;
 - (c) in relation to Stroke Services:
 - any details on securing the capital investment of £7.5 million to increase capacity at Lincoln County Hospital;
 - any details on how increased stroke patient numbers are managed by Peterborough City Hospital and Queen Elizabeth's Hospital, King's Lynn;
 - (d) In relation to the Grantham Urgent Treatment Centre:

- confirmation of the services due to be provided at the Urgent Treatment Centre.

An Amendment was Proposed and Seconded that:

The decision for the accident and emergency department at Grantham and District Hospital becoming an Urgent Treatment Centre be referred to the Secretary of State on the grounds that the decision was based on incorrect population projections.

Upon the Amendment being put to the being put to the vote, it was declared lost.

Upon the substantive motion being put to the vote, it was unanimously carried.

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

RESOLVED

1. To record the Committee's disappointment with the CCG Board's decision on Orthopaedics; Urgent and Emergency Care; and Stroke Services, as these reconfigurations had not been supported by the Committee in its response to the consultation exercise.
2. To seek further reports on the implementation arrangements for the four NHS services, with particular emphasis on the arrangements for:
 - (a) staffing, including recruitment and retention;
 - (b) transport and travel arrangements, including:
 - any new local discretions allowed as part of the national non-emergency patient transport arrangements;
 - the extent to which the £1m contingency allocated to cover the additional demands on the East Midlands Ambulance Service, and the non-emergency patient service is required;
 - (c) in relation to Stroke Services:
 - any details on securing the capital investment of £7.5 million to increase capacity at Lincoln County Hospital;
 - any details on how increased stroke patient numbers are managed by Peterborough City Hospital and Queen Elizabeth's Hospital, King's Lynn;
 - (d) In relation to the Grantham Urgent Treatment Centre:
 - confirmation of the services due to be provided at the Urgent Treatment Centre.

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which invited the Committee to consider a presentation, on community diagnostic centres (CDC) in Lincolnshire, and to express a preference for one of the three options suggested for a second diagnostic centre.

The Chairman welcomed to the meeting the following presenters: Sarah Brinkworth, System Planned Care Programme Lead, NHS Lincolnshire Clinical Commissioning Group, Clair Raybould, Director of Operations, NHS Lincolnshire Clinical Commissioning Group and Claire Lloyd, Clinical Transformation Lead, United Lincolnshire Hospitals NHS Trust and Project Lead for Diagnostic Centres (who was attending via Teams), to present the item to the Committee.

The presentation referred to:

- The background behind CDCs,
- The aims of CDCs;
- The minimum requirements for a CDC;
- Other considerations, which included value for money, longer term impacts, speed of deployment, co-ordination with local and regional priorities and staff and patient engagement;
- National guidance for CDCs;
- Different models of CDCs, which included a standard model, large model and a hub and spoke model;
- Pathways being considered to be included in CDCs;
- Work to date and expansion plans;
- CDC engagement, for phase 1 and 2; and
- Next steps, which advised that it was proposed to expand the Grantham CDC, develop a second CDC and consider the opportunities for future developments for CDCs.

During consideration of this item, the Committee made some of the following comments:

- Some members of the Committee expressed their preference for a large CDC at Louth County Hospital as a hub, with spokes located at Skegness and Mablethorpe. The Committee was advised that North East Lincolnshire CCG was exploring the option of having a CDC in Grimsby. It was felt more needed to be known about this proposal, to see the impact it would have on residents in the north of the county;
- Acceptance of CDCs. Some concern was raised regarding the staffing of the centres when there was already a shortage of staff. It was noted that CDCs provided a new model of care, which offered the opportunity to grow your own, to help mitigate staff shortages;
- Referral to CDCs. The Committee was advised that currently referral was by GP. It was highlighted that it was proposed to expand to health professionals and then it was hoped to start self-referrals. One member enquired whether there was any

delay in referrals. The Committee was advised that there were variations in referrals, as some GP practices used pathways in different ways;

- Support was extended to the expansion of the Grantham CDC and to the expansion of provision to a second site. Further clarity was sought as to whether there would be a third site or more in Lincolnshire. The Committee noted that a second site would help with inequalities along the east coast and that it was not definite that funding would be available for other sites at this point;
- The importance of ensuring that the public were aware of the CDCs;
- One member enquired how cover was proposed across the whole of the county, and whether bordering counties had been contacted in this regard. It was reported that the opportunity for the Grantham CDC had been developed during the Covid-19 pandemic, as there was a suitable site immediately available to house a CDC; and that options were now being considered for a second CDC, and that feedback for the phase 2 engagement would help finalise the location for the second CDC;
- Connectivity at CDCs. The Committee was advised that the digital ambition was for the service to be digitalised so that results could be seen on the NHS App; and
- Support was also extended for a community diagnostic centre in Boston as a hub, with spokes at Skegness and Mablethorpe and possibly Spalding.

Upon the Chairman seeking the Committees preference for either the Louth or the Boston option, the Boston option was identified as being the preferred option for the Committee.

RESOLVED

1. That the presentation on Community Diagnostic Centres in Lincolnshire be noted.
2. That the Committee's preferred location of the second Community Diagnostic Centre be option (c) a Community Diagnostic Centre in Boston as a hub, with spokes at Skegness, Mablethorpe and possibly Spalding.
3. That depending on the availability of central NHS funding, plans for further Community Diagnostic Centres being developed in Lincolnshire be noted.

9 NHS DENTAL SERVICES IN LINCOLNSHIRE

Consideration was given to a report from NHS England and NHS Improvement, which invited the Committee to consider and comment on NHS Dental Services in Lincolnshire.

The Chairman invited the following representatives from NHS England and NHS Improvement: Rose Lynch, Senior Commissioning Manager, Jane Green, Commissioning Manager, Adam Morby, Regional Chief Dentist for the Midlands, Kenny Hume, Lincolnshire Local Dental Network Chair, Jasmine Murphy, Consultant in Dental Public Health; and from NHS Lincolnshire Clinical Commissioning Group, Sandra Williamson, Chief Operating Officer to remotely, present the item to the Committee.

Lucy Gavens, Consultant Public Health, was also in attendance for this item.

The presentation referred to:

- The national and local challenges dentistry was facing;
- The locations of services in Lincolnshire;
- The location of local dental surgeries in the county, accessible by car in rush hour and by public transport (not all services were accessible by public transport);
- Details of the 2019 oral health survey of 5 year old children, which showed a wide variation in both the prevalence and severity of dental decay among young children across Lincolnshire. Areas highlighted as being significantly worse than the England average were Boston and the East Midlands; and
- Water Fluoridation. It was highlighted that fluoridation was an effective and safe public health measure to reduce the frequency and severity of dental decay, and narrow oral health inequalities. It was noted that water fluoridation was lacking on the East Coast. It was noted further that in the next year or so Anglian Water was planning changes to the infrastructure of its water supply, which would lead to the removal of fluoride from the water supply for those parts of the county which currently received fluoridated water.

In conclusion, the Committee were advised of future opportunities and solutions for Lincolnshire which included: the rapid oral health needs assessment being undertaken for the County Council to better understand some of the impacts of the pandemic; the introduction of Integrated Care Systems from 1 July 2022; the 'Golden Hello Scheme' a scheme to encourage practitioners to work within NHS dentistry; the NHS Communications Team to share intelligence on local concerns; the role of Local Dental Network Chairs; and the Secondary Care - Getting it right first time oral surgery hospital dentistry review.

During consideration of this item, the Committee made some of the following comments:

- Concern was expressed to the lack of NHS dentistry provision in Lincolnshire and the impact of this for the east of the county. The Committee was advised that there had been a contract issue with the government, which would be addressed, concerning NHS/private distribution, which was a major problem as each provider was independent. As with other areas of the NHS it was highlighted there was a shortage of practitioners across the county. It was also highlighted that the ongoing impact of the Covid-19 pandemic had considerably impacted dental services and the availability of NHS dental care. The Committee noted that NHS England/Improvement were looking into ways to encourage practitioners to work within dentistry;
- Concern was also expressed to the length of time people were waiting to see a dentist;

(Note Councillor S R Parkin left the meeting at 1.00pm).

- Some concern was expressed regarding the removal of fluoridation. It was felt that fluoridation needed to be retained and supported;

- The impact poor oral health had on a person's wellbeing;
- A question was asked whether children were dependent on their parents arranging for them to see a dentist. Confirmation was given that it was the responsibility of parents/carers to take children and young people to the dentist. It was highlighted that there were several programmes for children to encourage good habits in early years settings; and that toothbrushes and toothpaste were being provided to families living in Boston when their child reached 6-8 weeks of age. Additionally, the Lincolnshire Smiles Programme was delivering a supervised toothbrushing programme in early years and primary education settings to prevent decay and establish good life-long oral health behaviours. Further details of the activities across Lincolnshire led by the Public Health Team were detailed in Appendix 5 on page 385 of the report pack ;
- Whether the oral health needs assessment had access to dental records. It was confirmed that there had been access to some dental records;
- One question asked was how many people were not receiving the care they needed. The Committee was advised that this data was not collated or reported on;
- Dentistry provision for pregnant women, one member enquired whether pregnant women were receiving the care they needed. Reassurance was given that where there was a clinical need, patients were prioritised and that pregnant women fell into that category. One member's personal experience highlighted that this had not been the case. The Committee was advised that there was a specific programme for Boston and that practitioners should be conveying the said health messages;
- The cost of private dentistry;
- The responsibility of all to look after their oral health;
- The Department of Work and Pensions changes to benefits, which included access to dentistry and its effect on dental services. Presenters were not aware of the changes and thanks were extended for drawing their attention to the matter;
- One member enquired what the main reason had been for the lack of interest in securing a new provider for dental services in Mablethorpe and what was being done to make it a more attractive option. The Committee noted that following a procurement exercise in 2019, NHSE/I had been unable to secure a new provider of NHS Dental Services in the Mablethorpe areas. As a result, NHSE/I had commissioned Urgent NHS Dental care sessions until March 2023, whilst longer term commissioning intentions were finalised. The Committee was advised that it was planned that general dental service would be in place for 2022/23 within Mablethorpe;
- Further information was sought as to the areas that had seen NHS contracts handed back and the impact this had seen or will have on patients. The Committee was advised that if a practice was to terminate its contract, the areas of need would be looked at and activity would be dispersed, if there was no expression of interest.

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

RESOLVED

1. That the information presented by NHS England and NHS Improvement (Midlands) on NHS Dental Services in Lincolnshire be noted.
2. That a further update on NHS dental services in Lincolnshire be received in six months' time.

10 LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT - RESPONSE OF THE COMMITTEE TO THE CONSULTATION DRAFT

The Chairman invited Simon Evans, Health Scrutiny Officer to present the item, which invited the Committee to consider its response to the consultation draft of the Lincolnshire Pharmaceutical Needs Assessment, which was set out in Appendix A to the report.

RESOLVED

That the response to the consultation draft of the Lincolnshire Pharmaceutical Needs Assessment (as set out in Appendix A to the report) be approved.

11 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 400 to 402 of the report pack.

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

- It was requested that an item on Lakeside Healthcare Stamford, following the publication of the Care Quality Commission's inspection report on 1 June 2022, be included on either the July or September agenda, with the possibility of a representative from Lakeside being included on the invitation;
- It was suggested that the update on GP Services in October include information relating to evening and weekend access to GP services following a recent post on social media offering this service;
- Fluoridation – The Committee was advised that the Children and Young People Scrutiny Committee were looking into this matter;
- Suicide Prevention and Mental Health Working Group – The Committee was advised that the group were due to meet on 27 July 2022;
- Public Health – In response to a request for further information on the Public Health initiatives in the county, the Committee was advised that the primary focus of the Health Scrutiny Committee was NHS-funded services, and the County Council's Adults and Community Wellbeing Scrutiny Committee was the lead committee for public health items; and
- The Committee was urged not to lose sight of its request for information on the unmet demand for dentistry in Lincolnshire.

RESOLVED

That the Committee's work programme as detailed on pages 400 to 402 of the report pack be received, subject to the comments/suggestions made above and the items agreed at minute numbers 7 (2)(a)(b)(c)(d) and 9(2).

The meeting closed at 1.46 pm