



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
18 JANUARY 2023**

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 G P Scalese (South Holland District Council), Mrs A White (West Lindsey District Council) and S Woodliffe (Boston Borough Council).

Healthwatch Lincolnshire

Liz Ball.

Also in attendance

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

The following representatives joined the meeting remotely, via Teams:

Sarah Connery (Chief Executive, Lincolnshire Partnership NHS Foundation Trust), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Christopher Higgins (Director of Operations, Lincolnshire Partnership NHS Foundation Trust), Carole Pitcher (Senior Commissioning Manager, NHS England), Allan Reid (Consultant in Healthcare Public Health (Oral Health)), Andy Rix (Chief Operating Officer, NHS Lincolnshire Integrated Care Board), Caroline Walker (Chief Executive, North West Anglia NHS Foundation Trust) and Sandra Williamson (Director for Health Inequalities and Regional Collaboration, NHS Lincolnshire Integrated Care Board).

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

29 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors K Chalmers (Boston Borough Council), Mrs S Harrison (East Lindsey District Council) and J Loffhagen (City of Lincoln Council).

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It was noted that Councillor S Woodliffe (Boston Borough Council) was the replacement member for Councillor K Chalmers (Boston Borough Council) for this meeting only.

The Committee noted that apologies for absence had also been received from Cllr D Mangion, (as the replacement member for East Lindsey District Council) and Councillor Mrs S Woolley (Executive Councillor NHS Liaison, Community Engagement, Registration and Coroners).

30 DECLARATIONS OF MEMBERS' INTEREST

Councillor Dr M E Thompson wished it to be noted that he and his wife were both patients with United Lincolnshire Hospitals NHS Trust.

31 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING
HELD ON 14 DECEMBER 2022

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 14 December 2022 be agreed and signed by the Chairman as a correct record.

32 CHAIRMAN'S ANNOUNCEMENTS

Further to the announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on 17 January 2023.

The supplementary announcements referred to: information previously requested relating to Hawthorn Medical Practice; and the expansion of NHS Mental Health Services for Children and Young People.

During consideration of this item, some concern was expressed relating to the declaration of critical incidents and further information was sought regarding what was defined as a critical incident. The Committee was advised that United Lincolnshire Hospitals NHS Trust would be able to provide further information in this regard at the 15 February 2023 meeting.

RESOLVED

That the supplementary announcements circulated on 17 January 2023 and the Chairman's announcements as detailed on pages 15 to 24 of the report pack be noted.

33 ASHLEY HOUSE IN GRANTHAM - TARGETED CONSULTATION ON PROPOSED
SERVICE CHANGE

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which invited the Committee to consider and comment on the consultation for the proposed service change at Ashley House, Grantham.

The Chairman invited Sarah Connery, Chief Executive Lincolnshire Partnership NHS Foundation NHS Trust (LPFT), Chris Higgins, Director of Operations LPFT, and Andy Rix, Chief Operating Officer, NHS Lincolnshire Integrated Care Board, to remotely present the item to the Committee.

Note: Councillor S Woodliffe joined the meeting at 10.07am.

As background information, Appendix A to the report provided the main extracts from the report considered by the Committee at its 12 October 2022 meeting. Details of the two options for future delivery were shown on pages 32 and 33 of the report pack for members of the Committee to consider. They were:

- Option 1: Reopen Ashley House as a 15 bedded open rehabilitation unit;
- Option 2: Permanently close Ashley House as an inpatient unit and reinvest the resource into the community rehabilitation service to enable a countywide service (preferred option).

Note: Councillor S R Parkin joined the meeting at 10.09am.

In conclusion, the Committee noted that since the Ashley House had temporarily closed on 10 February 2021, all patients requiring low-dependency open rehabilitation had either been treated at Maple Lodge Boston, or by the expanded community rehabilitation service. It was noted that no patient had travelled out of Lincolnshire to access low-dependency care, nor had they had to wait to access longer to access care locally.

It was reported that the success of the new ways of working had prompted consideration of the future service model, with two viable options having been identified as highlighted.

The Committee was advised that option 2 was currently the preferred option, as it would ensure that people were cared for closer to home and receive the right access to care and treatment at the right time to suit their needs; and that the interim way of working had demonstrated that community rehabilitation worked well and was preferred by patients, service users and carers.

It was noted that from the comments raised, a draft response to the targeted consultation would be prepared for approval by the Committee at its meeting on 15 February 2023

During consideration of this item, the following was noted:

- The Committee were advised of the success of Community Mental Health Rehabilitation Service pilot that had been operating in the south and west of the county. It was noted that success of the pilot had proven that individuals requiring

low dependency care were being able to be cared for in the community, which had reduced the level of clinical support required; and that patient, carer, and family feedback had been positive, as patients were able to live meaningful lives within the community. The Committee was advised that further information regarding the success of the service could be provided to the Committee at a future meeting;

- Some concern was expressed to the level of support being provided to patients in the community, as the service could only be accessed between the hours of 8.00am and 8.00pm, seven days a week. Some assurance was given that outside of these hours, patients could access other services provided by the Trust. It was also highlighted that should a patient require extra support, there was the option for the person to become an in-patient at Maple Lodge, Boston. Clarity was sought regarding the number of patients requiring additional support;
- Some concern was expressed that some patients would still have to travel and whether that was acceptable. Assurance was given that patients with significant issues would be treated in acute wards to meet their needs. It was highlighted that currently there were two or three patients being treated out of area;
- That investment in mental health in Lincolnshire had created capacity in the community to create care and social networks;
- There was recognition there would be an increasing population, and that having a countywide rehabilitation team would help reduce the demand for admissions, and it was therefore felt that there would be enough in-patient capacity to meet the demand;
- Confirmation was given that there were no plans to close Maple Lodge;
- The Committee noted that although there were savings of £33,000 the proposals were not financially driven, it was a case of making the best use what was available and re-investing into the community rehabilitation service;
- Some support was extended to the community based model; however some concern was expressed that accessing mental health services through primary care was still an issue. The Committee was advised that a significant amount of funding had come into mental health services as part of the 'Parity of Esteem' mental health transformation programme, and that significant investment had been made into the community and voluntary sector to support people with low-level mental health issues, which included 'Steps to Change'. One member felt that more information needed to be available regarding 'Steps to Change' and how all the different mental health services fitted together to provide the enhanced service and how the transformation programme was reducing patient waiting times and providing support to those waiting to access the service;
- Some personal experiences were shared which highlighted that several mental health services were not readily available in some areas. There was recognition that there was more to be done in some areas. In relation to this and previous points it was reported that the Committee's working group had been considering these topics and a further meeting was planned on 25 January 2023;
- There was recognition that not everyone had a home and had the support of a family, and it was highlighted that one of the roles of the community rehabilitation team was to offer support to patients who did not have the support of family and

friends. Some reference was also made to other services provided by the council and others in assisting patients to live independently;

- The Committee noted that the Trust was awaiting the outcome of the consultation concerning the future of Ashley Lodge. It was however reported that its potential use was likely to be associated with supported housing or residential care; and
- The Committee noted that staff preferred to work in a rehabilitation/community based setting.

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

RESOLVED

1. That the consultation on the proposed service changes at Ashley House Grantham be noted.
2. That a draft response be prepared for the Committee to approve at its next meeting on 15 February 2023, based on the Committee's comments at this meeting

34 NORTH WEST ANGLIA NHS FOUNDATION TRUST: RESTORATION RECOVERY UPDATE AND PROGRESS ON CLINICAL STRATEGY FOR STAMFORD AND RUTLAND HOSPITAL SITE

Consideration was given to a report from Caroline Walker, Chief Executive North West Anglia NHS Foundation Trust (NWAFT), which provided the Committee with an update on the Trust's recovery from the pandemic; the measures taken by the Trust to support staff during, and after the pandemic; and it also provided a summary of the clinical strategy for Stamford and Rutland Hospital site supporting the recovery of services at the Trust and in particular for Lincolnshire populations.

The Chairman invited the Chief Executive of NWAFT, to remotely present the item to the Committee.

During consideration of this item, the following was noted:

- Restoration Stratification and the use of the independent sector as part of the national framework. The Committee noted that the use of the independent sector had added capacity to outpatient services. The Committee noted that there was a cost to using the independent sector, but the trust did not have the capabilities or the workforce available to cope with demand without using the independent sector;
- The Committee noted that waiting lists had increased. Clarification was given that 'clinical exception' meant that the patients were not ready for surgery and that patient choice was when a patient had chosen not to have an operation or may have opted to have a private operation;

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- The Committee was advised that the Stamford and Rutland Hospital Site Strategy had some funding secured. Details of the aim of the strategy were shown on pages 49 to 51 of the report pack;
- Confirmation was given that a decision on the future of the Minor Injuries Unit at Stamford and Rutland Hospital was the responsibility of the NHS Integrated Care Board as commissioners;
- Confirmation was given the clinical strategy was looking at the best solutions for the site and that some physical investment was needed;
- The Committee was advised that the trust had integrated care records. The Committee was advised further that the issue highlighted relating to blood test forms would be investigated outside of the meeting; and
- Concrete remedial works at Stamford and Rutland Hospital. The Committee was advised that as the concrete was deemed defective the trust had to move out of the building over the next two years; and that it was the same situation for the Hinchingsbrooke Hospital site.

The Chairman on behalf of the Committee extended his thanks to the Chief Executive of North West Anglia NHS Foundation Trust (NWAFT).

RESOLVED

1. That the report from North West Anglia NHS Foundation Trust, including the plans to reduce the number of patients waiting more than 78 weeks be noted.
2. That a copy of the Trust's recovery plan and KPIs for the recovery plan be requested.
3. That the Clinical Strategy and Vision for Stamford and Rutland Hospital, including increased chemotherapy, cataract surgery and ophthalmology clinics be supported.
4. That support be given to the minor injuries unit becoming an urgent treatment centre at Stamford and Rutland Hospital.

35 LINCOLNSHIRE DENTAL STRATEGY

The Committee considered a report from Carole Pitcher, Senior Commissioning Manager NHS England (Midlands), which advised the Committee of the progress made with the Lincolnshire Dental Strategy, and the outcomes of workshops held during the autumn of 2022.

The Chairman invited Carole Pitcher, Senior Commissioning Manager NHS England, Allan Reid, Consultant in Healthcare, Public Health, NHS England and Sandra Williamson, Director for Health Inequalities and Regional Collaboration, NHS Lincolnshire Integrated Care Board (ICB), to remotely present the item to the Committee.

In a short presentation, the Committee was advised that it had been universally agreed at the strategy workshops that the shift from dental commissioning from regional to local Integrated Care Boards offered an exciting opportunity to adopt new innovative approaches to dental services commissioning which were demonstrably more aligned with local need within Lincolnshire.

The presentation referred to the methodology adopted for the strategy; the four themes; the golden thread to addressing inequalities in dental care access and oral care outcomes in all four themes; strategy enablers; and feedback from workshops.

During consideration of this item, the following was noted:

- Some concern was expressed at the lack of dentists available, with reference being made to access to a dentists for children. The Committee was advised that all schools received health education regarding oral dental health, as this was a mandatory requirement. There was recognition that more needed to be done and that was a key part of the strategy, to improve on prevention measures;
- The lack of fluoridation in the east of the county and the evidence that supports that fluoridation does improve the health of children's teeth;
- The need to promote the benefits of a healthy diet and good oral health. The Committee was advised of the proposed implementation plan of the strategy;
- The national issues facing the country in relation to dentistry, with reference being made to contract arrangements;
- The opportunities for ICBs commissioning services. The Committee was advised that this matter would be covered in more detail in the next item on the agenda, however the Committee was advised that there would still be a national contract, but there was the opportunity for the Lincolnshire ICB ahead of 1 April 2023 to meet the needs of Lincolnshire, as this was part of the ICB planning;
- Whether the changes in NHS dental contracts would make NHS dentistry more attractive in areas such as Mablethorpe or Skegness. It was noted that further contract reform work was being carried out nationally and that the ICB would be looking at whether anything else could be done in addition to this locally;
- How improvement plans were tracked and monitored. The Committee was advised that this would be decided when plans were received, as this would form part of the dental dashboard. It was highlighted that monthly reports were received currently; and
- The establishment of a Lincolnshire based dental school. The Committee was advised that no development plans were known at this time.

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

RESOLVED

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1. That with effect from 1 April 2023 the commissioning of all Lincolnshire's NHS dental services would be delegated by NHS England (Midlands) to the NHS Lincolnshire Integrated Care Board be noted.
2. That the information presented on the dental challenges in Lincolnshire and the development of Lincolnshire dental strategy be noted.
3. That a further report be received at the July 2023 meeting, to include the full Lincolnshire dental strategy.

36 ROLE OF LINCOLNSHIRE INTEGRATED CARE BOARD IN THE COMMISSIONING OF PHARMACEUTICAL, OPTOMETRY, AND DENTAL SERVICES

The Committee considered a report from which provided a summary of the delegation agreement areas of responsibility and next steps for the NHS services that would be transitioning to the NHS Lincolnshire Integrated Care Board.

The Chairman invited Sandra Williamson, Director of Health Inequalities, Prevention & Regional Collaboration NHS Lincolnshire Integrated Care Board, Carole Pitcher, Senior Commissioning Manager, NHS England and Allan Reid, Consultant in Healthcare, Public Health, NHS England, to remotely, present the item to the Committee.

In a slide presentation, the Committee was advised of the background behind delegating functions to Integrated Care Boards. It was noted that the aim was to break down barriers and join up fragmented pathways to deliver better health and care so that patients could receive high quality services that were planned and resourced where needed. It was noted further that NHS England would remain accountable and have oversight and set standards and service specifications.

Details of the delegation requirements in relation to the following services: Primary Medical Services; complaints functions associated with Primary Medical Services; Primary Pharmacy, Optometry & Primary and Secondary Dental Services; and complaints functions associated with Primary Pharmacy, Optometry & Primary and Secondary Dental Services were detailed within the report presented. Details of the future operating model were provided on slide four of the presentation for the Committee to consider.

The Committee noted that the delegation was aligned with Integrated Care Board plans, including health inequalities, quality improvement and the People and Communities Strategy, which would ensure improved access to service development and resource allocation.

During consideration of this item, the following was noted:

- The Committee was advised that resources were part of the integration work and that the delegation gave the opportunity for better working with NHS England. It was noted that the Integrated Care System was using existing resources. Some

members were unconvinced that the delegation exercise would have any effect on the situation concerning dentistry services;

- It was reported that the monitoring of the contract would build on existing processes and would be guided by nationally stipulated standardised frameworks. It was noted that any conflicts of interest would be managed;
- Confirmation was given that no scheme was in place for applying for dental staff overseas. However, recruitment and retention schemes were being considered locally; and
- The Committee was advised that it was expected that the new commissioning arrangements for dentistry would lead to improved access to NHS patients across Lincolnshire.

Note: Councillor R J Cleaver left the meeting at 12.59pm.

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

RESOLVED

That the report presented be received and that the Committee looks forward to the delegation of commissioning of the pharmacy, ophthalmology and dental services to NHS Lincolnshire Integrated Care Board leading to improvements across all three services.

Note: Liz Ball left the meeting at 13.02pm.

37 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 66 and 67 of the report pack.

Attached at Appendix A to the report was a schedule of items covered by the Committee since the beginning of the current Council term May 2021, as well as details of planned work for the coming months.

RESOLVED

That the work programme presented as detailed on pages 66 and 67 of the report pack be received, subject to the additions from minute numbers 33(2), 35(3).

The meeting closed at 1.03 pm