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 July 2023 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, R J Kendrick, S R Parkin, T J N Smith and R Wootten

District Councillors: J Arayambath (Boston Borough Council), E Wood (City of Lincoln Council), J Makinson-Sanders (East Lindsey District Council), Mrs L Hagues (North Kesteven District Council), M Geaney (South Holland District Council), C Morgan (South Kesteven District Council) and D Rodgers (West Lindsey District Council)

Healthwatch Lincolnshire: Liz Ball

AGENDA

Item	Title	Pages
1	**Apologies for Absence/Replacement Members**	
2	**Declarations of Members' Interest**	
3	**Minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 14 June 2023**	5 - 14
4	**Chairman's Announcements**	15 - 30

Item	Title	Pages
5	**NHS Dental Services in Lincolnshire** *(To receive a report from the NHS Midlands Primary Care Team and NHS Lincolnshire Integrated Care Board (ICB), which provides the Committee with an update on NHS dental services in the county. Carole Pitcher, Senior Commissioning Manager, Nottingham and Nottinghamshire ICB working on behalf of the Five Integrated Care Boards in the East Midlands and Sandra Williamson, Director of Health Inequalities and Regional Collaboration, NHS Lincolnshire Integrated Care Board, will be in attendance for this item)*	31 - 50
6	**Water Fluoridation** *(To receive a report from Derek Ward, Director of Public Health, Lincolnshire County Council, which advises the Committee of the role fluoride has on oral health, and the transfer of power to initiate, vary or terminate fluoridation schemes, and the current situation with water fluoridation schemes in Lincolnshire. Derek Ward, Director of Public Health and Lucy Gavens, Consultant in Public Health, will be in attendance for this item)*	51 - 56
7	**Outcome of Consultation on Local Mental Health Rehabilitation Services (Ashley House in Grantham)** *(To receive a report from Lincolnshire Partnership NHS Foundation Trust and NHS Lincolnshire Integrated Care Board, which advises the Committee of the outcome of the mental health rehabilitation consultation to permanently close Ashley House in Grantham and extend the community rehabilitation service to a countywide model. Chris Higgins, Director of Operations Lincolnshire Partnership NHS Foundation Trust and Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board, will be in attendance for this item)*	57 - 114
8	**Update on Adult Mental Health Services in Lincolnshire** *(To receive a report from Lincolnshire Partnership NHS Foundation Trust (LPFT), which provides the Committee with an update on adult mental health services in Lincolnshire. Chris Higgins, Director of Operations LPFT, Nick Harwood, Associate Director of Operations for Adult Community Division LPFT and Paula Jelly, Associate Director of Operations for Adult Inpatient and Urgent Care Division LPFT, will be in attendance for this item)*	115 - 130
LUNCH 1.00PM - 2.00PM		
9	**Lincolnshire Acute Service Review - Urgent & Emergency Care and Acute Medicine Implementation Update** *(To receive a report from NHS Lincolnshire Integrated Care Board, which provides the Committee with an update on the implementation of the changes relating to urgent & emergency care, and acute medicine. Pete Burnett, Director of Strategic Planning, Integration and Partnerships, will be in attendance for this item)*	131 - 136

Item	Title	Pages
10	**Paediatric Service at Pilgrim Hospital, Boston - Proposed Response of the Committee to the Consultation** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider the draft response (attached at Appendix A) to the consultation on the Paediatric Service at Pilgrim Hospital, Boston)*	137 - 142
11	**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 the content on its forthcoming work programme)*	143 - 150

Debbie Barnes OBE
Chief Executive

11 July 2023

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 July, 2023, 10.00 am (moderngov.co.uk)

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HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
14 JUNE 2023

PRESENT:

Lincolnshire County Council

Councillors L Wootten (Vice-Chairman), M G Allan, R J Cleaver, R J Kendrick, C S Macey, S R Parkin, T J N Smith and R Wootten.

Lincolnshire District Councils

Councillors J Arayambath (Boston Borough Council), E Wood (City of Lincoln Council), J Makinson-Sanders (East Lindsey District Council), Mrs L Hagues (North Kesteven District Council), M Geaney (South Holland District Council), C Morgan (South Kesteven District Council) and D Rodgers (West Lindsey District Council).

Healthwatch Lincolnshire

Tim Staniland.

Also in attendance

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer) and Sarah-Jane Mills (Director for Primary Care and Community and Social Value).

Remote attendees via Microsoft Teams:

Dr Reid Baker (Medical Director of the Lincolnshire Local Medical Committee), Peter Burnett (Director of Strategic Planning, Integration and Partnerships, NHS Integrated Care Board), Sue Cousland (Divisional Director, East Midlands Ambulance Trust), Andrew Morgan (Chief Executive, United Lincolnshire Hospitals NHS Trust), Anna Richards (Associate Director of Communications and Engagement), Neil Scott (Service Development Manager, East Midlands Ambulance Trust) and Nick Blake (Acting Programme Director – Integrated Primary Care and Communities).

County Councillor C Matthews (Executive Support Councillor NHS Liaison, Integrated Care System, Registration and Coroners) attended the meeting as an observer, via Teams.

1 ELECTION OF CHAIRMAN

RESOLVED

That Councillor C S Macey be elected as the Chairman of the Health Scrutiny Committee for Lincolnshire for 2023/24.

2 ELECTION OF VICE-CHAIRMAN

RESOLVED

That Councillor L Wootten be elected as the Vice-Chairman of the Health Scrutiny Committee for Lincolnshire for 2023/24.

3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Liz Ball (Healthwatch Lincolnshire).

The Committee noted that Tim Staniland (Healthwatch Lincolnshire) had replaced Liz Ball (Healthwatch Lincolnshire) for this meeting only.

An apology for absence was also received from Councillor S Woolley (Executive Councillor NHS Liaison, Integrated Care System, Registration and Coroners).

4 DECLARATIONS OF MEMBERS' INTEREST

Councillor R J Kendrick wished it to be noted that he was one of the Council's representatives on the Lincolnshire Partnership NHS Foundation Trust – Council of Governors Stakeholder Group.

Councillor C Morgan advised that she was a member of United Lincolnshire Hospitals NHS Trust Patient Panel and Chairman of SOS Grantham Hospital.

Councillor Jyothi Arayambath wished it to be noted that her husband worked for United Lincolnshire Hospitals NHS Trust as a urologist.

5 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 17 MAY 2023

RSOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 17 May 2023 be agreed and signed by the Chairman as a correct record.

6 CHAIRMAN'S ANNOUNCEMENTS

Further to the announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on 14 June 2023.

The Chairman advised that in response to item 2 of the Supplementary Chairman's Announcements, he was proposing to send a letter of support to United Lincolnshire Hospitals NHS Trust, in the next step in their application to become a University Teaching Hospital status.

During consideration of this item, the following comments were raised: the inclusion of Acute Service Review Implementation in the work programme for 19 July 2023 meeting; the need for further consideration of Stamford Minor Injuries Unit; and one member from personal experience encouraged other members of the Committee to attend the open day at the Peter Hodgkinson Centre at Lincoln County Hospital.

RESOLVED

1. That the supplementary announcements circulated on 14 June 2023 and the Chairman's announcements as detailed on pages 11 and 12 of the report pack be noted.

2. That support be given for the Chairman to send a letter of support to United Lincolnshire Hospitals NHS Trust, in the next step in their application to become a University Teaching Hospital.

7 CONSULTATION ON PAEDIATRIC SERVICES AT PILGRIM HOSPITAL, BOSTON

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which invited the Committee to make arrangements for responding to the consultation by United Lincolnshire Hospitals NHS Trust (ULHT) on Paediatric Services at Pilgrim Hospital, Boston.

The Chairman invited the following representatives from ULHT to remotely, present the item to the Committee: Andrew Morgan, Chief Executive, Simon Hallion, Managing Director of Family Health and Anna Richards, Associate Director of Communications.

During consideration of this item, the following comments were noted:

- The Committee noted that the model had been developed into one that enabled almost every child or young person to receive all their care at Pilgrim Hospital, Boston. It was noted further that very few children, usually those with complex or specialist needs were transferred to other hospitals for their treatment, which had always been the case prior to 2018. It was reported that the Paediatric Assessment Unit offered a rapid assessment and discharge profile and also allowed for a number of patients to remain longer on the ward, when clinically necessary. Appendix A of Appendix 1, provided the Committee with a summary of the current service model;

- That better clarification of the new model needed to be provided in the consultation document and that the new unit needed to be promoted better to highlight the differences and all the good work and development that had happened since 2018;
- Support was extended to the new model and the service it provided to children and families in Boston and the surrounding area;
- Recognition was expressed that stabilising the service had assisted the Trust in its recruitment and retention of staff; and
- Confirmation was given that neighbouring health systems had been engaged in the proposals.

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

RESOLVED

That a response be drafted to the consultation by United Lincolnshire Hospitals NHS Trust on Paediatric Services at Pilgrim, Hospital, Boston, based on comments made at the 14 June and 17 May 2023 meetings, and be submitted to the next meeting of the Committee on the 19 July 2023 for approval.

8 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 80 to 82 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 works for the coming months.

During discussion, the following comments/suggestions were put forward:

- Lincolnshire Dental Strategy – a request was made for the report to include further information concerning the closure and lack of NHS dentist provision generally, and lack of dental provision along the coastal strip;
- A further update on GP Services;
- Integrated Care Strategy and the implications for Lincolnshire as a whole;
- A future update on the Acute Services Review;
- Pressures on services at Lincoln County Hospital;
- The impact the proposals for RAF Scampton will have on local health services; and
- Growth plans across the County and how they will impact on health services, to include plans being proactively put in place to deal with an increasing population.

RESOLVED

That the work programme presented on pages 80 to 82 of the report pack be agreed, subject to the inclusion of the suggestions put forward by the Committee.

9 EAST MIDLANDS AMBULANCE SERVICE NHS TRUST - PERFORMANCE

Consideration was given to a report from the East Midlands Ambulance Service NHS Trust (EMAS), which provided an update on current EMAS performance in the Lincolnshire Division since October 2022.

The Chairman invited the following representatives from EMAS to remotely, present the item to the Committee: Sue Cousland, Regional Director and Neil Scott, Service Development Manager.

The report highlighted local and national performance trends over the last six months as well as work being undertaken to mitigate some of the unique challenges faced by the Lincolnshire Division. It also contained details relating to quality initiatives; recruitment and retention; staff engagement; and future plans and investment through 2023/24.

During consideration of this item, the following comments were noted:

- Thanks were extended to all EMAS staff for the service they provided;
- It was noted that the improved performance during April 2023 was as a result of a combination of increased resources, decreased sickness/absences and a reduction in pre hospital handover times, and an increase in private ambulance provision. It was noted further that private ambulance resource was being utilised whilst the workforce was being developed and trained and the use of private ambulances would cease over the next two years. The extra resource had given the service the opportunity to improve; Reassurance was given that the skills set on the private ambulances was monitored;
- It was reported that plans and initiatives were in place to help deal with winter pressures;
- That more communication needed to be done to advise members of the general public of the services available to them, instead of just calling an ambulance;
- The Clinical Operating Model of the Trust and the aspiration to implement a fully streamlined career escalator for staff at all levels. It was noted that this would support the enhancement of recruitment/retention opportunities;
- That further information would be sought concerning the how effective the winter vaccination programme had been;
- The role of the Clinical Navigator. It was noted that clinical navigators were jointly appointed by EMAS and United Lincolnshire Hospitals NHS Trust (ULHT), and their role was to liaise with ED colleagues and other departments; and to identify opportunities for new pathways for patients. It was noted further that the role would be evolving and would be looking at the quality of outcomes for patients;

- It was reported that 'Chatty Cafes' enabled senior managers to attend emergency departments once a quarter in each locality and listen to concerns and ideas from frontline staff. It was noted that they were proving very popular with staff;
- The Category 2 – Thirty Minute National Target 2023/24. Figure 12 on page 29 of the report pack provided data in this regard;
- The organisational plan aimed to bring the ambulance response time to Category 2 calls down to 30 minutes by the end of the 2023/24;
- Information would be sought regarding whether the incidence of flu was far worse that Covid-19 during the increase activity in December 2022;
- Confirmation was given that the service had seen the impact of the cost of living crisis;
- Confirmation was given that there were no definitive national targets for the rates of emergency ambulance conveyance, 'see and treat' or 'hear and treat'; and
- It was reported that response times for category 2 of 30 minutes or 18 minutes was achievable at times when all factors in the process were aligned.

RESOLVED

1. That thanks be extended to the presenters from the East Midlands Ambulance Service and that the Committee welcomes:

   a. The improvements in ambulance response times since the peaks of December 2022; and
   b. The clinical navigator initiative at Lincoln Count Hospital and Pilgrim Hospital, Boston.

2. That the Trust-wide investment of £23 million during 2023/24 leading to further improvements, particularly category two calls be noted, and that a further update be received in six months.

3. That the Committee's thanks to all the staff who work for East Midlands Ambulance Service for their dedication and efforts in often challenging circumstances be noted.

10 NHS JOINT FORWARD PLAN

Consideration was given to a report and presentation by the NHS Lincolnshire Integrated Care Board (ICB), which outlined the process for developing the Joint Forward Plan (JFP).

The Chairman invited Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board to remotely, present the item.

The presentation referred to the background and requirements of the Health and Care Act 2022 for ICB's to develop a JFP; and an overview of the approach taken by Lincolnshire to developing a Lincolnshire NHS JFP.

Pages 37 and 38 of the report pack provided details of the five core priorities which were:

Priority 1 A new partnership with the public;
Priority 2 Living well and staying well;
Priority 3 Access;
Priority 4 Integration community care; and
Priority 5 People.

The presentation provided an overview of the draft document, prior to the final version being published by 30 June 2023.

During consideration of this item, the following comments were noted:

- That improvements resulting from the JFP would be dependent on how all partners and stakeholder worked together. Some expected improvements included improved access and resources;
- That the developed priorities document would be completed in the Autumn of 2023 and would be shared with the Committee;
- Key to the success of the JFP was the relationship the public, and identifying what really mattered to them; and
- That care in the community was about patients receiving care in the appropriate setting. There was recognition that there was more publicity to do in this regard.

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

RESOLVED

1. That the process and the steps taken to develop the Joint Forward Plan be noted.

2. That the requirements for the NHS to develop a Joint Forward Plan be noted.

3. That the National Health Service Act 2006 (as amended by the Health and Care Act 2022) requiring ICBs and their partner trusts to prepare a Joint Forward Plan before the start of each financial year be noted.

4. That support be given to the five priorities to be included in the NHS Joint Forward Plan and that the Committee looks forward to details of their implementation.

5. That further reports, be received when required.

11 GP PROVISION IN LINCOLNSHIRE

Consideration was given to reports from the Lincolnshire Local Medical Committee and the Lincolnshire Integrated Care Board, which provided an update on general practice provision.

The Chairman invited Dr Reid Baker, the Local Medical Committee's Director, Sarah-Jane Mills, Director of Primary Care, Community and Social Value and Nick Blake, Acting Programme Director Integrated Primary Care and Communities, to present their reports to the Committee.

It was reported that general practice was under ongoing pressure due to multiple factors including inflationary, and cost of living pressures. Despite this, GPs continued to work hard to meet the needs of patients, providing new services and more appointments. It was highlighted that there had been a 43% increase in appointments in general practice since August 2019. It was reported that in the last year the number of appointments provided by GPs had increased by 14.5%, and that in the last year GPs in Lincolnshire had provided 4,954,959 appointments.

It was noted that GP provision in the County was good, with appointment availability being above the national average. It was reported that there were 81 practices across Lincolnshire, and that these practices worked together as Primary Care Networks (15 in Lincolnshire) to provide a range of services for leir local population.

It was reported that the key elements of the NHS delivery plan for recovering access to primary care reflected the challenges faced across Lincolnshire and provided a framework for expediting the development of modern primary care provision.

It was highlighted that there would be challenges, but the Primary Care Networks (PCNs) would provide the vehicle for further strengthening the partnership working across GP surgeries and with other agencies.

In conclusion, the Committee noted that the ICB was committed to working in partnership with people living in Lincolnshire to ensure that the further development of service provision met the needs of the local community.

Note: Councillor Mrs L Hagues left the meeting at 12.43pm.

During consideration of this item, some of the following comments were noted:

- Personal experiences of some members using 'Ask my GP' and accessing the practices by telephone. The Committee noted that when there was increasing demand and there was insufficient capacity to meet that demand, to ensure that clinical safety was maintained, access through this application was on occasions was switched off, to ensure that urgent requests were not lost. It was noted that as part of the recovery plan there was additional support for practices to improve their internal processes with reference being made to the 8.00am appointment rush. In

Lincolnshire it was noted that several practices had been working on such issues, prior to the government directive. It was noted further that general practice was a national contract and therefore GPs were nationally governed. Reassurance was given that once the digital system was turned off, a receptionist would take down details of any urgent requests and these would be put on the system for a GP to look at and allocate;

- The need for better access to primary care for residents and for better publicity/communication explaining how primary care could be expected to be accessed. There was recognition that there was a message to be delivered to residents in this regard;
- Some concern was expressed to four Care Quality Commission (CQC) reports from October 2022 last year, which had identified one practice as being good, two needing further improvements and one being deemed as being inadequate. Reassurance was given that the ICB Quality Team did visit and work with practices where issues had been identified. In all instances mentioned, the Quality Team had already been working with the practices, prior to the CQC inspection. The Committee noted that other than the four practices highlighted, the ICB was currently working closely with two further practices;

Note Cllr R J Cleaver left the meeting 1.00pm.

- It was noted that practices were proactive in assisting vulnerable groups, from information gathered on the local population;

Note: Cllr S R Parkin left the meeting at 13.02pm.

- From members personal experience, there were suggestions that the current system was not working as well as it could do. It was noted that there was a need to educate patients that the GP model had changed, and that multi-disciplinary teams were now available to help take off the pressure off GPs, to allow them to be able to see the more vulnerable patients with complex needs. There was recognition that more work still needed to be done to understand the concerns and views of the service user;
- The Committee noted that increased costs were having an impact on practices and that the ICB were supporting practices in this regard, i.e. making sure that they were in receipt of funding where appropriate, and adopting more efficient practices etc; and
- That information relating to the number of face-to-face appointments conducted by GPs, as opposed to other healthcare staff in 2019 would be made available in the next report to the Committee on this topic.

RESOLVED

1. That thanks be extended to representatives from the Lincolnshire Local Medical Committee and the NHS Lincolnshire Integrated Care Board for their presentations.

2. That the increase of 43 percent in the number of appointments in GP practice between 2019 and 2023 be welcomed and that support be given to support further measures to enhance access to GP services, such as improved recruitment and retention, and access to funding for additional roles in GP practices.

3. That a further update be received in six months' time.

The meeting closed at 1.42 pm

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Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**19 July 2023**
Subject:	**Chairman's Announcements**

1. Humber Acute Services Programme

The Humber Acute Services Programme is reviewing the acute hospital services provided by Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), and Hull University Teaching Hospitals NHS Trust. In addition to Goole, NLaG provides hospital services at Diana, Princess of Wales Hospital, Grimsby, and Scunthorpe General Hospital. Both of these hospitals are used by Lincolnshire residents. On 3 July 2023, the Humber Acute Services Programme issued its latest newsletter. The key points are set out below:

Content of Humber Services Review Pre-Consultation Business Case

Following discussions between NHS England and the Humber and North Yorkshire Integrated Care Board, which hosts the review team, maternity and neonatal services have been 'decoupled' from Humber Acute Programme, so that a more comprehensive review can be undertaken of these services to reflect on current provision and national developments.

A pre-consultation business case is being prepared for the remaining two services in the programme: urgent and emergency care; and paediatric services. This pre-consultation business case for changes to these services is due to be considered by the North Yorkshire and Humber Integrated Care Board on 12 July 2023.

Next Steps

Once the pre-consultation business case has been approved, it will be submitted to NHS England for its assurance. The review team is intending that this is approved by NHS England during late July and August 2023, so that a full public consultation is likely to begin from September 2023.

Joint Humber and Lincolnshire Health Overview and Scrutiny Committee

In accordance with regulations, a joint committee has been established comprising three members from each of the five local authorities covered by the acute services programme's footprint. In addition to Lincolnshire County Council, the other four councils are: East Riding of Yorkshire Council; Hull City Council; North Lincolnshire Council; and North East Lincolnshire Council. If the consultation timetable goes to plan, a meeting of this joint committee would be expected in September or October. Aside from the statutory consultation role of this joint committee, the Health Scrutiny Committee for Lincolnshire has previously recorded its intention to keep track of developments.

The Likely Content of the Consultation

There has been no definitive statement on the likely content of the pre-consultation business case or the consultation proposals, as pre-consultation engagement activity has been conducted in general terms, rather than on services specific to particular site. However, reports by the Yorkshire and Humber Clinical Senate[1] have been published, and have provided an indication of the likely proposals.

In the most recent Clinical Senate report, the focus was on the configuration of acute services at Diana, Princess of Wales Hospital, Grimsby, and Scunthorpe General Hospital, with the following options:

- Option 1: acute hospital with a trauma unit and a local emergency hospital with an obstetric-led maternity unit.
- Option 2: acute hospital with a trauma unit and a local emergency hospital without an obstetric-led maternity unit.

Either Diana, Princess of Wales Hospital, Grimsby, or Scunthorpe General Hospital will remain as an acute hospital with a trauma unit. One of these two hospitals would be downgraded to a local emergency hospital. It is not clear from the Clinical Senate's report which hospital would be downgraded. There are no proposed changes to Goole District Hospital, with minimal changes to the hospitals operated by Hull University Teaching Hospitals NHS Trust, so the impact of the changes is far greater on Greater Lincolnshire than the East Riding of Yorkshire or Hull.

Appendix B provides some key extracts from the Clinical Senate's report, but it should be read bearing in mind the latest statement from the Humber and North Yorkshire ICB that maternity and neonatal services have been 'decoupled' from Humber Acute Programme.

[1] Clinical senates were established in 2013 on a regional basis as a source of impartial clinical advice for commissioners on their major proposals for health care. Clinical senates comprise independent clinicians and patient representatives and appoint panels to conduct reviews of proposals. Clinicals senate reports are relevant and key consideration for NHS England in its assurance process.

2. Norton Lea, Boston – New Mental Health Hub

A planning application has been approved for Lincolnshire Partnership NHS Foundation Trust's (LPFT's) new 19-bed mixed-gender inpatient ward at the Norton Lea site, London Road, Boston. The project is part of an investment programme to replace outdated dormitory style accommodation, which is currently located at Ward 12, Pilgrim Hospital. In addition, the new site will include other mental health support services, making it a mental health hub for the people of Boston and surrounding areas.

All inpatient rooms in the new inpatient ward will have ensuite accommodation. The design of the new site will give all patients ground floor access to a courtyard, and there will also be a nature garden for patients, something which is proven to offer therapeutic value and to help support recovery.

On 12 October 2023, this Committee recorded its support for the new development. The report and minutes can be found at: Agenda for Health Scrutiny Committee for Lincolnshire on Wednesday, 12th October, 2022, 10.15 am (moderngov.co.uk)

3. United Lincolnshire Hospitals NHS Trust - Clinical Strategy for 2024-2029.

On 30 June 2023, United Lincolnshire Hospital NHS Trust (ULHT) announced that it was beginning the process of developing its new clinical strategy for 2024-29. ULHT has stated that this strategy will bring together the views of staff, patients and the public in setting out an ambitious vision for the future of clinical services in ULHT hospitals, with the aim of providing *Outstanding Care, Personally Delivered*.

As a first step, ULHT is seeking the views of patients, carers and communities across Lincolnshire, to make sure it meets the needs of the local population: please fill in this short survey. The survey closes on Friday 21 July, and the views shared will be used in the next stage of the development of this exciting new strategy. Details were emailed to members of the Committee on 30 June 2023.

4. Non-Emergency Patient Transport Service – East Midlands Ambulance Service

On 1 July 2023, the East Midlands Ambulance Service (EMAS) became the provider of Lincolnshire's non-emergency patient transport service, replacing HTG-UK, formerly known as the Thames Ambulance Service. NHS Lincolnshire Integrated Care Board (ICB), the commissioner of the service, has advised that the service transitioned to EMAS as planned at midnight on 30 June. There are two daily calls in place between staff at the ICB and EMAS to address any teething troubles.

5. Healthwatch Lincolnshire – Annual Report 2022-23

Healthwatch Lincolnshire has published its annual report for 2022-23. Entitled *We're Making Health and Social Care Better* (28 pages), the report highlights that 3,689 people shared their experiences of health and social care with Healthwatch; 3,627 people sought advice and information; there were 36,846 page views on the website; and there was a reach to 371,989 people via Facebook. Healthwatch was supported by 36 volunteers who between them gave 1,657 hours to the activities of Healthwatch.

Healthwatch highlighted the following achievements:

- 336 people shared their views on how they were impact by health inequalities.
- Healthwatch supported the CQC in its development and approach for regulatory assessment of integrated care systems.
- Healthwatch supported the *#BecauseWeAll Care* campaign, which saw 54,000 people come forward to share information on the issues they faced with services.
- Healthwatch's @YourVoice event saw 100 people attend to participate in round table discussions.
- Healthwatch published *So What?*, a report on how providers responded to patient concerns.
- Healthwatch raised concerns at a national level about people's access to NHS dental services.

The full report is available at the following link: Annual Report 2022/2023 - Together we're making Health and Social Care better | Healthwatch Lincolnshire. I would like to congratulate Healthwatch Lincolnshire on their activities during the course of the last year, and look forward to continued involvement with this Committee's activities. I would also like to pay tribute to Sarah Fletcher, who has been Healthwatch's Chief Executive Officer since 2013, and who is leaving the organisation at the end of July 2023.

6. NHS Long Term Workforce Plan – June 2023

On 30 June 2023, NHS England published its Long Term Workforce Plan, 151 pages, which received the full support of the government. The document included an overview, setting out the main initiatives and objectives, which is set out at Appendix B to these announcements. The full NHS England document can be found at NHS England » NHS Long Term Workforce Plan

7. Targeted National Lung Cancer Screening Programme

On 26 June 2023, the Government announced a targeted lung screening programme for people aged 55 to 74 with a history of smoking, at eventual annual cost of £270 million. The programme is expected to detect cancer in as many as 9,000 people from over 900,000 scans each year, and lead to their earlier treatment and in turn improved survival rates. The first phase of the scheme will reach 40% of the eligible population by March 2025, with the aim of 100% coverage by March 2030. The Government states that additional radiographers, due to be appointed as part of the NHS's long term workforce plan, will help to support the programme.

The programme will use GP patient records for those aged 55 to 74 to identify current or former smokers. Patients will have their risk of cancer assessed based on their smoking history and other factors and those considered at high risk will be invited for specialist scans every two years, until they pass the upper age limit.

Lung cancer has one of the lowest survival rates of all cancers, which is largely attributed to often late diagnosis when treatment is much less likely to be effective. Treating cancer early improves people's chance of survival, with 60% of people currently surviving stage 1 cancer for five years or more, compared to 4% surviving for five years at stage 4.

8. National Defibrillator Fund for Community Organisations

On 28 June 2023, the Department of Health and Social Care (DHSC) announced that community organisations would be able to make bids from a national fund of £1 million for a community automated external defibrillator. Interested organisations have been invited to register expressions of interest. Applicants will be asked to demonstrate that defibrillators will be placed in areas where they are most needed, such as places with high footfall, where there are vulnerable people, or in rural areas, or due to the nature of activity at the site.

The DHSC estimates 1,000 new defibrillators will be provided by the fund, with the potential for this to double as successful applicants will be asked to match the funding they receive partially or fully. Organisations can submit an expression of interest here.

9. The Hewitt Review – An Independent Review of Integrated Care Systems

As reported to this Committee on 19 April 2023, *The Hewitt Review – An Independent Review of Integrated Care Systems* was published on 4 April 2023. The Rt Hon Patricia Hewitt had been commissioned by the Secretary of State for Health and Social Care to consider how the oversight and governance of integrated care systems could best enable them to succeed.

On 14 June 2023, the Department of Health and Social Care (DHSC) published its response to the *Hewitt Review*, which was combined with DHSC's response to the House of Commons Health and Social Care Select Committee's report on *Integrated Care Systems: Autonomy and Accountability*. The full DHSC response is available at: Government response to the HSCC report and the Hewitt Review on integrated care systems - GOV.UK (www.gov.uk). The sections relevant to health overview and scrutiny committees are summarised below:

Role of Health Overview and Scrutiny Committees

The Hewitt Review recommended that health overview and scrutiny committees should have an explicit role as 'system' overview and scrutiny committees, and the DHSC should work with local government to develop a renewed support offer to health overview and scrutiny committees and to provide support to integrated care systems, where needed in this respect.
In its response the DHSC has stated that it plans to refresh the guidance later this year to emphasise the role of these committees in scrutinising systems, which will include examples of best practice and reflect existing statutory guidance.

DHSC has also stated in its response that it will work closely with local government and integrated care systems to identify how to support health overview and scrutiny committees on outcome-focused, balanced, inclusive, collaborative and evidence-informed overview and scrutiny of integrated care systems. This support could include providing necessary resources, guidance, and expertise to these committees.

Unlike most other areas in England, Lincolnshire is one health and care system, with one Health Scrutiny Committee, so this means there will be no need for a standing joint health overview and scrutiny committee, which is the likely outcome in other areas.

10. Continuation of Free NHS Prescriptions for People Aged 60 – 66

During 2021, the government held a consultation on whether the availability of free NHS prescriptions should be aligned with the state pension age, currently 66. On 15 June 2023, the government announced that after taking account a number of factors, including current cost of living and increased medical needs due to an ageing population, that free NHS prescriptions would continue from the age of 60.

11. Influenza Vaccination for Secondary School Pupils

On 4 July, the government announced a further expansion of the influenza vaccination programme to include an offer of a free vaccination to secondary school pupils (from years seven to eleven) for the 2023-24 winter season. This expands the previous plans for the winter of 2023-24, in which the vaccine would be offered to all primary school children and pre-school infants. The vaccine will take the form of a nasal spray and be delivered in schools from the beginning of the autumn term. As well as providing young people with extra protection, the government is stressing the importance of the expanded programme provides indirect protection to vulnerable groups, by limiting the spread of the virus.

12. North West Anglia NHS Foundation Trust – Appointment of Chief Executive

On 10 July 2023, North West Anglia NHS Foundation Trust (NWAFT) announced the appointment of Hannah Coffey as its new Chief Executive. Hannah Coffey will join NWAFT on 11 September 2023 and replaces Caroline Walker, who is retiring and will complete her last day at the Trust on 15 September 2023. The Committee usually receives an annual update from NWAFT, and this has been presented by Caroline Walker, since her appointment as Chief Executive in 2018.

Appendix A

Extracts from Yorkshire and Humber Clinical Senate Report[2]

2023 Senate Review – Model of Care Options

The current models of service delivery are presented below in table 1:

Table 1: Current Service Provision

Diana Princess of Wales Hospital, Grimsby	Scunthorpe General Hospital
• 24/7 Emergency Department • Trauma Unit • Assessment Unit • Same Day Emergency Care · • Short Stay • Emergency Surgery • Critical Care and Anaesthetics	• 24/7 Emergency Department • Trauma Unit • Assessment Unit • Same Day Emergency Care • Short Stay • Emergency Surgery • Critical Care and Anaesthetics • Hyperacute Stroke Services
• General Medical In-patients • Care of the Elderly Inpatients • Cardiology, Gastroenterology and Respiratory Inpatients • Trauma Inpatients • Acute Surgery In-patients	• General Medical In-patients • Care of the Elderly Inpatients • Cardiology, Gastroenterology and Respiratory Inpatients • Trauma Inpatients • Acute Surgery In-patients
• Obstetric-led Maternity Unit • Neonatal Level 1 Cots • Neonatal Level 2 Cots • Paediatric Assessment Unit • Paediatric In-patients	• Obstetric-led Maternity Unit • Neonatal Level 1 Cots • Neonatal Level 2 Cots • Paediatric Assessment Unit • Paediatric In-patients
• Day Case Surgery • Elective In-patient Surgery • Outpatient Clinics	• Day Case Surgery • Elective In-patient Surgery • Outpatient Clinics

In response to feedback from the previous Senate reviews in 2020 and 2022, and further subsequent comprehensive evaluations of the models of care under review, the Senate was presented with potential models of care delivered from a hospital configuration involving one hospital in the northern Lincolnshire area being designated as an acute hospital (either Diana, Princess of Wales Hospital or Scunthorpe General Hospital) and the other a local emergency hospital (either Diana, Princess of Wales Hospital or Scunthorpe General Hospital) with

[2] The full title is *Clinical Senate Review of Humber Acute services at Northern Lincolnshire and Goole NHS Foundation Trust and Hull University Teaching Hospitals NHS Trust on behalf of NHS Humber and North Yorkshire Integrated Care Board*. The report was ratified by the Senate in April 2023 and published in May 2023.

enhancement to some services delivered from Hull Royal Infirmary, which would provide additional urgent care services, additional diagnostic and planned services and continue to serve the region as a specialist centre, providing the major trauma centre, as well as increased capacity in the level 3 neonatal intensive care unit. Castle Hill Hospital and Goole District Hospital would remain a specialist elective centre and elective hub respectively.

The Senate was asked to appraise and provide clinical assurance that the models of care are clinically viable, sustainable, provide good quality care and support the improvement of health inequalities. It was also asked to provide assurance that all assumptions and clinical interdependencies have been fully considered. Within the acute and local emergency hospital model, two variations of possible service distribution were presented:

- Option 1: acute hospital with a trauma unit and a local emergency hospital with an obstetric-led unit

- Option 2: acute hospital with a trauma unit and a local emergency hospital without an obstetric-led unit

Option 1 – Acute Hospital with Trauma Unit and a Local Emergency Hospital with an Obstetric Led Unit

Table 2: Acute and Local Emergency Hospital Model with Obstetric-Led Unit on Both Sites

Acute Hospital	Local Emergency Hospital
• 24/7 Emergency Department • Trauma Unit • Urgent Care Service • Acute Assessment / Short Stay • Same Day Emergency Care • Emergency Surgery (24/7) • Critical Care and Anaesthetics	• 24/7 Emergency Department • Urgent Care Service • Acute Assessment / Short Stay • Same Day Emergency Care • Emergency Surgery (Day Case Only)
• General Medical Inpatients • Care of the Elderly Inpatients • Cardiology/Gastroenterology/ Respiratory inpatients > 72 hours • Acute Surgical inpatients	• General Medical Inpatients • Care of the Elderly inpatients
• Obstetric-Led Maternity Unit with Midwifery-Led provision • Neonatal Level 1 Cots • Neonatal Level 2 Cots • Paediatric Assessment Unit • Paediatric Inpatients > 24 hours	• Obstetric-Led Maternity Unit • Neonatal Level 1 Cots • Paediatric Assessment Unit (24/7)
• Facilities for Planned Operations	• Facilities for Planned Operations

Option 2 – Acute Hospital with Trauma Unit and a Local Emergency Hospital without an Obstetric Led Unit

Table 2: Acute and Local Emergency Hospital Model without Obstetric-Led Unit

Acute Hospital	Local Emergency Hospital
• 24/7 Emergency Department • Trauma Unit • Urgent Care Service • Acute Assessment/ Short Stay • Same Day Emergency Care • Emergency Surgery (24/7) • Critical Care and Anaesthetics	• 24/7 Emergency Department • Urgent Care Service • Acute Assessment/ Short Stay • Same Day Emergency Care • Emergency Surgery (Day Case Only)
• General Medical Inpatients • Care of the Elderly Inpatients • Cardiology/Gastroenterology/ Respiratory inpatients > 72 hours • Acute Surgical inpatients	• General Medical Inpatients • Care of the Elderly inpatients
• Obstetric-Led Maternity Unit with Midwifery-Led Provision • Neonatal Level 1 Cots • Neonatal Level 2 Cots • Paediatric Assessment Unit • Paediatric Inpatients > 24 hours	• Paediatric Assessment Unit (24/7)
• Facilities for Planned Operations	• Facilities for Planned Operations

Recommendations

It remains very clear to the Senate that an immense amount of work has been done over the years and that the programme has worked hard at the Humber Acute Services Review. Significant progress has been made since the Senate's last review and the panel members were reassured that most of the panel's previous recommendations had been considered and robustly addressed.

The panel offers up the following recommendations arising from this latest Senate review:

1. The Humber Acute Services team are advised to consult with the Yorkshire Critical Care Network to ensure that it is supportive of the plans to maintain a level two critical care service on the local emergency hospital site.

2. The Senate has made clear that the maintenance of two obstetric units, with the required theatre and midwifery staffing on both sites remains at high risk of being undeliverable/unsustainable. If the Humber Acute Services programme team wishes to consult on the provision of two obstetric-led units there must be a high degree of confidence that they are deliverable and sustainable, including that they can support two staffed theatres on two sites and can recruit and retain the necessary staff.

3. The Humber Acute Services team is advised to maintain focus on health inequalities on an ongoing basis to ensure they are not being made worse by the impacts of the programme.

4. It is advisable to include in the programme an evidence-based view on capturing vulnerable people at "first contact" with services that are accessed, to prevent exclusion.

5. It is strongly recommended to gain an understanding from neighbouring organisations as to whether they can manage the impacts of the potential options.

6. It may be useful for the Humber Acute Services team to undertake and demonstrate modelling undertaken to stress test bed occupancy in the different options to ensure there is sufficient capacity to meet demand.

7. It may be helpful for the Humber Acute Services team to have a clear position that interdependencies will be managed strategically to deliver the ideal interdependencies going forward.

8. Continued engagement with colleagues in the local authority is advised to ensure all elements of the health and social care system are working in tandem towards the same goals and ambitions.

Conclusion

In conclusion, the Senate panel supports the development of an acute hospital and local emergency hospital site model with consolidation of trauma services to the acute hospital site. This is a widely accepted model of modern healthcare and with appropriate supporting infrastructure and robust system wide clinical pathways including standard operating procedures, this would offer safe and sustainable services for patients and staff.

An acute hospital and local emergency hospital model of service delivery in children and adult, medical and surgical services, again affords opportunities to consolidate specialised skills and expertise on one site. With appropriate and standardised care and transfer protocols this model can offer safe and sustainable services for patients and staff the Senate does acknowledge the potential impact on patient access and possibly on neighbouring organisations. These will require further consideration.

The panel does have concerns about the deliverability and longer term sustainability of two fully staffed critical care units and thus two emergency departments and further specialist advice and guidance on this matter is recommended.

The Senate review panel members feel that unless there is a significant degree of confidence that the workforce challenges associated with the provision of two obstetric-led units in northern Lincolnshire can be satisfactorily and sustainably addressed then the option involving one obstetric-led unit appears to be more appropriate. Compliance with national standard and guidance is essential. Both options will be required to comply with national standards.

Finally, the panel members recognise that after public consultation further work will be required on the programme and the Senate would be available to consider the final detailed plans.

Appendix B

Extract from NHS Long Term Workforce Plan (Pages 7 - 11)

Overview of NHS Long Term Workforce Plan

We will ensure the NHS has the workforce it needs for the future.

Train – Grow the workforce

By significantly expanding domestic education, training and recruitment, we will have more healthcare professionals working in the NHS. This will include more doctors and nurses alongside an expansion in a range of other professions, including more staff working in new roles. This Plan sets out the path to:

- Double the number of medical school training places, taking the total number of places up to 15,000 a year by 2031/32, with more medical school places in areas with the greatest shortages, to level up training and help address geographical inequity. To support this ambition, we will increase the number of medical school places by a third, to 10,000 a year by 2028/29. The first new medical school places will be available from September 2025.

- Increase the number of GP training places by 50% to 6,000 by 2031/32. We will work towards this ambition by increasing the number of GP specialty training places to 5,000 a year by 2027/28. The first 500 new places will be available from September 2025.

- Increase adult nursing training places by 92%, taking the total number of places to nearly 38,000 by 2031/32. To support this ambition, we will increase training places to nearly 28,000 in 2028/29. This forms part of our ambition to increase the number of nursing and midwifery training places to around 58,000 by 2031/32. We will work towards achieving this by increasing places to over 44,000 by 2028/29, with 20% of registered nurses qualifying through apprenticeship routes compared to just 9% now.

- Provide 22% of all training for clinical staff through apprenticeship routes by 2031/32, up from just 7% today. To support this ambition, we will reach 16% by 2028/29. This will ensure we train enough staff in the right roles. Apprenticeships will help widen access to opportunities for people from all backgrounds and in underserved areas to join the NHS.

- Introduce medical degree apprenticeships, with pilots running in 2024/25, so that by 2031/32, 2,000 medical students will train via this route. We will work towards this ambition by growing medical degree apprenticeships to more than 850 by 2028/29.

- Expand dentistry training places by 40% so that there are over 1,100 places by 2031/32. To support this ambition, we will expand places by 24% by 2028/29, taking the overall number that year to 1,000 places.

- Train more NHS staff domestically. This will mean that we can reduce reliance on international recruitment and agency staff. In 15 years' time, we expect around 9–10.5% of our workforce to be recruited from overseas, compared to nearly a quarter now.

Retain – Embed the right culture and improve retention

By improving culture, leadership and wellbeing, we will ensure up to 130,000 fewer staff leave the NHS over the next 15 years. We will:

- Continue to build on what we know works and implement the actions from the NHS People Plan to ensure the NHS People Promise becomes a reality for all staff by rolling out the interventions that have proven to be successful already. For example, ensuring staff can work flexibly, have access to health and wellbeing support, and work in a team that is well led.

- Implement plans to improve flexible opportunities for prospective retirees and deliver the actions needed to modernise the NHS Pension Scheme, building on changes announced by the government in the Spring Budget 2023 to pension tax arrangements, which came into effect in April 2023.

- From autumn, recently retired consultant doctors will have a new option to offer their availability to trusts across England, to support delivery of outpatient care, through the NHS Emeritus Doctor Scheme.

- Commit to ongoing national funding for continuing professional development for nurses, midwives and allied health professionals, so NHS staff are supported to meet their full potential

- Support the health and wellbeing of the NHS workforce and, working with local leaders, ensure integrated occupational health and wellbeing services are in place for all staff.

- Explore measures with the government such as a tie-in period to encourage dentists to spend a minimum proportion of their time delivering NHS care in the years following graduation.

- Support NHS staff to make use of the change announced in the Spring Budget 2023 that extended childcare support to working parents over the next three years, to help staff to stay in work.

Reform – Working and training differently

Working differently means enabling innovative ways of working with new roles as part of multidisciplinary teams so that staff can spend more time with patients. It changes how services are delivered, including by harnessing digital and technological innovations. Training will be reformed to support education expansion. We will:

- Focus on expanding enhanced, advanced and associate roles to offer modernised careers, with a stronger emphasis on the generalist and core skills needed to care for patients with multimorbidity, frailty or mental health needs.

- This includes setting out the path to grow the proportion of staff in these newer roles from around 1% to 5% by the end of the Plan by:

  - Ensuring that more than 6,300 clinicians start advanced practice pathways each year by 2031/32. We will support this ambition by having at least 3,000 clinicians start on advanced practice pathways in both 2023/24 and 2024/25, with this increasing to 5,000 by 2028/29.

  - Increasing training places for nursing associates (NAs) to 10,500 by 2031/32. We will work towards this by training 5,000 NAs in both 2023/24 and 2024/25, increasing to 7,000 a year by 2028/29. By 2036/37, there will be over 64,000 nursing associates working in the NHS, compared to 4,600 today.

  - Increasing physician associate (PA) training places to over 1,500 by 2031/32. In support of this, around 1,300 physician associates (PAs) will be trained per year from 2023/24, increasing to over 1,400 a year in 2027/28 and 2028/29, establishing a workforce of 10,000 PAs by 2036/37.

- Grow the number and proportion of NHS staff working in mental health, primary and community care to enable the service ambition to deliver more preventative and proactive care across the NHS. This Plan sets out an ambition to grow these roles 73% by 2036/37.

- Work with professions to embrace technological innovations, such as artificial intelligence and robotic assisted surgery. NHS England will convene an expert group to identify advanced technology that can be used most effectively in the NHS, building on the findings of the Topol Review.
- Expand existing programmes to demonstrate the benefits of generalist approaches to education and training and ensure that, at core stages of their training, doctors have access to development that broadens their generalist and core skills.
- Work with partners to ensure new roles are appropriately regulated to ensure they can use their full scope of practice, and are freeing up the time of other clinicians as much as possible – for example, by bringing anaesthesia and physician associates in scope of General Medical Council (GMC) registration by the end of 2024 with the potential to give them prescribing rights in the future.
- Support experienced doctors to work in general practice under the supervision of a fully qualified GP. We will also ensure that all foundation doctors can have at least one four-month placement in general practice, with full coverage by 2030/31.
- Work with regulators and others to take advantage of EU exit freedoms and capitalise on technological innovation to explore how nursing and medical students can gain the skills, knowledge and experience they need to practise safely and competently in the NHS in less time. Doctors and nurses would still have to meet the high standards and outcomes defined by their regulator.
- Support medical schools to move from five or six-year degree programmes to four-year degree programmes that meet the same established standards set by the GMC, and pilot a medical internship programme which will shorten undergraduate training time, to bring people into the workforce more efficiently so that in future students undertaking shorter medical degrees make up a substantial proportion of the overall number of medical students.
- The Plan is based on an ambitious labour productivity assumption of up to 2% (at a range of 1.5–2%). This ambition requires continued effort to achieve operational excellence, reducing the administrative burden through technological advancement and better infrastructure, care delivered in more efficient and appropriate settings (closer to home and avoiding costly admissions), and using a broader range of skilled professionals, upskilling and retaining our staff. These opportunities to boost labour productivity will require continued and sustained investment in the NHS infrastructure, a significant increase in funding for technology and innovation, and delivery of the broader proposals in this Plan.

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 NHS East Midlands Primary Care Team and NHS Lincolnshire Integrated Care Board

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**19 July 2023**
Subject:	**NHS Dental Services in Lincolnshire**

Summary:

This report provides an update to the Health Scrutiny Committee for Lincolnshire on NHS dental services in the county. This follows the Committee's previous consideration of an update in January 2023. The report covers:

- the national NHS dental contract;
- where NHS dental services are located, including special dentistry and intermediate minor oral surgery;
- charges for NHS dental services;
- access to dental services in Lincolnshire;
- private dentistry;
- commissioning and procurement plans; and
- collaborative working.

Representatives from Lincolnshire ICB and East Midlands Primary Care Team will be present at the Lincolnshire HOSC meeting

Actions Requested:

To consider the information presented on NHS dental services in Lincolnshire.

1. Background

1.1 The Health Overview Scrutiny Committee for Lincolnshire received reports on the Lincolnshire Dental Strategy and Collaborative Commissioning in January 2023 and requested a further briefing in six months to provide:

- an update and comparable position on NHS dentistry access for Lincolnshire
- dental contract background
- and impact of Bupa Skegness Practice closure and other potential service changes.

1.2 Further to the last update in January 2023, the commissioning of all NHS dental services was fully delegated to Lincolnshire Integrated Care Board (ICB) on 1 April 2023. A governance structure has been agreed that enables the ICB to set the annual plan and strategic direction of the Dental function and make localised decisions where possible, whilst the current dental commissioning team (who are hosted by Nottingham and Nottinghamshire ICB on behalf of the 5 ICBs in the East Midlands) are enabled to deliver day to day contracting and commissioning functions. The process has been designed to ensure minimal disruption and smooth transition to support both services and patients.

1.3 The report has been compiled by East Midlands Primary Care Team senior commissioning manager (working on behalf of Lincolnshire ICB) and Lincolnshire ICB.

2. National NHS Dental Contract

2.1 Lincolnshire ICB is responsible for commissioning all NHS dental services including those available on the high street (primary care dental services), specialist dental services in primary care e.g. Intermediate Minor Oral Surgery (IMOS) and Community Dental Services (CDS) as well as from Hospital Trusts. Private dental services are not within the scope of responsibility for Lincolnshire ICB.

2.2 Although Lincolnshire ICB is responsible for commissioning all NHS general dental services, there are the limitations of the current national contract which may impact on the level of local flexibility which can be applied.

2.3 The current NHS dental contract for primary and community dental care was introduced in 2006. Prior to that, dentists could choose to set up a dental practice anywhere in the country. They could also see and treat as many patients who attended, and they claimed for each element of the dental treatment that was carried out under the old 'Items of Service' contracting arrangements e.g. if a patient had two fillings, the dentist was paid twice the unit cost of a filling etc. However, the old dental contract did not work for various reasons, therefore, there was a reference period in 2005 which determined how many Units of Dental Activity (UDAs) each NHS dental practice that existing at that time would be allocated per annum and it was no longer possible for dentists to set themselves up as an NHS provider on an ad hoc basis. Any new NHS dental service had to be specifically commissioned by the then Primary Care Trusts (PCTs) within their capped financial envelope.

2.4 In effect, the former PCTs, and subsequent commissioners 'inherited' those practices that were already in existence and that wished to continue to provide NHS dentistry under the new contracting arrangements. Sadly, a number of dental practices opted out of the NHS to become fully private at this time as they did not feel that the new UDA system would adequately recompense them for their work. This had a significant impact on the number of NHS dental appointments available. The PCT had no control over where these 'inherited' dental practices were situated or over the number of UDAs commissioned in each geographical area. Hence, capacity did not (and in some areas continues to not) necessarily meet demand. Although there have been significant population changes in subsequent years, the number of UDAs commissioned (which is set contractually and cannot be amended without the agreement of both parties) has not always increased/decreased accordingly in order to meet the changing demand and need.

2.5 Unlike General Medical Practice (GMP), there is no system of patient registration with a dental practice and patients are free to choose to attend any dental practice, regardless of where they live. Although dental practices are aware of this, there is still some misconception amongst the public regarding patient registration with dental practices. Dental practices are responsible for patients who are undergoing dental treatment under their care and once complete (apart from repairs and replacements that are guaranteed for twelve months and can be replaced with the same treatment), the practice has no ongoing responsibility. However, people often associate themselves with a specific dental practice and are seen as "regular" patients of a dental practice. Many dental practices may refer to having a patient list or taking on new patients, however there is no registration in the same way as for GMP practices and patients are theoretically free to attend any dental practice that has capacity to accept them for a course of treatment.

2.6 Prior to the pandemic, patients would often make their 'dental check-up appointments' at their 'usual or regular dental practice'. During the pandemic, contractual responsibilities changed, and practices were required to prioritise:

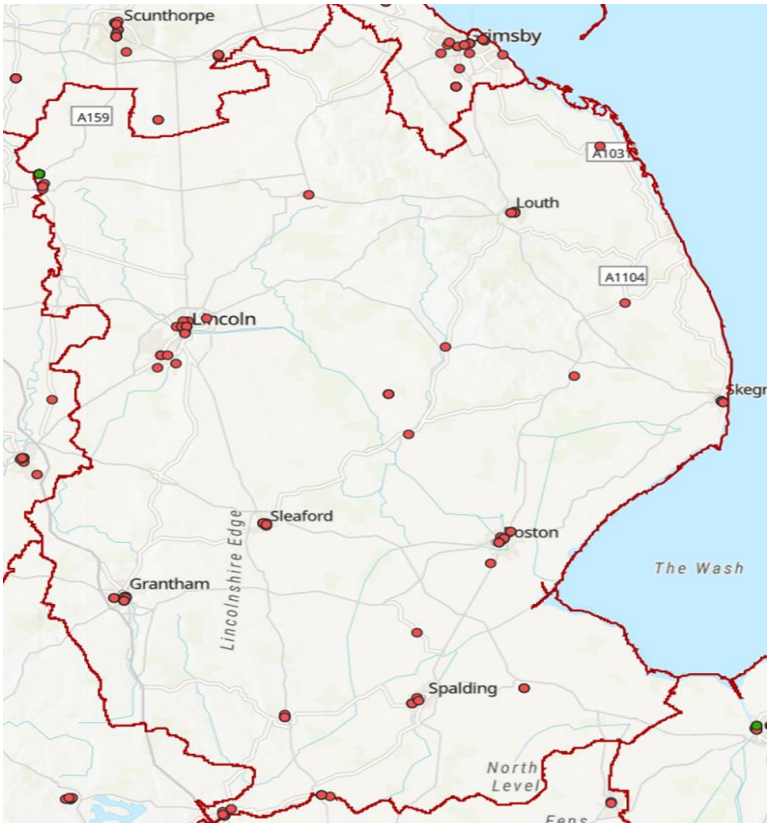
- urgent dental care
- vulnerable patients (including children)
- those at higher risk of oral health issues

For many practices, there has not been sufficient capacity to be able to offer routine dental check-up appointments to all those seeking access.

3 NHS Dental Services Across Lincolnshire

3.1 NHS General Dental and Orthodontic Services

3.1.1 The map below shows the 55 NHS dental practices spread across Lincolnshire who provide general and orthodontic dental services.



- North Kesteven: 4
- South Kesteven: 12
- Lincoln: 11
- East Lindsey: 12
- West Lindsey: 5
- Boston: 6
- South Holland: 5

3.1.2 Fourteen of these also provide NHS orthodontic services:

- North Kesteven: 1
- South Kesteven: 7
- Lincoln: 3
- East Lindsey: 1
- West Lindsey: 1
- Boston: 0
- South Holland: 1

There are also two specialist NHS orthodontic practices based in:

- Boston
- Spalding

3.2 Extended Hours, Urgent Dental Care and Out of Hours

3.2.1 Extended or out of hours cover is provided by three 8-8 NHS dental contracts:

- Lincoln
- Sleaford
- Spalding

These are NHS dental practices which provide access to patients from 8am to 8pm every single day of the year (365 days) and provide both routine and urgent dental care.

3.2.2 There are an additional seven NHS dental practices which offer extended or out of hours cover during weekdays, weekends, and certain bank holidays for both routine and urgent care:

- Boston
- Gainsborough
- Louth
- Lincoln
- Sleaford
- Skegness

3.2.3 Out of hours dental services only provide urgent dental care. Urgent dental care is defined into three categories as shown in Table 1 along with best practice access timelines for patients to receive self-help or face to face care.

Table 1: Triage category and associated timescale in relation to dental need

Triage Category	Timescale
Routine Dental Problems	Provide self-help advice and access to an appropriate service within 7 days, if required. Advise patient to call back if their condition deteriorates
Urgent Dental Conditions	Provide self-help advice and treat patient within 24 hours. Advise patient to call back if their condition deteriorates
Dental Emergencies	Provide contact with a clinician within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition

3.2.4 If a person has a regular dental practice and requires urgent dental care:

- During surgery hours, they should contact their dental practice directly.
- Out of hours, they should check their dental practice's answer machine for information on how to access urgent dental care. Most people are signposted to contact NHS 111 (interpreters are available).
- For deaf people, there is also the NHS 111 BSL Service (alternatively, they can also call 18001 111 using text relay). There is also an online option for contacting NHS 111 that will often be quicker and easier than phoning.

3.2.5 If a person does not have a regular dental practice and requires urgent dental care, they can contact:

- any NHS dental practice during surgery hours to seek an urgent dental appointment and this would be dependent on the capacity available at each dental practice on any given day. They can use the Find a Dentist facility on the NHS website
- NHS 111, either online or on the phone (interpreters are available). For deaf people, there is also the NHS 111 BSL Service (alternatively, they can also call 18001 111 using text relay)
- Healthwatch Lincolnshire

3.2.6 Patients with dental pain should not contact their GP or attend A&E as this could add further delays in gaining appropriate dental treatment as both GP and A&E services will be redirecting such patients to a dental service.

3.3 People who require urgent out-of-hours dental care can attend any service in the Lincolnshire area, the nearest 8am to 8pm, 365 days sites are as follows:

- Lincoln
- Sleaford
- Spalding

Extended access sites are:

- Boston
- Gainsborough
- Lincoln
- Louth
- Sleaford
- Skegness

At times of peak demand, patients may have to travel further for treatment depending on capacity across the system.

3.4 Community (Special Care) Dental Service

3.4.1 The Lincolnshire Community (Special Care) Dental Services provides dental treatment to patients whose oral care needs cannot be met through NHS primary dental care due to their complex medical, physical, or behavioural needs. The service uses behavioural management techniques and follows sedation and general anaesthesia (GA) pathways. Dentists and/or health care professionals can refer into the service. There is one dental provider (CDS-CIC) treating children and adults from seven clinics across Lincolnshire:

- Louth
- North Hykeham
- Skegness
- Boston
- Grantham
- Spalding
- Gainsborough

3.4.2 The GA pathway for children and special care adults is managed between CDS-CIC and the United Lincolnshire Hospitals NHS Trust (ULHT) which is commissioned on a system area footprint.

3.4.3 CDS-CIC are also commissioned to provide NHS dental care and treatment for those who are unable to leave their own home or care home. Some limited dental care can be provided in a person's own setting such as a basic check-up or simple extraction, but patients may still need to travel into a dental surgery (as this is the safest place) to receive more complex dental treatment. If such patients require a dental appointment, they or their relative/carer can contact the local domiciliary provider via NHS 111 or access the Community Dental Services Lincolnshire Clinics website for information on how to refer.

3.5 Intermediate Minor Oral Surgery (IMOS) Service

3.5.1 The IMOS service is a specialist referral service in primary care providing complex dental extractions for Lincolnshire patients over the age of 16 years who meet the clinical criteria. There are four providers across Lincolnshire:

- Boston
- Lincoln
- Grantham
- Gainsborough

3.6 Secondary care dental services e.g. Orthodontics, Oral Surgery, Oral Medicine, Maxillofacial are commissioned from ULHT to deliver complex dental (often multi-disciplinary) treatment to patients who meet the clinical criteria in line with the NHS England Commissioning Guides. Activity and contract values are agreed annually with acute trusts.

4 NHS Dental Charges

4.1 Dentistry is one of the few NHS services where patients pay a contribution towards the cost of NHS care. The current charges are:

- **Emergency dental treatment – £25.80** This covers emergency dental care such as pain relief or a temporary filling.
- **Band 1 course of treatment – £25.80** This covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.
- **Band 2 course of treatment – £70.70** This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth but not more complex items covered by Band 3.
- **Band 3 course of treatment – £306.80** This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.

More information on understanding NHS dental charges is available here. All NHS dental practices have access to posters and leaflets that should be displayed prominently.

4.2 Exemption from NHS charges is when patients do not have to pay these costs for instance when receiving certain benefits. If this is the case, then proof of entitlement would need to be presented at the NHS dental practice. It is the patient's responsibility to check whether they are entitled to claim for free dental treatment or prescription. Financial support is also available for patients on a low income through the NHS Low Income Scheme.

5 NHS Dental Access

5.1 Restoration and recovery of NHS dental services since the Covid-19 pandemic has enabled dental practices to deliver increasing levels of dental activity, however the backlog of NHS dental care which has accumulated during the period where dental services have not operated at full capacity has been recognised.

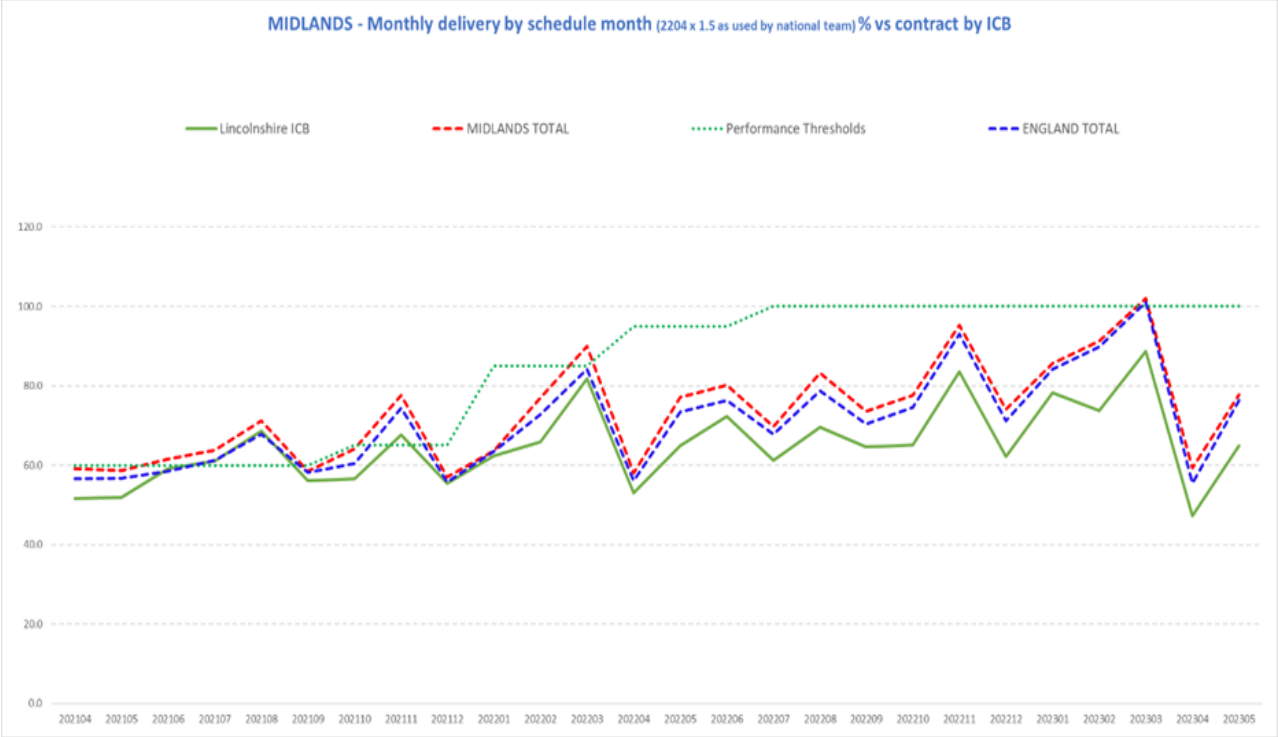
5.2 From 1 July 2022 primary care dental services had returned to usual contracting arrangements. This was in line with the Government's Living with Covid-19 strategy, and the removal of the dental standard operating procedure (SOP) from 1 April 2022. A temporary further period of income protection was in place for the first quarter of 2022/23 (1 April to 30 June 2022) for dental contractors delivering mandatory services, with the exception of practices that have exited the prototype programme, where income protection was in place throughout 2022/23.

5.3 NHS England have issued recent national guidance in June 2023, that due to the Covid-19 restrictions in place at the start of the year, dental contractors have continued to experience challenges in contract delivery as a consequence of the pandemic. This guidance sets out that on an exceptional basis for 2022/23 only, a revised contract tolerance of 90% for UDA based contracts will be in place, to support practices by reducing financial recovery in 2023, and to create an extended recovery period by prioritising

capacity towards patients who have been unable to access care as the NHS emerges from the pandemic.

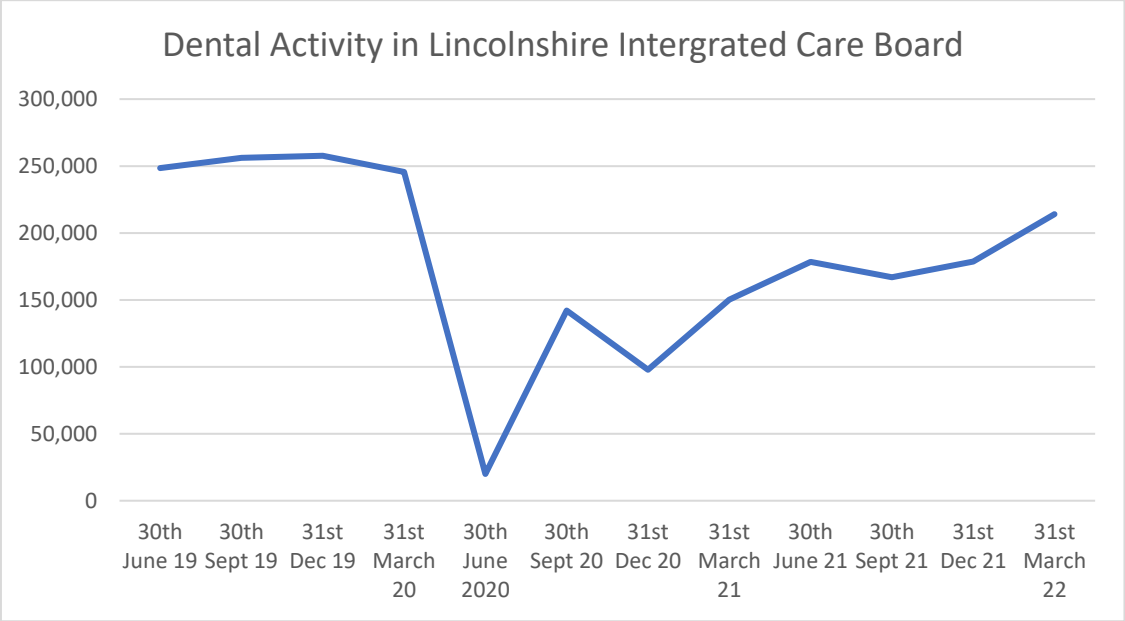
5.4 Figure 1 below shows the contract activity delivery trend for Lincolnshire ICB from April 2021 to May 2023. The graph indicates dental activity in May 2023 for Lincolnshire ICB is 65%, this is below Midland average of 78% and national average of 76%. This is a fall from March 2023, when the dental activity for Lincolnshire ICB was 88% however this is below the Midlands average of 102% for the final scheduled month of the 2022/23 financial year.

Figure 1 - Delivery trend for Lincolnshire ICB since the pandemic (April 2021 to May 2023)



5.5 Figure 2 below shows the Units of Dental Activity delivered by NHS dental practices within Lincolnshire ICB, by 31 March 2022, NHS dental practices in Lincolnshire had recovered 86% of pre-pandemic dental activity.

Figure 2: Units of Dental Activity in Lincolnshire ICB pre and post the pandemic



5.6 As at May 2023, the level of retained patient access seen over a rolling twelve-month period in Lincolnshire ICB is 84% of pre pandemic levels, this is lower than the Midlands rate of 93%.

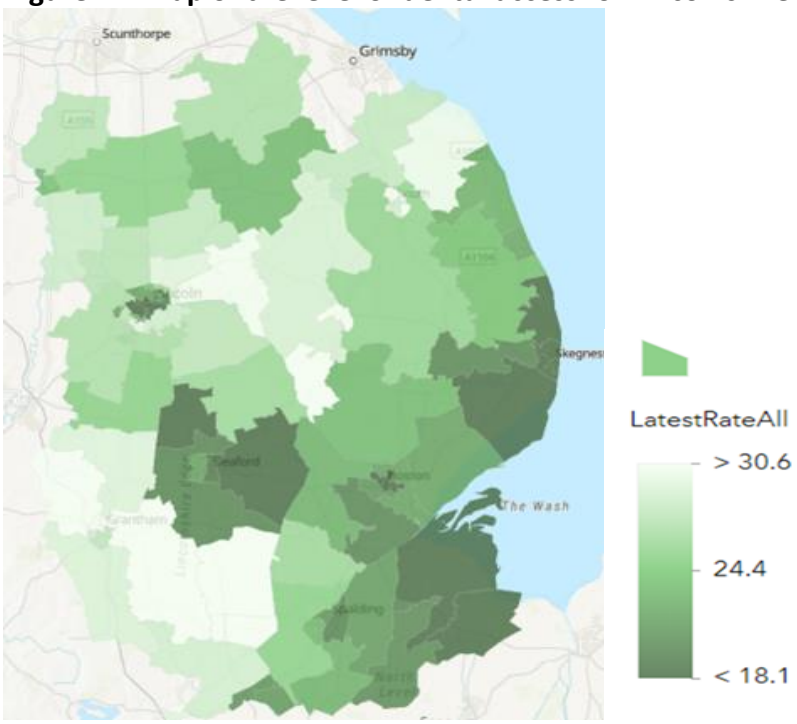
5.7 Figure 3 shows the overall dental access rates (July 2022- December 2022) for Lincolnshire ICB which indicates 24.3% of the total population are accessing NHS dental care, this is higher than the national average of 23.96%.

Figure 3 Overall access rates for Lincolnshire ICB (July – December 2022)

Group	Population Accessing NHS Dentistry	Total Population	Access Rate	Comparison to National Average
All	186,429	766,333	**24.3%**	higher
Adults	133,970	619,001	**21.6%**	higher
0-17	52,505	147,332	**35.6%**	lower

5.8 Figure 4 below is a visual graph which shows the level of dental access for Lincolnshire ICB by Middle Super Output Area (July to December 2022), the darker the shade the lower the rate of access, this demonstrates that the level of access is the most challenging on the East Coast, South Holland, North Kesteven, Boston and areas within Lincoln City and better rates of access in South Kesteven, East Lindsey and West Lindsey.

Figure 4 – Map of the level of dental access for Lincolnshire ICB



5.9 Figure 5 below shows the number of adults in Lincolnshire who have received NHS dental care in the 24 months preceding the quarter end date, the % of adult population seen in the preceding 24 months and age band of the adults and Figure 6 shows the number of children in Lincolnshire who have received NHS dental care in the twelve months preceding the quarter end date, the % of children seen in the preceding twelve months and age band of the children.

Figure 5 – Adults in Lincolnshire who have received NHS Dental Care in the 24 months preceding the quarter end date – from June 2017 to June 2022

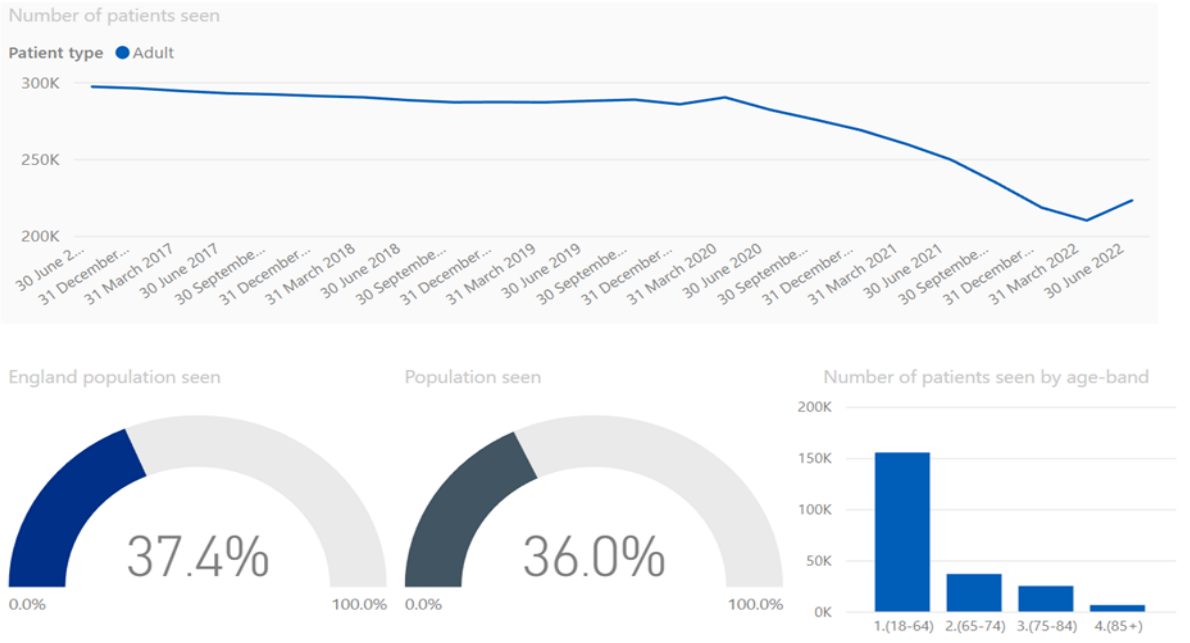
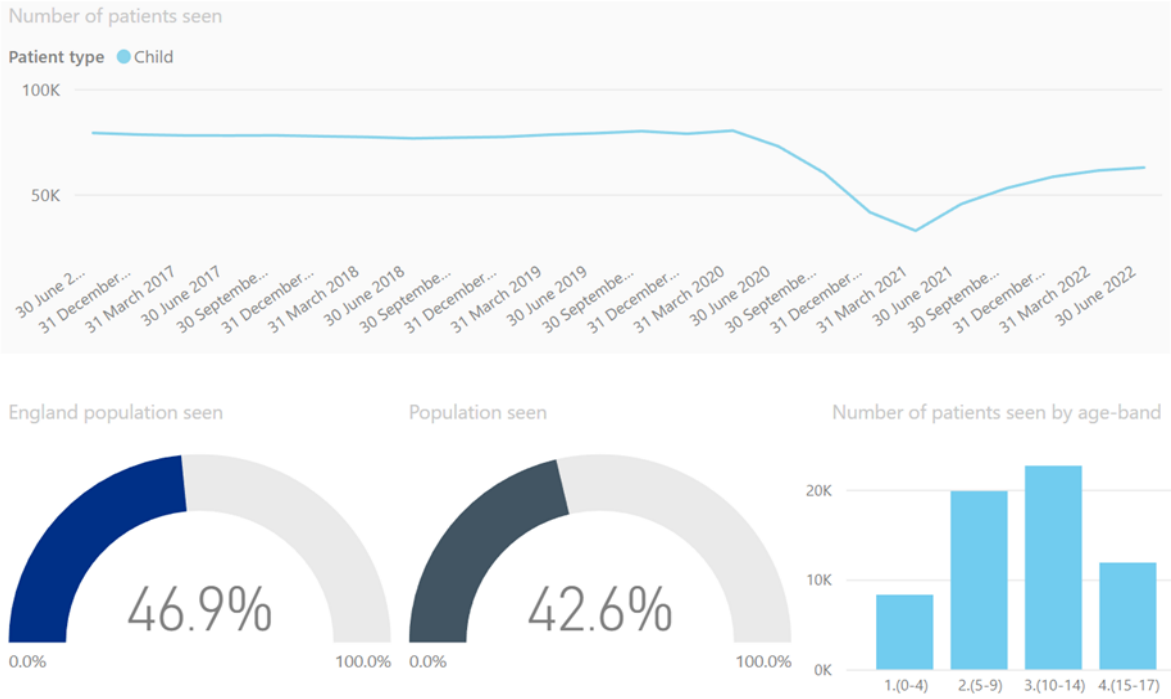
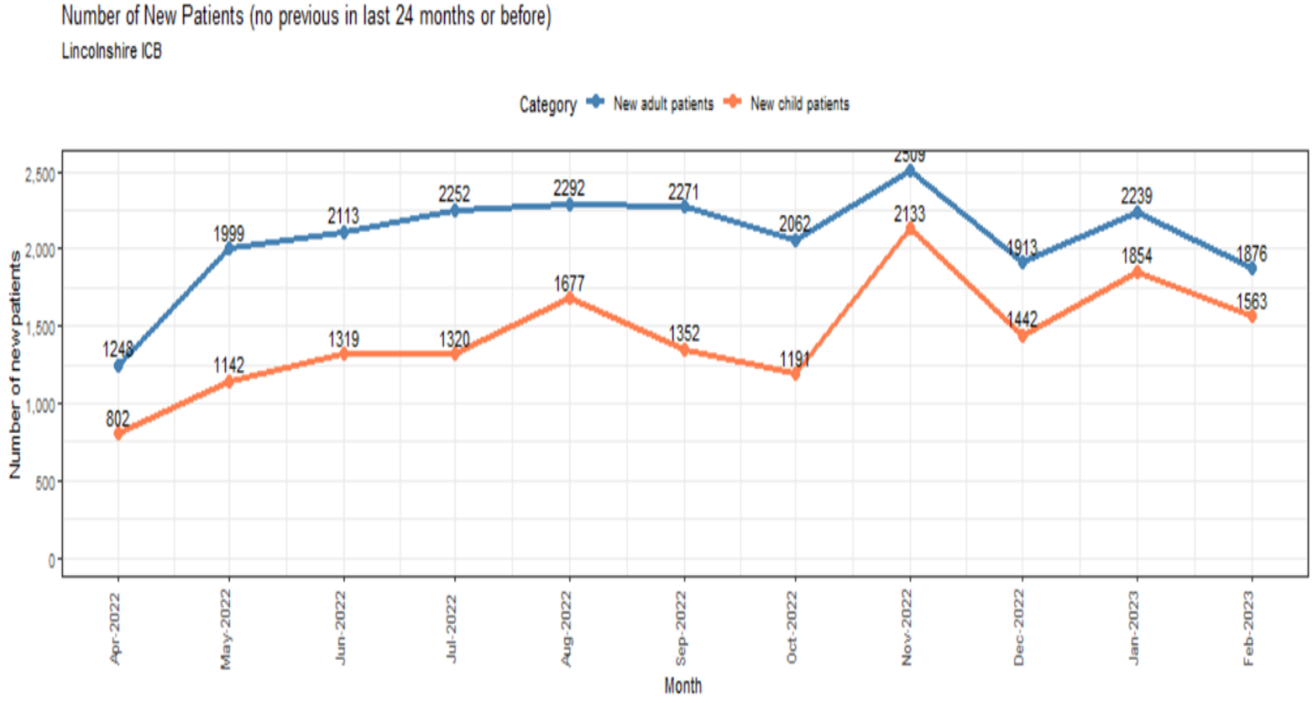


Figure 6 – Children in Lincolnshire who have received NHS Dental Care in the 12 months preceding the quarter end date – from June 2017 to June 2022



5.10 Figure 7 below shows the count of new patients seen (not been seen previously in the last 24 months) between April 2022 to February 2023 for adults and children in Lincolnshire ICB.

Figure 7 – Number of new patients seen (April 2022 – February 2023)



5.11 The National Institute of Health and Care Excellence (NICE) does not support routine 6-monthly dental check-ups universally for all patients. NICE guidelines recommend dental recall is based on an oral health needs assessment for each patient. The recall interval can range from 3 to 24 months depending on the patient's age and oral health status, it should be discussed and agreed with the patient and reviewed at each oral health review appointment.

5.12 It was estimated that across the Country there has now been the equivalent of a year's worth of appointments lost in primary care dentistry since the start of the pandemic. The effects have been similar in community and hospital care due to restricted capacity from staff absences or re-deployment to support COVID-19 activities.

5.13 It is acknowledged that overall Lincolnshire have not met the revised contracted activity threshold set for 2022/23, which does raise concern regarding reaching the activity threshold of 100% contracted activity for 2023/24.

6 Private Dentistry

6.1 Private dental services are not within the scope of responsibility for Lincolnshire ICB, therefore, the ICB are unable to provide any information on activity uptake within the private dentistry sector.

6.2 It should be noted that dental practitioners are independent contractors to the NHS and therefore many dental practices operate a mixed private/NHS model of care.

6.3 Some patients who have previously accessed dental care privately may now be seeking NHS dental care due to financial problems related to the current economic situation. This may place additional pressure on NHS services at a time when capacity is still constrained. Although these patients are eligible for NHS dental care, they may have difficulty in finding an NHS dental practice with capacity to take them on.

6.4 There have been anecdotal reports of some practices reluctance across Lincolnshire in offering NHS appointments (particularly routine) and instead offering the option to be seen earlier as a private patient. Lincolnshire ICB does not support any stances of pressuring patients into private dental care. Any such concerns can be raised via a complaint about any specific practice/s by contacting the ICB via email licb.feedbacklincolnshireicb@nhs.net or telephone 01522 309299.

7 Dental Contract Hand-Backs

7.1 Since April 2022, four contract terminations have been received including Bupa Skegness following the announcement by Bupa Dental Care on 28 March 2023 of their decision to consolidate their UK dental portfolio.

7.2 Providers have stated the challenges they have been facing with recruitment of dentists to deliver NHS care. This can be seen from both contractual performance and the number of patients treated as practices may not have been able to provide the access to NHS dental services, they would like due to the workforce position. Workforce including recruitment and retention is one of the four themes within the Lincolnshire Dental Strategy that was previously presented to the Committee in January 2023. Work is continuing to develop and agree the action plan from the strategy document with partners and stakeholders for this workstream.

7.3 As part of the dental termination process, the NHS dental practices that are handing back their NHS activity must agree a communication letter for their patients with the commissioner. This letter notifies patients that the dental practice will no longer be providing NHS dental care and provides appropriate sign posting on how to continue gaining access to NHS dental care from elsewhere. This provides assurance to the commissioner that there is no inappropriate/forced signup to private dental services and enables informed patient choice.

7.4 Any dental activity from a terminated contract will not be lost. The ICB, East Midlands Primary Care Team and Dental Public Health colleagues continue to review the dental access data and understand the impact for patients. The normal process for terminations is to undertake a review and recommission the dental activity by dispersal to local dental practices surrounding the terminated contract or via a full procurement process.

7.5 To support patients in accessing dental services in East Lindsey whilst long term procurement plans are developed for Skegness, interim urgent dental care sessions have been commissioned for a 24-month period from July 2023 to incumbent providers within the locality. It is expected that the additional services could provide approximately 4,380 patients per annum with urgent dental care. The urgent dental care sessions commissioned will be delivered from existing dental practices in Skegness, Louth and Woodhall Spa in addition to their current contract activity arrangements. We continue to explore other options for additional activity and urgent dental care provision in Skegness and the surrounding area.

8 NHS Dental Services Recovery Initiatives 2022/23

8.1 To support access to dental services within Lincolnshire ICB a number of access initiatives have been undertaken:

- Weekend Sessions – To enable dental providers to see and treat more patients than they have capacity for during their normal contractual opening hours.

- Additional Orthodontic Case Starts - To address lengthy waiting times for orthodontic treatment which has been exacerbated by to the CV19 pandemic.

- Community Dental Services (CDS) Support Practices – To relieve pressure on Community Dental Services by securing additional capacity in child friendly CDS Support Practices, thus freeing up the specially trained staff in the CDS so that they can focus on using the skills to deal with the most complex cases and increase access for children.

- Oral Health Promotion and Improvement
  - Recurrent investment of £150,000 for a 2-year period has been allocated to LA to ensure that local people have access to the information and support they need to maintain good oral health.
  - Non recurrent investment of £40,000 to support distribution of toothbrushing packs to food banks and other venues.

- Golden Hello Scheme for Dentists - To assist local NHS dental providers in the recruitment and longer-term retention of dentists in Lincolnshire where the recruitment of additional dentists is most challenging. The overarching aim of the scheme is to increase the number of dentists in targeted areas and ultimately increase local NHS dental access for patients. Under the terms of this scheme, a lump sum Golden Hello payment of up to £15,000 will be available for each eligible new full-time NHS dentist recruited within the target area from non-targeted areas. Invites and scheme criteria have been cascaded to all existing NHS primary care general dental providers within Lincolnshire via Expression of Interest (EOI) process and there are a number of applications for this scheme on-going with providers in the area.

- Non recurrent investment to support IMOS providers in reducing waiting times for patients to be seen within 6 weeks of referral into the specialist service.

- Non recurrent investment to support waiting list initiatives for Lincolnshire Community (Special Care) Dental Service (CDS-CIC) to run additional sessions for new referrals, first and follow up appointments for patients with open courses of treatment.

8.2 A continuation of current investment schemes is envisaged for 2023/24 with additional planned schemes. Commissioning objectives, priorities, and investment plan for the financial year 2023/24 will be shared with all 5 East Midlands ICBs via governance meetings in July 2023 for approval.

9 Commissioning and Procurement Plans

9.1 <u>Lincolnshire Dental Strategy</u>

9.1.1 In 2022, as part of the transition of the delegation of dental commissioning from NHS England (NHSE) to Lincolnshire ICB in April 2023, Lincolnshire ICB approached NHSE to facilitate the co-development of a three-year dental strategy for Lincolnshire to drive improvements in oral health and access to dental care services.

9.1.2 The aim of the strategy is to provide a roadmap for the ICB and its partners of the plan of action needed over the next three years to achieve these improvements. Its production requires a collaborative approach, working with stakeholders, colleagues, and organisations across Lincolnshire to create a joined-up integrated whole system dental strategy that delivers on better oral health and care for communities across Lincolnshire.

9.1.3 The strategy has developed four key pillars: Developing the Dental Workforce, Improving Access to Dental Services, Increasing the Focus on Prevention and Strengthening the Integration of Oral Health into Wider Health Care Services.

9.1.4 The strategy is now progressing with partners, a meeting was held in June 2023 to review the strategy and workplan and to further proceed to establish joint project leads, future governance arrangements and development of staged and detailed implementation and delivery plan for all the four workstream pillars that were highlighted above.

9.2 National Dental Contract Reform

9.2.1 National dental contract reform changes were announced in July 2022, this represented the first significant change to the dental contract since its introduction in 2006. The shift in the emphasis of financial reward, and the re-orientation of clinical activity to those patients who need it most, focuses on improving access to NHS dental care aim to make a real difference to patients:

- Introducing enhanced units of dental activity (UDAs) to support higher needs patients, recognising the range of different treatment options currently remunerated under Band 2.
- Producing supportive material for patients, the public and dental teams around the National Institute for Health and Care Excellence recall intervals and introducing an extra field on the FP17 form to help peer review and monitoring of adherence to personalised recall intervals.
- Establishing a new minimum indicative UDA value.
- Addressing misunderstandings around use of skill mix in NHS dental care, whilst removing some of the administrative barriers preventing dental care professionals from operating within their full scope of practice.
- Taking steps to maximise access from existing NHS resources, including through funding practices to deliver more activity in year, where affordable.
- Improving information for patients by requiring more regular updating of the directory of service

9.3 Strategic Review of Dental Access and Procurement

9.3.1 A strategic review of dental access is underway for 2023/24 and the team have access to a new mapping tool which will help to identify local areas which may have specific issues in order to assist with a more targeted approach in tackling them. This review will also incorporate the findings of the Rapid Oral Health Needs assessment that was undertaken by Lincolnshire County Council and will be developed in conjunction with the Dental Public Health consultant and Local Dental Network (LDN) chair.

9.3.2 The review recommendations will inform the general dental services procurement programme and commissioning requirements for Lincolnshire ICB which will need to be incorporated into a workplan for 2023/24.

9.3.3 A procurement exercise is currently being undertaken to secure a new provider of NHS Dental Services in the Mablethorpe area. Whilst the re-commissioning of general dental services continues, urgent NHS dental care sessions continue to be delivered from Marisco Medical Centre in Mablethorpe until November 2023.

9.3.4 Flexible Commissioning aims to refocus a section of existing commissioned activity to increase capacity to deliver specific programmes or incentivise activity. We are currently scoping options for Flexible Commissioning for consideration to offer and widen schemes to support the introduction of local flexibility across all the five ICBs within the East Midlands.

9.3.5 The ICB are aware of the limited number of Specialist Orthodontic Providers within Lincolnshire and are reviewing longer term commissioning intentions and plans to commission new Orthodontic services. This is being reviewed on an East Midlands level and will be prioritised by area of urgent need.

9.3.6 If the commissioner receives requests to terminate orthodontic contracts or the orthodontic element of a mixed general dental services contract, there is a commitment to manage the relevant close downs to ensure that provision of services remain for patients currently within treatment to be able to complete the orthodontic course of treatment.

10 Collaborative Working

10.1 The local dental commissioning team supporting the ICB works collaboratively with Public Health colleagues in Lincolnshire County Council around prevention initiatives linked to oral health improvement. Within Lincolnshire, a wide range of preventative interventions are taking place to improve oral health led by the Oral Health Alliance Group who coordinate this work across the Lincolnshire system. This covers the three stages of prevention (primary, secondary, and tertiary) and a range of interventions, for example, behaviour changes that support oral health (for example, improving oral hygiene, supporting people to stop smoking and reducing harmful alcohol consumption).

10.2 There have been regular meetings with the profession via the Local Dental Committee.

10.3 There is a Local Dental Network (LDN) covering Lincolnshire with a LDN Chair in place and a number of East Midlands Managed Clinical Networks (groups of local clinicians) who continue to meet virtually to plan care and agree good practice guidance to support practices in managing their patients.

10.4 The local dental commissioning team continue to work with colleagues in the Communications team to draft a series of stakeholder briefings to update key partners and the public on the situation with respect to NHS dental services. Please see Appendix 1 which contains examples of recent tweets shared by the NHS England Communication Team.

10.5 We continue to engage with Healthwatch Lincolnshire via the East Midlands Healthwatch meetings and where intelligence is shared on local concerns or on difficulties people may be having accessing NHS dental services.

11 Supporting Information

Examples of tweets shared by the NHS England Communication Team are set out in Appendix A to this report.

12 Consultation

This is not a direct consultation item.

13 Conclusion

The Committee is requested to consider the information presented on behalf of the NHS East Midlands Primary Care Team and NHS Lincolnshire Integrated Care Board, on the following topics:

- the national NHS dental contract;
- where NHS dental services are located;
- charges for NHS dental services;
- access to dental services in Lincolnshire;
- private dentistry;
- commissioning and procurement plans; and
- collaborative working.

14 Appendices

These are listed below and attached at the back of the report	
Appendix A	Examples of Tweets Shared by the NHS England Communication Team

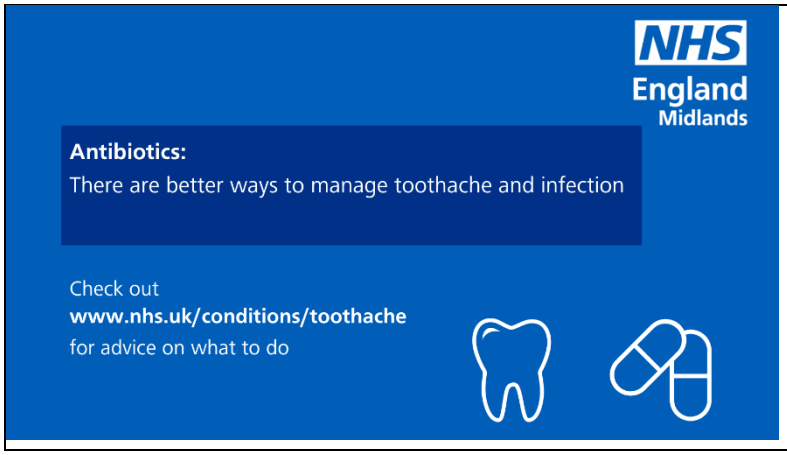
15 Background Papers

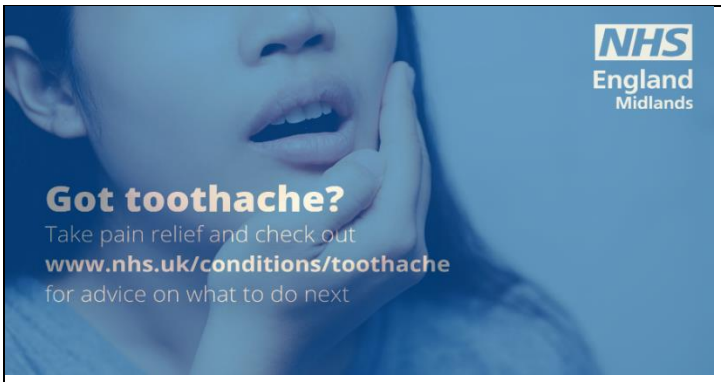
No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Carole Pitcher, Senior Commissioning Manager, Nottingham and Nottinghamshire ICB working on behalf of the Five Integrated Care Boards in the East Midlands; and Sandra Williamson, Director of Health Inequalities and Regional Collaboration, NHS Lincolnshire Integrated Care Board. They may be contact via email at carole.pitcher@nhs.net; and at sandra.williamson6@nhs.net

Appendix A

Examples of Tweets shared by the NHS England Communication Team

	**To make a routine dental appointment, you can use our website to find those dentists nearest to you. https://www.nhs.uk/service-search/find-a-dentist**
	**A dentist needs to examine your mouth and decide the cause of the pain. Painkillers will help manage pain caused by tooth decay and this may be best treated with a filling. Antibiotics are only needed when you have infection, swelling and a temperature.**
	**Our priority is to make sure people who have dental problems and other groups of people who need extra care such as children, are seen quickly and often.** **This means your check up might be up to every two years if you have a healthy mouth.**

	**If you have toothache try taking some pain relief tablets to see if it helps. If the pain persists then go to www.nhs.uk/conditions/toothache for advice on what to do next**
	**If you have a tooth abscess that is causing you pain and stopping you from eating, go to www.nhs.uk/conditions/dental-abscess for advice on what to do next**
	**Losing a filling or chipping a tooth can be painful. If so, take some pain relief and if this continues, go to https://111.nhs.uk/ for advice on what to do next. If it is not painful, make a routine appointment with a dentist https://www.nhs.uk/nhs-services/dentists/**

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, Lincolnshire County Council

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**19 July 2023**
Subject:	**Water Fluoridation**

Summary:

This report sets out the role that fluoride has on oral health, the transfer of power to initiate new water fluoridation schemes, or to vary or terminate existing water fluoridation schemes (from local authorities to the Secretary of State for Health and Social Care) and the current situation with water fluoridation schemes in Lincolnshire.

Actions Required:

The Committee is asked to note the evidence in relation to water fluoridation and oral health, the changes to the legislation on water fluoridation schemes and the current situation with water fluoridation schemes in Lincolnshire.

1. Background

1.1. Fluoride and Oral Health

Oral health is an integral part of general health and wellbeing. Most people are at risk of developing some oral disease (e.g. tooth decay, gum disease) during their lifetime. Poor oral health is almost entirely preventable and, despite good progress over the last few decades, it remains a significant cause of pain, discomfort and disfigurement, also impacting on quality of life. Despite improvements in oral health, almost a quarter (23.7%) of 5-year-olds in England surveyed in 2022 had experience of tooth decay. There are several reasons why people can suffer tooth decay including a sugary diet and poor dental hygiene.

'Delivering Better Oral Health: An Evidence Base Toolkit for Prevention' seeks to ensure a consistent approach to the prevention of oral disease. Adequate use of fluorides has a strong protective effect in preventing tooth decay. Fluoride can be provided by different ways, such as fluoridated drinking water and toothpaste. Water fluoridation has been described as 'the single most effective public health measure there is for reducing oral health inequalities and tooth decay rates, especially amongst children'.

Fluoride is a mineral that occurs naturally in the environment. It is found in drinking water and seawater, in the soil and in certain foods. A water fluoridation scheme is where fluoride has been added or adjusted to bring it up to around 1mg of fluoride per litre of water, which is a level found to reduce tooth decay levels. The Water Industry Act provides the legal basis for water fluoridation schemes in England.

The Office for Health Improvement and Disparities (OHID) in the Department of Health and Social Care (DHSC) monitors and reports on the health effects of fluoride on people living in areas covered by water fluoridation schemes. The Health Monitoring Report for England (March 2022), supports earlier findings and evidence that water fluoridation, at levels recommended in the UK, is a safe and effective public health measure to reduce dental caries and inequalities in dental health. The report compares data on the health of people living in areas of England who have differing concentrations of fluoride in their drinking water supply. The results found for example, that five-year-olds in areas with a fluoridation scheme in place were less likely to experience dental caries than in areas without a scheme. Also children and young people in areas with a fluoridation scheme in place were less likely to be admitted to hospital to have teeth removed (due to decay) than in areas without a scheme. The Water Fluoridation Health Monitoring Working Group continues to review evidence and will publish a further report within the next four years.

1.2. Extent of Water Fluoridation – Nationally

The British Fluoridation Society 'The Extent of Water Fluoridation' Report states that just over 6.1 million people in the UK receive water with a fluoride content, whether naturally occurring or added, that is sufficient to benefit oral health. Around 5.8 million people in different parts of England are supplied with artificially fluoridated water. Overall, this means that about 10% of the total population is supplied with fluoridated water.

1.3. Water Fluoridation Provisions – Change of Responsibilities

The water fluoridation provisions of the Health and Care Act 2022 came into force on 1 November 2022 and in doing so transferred the power to initiate new water fluoridation schemes, or to vary or terminate existing water fluoridation schemes, from local authorities to the Secretary of State for Health and Social Care. Prior to this, local authorities had responsibility, through the Health and Social Care Act 2012 and the Water Industry Act 1991, to propose and consult on new fluoridation schemes and variations to, or termination of, existing schemes. A Policy Paper by the DHSC highlights that local authorities reported difficulties with the process, and the added complication that local authority boundaries are not coterminous with water flows. The Policy paper stated that the water fluoridation provisions in the Bill would

streamline the process for the development of new fluoridation schemes and remove burdens from local authorities.

Generally, to develop new fluoridation schemes, you first need to commission feasibility studies. An initial feasibility study will identify whether a proposed scheme is operable, efficient and should identify any technical barriers or challenges to fluoridate. For example, there could be limited space to install a fluoridation plant at a site or require a new access road for deliveries of fluoride to a fluoridation plant (a 'point of application').

Part of the rationale for the new legislation was to reduce technical challenges as local authority boundaries are not coterminous with water flows. If the water supply crosses into neighbouring authorities it required the involvement of several authorities in the development of schemes, which may be complex and burdensome.

A water company will build a fluoridation plant or plants with one or more points of application to add fluoride to the water. This requires capital investment with everything that goes along with that. The more complex the water network, the more complex the capital work can be. In addition, there can be issues around land ownership, protected buildings, environmental protections, potential archaeological finds, and planning permission that are part of a capital investment of this kind. The whole process can take several years.

Under the Health and Care Act 2022, The Department for Health and Social Care pays for the revenue and capital costs of water fluoridation. The Secretary of State for Health and Social Care has the power to directly introduce, vary or terminate water fluoridation schemes, and so is the ultimate decision-maker on a proposal for fluoridation. The Secretary of State would have to carry out a public consultation before deciding to introduce a new scheme.

The DHSC carried out a public consultation between 8 April and 3 June 2022, seeking views on the process for future water fluoridation consultation. This asked whether future consultations should be limited to individuals living in areas directly affected and bodies with an interest. As a result of the feedback received during the consultation, any future consultation carried out under this instrument will not be restricted to individuals affected and/or bodies with an interest. The Secretary of State will, however, be required to consider, when deciding whether to proceed with the fluoridation proposal in question, whether additional weight should be given to representations made by individuals who would be affected by the proposal and/or bodies with an interest in the proposal. Individuals affected by the proposals are those who reside or work in the area subject to the proposal.

1.4. Extent of Water Fluoridation – Lincolnshire and Strategic Pipeline Developments

Around 250,000 people in Lincolnshire are supplied with artificially fluoridated water, which includes communities in Lincoln, Gainsborough, Sleaford, Grantham, parts of Market Rasen and a large number of rural communities across the west and central areas of the county. Appendix A provides a map showing the provision.

Anglian Water supply the fluoridated water in Lincolnshire. Between 2020 - 2025 Anglian Water are building a strategic pipeline grid, that maximises the use of existing surpluses, ensuring that they make best use of the available resources before developing new ones. To help meet the supply demand, a pipeline from North of the Anglian Water region to the South is being built. Anglian Water, via the OHID and Anglian Water Liaison meetings, provide updates on the water fluoridation schemes as well as capital projects. In relation to capital projects, this includes the Strategic Pipeline and Anglian Water have confirmed that:

- They will be making changes to the existing fluoride dosing plants to ensure they maintain fluoride dosing to the local areas where an agreement to artificially fluoridate the water already exists, whilst providing un-fluoridated water into the strategic grid.
- The construction and commissioning aims to minimise downtime when transitioning across from the current dosing setups to the new site setups.
- At the end of the programme there will be no change to the fluoridation areas, i.e., all areas currently receiving fluoride will continue to receive fluoridated water.

1.5. Next Steps in Lincolnshire

The Integrated Care Board has recently developed a Lincolnshire Dental Strategy (2023-2026) and 'increasing the focus on prevention' is one of the four themes in the Strategy. The Lincolnshire Oral Health Alliance Group (OHAG), which includes a wide range of organisations with an interest in improving oral health and is Chaired by Public Health, coordinates oral health improvement work across the Lincolnshire system and will lead on the prevention arm of the Lincolnshire Dental Strategy. Fluoridation is included in the OHAG work plan and is also explicitly referenced as an important preventive intervention within the Dental Strategy. Lincolnshire County Council will continue to be part of the OHID and Anglian Water Liaison meetings and members of OHAG will continue to build a case, using local intelligence, to support any decisions by the Secretary of State for Health and Social Care to address the gaps in access to fluoridated water provision in the county.

2. Consultation

Members of OHAG were encouraged to feedback on the DHSC public consultation (in 2022) seeking views on the process for future water fluoridation consultation.

If there is a proposal (by the Secretary of State for Health and Social Care) to make changes to water fluoridation in Lincolnshire, there may need to be a public consultation.

3. Conclusion

Tooth decay is a significant, yet largely preventable, public health problem that can affect people at all stages of life. There is strong scientific evidence that water fluoridation is a safe and effective public health intervention to reduce tooth decay and reduce oral health inequalities. In Lincolnshire, a proportion of the population are supplied with artificially fluoridated water. The water fluoridation provisions of the Health and Care Act 2022 came into force on 1st November 2022 which transferred the power to initiate new water fluoridation schemes or to vary or terminate existing water fluoridation schemes from local authorities to the Secretary of State for Health and Social Care.

Anglian Water are building a strategic pipeline grid. During the construction the aim is to minimise downtime when transitioning across from the current dosing setups to the new site setups. At the end of the programme there will be no change to the fluoridation areas, i.e., all areas currently receiving fluoride will continue to receive fluoridated water.

4. Appendices

These are listed below and attached at the back of the report:

Appendix A	Map of Artificially Fluoridated Areas in Lincolnshire

5. Background Papers

The following documents were used to support the information in this report.

Oral health survey of 5 year old children 2022. OHID. March 2023.	Oral health survey of 5 year old children 2022 - GOV.UK (www.gov.uk)
Delivering better oral health: an evidence – based toolkit for prevention. OHID et al. Published June 2014. Updated November 2021.	Delivering better oral health: an evidence-based toolkit for prevention - GOV.UK (www.gov.uk)
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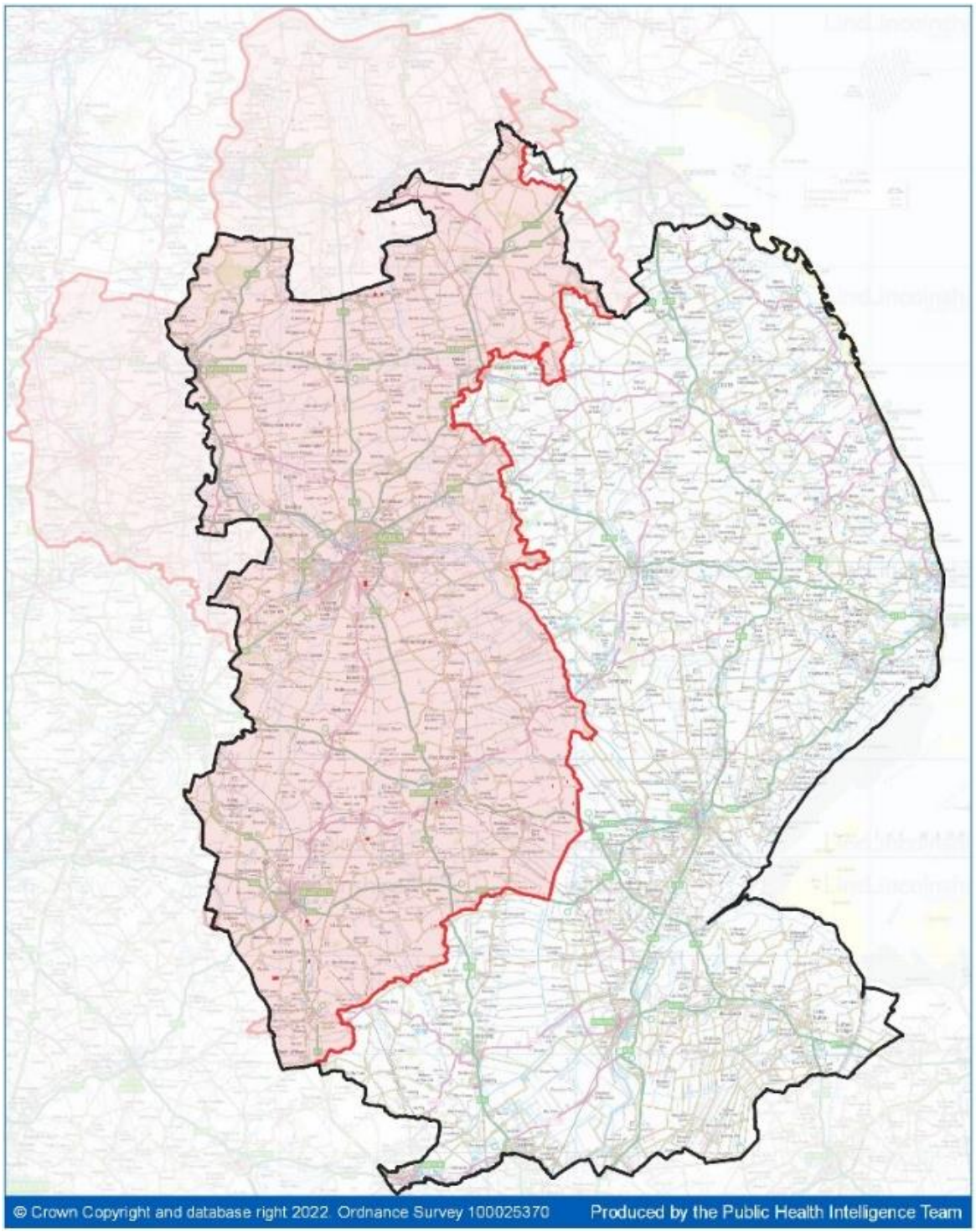
This report was written by Lucy Gavens, Consultant in Public Health, Lincolnshire County Council, who can be contacted on 07748 933294.

Appendix A: Artificial Water Fluoridation in Lincolnshire



Key

Fluoridated area

Non-fluoridated area

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 Lincolnshire Partnership NHS Foundation Trust and NHS Lincolnshire Integrated Care Board

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**19 July 2023**
Subject:	**Outcome of Consultation on Local Mental Health Rehabilitation Services (Ashley House in Grantham)**

Summary:

- Lincolnshire Partnership NHS Foundation Trust, in conjunction with NHS Lincolnshire Integrated Care Board, undertook a targeted consultation between 16 January and 31 March 2023 on proposed changes to local mental health rehabilitation services in Lincolnshire.
- The consultation focused on the future of Ashley House in Grantham a 15 bedded low-dependency, open mental health rehabilitation unit sited in Grantham which has been closed since February 2021 in response to the Covid 19 pandemic and associated pressures on staffing.
- It followed several years of engagement about the current inpatient rehabilitation provision and introduction of a new community rehabilitation approach, which was being piloted in the west of the county (Lincoln and Gainsborough) as part of a national community mental health transformation programme and NHS Long-Term plan ambitions. The aim of this service is to provide rehabilitation care and treatment in people's own homes, rather than in hospital.
- During the temporary closure of Ashley House, the community rehabilitation service was extended to support the Grantham and surrounding areas, to further reduce admissions to a hospital unit, or facilitate faster discharge, supporting people with serious and complex mental health problems to return to living independently in the community.
- In light of the positive impact community rehabilitation was having on reducing admissions and improving patient experience the Trust, alongside the ICB, put forward two proposals for consideration. One which would see Ashley House reopened as a low dependency rehabilitation unit but no further extension of the community rehabilitation model, the

other to permanently close the unit and reassign resources to further expand the community rehabilitation model across the whole county.

- In agreement with the Health Scrutiny Committee in October 2022, the Trust undertook the locally-led targeted consultation on these options and fully consulted with the committee formally as part of this process. The committee responded in support of option 2 as part of their formal response.
- The Trust and ICB also engaged the East Midlands Clinical Senate to look at proposals and provide their independent opinion on the clinical direction.
- The Trust and ICB have now received and considered all the feedback from the consultation, alongside essential factors such as clinical, financial and practical considerations, as well as further work done by the East Midlands Clinical senate.
- The LPFT Board of Directors at their extra-ordinary meeting on Thursday 29 June 2023, agreed to move forward with option 2 – to permanently close Ashley House as a low dependency mental health rehabilitation unit and expand the community rehabilitation model to a countywide service.

Actions Requested

The Committee is asked to note the outcome of the mental health rehabilitation consultation conducted between 16 January and 31 March 2023 and decision by Lincolnshire Partnership NHS Foundation Trust, with support from NHS Lincolnshire Integrated Care Board to permanently close Ashley House in Grantham and extend the community rehabilitation service to a countywide model.

1. Background

Ashley House is a 15 bedded low dependency mental health rehabilitation unit sited in Grantham. It has been temporarily closed since 10 February 2021 and the staff have been redeployed to support the opening of Ash Villa (an adult female acute mental health ward) and the temporary expansion of the community rehabilitation service across a wider geography.

The unit cared for patients with severe and enduring mental illness who have likely had significant periods in hospital to help manage their symptoms. The unit provided additional rehabilitation support in the patient's recovery before moving back into their community to live.

Since the closure, all patients requiring low dependency rehabilitation have either been treated at Ashley House's twin unit Maple Lodge in Boston or by the community rehabilitation service, which may also involve some elements of support from adult social care services.

Prior to its temporary closure, Ashley House had been operating below 100% occupancy since October 2018.

Historically patients have been referred to LPFT's open rehabilitation beds from either high dependency rehabilitation wards, or acute mental health wards, however due to the location of the two units, care was not always near people's local community or social networks and patients and families were required to travel.

For the three-year period prior to the temporary closure, Ashley House had fifty-two admissions, of which only eight were from Grantham itself.

2. Community Rehabilitation

Community rehabilitation provides ongoing specialist clinical support for people when they are discharged from hospital and complements other mental health community teams when supporting people who need a more structured and intensive approach.

Community rehabilitation can provide a consistent input, with a focus on rehabilitation and recovery, promoting coping skills and widening people's social networks.

The team supports housing providers in being able to offer a tailored package of care, reducing the need for readmission, or a breakdown in placement, and can support agencies to adopt a formulation approach to increase the person's quality of life and improve outcomes.

Community rehabilitation teams would usually be able to support people who have made the move from a ward-based environment into the community, but who may require increased levels of ongoing support and care with their day-to-day lives, both social and personal.

The service plays an integral role in supporting people with specific rehabilitation and recovery needs, to have greater choice and control over their care and to 'live well in their communities' as required as part of the LPFT vision, the Lincolnshire system's Care Closer to Home ambitions and the NHS long-term plan.

NHS England have identified the development of and investment into 'dedicated community mental health rehabilitation functions' as an essential part of the community mental health transformation programme.

It includes a strong multi-disciplinary team approach to undertake co-produced care and support planning, reduce reliance on inpatient provision, address severity and complexity, to maximise independence and work with local authority partners to develop and implement a housing strategy for this cohort.

3. Current Situation

The community rehabilitation service is currently funded to provide support for the West of the county, having secured primer funding through the national Community Mental Health Transformation Programme. The service cannot currently be expanded to the other parts of the county without additional investment. At this time, no further funding opportunities have been identified.

When Ashley House was temporarily closed in February 2021, some of the staff were redeployed to increase the capacity of the community rehabilitation team on a temporary basis to also cover the South West of Lincolnshire. They were consequently able to support patients previously cared for at Ashley House in a community setting, reducing the demand for open rehabilitation beds. However, this still did not consistently provide a countywide service.

With the temporary closure of Ashley House the community rehabilitation service currently has the capacity to cover the West and South of the county with a caseload of twenty five. The team can promote earlier discharge and provide care closer to home, whilst establishing support, including improving social networks and meaningful occupation within their local community.

Intensive in-reach is also provided to a further fifteen people who are still in inpatient settings. This helps establish strong relationships and promotes effective communication with the ward teams, to support effective and successful transition from ward to community.

Whilst there has been a reduction in open rehabilitation beds during the temporary closure from thirty (Ashley House and Maple Lodge combined) to fifteen beds, all patients requiring open rehabilitation inpatient care have continued to be accommodated at Maple Lodge, and Maple Lodge occupancy has remained below 100% since that time.

There have also been zero out of area admissions for this patient group, indicating this level of inpatient capacity when combined with a community rehabilitation service is sufficient to meet the current rehabilitation needs of Lincolnshire.

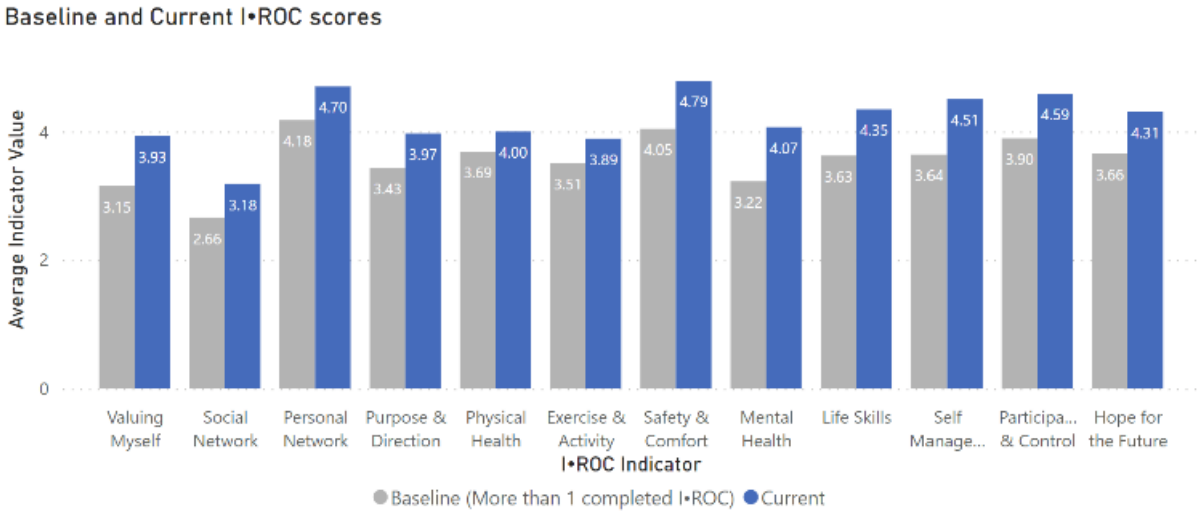
4. Patient Outcomes and Experience

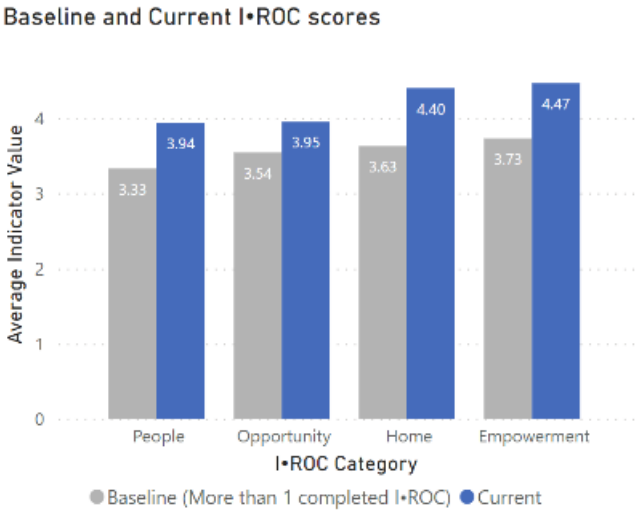
The community rehabilitation service has an embedded patient outcome measurement tool known as the Individual Recovery Outcomes Counter (IROC). This tool is completed with patients at the start of their time with the community rehabilitation service and repeated several weeks later to determine if the patient has experienced improvements.

Figure 1 shows IROC scores (baseline v current) for seventy-two patients from the period 22 July 2020, to 8 March 2023 (date of first baseline assessment and date of latest paired outcome, at time of reporting).

It is clear to see that the average IROC score of a patient under the Community Rehabilitation Team shows improvement across all areas and indicates that patients are achieving positive outcomes. The maximum score in each domain is six.

Figure 1





In addition, the Trust Board and ICB considered several case studies that had been gathered which illustrated the positive experience and impact of the community rehabilitation service on our patients and families.

5. Options Consulted on

As part of the consultation the locally-led targeted consultation the Trust specifically sought views on the following two options:

- **Option 1**: Reopen Ashley House and reduce the community rehabilitation team back down to just 1/3 county coverage. This would mean that some patients currently being cared for at home would need to be admitted back into Ashley House to receive the level of care they need.
- **Option 2:** Permanently close Ashley House and use all associated funding to expand the community rehabilitation service across the whole of Lincolnshire.

The Trust has previously presented the rationale and background on these proposals to the Committee (available in Appendix A).

6. Summary of Engagement and Targeted Consultation

<u>Pre-Engagement</u>

Over the last two years the Trust has carried out continuous engagement, working with patients, carers, public, partner organisations and staff to consider and develop mental health rehabilitation services.

This has included several events held face to face across the county and online :

- to discuss, develop, and shape the new community rehabilitation service;
- to transform current rehabilitation inpatient provision;
- to discuss the impact of the temporary closure of Ashley House in Grantham.

The Trust has also established a regular Community Rehabilitation Team Advisory Group, consisting of patients, service users, carers, and stakeholders who work with staff and act as a 'critical friend' to help shape services.

Engagement events prior to the consultation took place at a variety of locations across Lincolnshire and online. Despite the Covid-19 pandemic engagement activity continued by moving to a virtual approach.

As part of this pre-engagement, we engaged with over one hundred and seventy members of the public, seventy-six of which have been patients, service users, and carers, as well as one hundred stakeholders which include local community, voluntary, and social enterprise organisations that could also play a role in supporting our patients in the community.

Through these events and the Community Rehabilitation Team Advisory Group, we heard feedback around the following key themes:

- People wanted more support to live well at home, rather than in hospital.
- People need support with housing following discharge from the wards.

- Services need to work together to support people living with mental health illness.
- Following discharge extra support would be appreciated to help with reintegration back into the community.
- Support in the community needs to come from a range of expertise, for example social workers, occupational therapists and community nurses, as a coordinated package of ongoing care.
- People need support to find and join community projects and groups.
- More support is needed with personal health or adult social care personal budgets.
- People wanted help and support in case their wellbeing deteriorated before the need to be re-admitted.
- Help and support to connect to other services.
- People did not want to travel out of Lincolnshire for their rehab care.

Considering the specialist nature of rehabilitation services and the low number of service users likely to have direct experience of care in these services, the Trust were content with the level of engagement throughout this process and felt this was representative to inform our options appraisal.

It was also important that any service change was clinically led, using clinicians' expertise, experience, skill, and knowledge to shape services to deliver the best quality care for patients.

Like patients, service users, carers, and external stakeholders, we engaged our entire rehabilitation workforce throughout the options appraisal, keeping them informed of the temporary closure of Ashley House, and involving them in the development of the new community rehabilitation service.

Through this, the project team identified that admission to Ashley House was not providing what most people wanted, and that people admitted to Ashley House were often away from their local communities, friends, and their families.

On evaluating the pre-engagement responses, LPFT concluded that to enable more people to live well at home rather than in hospital and to provide parity of care to all residents in Lincolnshire, the expansion of the community rehabilitation service would be the most effective way to facilitate this and highlighted in the consultation process that our preferred option was to permanently close Ashley House and expand the community rehabilitation team. This is in line with NHS England's national community mental health transformation programme and NHS Long-Term plan ambitions.

<u>Health Scrutiny Committee Previous Feedback</u>

Throughout our options appraisal we updated and discussed with the Health Scrutiny Committee for Lincolnshire the temporary closure of Ashley House as part of our response to the Covid-19 pandemic, as well as keeping the Committee informed of engagement activity. We provided a further update at the meeting on 13 April 2022 where we discussed developing our future service options.

Given the specialist nature of this service and small numbers of patients the proposals were likely to affect, the Committee agreed that this did not meet the thresholds for significant service change by NHS England standards and that a robust locally led targeted consultation with patients, service users, carers, and stakeholders on the two options outlined above was sufficient to meet our duty to involve before any final decision was made.

As part of the consultation process the committee also considered the options outlined and provided the following feedback:

> The Health Scrutiny Committee for Lincolnshire accepts the arguments put forward by Lincolnshire Partnership NHS Foundation Trust (LPFT) in support of the permanent closure of Ashley House in Grantham and recognises that the community rehabilitation service is the modern approach to rehabilitation.

The Committee specifically asked how people supported by the community rehabilitation service would be supported if they required help outside the operating hours of 8 am to 8 pm. In these situations, patients will have access to the Trust's normal crisis services which operate across the county 24/7. The number of patients accessing crisis support outside of these hours will be regularly monitored by the team.

The Committee also requested that demographic factors be considered with regards to population growth and future demand on rehabilitation services.

Existing evidence shows that the level of rehabilitation inpatient capacity provided at Maple Lodge is sufficient to meet the needs of Lincolnshire currently. However, this will be reviewed annually as part of our ongoing planning processes.

Out of area placements are continually monitored by the Trust's Out of Area Reduction Group. Any indication of increasing out of area placements will be identified quickly and service capacity reviewed.

The system is also working with population health management colleagues to model the number of hospital beds required across the system now and in the future, including mental health beds.

Some additional questions were also asked about wider mental health provision which the Trust will cover in presentations later in today's meeting and in a further presentation in September 2023.

Targeted Consultation

The consultation took place over a ten-week period between 16 January and 31 March 2023. It utilised a variety of methods and opportunities to ensure all affected stakeholders were sufficiently informed of the proposed changes and able to provide feedback in the manner of their choosing. This paid particular attention to the Grantham area where the bed closures are proposed.

A key aspect of the consultation was to ensure that our methods and approaches were inclusive and tailored to ensure those most affected could express their views. This was supported by extensive communications such as supporting information in a range of multi-media formats both digital, face to face, and print where required.

The consultation used the following approaches to maximise opportunity for people to engage:

- Online/paper survey - as well as an online survey, printed copies of the survey and background information were provided for mental health community and inpatient services.
- Posters and use of digital screens - these were utilised across a number of sites including, LPFT bases, GP surgeries and community venues.
- Social media and the Trust's website - information about the consultation was regularly promoted across social networks.
- Existing membership database and newsletter - as a Foundation Trust we have over 9,000 members identified as interested in receiving information about our services and having their say. This group was used to share information and seek their views. NHS Lincolnshire ICB engagement newsletter the Contributor magazine – database of over 10,000 people interested in local health services and being involved in service change.
- Local media - the Trust linked with local media outlets to proactively profile the changes and encourage views from a wide range of community representatives.
- Face to face and virtual events - we hosted a number of events both face to face and virtually across the county, particularly focusing on Grantham where the closure of inpatient beds is proposed. These were a mixture of 'open to all' events, and specific targeted opportunities with existing service user groups and current rehab inpatients.

7. Consultation Findings

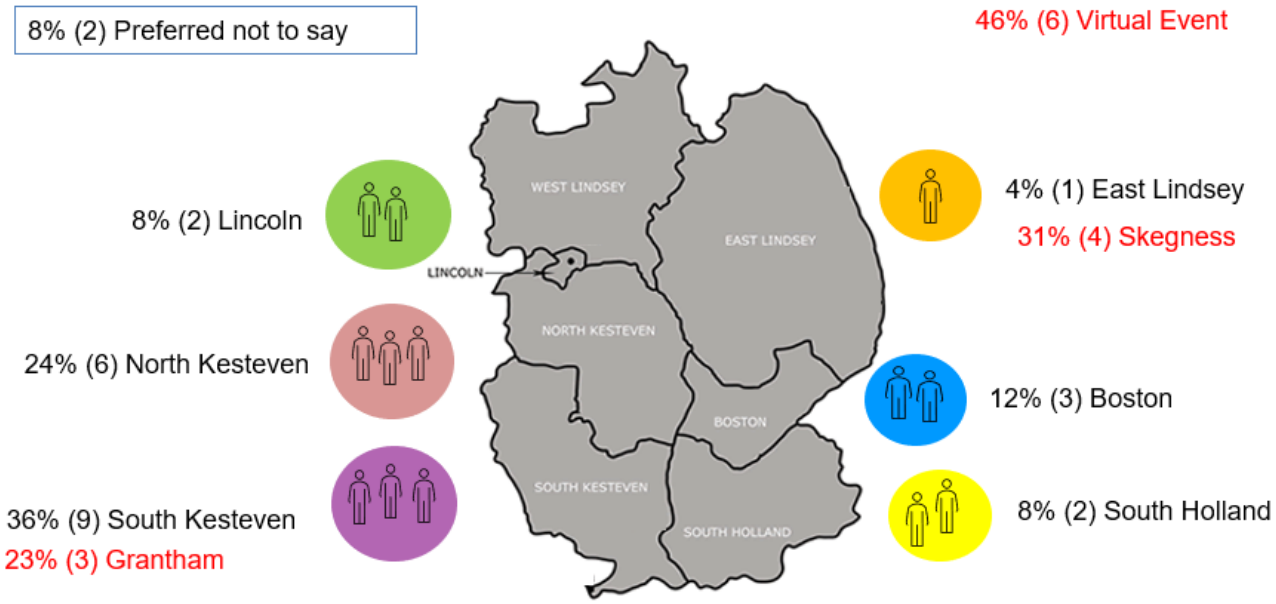
In total **fifty-four survey responses** were received from either service users, carers, interested members of the public or staff.

An additional **thirteen people attended face to face consultation event**

Of the recorded responses to the question whether people supported the option to re-open Ashley House and not expand the community rehabilitation service, or to permanently close Ashley House and reinvest resources into the expansion of the community rehabilitation service to a countywide service **thirty-seven people (69%) were in favour of the permanent closure of Ashley House and expansion of the community rehabilitation service to become countywide.** Appendix B provides a more detailed summary of the targeted consultation, responses, and findings.

<u>Patient, Family, Carer, and Public Response</u>

The following image shows where responses from patients, families, carers, and the public were received from in different parts of the county. The numbers in red show the number of people who attended face-to-face events (in person or virtually). Fourteen responses were received from patients and service users, six were received from carers or family members of patients, and six responses were from interested members of the public.



Key findings were that, overall, people reported experiencing no impact from the closure of Ashley House (nineteen people or 86.36%). Three people (13.64%) said they had experienced a negative impact. Four people did not answer this question.

Overall, six people supported the reopening of Ashley House, whilst eighteen people supported the permanent closure of Ashley House and reinvestment to create a countywide community rehabilitation service.

Concerns raised during the consultation have been summarised in Appendix C and responses provided on how the Trust will address these concerns. Main themes identified from the comments and concerns raised are about travel and the future use of Ashley House.

Staff Consultation

A total of twenty-eight staff surveys were completed and received as part of the consultation. Overall, nineteen staff supported the proposal to permanently close Ashley House and reinvest resources to provide a countywide community rehabilitation service. Nine staff supported the option to re-open Ashley House and not expand the community rehabilitation service.

When asked what impact the temporary closure of Ashley House has had on staff seventeen (65% out of twenty-six responses) said they had experienced either no impact or a positive impact. Nine people (35% out of twenty-six responses) reported experiencing a negative impact.

When asked what impact the staff felt the temporary closure has had on patient care fifteen staff (56% out of twenty-seven responses) felt this has had either no impact or a positive impact on patient care. Twelve staff (44% out of twenty-seven responses) felt this has had a negative impact on patient care.

With the Trust's decision being to permanently close Ashley House, further work will be carried out with staff to better explain the function of the community rehabilitation service, demonstrate how there is still sufficient bed capacity to meet low dependency rehabilitation needs, and to explain the best options for improving access to supported housing. Several additional comments or concerns were collected during the staff consultation. These have been summarised in Appendix D and responses provided.

8. East Midlands Clinical Senate Feedback

A desktop review of the option to permanently close Ashley House has been conducted by the East Midlands Clinical Senate. This review resulted in four recommendations. Each of these recommendations has been carefully considered by the Trust and the ICB and the responses to each described in Appendix E.

9. Final Decision Taken

Having considered the feedback, concerns, views, and opinions from a variety and stakeholders including patients, families, carers, staff, the East Midlands Clinical Senate, and the Health Scrutiny Committee for Lincolnshire, the Trust Board of Directors, with support from NHS Lincolnshire Integrated Care Board Executive Team, ***made the decision to permanently close Ashley House with resources reallocated to enable the expansion of the existing community rehabilitation service to become a full countrywide service.***

Whilst there have been some concerns raised during the consultation which centre largely on travel, the positive impact of the community rehabilitation model on people requiring rehabilitation services in Lincolnshire is clear. Overall, fewer people need to travel to receive care, as more people are supported within their own communities, there are demonstrable positive clinical outcomes being achieved by the community rehabilitation service, and there is sufficient bed capacity in the remaining inpatient service (Maple Lodge) for those that need that level of care, which all lead to the recommendation to make the change permanent.

The move towards more community-based services and a reduced reliance upon inpatient care is in-line with the national and local strategic direction. The Community Mental Health framework (2019) states 'People with mental health problems will be supported to live well in their communities, to maximise their individual skills, and to be aware and make use of the resources and assets available to them as they wish. This will help them stay well and enable them to connect with activities that they consider meaningful, which might include work, education and recreation'

NICE Guidance NG181 (Rehabilitation for adults with complex psychosis) states patients should be offered care in the least restrictive environment and aim to help people progress from more intensive support to greater independence through the rehabilitation pathway. Finally, the NHS Long Term Plan's Mental Health Implementation Plan specifically recognises mental health community rehabilitation as a "fixed, targeted deliverable" within plans for new community services for adults with severe mental illness.

10. Next Steps

Following the decision to keep Ashley House in Grantham permanently closed as a mental health low dependency rehabilitation ward the Trust will now move to formally processing this decision. This will include:

- Formally discussing the decision with any staff who previously worked at the unit who may still be redeployed as part of the closure - As it currently stands all staff who previously worked on the unit had found substantive alternative roles elsewhere in the Trust prior to the consultation, therefore no formal HR consultation will be required, however the Trust will formally discuss the decision with this team in light of some of the feedback received during the consultation.

- Work with partners to undertake a full options appraisal on future use of the Ashley House building in Grantham - As a Trust we are committed to Ashley House continuing to be used for mental health related activity, however there are several options that will need to be considered together with our partners, to determine the most appropriate use of the building going forward.

- The current budget allocated to Ashley House in Grantham will be transferred to our Adult Community division to continue their development and expansion of the community rehabilitation model to provide a countywide service. We expect this to take between six to nine months for recruitment and operationalisation.

- The Trust will continue to implement the full recommendations from the East Midlands Clinical Senate, working with NHS Lincolnshire Integrated Care Board.

11. Appendices

These are listed below and attached at the back of the report	
Appendix A	Consultation document previously presented to the Health Scrutiny Committee on 18 January 2023
Appendix B	Summary of Consultation Activity and Findings
Appendix C	Patient, Carer and Public Concerns Raised and Actions Being Taken
Appendix D	Staff Concerns Raised and Actions Being Taken
Appendix E	East Midlands Clinical Senate Recommendations and Actions Being Taken

12. 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 Chris Higgins Director of Operations at LPFT, who can be contacted via (Christopher.Higgins3@nhs.net / or 01522 309199)

Appendix A

NHS
Lincolnshire Partnership
NHS Foundation Trust

Mental Health Rehabilitation Care

Consultation: 16 January – 31 March 2023

Supporting people to live well in their communities

Introduction

Thank you for taking the time to learn about our proposal for the future of mental health rehabilitation care in Lincolnshire. The information in this document has been provided so that you are able to understand the potential options for future services and share your views.

Who are we?

We are Lincolnshire Partnership NHS Foundation Trust (LPFT) and provide NHS mental health services, alongside some learning disability and autism services for Lincolnshire.

We provide care and treatment for a local population of around 766,000 and are focused on helping people towards recovery, enabling them to live well in their community as much as possible.

What is mental health rehabilitation?

Mental health rehabilitation is a service to help people recover from the difficulties of longer-term mental health problems. It helps and supports people who still find it difficult to cope with everyday life, or to get on with other people. It aims to help people deal with problems, to get their confidence back, and to help them live as independently as possible.

Engagement to develop our proposals

Over the last three years we have carried out engagement with patients, carers, staff, public and partner organisations to understand their views on the current service and how this could be improved in the future.

This included the co-production of a new mental health community rehabilitation service with our service users, which supports people ready to move away from hospital, back into the community with additional support.

Events have taken place across a variety of locations in Lincolnshire, including online events during the COVID-19 pandemic.

All of this valued feedback has been considered and used to develop our preferred proposal for the future service, which we are now asking for your views on in this consultation.

What we've heard so far during the engagement

"Service users are worried about relapsing following a long time in hospital, so feel extra support is needed following discharge to help them back into the community - including housing support, accessing benefits and personal budgets, as well as joining community groups and activities."

"Support needs to come from a range of expertise including, social workers, occupational therapists, and community nurses as a coordinated package of ongoing care."

"Service users do not want to travel out of Lincolnshire for mental health rehabilitation care."

"Service users want continued help and support following discharge to avoid their wellbeing deteriorating and needing to be re-admitted."

"Service users want more support to live well at home, rather than in hospital."

Getting involved in this consultation

These proposals and our preferred option have been developed with clinicians, service leads and our service users through our previous engagement.

We are now seeking your views on this throughout our consultation which will run between 16 January – 31 March 2023.

During this consultation, you will be able to share your views via our survey, which is available online, in paper form or other languages and formats on request, as well as at our public events across Lincolnshire, or virtually at our online events.

Below you will find details of the various events taking place.

Consultation events

Thursday 9 February	2pm-3.30pm	Online event
Monday 13 February	10am-12pm	Jubilee Church Life Centre, 5 London Road, GRANTHAM, NG31 6EY
Thursday 16 February	10am-12pm	Gainsborough Uphill Community Centre, Riseholme Road, GAINSBOROUGH, DN21 1NJ
Monday 20 February	10am-12pm	The Storehouse, North Parade, SKEGNESS, PE25 1BY
Monday 27 February	1pm-3pm	Stamford Resource Centre, St George's Avenue, STAMFORD, PE9 1UN
Tuesday 14 March	6pm-7.30pm	Online event
Thursday 16 March	1pm-3pm	Trinity Centre, Eastgate, LOUTH, LN11 8DJ
Monday 27 March	10am-12pm	Tonic Health, 6 Broadgate House, Westlode Street, SPALDING, PE11 2AF

Further information on the services we are consulting on can be found on our website: www.lpft.nhs.uk/MH-rehab-transformation

Hearing your views throughout the engagement and consultation process is an important part of the decision-making process and will be fully taken into account alongside other essential factors such as clinical, financial and practical considerations.

Any decision to proceed with any of the proposed service changes will be informed by the feedback.

The feedback from this consultation is really important but does not represent a vote on, or a veto over, any form of change. The full report of the results and decision will be published on our website after the consultation has ended.

What are we consulting on?

We are seeking your views on our proposal to expand Lincolnshire's new community rehabilitation service, and the impact this might have on a need for local mental health rehabilitation beds, specifically at Ashley House in Grantham, which has been temporarily closed during the COVID-19 pandemic.

Background

Ashley House is a 15 bedded low dependency, open mental health rehabilitation unit, in Grantham. It has been temporarily closed since 10 February 2021 as part of arrangements to ensure safe staffing levels during the pandemic. The temporary closure has enabled staff to be redeployed to support other adult mental health wards during the pandemic and the temporary expansion of community rehabilitation in the county, which has enabled us to provide more support and care in the community, to more people, in a more flexible way.

Since the temporary closure, all patients requiring this kind of support have been treated at Ashley House's twin unit Maple Lodge in Boston, or by the newly formed community rehabilitation service, with some support also provided by adult social care. No one has had to wait longer to access care locally or travel outside of Lincolnshire for care.

As part of a national move towards increasing community support for adults with severe mental illness, the NHS Long Term Mental Health Implementation Plan sets a future direction for providing the least restrictive care for patients, minimising the need for hospital care.

This has included a mandate to introduce community rehabilitation teams, that offer a service in people's own homes, or other supported accommodation where additional support may be required longer term.

Therefore, the Trust has been piloting community rehabilitation in the west of the county (Lincoln and Gainsborough), using national transformation funding, to understand the impact.

With the temporary closure of Ashley House, this service was temporarily expanded to cover the southwest of the county (Grantham area) too, using some staff who had been working at Ashley House.

What is low dependency open rehabilitation?

Ashley House in Grantham and Maple Lodge in Boston both care for patients with severe and lasting mental illness, who have likely had significant periods in hospital to help manage their symptoms.

The teams provide support in people's recovery just before they move back into their community to live. This service is provided 24/7, all year round and patients live on the unit with round the clock staff support.

Support includes encouraging and supporting people to become as independent as possible, by building life skills such as cooking, budgeting, self-care, managing medication and finding activities and hobbies that can help them stay well.

The unit is not locked, and people can come and go as they please. Staff are on hand to monitor how people are getting on and are available to offer support with accessing their local community and working with other teams and partners to make sure everything is in place for discharge such as accommodation, benefits, and other support.

Historically, patients have been referred to open rehabilitation beds from either high dependency rehabilitation wards, or acute mental health wards, when they are ready to step down to a lower level of care, just before discharge back into the community.

Lincolnshire's higher dependency rehabilitation care is currently provided at Discovery House in Lincoln. Adult acute mental health wards are provided in Boston (Ward 12), Lincoln (Peter Hodgkinson Centre) and Sleaford (Ash Villa).

What is community rehabilitation?

Similar to the rehabilitation units in Boston and Grantham, the community team support people with severe and lasting mental illness, who have likely had significant periods in hospital.

The team support people following discharge from hospital and help them rebuild their confidence and control of living independently at home. They have smaller caseloads than some other community teams, allowing them more time to spend with individuals and work on specific rehabilitation goals. This service is available seven days a week, between 8am and 8pm.

Referrals come from the Trust's higher dependency rehabilitation wards, or the open rehabilitation unit at Maple Lodge in Boston, as well as the adult acute wards where the team may be able to support earlier discharge and avoid any additional need to stay in hospital for rehabilitation care.

The team also work with people who are currently receiving specialist rehabilitation support outside of Lincolnshire, to help bring people back into the county for their care as soon as possible. As well as working with local community teams to prevent admission to hospital and the breakdown of any local social care support arrangements.

The community rehabilitation team provide the same care and support as Ashley House in Grantham provided, but in people's own homes – they help people find strategies to help reduce stress and manage challenging circumstances whilst at home, as well as help finding and being part of activities, groups and events in the community. They also help people improve and maintain relationships with family members, carers or other support networks.

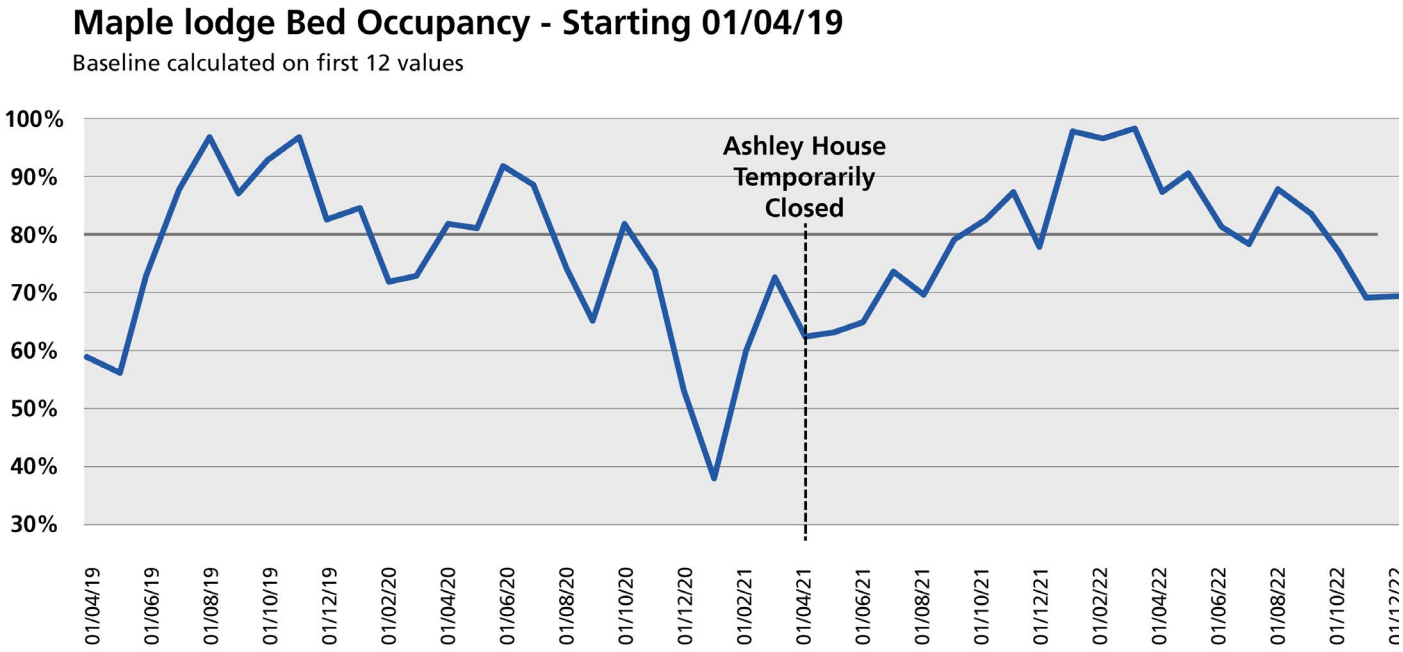
They help integrate people back into the community, and work with other community mental health teams or GP practices to support people longer term once settled.

"Supporting people's needs after they have been discharged from hospital to their home environment makes sense as you are teaching them to use their own equipment such as an oven and cooking for themselves or a small family, rather than generic ward equipment and cooking for 15 plus people. Doing this at home promotes person centred care and makes it easier to replicate without practitioner support."

Quote from staff member in community rehabilitation

Impact to date

Despite the temporary removal of beds at Ashley House, Maple Lodge has not filled all its beds over the last three years, and there has been no need for any patient to travel outside the county to receive this level of support.



Maple Lodge, with community rehabilitation and social care support has been able to meet the existing need in Lincolnshire over the last 23 months. Current demand and capacity planning also suggests this trend will continue in the future.

Feedback from patients has remained positive about the service they have received, with Maple Lodge maintaining 100% positive feedback on their friends and family test surveys and positive feedback being received by the community rehabilitation service. The team have also received positive feedback from those who have used and helped develop the new community rehabilitation service through our patient forums and in the engagement events done to date as part of the development of this proposal.

"Community rehab have been fantastic help and support to get back into community and start living at home again with decorating, going shopping, meeting new people and health eating. Staff are fantastic"

Quote from patient

"We have been able to hold a caseload collectively larger than a ward bed capacity. Also the goals that we can work towards are more realistic to real life and achieving a greater sense of wellbeing. The feedback that I have had is that we have been able to offer more dedicated one-to-one support to people than they have received on a ward."

Quote from staff member in community rehabilitation service

Proposals for the future

Like many NHS organisations up and down the country, we are working hard to transform services so that they are better for patients and deliver the right care, in the right place within the resources available.

This is a difficult balancing act, especially in a large area such as Lincolnshire where many people's homes are spread across the countryside and in small villages. The development of increased community support aligns with national, regional and county priorities to provide greater support direct to people's own homes and communities and reduce the number of people unnecessarily admitted to hospital.

The Trust and commissioners have therefore been considering two options following an analysis of demand, patient outcomes and feedback on how the community rehabilitation service has been working since the temporary closure of Ashley House. ***This includes:***

1 **Reopening Ashley House as a 15 bedded open rehabilitation unit, but not expanding the community rehabilitation service to the rest of the county.** There is currently not enough resource or demand to have both the countywide community rehabilitation service and two low dependency mental health rehabilitation units in the county.

2 **Permanently closing Ashley House as an inpatient unit and reinvesting the resource into the community rehabilitation service to provide a countywide service.** Patients will either receive their care via the community rehabilitation service in their own homes, or at Maple Lodge in Boston if a hospital stay is still required. ***(This is our preferred option).***

We have seen during the temporary closure of Ashley House, that with the introduction of community rehabilitation support there has been less need for these type of rehabilitation beds in the county. The remaining unit in Boston has rarely been full and no one has had to travel outside of Lincolnshire to receive this type of rehabilitation care.

With the closure of one of the county's low dependency mental health rehabilitation units, the Trust would have the resources to significantly expand the community rehabilitation service to the entire county, without any additional cost to the Lincolnshire health and care system, further reducing the need for people to receive care in hospital.

When choosing which unit would be most appropriate to close, Ashley House is highlighted by the Care Quality Commission as not currently fit for purpose. Its design and layout are outdated, and it does not allow appropriate privacy and dignity for both the males and females it provides a service for. Maple Lodge however, is able to meet the modern standards required and continues to be improved to improve patient experience. If the unit is reopened further investment would need to be sought to bring Ashley House up to the required standards as soon as possible.

The community rehabilitation service would continue to support patients who were previously admitted to Ashley House and would have further capacity to help more people live independently in other parts of the county, rather than them travelling to one of the units in Boston or Grantham and having to have an extended hospital stay.

Clinicians also believes that a community rehabilitation service is an essential part of the range of services we should offer to patients and feel that this would help those in more higher dependency rehabilitation units be able to move more quickly through to community-based living, including those being cared for outside of Lincolnshire.

Both Ashley House and Maple Lodge both provide a service to the entire county, not just to those in their local area. There is an acknowledgement that given its locality, any permanent closure of Ashley House might mean that a small number of Grantham residents may need to travel further than previously to the alternative unit in Boston if this was required. However, many may need to travel less with the support of community rehabilitation.

This would affect less than 14 people over three years – or around 5 people a year.

If the Trust was to reopen Ashley House and restore the previous service, the community rehabilitation service would return to being only able to offer a service in the west of the county (Lincoln and Gainsborough) until alternative funding and staffing sources could be found.

Initially, the unit would have to remain temporarily closed until sufficient staffing could be recruited to reopen. Many of the staff who previously worked at Ashley House during their redeployment have applied for and been successful in getting alternative permanent roles across the organisation, affecting the staffing available to immediately reopen the unit.

Staffing across the adult inpatient services is a significant challenge, both locally and nationally, and this has led to the Trust also recently temporarily closing the psychiatric intensive care unit in Lincoln to support safe staffing. The Trust would however be proactive in its approach to recruiting the staffing required across the division to reopen Ashley House, alongside the psychiatric intensive care unit as soon as possible.

	Option 1: Reopen Ashley House	Option 2: Permanently close Ashley House and expand the community rehab service across the whole of Lincolnshire
Ashley House	Patients will receive inpatient care in Grantham and limited community support following discharge. People will travel to either Grantham or Boston from anywhere in the county to receive low dependency mental health rehabilitation hospital care.	Most patients will receive care previously provided by Ashley House in their own homes and communities. Majority of patients will not have to travel to receive care, except for a small number of patients a year who may still require hospital services and will need to travel to Boston.
Community Rehabilitation Service	Limited to the west of the county until further funding and staffing could be sourced.	Available across the whole of Lincolnshire.
Maple Lodge	Patients will receive inpatient care in Boston and limited community support when ready for discharge. People will travel to either Grantham or Boston from anywhere in the county to receive low dependency mental health rehabilitation hospital care.	Maple Lodge will continue to take patients from across the county. The unit has the capacity to meet the demand for patients requiring hospital based low dependency mental health rehabilitation.

These proposed changes do not affect the wider adult acute and urgent care services.

This consultation will gather public, service user, carer, staff and stakeholder views on both options above, including our preferred proposal of permanently closing Ashley House and expanding the community rehabilitation service to a county wide service.

Supporting information

Bed capacity

Maple Lodge and Ashley House as a combined service, offered support for up to 30 patients at a time.

During Ashley House's temporary closure this has been reduced to 15 beds at Maple Lodge, but additional support has been added with the new community rehabilitation team covering the west and southwest of the county, with a current caseload of 40 patients. Meaning capacity for this type of rehabilitation care has increased by 83% to being able to support 55 patients during this period.

The community rehabilitation service also offers intensive in-reach to a further 20 people who are still in hospital settings, preparing for discharge. Prior to the temporary reduction in beds, both units had very rarely been full. With occupancy between 1 April 2019 to 1 February 2021 averaging below 90%.

No one has had to travel outside of Lincolnshire for this type of care during the temporary closure.

Travel

As these services are a countywide provision, rather than for a local population, many of the patients receiving care in the units are not from the local area.

In the three-year period prior to the temporary closure of Ashley House, of 52 admissions, 14 were from the Grantham and surrounding area, with 8 from Grantham itself.

This means 73% of patients being cared for were from other areas of the county and had to have travelled to Grantham to receive care.

The proposed permanent closure of Ashley House would mean that a small number of Grantham and surrounding area residents, expected to be around 5 patients a year would need to travel to the twin unit in Boston, at Maple Lodge for open rehabilitation hospital care if it was felt that this was still required.

Patient admissions to Maple Lodge in three-year period prior to closure

Patient admissions to Ashley House in three-year period before closure

This would only be the case if it was felt that they were not quite be ready for community rehabilitation just yet, and would be for the least time possible, before they were transferred over to the community rehabilitation service for support.

Equally, approximately 12 people per year would need to travel less, as they would be able to receive their care from the community rehabilitation team in their local area rather than travel to a unit in Boston or Grantham.

Patients required to travel to Maple Lodge in Boston would be supported with transportation to the ward and we'd like to gather the views of carers, families and friend as part of the consultation on what additional support may be required to support regular contact with their loved ones should they need to be in hospital away from their local community.

Patient experience

Patient's experience of the community rehabilitation service has been consistently high and the team have received positive feedback from those who have used and helped develop the service.

The Trust has also not seen a deterioration in the general experience of people requiring rehabilitation support during the closure. With no key themes highlighted in patient experience feedback.

The community rehabilitation service is currently in the process of collecting impact data to demonstrate the ongoing effectiveness of the service, however anecdotally people have find found the service beneficial and liked being back in their communities with additional support.

Financial

If the decision was to permanently close Ashley House, the funding from providing this unit could be used to expand the community rehabilitation service to meet the needs of the entire county, with no additional funding required.

A remaining balance of around £33,000 would also be available to support with the return of other rehabilitation patients receiving care outside of Lincolnshire, which would potentially make savings for the Lincolnshire health and care system in the future.

This does not take in to account any future savings from the maintenance or running of the building, which would remain in place until separate consideration can be given on future use of the estate.

Should the decision be to reopen Ashley House, the community rehabilitation service would remain only able to support one third of the county, until additional funding could be sourced.

"Not going to lie, your team is the best service ever. If it wasn't for you, I would be really ill again. I like the fact we can just be and do different things not having to talk about things all the time. I mean like going out for coffee or a board game. I like that it's the same people and they listen and understand. It's helpful to get back to normal and do things in the community and try to be normal again. When you're just discharged then things can go around in circles"

Quote from patient

Sharing your views

Further to our consultation events below we would also like to invite you to share your views and complete our survey.

You can find our survey at http://bit.ly/MH-Rehab-Transformation or by scanning the QR code

Consultation events

Thursday 9 February	2pm-3.30pm	Online event
Monday 13 February	10am-12pm	Jubilee Church Life Centre, 5 London Road, GRANTHAM, NG31 6EY
Thursday 16 February	10am-12pm	Gainsborough Uphill Community Centre, Riseholme Road, GAINSBOROUGH, DN21 1NJ
Monday 20 February	10am-12pm	The Storehouse, North Parade, SKEGNESS, PE25 1BY
Monday 27 February	1pm-3pm	Stamford Resource Centre, St George's Avenue, STAMFORD, PE9 1UN
Tuesday 14 March	6pm-7.30pm	Online event
Thursday 16 March	1pm-3pm	Trinity Centre, Eastgate, LOUTH, LN11 8DJ
Monday 27 March	10am-12pm	Tonic Health, 6 Broadgate House, Westlode Street, SPALDING, PE11 2AF

If you would like to attend one of our consultation events please contact us to book a place or alternatively you are welcome to turn up on the day.

You can express your interest by emailing: lpft.involvement@nhs.net or calling 01529 222245 or 07773 206341

What happens to the responses?

All feedback will remain confidential and all information you provide will be processed in accordance with the Data Protection Act and GDPR. The outcome of the consultation is an important part of the decision making and will be fully taken into account alongside other essential factors such as clinical, financial and practical considerations.

The feedback will be fully recorded, incorporated into a report and shared with various groups and committees. These will include:

- Executive Team at Lincolnshire Partnership NHS Foundation Trust
- Board of Directors at Lincolnshire Partnership NHS Foundation Trust
- Council of Governors at Lincolnshire Partnership NHS Foundation Trust
- Health Scrutiny Committee for Lincolnshire
- Executive Team at NHS Lincolnshire Integrated Care Board

The final proposal will be considered by the Executive Team at NHS Lincolnshire Integrated Care Board to ensure support before a formal final decision is taken by the Board of Lincolnshire Partnership NHS Foundation Trust.

More information

This consultation document is designed to give you enough information to be able to consider our proposal and give your views about the permanent closure of Ashley House and expansion of community rehabilitation service.

Some additional documents are available on the Trust's website www.lpft.nhs.uk/MH-Rehab-Transformation should these be helpful, or you are welcome to contact us with any specific questions you may have.

If you would like further information please contact:

The Participation Team
Email: lpft.involvement@nhs.net
Phone: 01529 222245

This document is available in other languages and formats.
To request alternative formats or if you require the services of an interpreter, please contact us on 01522 222245, Monday – Friday 9am – 5pm or email us at lpft.involvement@nhs.net

Russian: Этот документ доступен на других языках и в других форматах по запросу. Для того чтобы запросить альтернативные форматы, или если вам требуются услуги переводчика, свяжитесь с нами.

Latvian: Šis dokuments pēc pieprasījuma ir pieejams citās valodās un formātos. Lai pieprasītu to citā formātā vai ja jums ir nepieciešami tulka pakalpojumi, lūdzu, sazinieties ar mums.

Portuguese: Se deseja obter informação noutro idioma ou formato, diga-no

Lithuanian: Jei norėtumėte gauti informaciją kitakalba ar formatu, kreipkitės į mus.

Romanian: Acest document este disponibil la cerere și în alte limbi și formate. Pentru a cere alte formate, sau în cazul în care aveți nevoie de serviciile unui interpret, vă rugăm să luați legătura cu noi.

Czech: Pokud bysta požadovali informance v jiném jazyce nebo formátu, kontakuje nás.

Polish: Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub innym formacie, prosimy dać nam znać.

Bulgarian: По заявка този документ е наличен на други езици и в други формати. За да заявите друг формат или ако имате нужда от услугите на устен преводач, молим да се свържете с нас.

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Appendix B

NHS
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Mental Health Rehabilitation Transformation

Consultation Report

16 January – 31 March 2023

1

NHS
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Executive Summary

The rehabilitation transformation consultation took place between 16 January to 31 March 2023.

26 patient and public surveys

28 staff surveys

13 attendees at events, both virtual and face to face

These results have been analysed across geographical areas as well as demographics and reported in the following slides.

The aim of the consultation was to understand people's views on two proposed options, specifically around the future of Ashley House in Grantham, one of two low dependency rehab wards in the county and potential expansion of community rehabilitation services.

2

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Consultation promotion

To make accessible to a range of patients, carers, families, public and staff we circulated information regarding the consultation using a wide range of channels and methods. Paying particular attention to existing patients and stakeholders who may already access mental health services, or those organisations that support people who may do in the future.

As well as full explanation of the consultation background and supporting information being available on our website, the Trust also hosted a range of open public events, both virtually and face to face around the county to capture a broad range of views. This also included sharing information in staff meetings and patients currently on our rehabilitation wards.

A survey was provided both electronically and in hard copy and alternative formats were available on request. The Trust's Participation Team also offered support in completing the survey where required.

Information about the consultation was also shared by our wider health and care partners, who shared information with their local staff and wider stakeholder and participation contacts.

- Media release issued to local and regional media
- Paid for and organic social media, targeting local community group pages for specific events.
- LPFT website and staff intranet
- LPFT staff news channels.
- Discussed in local adult mental health ward community meetings and staff meetings.
- Distributed to extensive engagement stakeholder database including contacts for
  - groups supporting: LGBT+, BAME, disability, carers, young people, older people,
  - faith and religious community groups
  - Health and social care partners
  - Mental Health third sector organisations inc Shine Lincolnshire
  - District Councils
  - Local universities and colleges
  - Lincolnshire wide Patient Participation Groups
  - LPFT Membership (circa 9,000 members)
  - GP Practices in Lincolnshire
  - NHS Lincolnshire ICB 'The Contributor' engagement bulletin
  - Lincolnshire Recovery College,
  - LPFT Volunteers and Carers Forums
  - Mental Health Community Transformation Programme and Co-production network.

3

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Consultation
Patient and Public Feedback

4

Geographical spread

Locations of respondents shown below:

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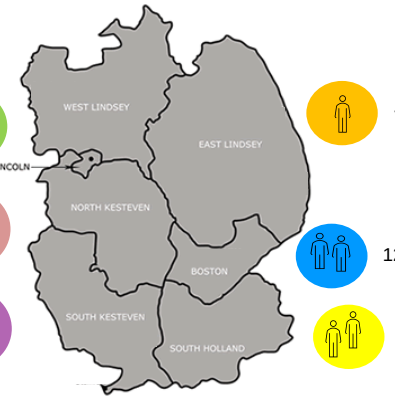
Numbers in red show how many attended the face to face and virtual events

8% (2) Preferred not to say

46% (6) Virtual Event



8% (2) Lincoln

4% (1) East Lindsey

31% (4) Skegness

24% (6) North Kesteven

12% (3) Boston

36% (9) South Kesteven

23% (3) Grantham

8% (2) South Holland

Supporting people to live well in their communities

5

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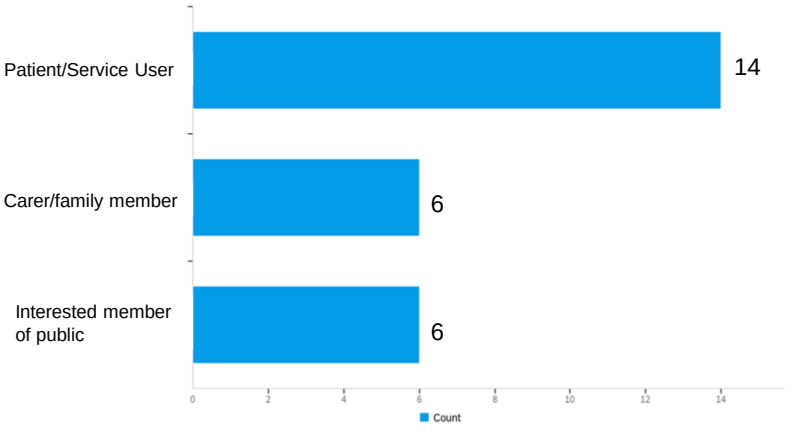
People responding

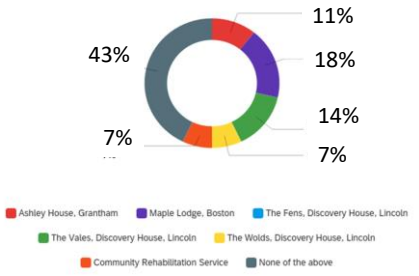


Supporting people to live well in their communities

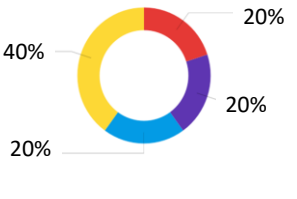
6

NHS Lincolnshire Partnership NHS Foundation Trust

Have you, or a close family member, used any of the following rehabilitation services in the last three years?



If you have, please tell us to what extent you were satisfied with the care you received.



Supporting people to live well in their communities

7

Key benefits and concerns of using current services

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Community Support

More 1:1 time, wide range of opportunities to reach goals, supported to live at home instead of being an inpatient

Inpatients

I've come on leaps and bounds on the ward, staff are supportive. It's quiet, friendly and peaceful

Travel

Better to receive care closer to home

Travel

Lack of support with transport for patients and carers/families to access inpatient care

Inpatients

Limited opportunities to engage with staff, limited activities, mixed sex environment felt scary

Supporting people to live well in their communities

8

How important or not are the following aspects of rehabilitation care?

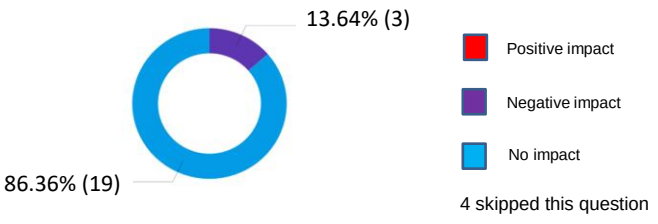
NHS Lincolnshire Partnership NHS Foundation Trust

	Very Important	Important	Not very important	Not important at all	Don't know	Total
A - Providing support at home based on individual needs	17	8	0	0	0	25
B - Providing long-term rehabilitation care in a hospital setting	8	11	5	1	0	25
C - Accessing rehabilitation inpatient care for a short period of time	13	10	2	0	1	26
D - Having access to care and support in the evenings and at weekends	16	9	1	0	0	26
E - Help with accessing other areas of support i.e housing, benefits, local community groups	20	5	1	0	0	26
F - Enabling people to live well in their communities and preventing re-admission into hospital	23	3	0	0	0	26

9

Has the temporary closure of Ashley House impacted on your care?

NHS Lincolnshire Partnership NHS Foundation Trust



4 skipped this question

- "Frustrating to see Ashley House left empty"
- "Currently not using LPFT services, using peer to peer led support services"
- "If Ashley House was open, I would have been there and this is closer to my house"
- "A short term inpatient stay would be beneficial, as Ashley House is in my home town and would equate to minimal disruption to my life".

10

Proposal support

NHS Lincolnshire Partnership NHS Foundation Trust

2 skipped this question

Proposal one: Reopen Ashley House as a 15 bedded open rehabilitation unit, but not expand the community rehabilitation service to the rest of the county. There is currently not enough resource or demand to have both the countywide community rehabilitation service and two low dependency mental health rehabilitation units in the county.

6 people supported

Proposal two: Permanently close Ashley House as an inpatient unit and reinvest the resource into the community rehabilitation service to provide a countywide service. Patients will either receive their care via the community rehabilitation service in their own homes or at Maple Lodge in Boston where a hospital stay is still required. (This is our preferred option).

18 people supported

11

Other suggestions/comments

NHS Lincolnshire Partnership NHS Foundation Trust

Travel

Support with travel if inpatient stay is required.

Travel can be a barrier due to cost of living.

As a Grantham resident, I'm concerned about transport issues, not just for patients but for families visiting too

Future use of Ashley House

Could this support workshops and community groups.

Support for elderly community groups.

Respite care for children and young people to prevent inpatient out of area care.

Carer and respite

Fully staffed and supported Community Rehab Service for most patients is the better option, however inpatient provision must remain for those where this is not the case and for individuals families/carers for who the break away allows them some respite

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Consultation Events

NHS Lincolnshire Partnership NHS Foundation Trust

Date	Venue	Audience	Attendance
19/02/23	Virtual via MS Teams	Patients, carers, families, providers and interested members of public	3
13/02/23	Jubilee Life Centre, **GRANTHAM**	Patients, carers, families, providers and interested members of public	3
16/02/23	Up-Hill Community Centre, **GAINSBOROUGH**	Patients, carers, families, providers and interested members of public	0
20/02/23	The Storehouse, **SKEGNESS**	Patients, carers, families, providers and interested members of public	4
27/02/23	Resource Centre, **STAMFORD**	Patients, carers, families, providers and interested members of public	0
14/03/23	Virtual via MS Teams	Patients, carers, families, providers and interested members of public	3
16/03/23	Trinity Centre, **LOUTH**	Patients, carers, families, providers and interested members of public	0
27/03/23	Tonic Health, **SPALDING**	Patients, carers, families, providers and interested members of public	0

13

Benefits and concerns for permanently closing Ashley House and expanding Community Rehabilitation Team

NHS Lincolnshire Partnership NHS Foundation Trust

- Without the Community Rehab Team you wouldn't be able to offer intensive support i.e supporting people to travel to access groups, training and work.
- By permanently closing Ashley House you would have the funding to expand the Community Rehab Team to the entire county.
- Great to see you are encouraging independence, I'd definitely like to know more about the Community Rehab Service.
- I agree with community support with beds still being available for short stays – this is needed for both patients and carers.
- It's encouraging to hear that the CRT are supporting between 60-70 patients and that they are visiting people in hospital before they are discharged.

- If you only have Maple Lodge in Boston as a low-dependency rehab unit how will you support patients, carers and families with travel?
- Grantham feels like the poor relation.
- Your main issue will be staffing – a lot of the success of the CRT will depend on whether you can recruit to the team.
- Public transport still remains a problem for people living in Lincolnshire.
- As a carer my biggest obstacle is maintaining contact with my daughter through the cost of having to travel to support her – anything to support families and carers would be grateful – subsidising to help continuity.

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Questions from Consultation Events

NHS Lincolnshire Partnership NHS Foundation Trust

- If you only have Maple Lodge in Boston as a low-dependency rehab unit how will you support patients, carers and families with travel?
- What other uses are you considering for Ashley House if the decision is to permanently close the ward?
- Would there be an option for Ashley House to be used to support young people? Lots of young people are having to go out of county for treatment, Ashley House could be developed to support them.
- Could Ashley House be used for mental health workshops, skills building groups including cooking, managing money etc?
- Has Maple Lodge ever been at full capacity?
- Will the expansion of CRT be funded by the closure of Ashley House? Have you got enough funding to expand to the entire county?
- Public transport still remains a problem for people living in Lincolnshire.

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Consultation Staff Feedback

16

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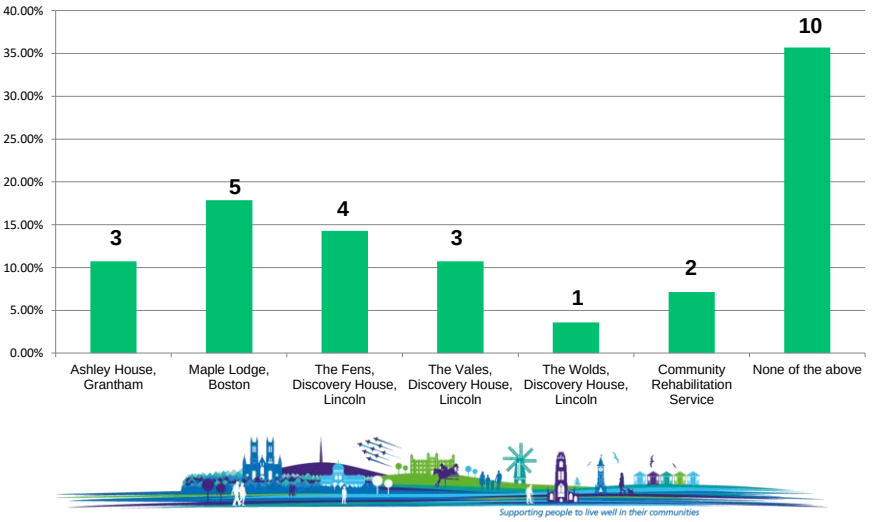
Which service do you work in?



17

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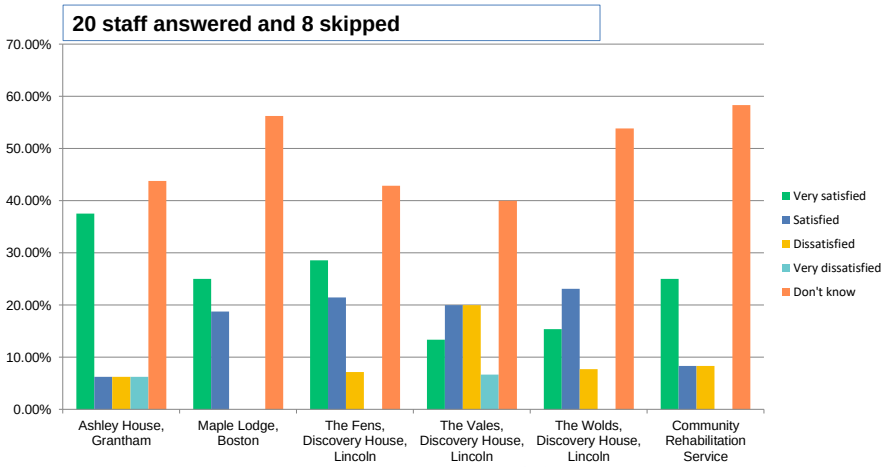
If you have worked in rehabilitation services, please tell how satisfied you were with the level of care and support you were able to deliver to patients and carers



18

Responses on level of care and support they were able to deliver to patients and carers

NHS Lincolnshire Partnership NHS Foundation Trust

- Delivering high quality care to empower patients to live well in the community
- Much needed service with a focus on establishing excellent relationships with patients and building community links
- The CRT would support us to free up some beds and give us more time to help people into housing

- Concerns for inpatients not receiving effective and safe services
- No set boundaries for inpatients. Patients not being prepared for the 'real world'
- Multiple patients have been through the same service that was meant to 'rehabilitate them back into the community'
- Majority of patients are in hospital too long

19

How important or not do are the following aspects of rehabilitation care?

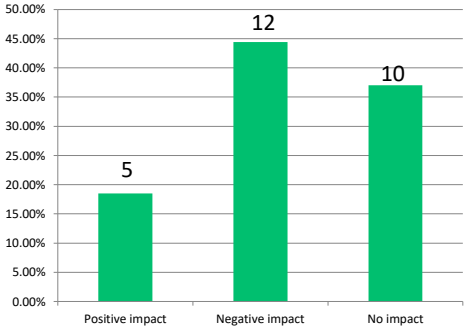
NHS Lincolnshire Partnership NHS Foundation Trust

	Very Important	Important	Not very important	Not important at all	Don't know	Total
A - Providing support at home based on individual needs	20	8	0	0	0	28
B - Providing long-term rehabilitation care in a hospital setting	8	9	9	1	1	28
C - Accessing rehabilitation inpatient care for a short period of time	10	15	3	0	0	28
D - Having access to care and support in the evenings and at weekends	16	9	2	0	0	27
E - Help with accessing other areas of support i.e housing, benefits, local community groups	21	7	0	0	0	28
F - Enabling people to live well in their communities and preventing re-admission into hospital	23	5	0	0	0	28

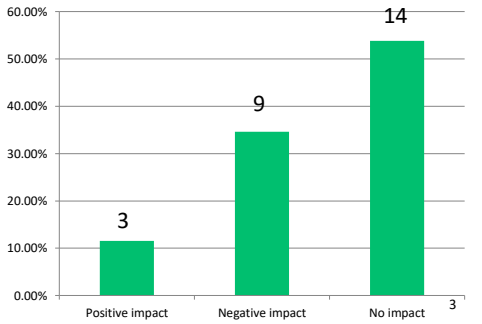
20

NHS Lincolnshire Partnership NHS Foundation Trust

What impact do you think the temporary closure of Ashley House has had on patient care?



What impact, if any has the temporary closure of Ashley House had on you as a member of staff?



Supporting people to live well in their communities

21

NHS Lincolnshire Partnership NHS Foundation Trust

Impact of temporary closure of Ashley House

- Opportunities for the patient to receive care that is meaningful & gives staff confidence in the referral for safe and effective care
- This has allowed the CRT to temporarily expand into other areas of the county, improving our community offer
- Initially there was some anxiety from staff and patients but once the alternate service was provided all felt reassured

- Having worked at Ashley House for a long period of time, I was re-deployed a significant distance from where I live
- We need more rehabilitation units for patients who are ready to be stepped down but not ready for living in the community
- Patients who don't need a 'locked' rehab service are being referred to Discovery House instead of accessing the services they require

Supporting people to live well in their communities

22

Proposal support

Proposal one: Reopen Ashley House as a 15 bedded open rehabilitation unit, but not expand the community rehabilitation service to the rest of the county. There is currently not enough resource or demand to have both the countywide community rehabilitation service and two low dependency mental health rehabilitation units in the county.

9 staff supported

Proposal two: Permanently close Ashley House as an inpatient unit and reinvest the resource into the community rehabilitation service to provide a countywide service. Patients will either receive their care via the community rehabilitation service in their own homes or at Maple Lodge in Boston where a hospital stay is still required. (This is our preferred option).

19 staff supported

Supporting people to live well in their communities

23

Other suggestions/comments

We appreciate care in the community needs to happen but please don't close Maple Lodge as well.
We need to come up with some options for the most vulnerable in the south of the county

Look at the whole rehab element and put structures in place to help long stay admissions

Consider the use of the Beaconfield estate to support our growing workforce, as well as supporting innovative developments that will support service users (i.e low stimulus areas, changing spaces, sensory rooms and the potential to have adequate space for our learning disabilities community

We don't need new different teams, what we need is improved and efficient community teams that we already have. We have short staffed teams which is not ideal. Ashley House could be used as a stepped down location especially if we have patients who are stuck in acute wards due to housing or other social issues

Supporting people to live well in their communities

24

NHS
Lincolnshire Partnership
NHS Foundation Trust

Combined opinion on proposals

25

NHS
Lincolnshire Partnership
NHS Foundation Trust

2 people skipped this question

Proposal one: Reopen Ashley House as a 15 bedded open rehabilitation unit, but not expand the community rehabilitation service to the rest of the county. There is currently not enough resource or demand to have both the countywide community rehabilitation service and two low dependency mental health rehabilitation units in the county.

15 people supported this option

Proposal two: Permanently close Ashley House as an inpatient unit and reinvest the resource into the community rehabilitation service to provide a countywide service. Patients will either receive their care via the community rehabilitation service in their own homes or at Maple Lodge in Boston where a hospital stay is still required. (This is our preferred option).

37 people supported this option

26

NHS
Lincolnshire Partnership
NHS Foundation Trust

Equality Monitoring
Patient, carer and public

27

Respondent Profiling

NHS
Lincolnshire Partnership
NHS Foundation Trust

Ethnicity	Responses	
Bangladeshi	0%	0
Indian	0%	0
Pakistani	0%	0
Any Other Asian Background	0%	0
African	0%	0
Caribbean	0%	0
Any Other Black Background	0%	0
White and Asian	0%	0
White and Black African	0%	0
White and Black Caribbean	0%	0
Any Other Mixed Background	0%	0
White British	88%	23
White Irish	0%	0
Any Other White Background	4%	1
Chinese	0%	0
Gypsies & Travellers	0%	0
Any Other Ethnic Group	0%	0
Rather not say	8%	2
	Answered	26

Gender	Responses	
Male	31%	8
Female	61%	16
Non-binary	4%	1
Intersex	0%	0
Prefer to self identify	0%	0
Prefer not to say	4%	1
	Answered	26

Age	Responses	
16 – 24	4%	1
25 - 29	12%	3
30 - 39	19%	5
40 – 49	15%	4
50– 59	11%	3
60- 69	27%	7
70 – 79	8%	2
80+	0%	0
Rather not say	0%	0
	Answered	25
	Skipped	1

28

Are your day to day activities limited because of a health problem or disability which has lasted, or expected to last, at least 12 months (including any problems related to old age)?	Responses	
Yes	40%	10
No	52%	13
Prefer not say	8%	2
	Answered	25
	Skipped	1

NHS Lincolnshire Partnership NHS Foundation Trust

Please indicate your disability – people may experience more than one type of impairment, in which case you may indicate more than one	Responses	
Physical impairment	29%	5
Sensory impairment	6%	1
Mental Health condition	41%	7
Learning Disability/Difficulty	6%	1
Long standing illness	12%	2
Other	6%	1
	Answered	17
	Skipped	9

29

Sexual orientation	Responses	
Bisexual	4%	1
Gay	4%	1
Heterosexual	73%	19
Lesbian	0%	0
Prefer to self -identify	0%	0
Prefer not say	19%	5
	Answered	26
	Skipped	0

Religion or beliefs	Responses	
No Religion	46%	12
Buddhist	0%	0
Christian (all denominations)	50%	13
Hinduism	0%	0
Islam	0%	0
Jain	0%	0
Jewish	0%	0
Sikhism	0%	0
Muslim	0%	0
Prefer not to say	4%	1
	Answered	26
	Skipped	0

NHS Lincolnshire Partnership NHS Foundation Trust

Gender reassignment: Have you gone through any part of a process, or do you intend (including thoughts or actions) to bring your physical sex appearance, and/or your gender role, more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)	Responses	
Yes	0%	0
No	100%	19
Prefer not to say	0%	0
	Answered	19
	Skipped	7

30

Carer – do you look after or give any help or support to family members, friends, neighbours or others because of long term physical or mental ill health/disability or problems relating to old age?	Responses	
Yes	35%	9
No	58%	15
Prefer not to say	7%	2
	Answered	26
	Skipped	0

Caring Responsibilities: the amount of time spent in relation to caring responsibilities	Responses	
Yes, 1-19 hours per week	32%	4
Yes, 20-49 hours per week	15%	2
Yes, 50+ hours per week	15%	2
Prefer not to say	38%	5
	Answered	13
	Skipped	13

NHS
Lincolnshire Partnership
NHS Foundation Trust

Caring Responsibilities: do you have any dependent children under 18?	Responses	
Yes	21%	5
No	79%	19
Prefer not to say	0%	0
	Answered	24
	Skipped	2

Pregnancy and maternity: are you currently pregnant or providing maternity care for a new born baby?	Responses	
Yes	0%	0
No	100%	23
Rather not say	0%	0
	Answered	23
	Skipped	3

31

NHS
Lincolnshire Partnership
NHS Foundation Trust

Equality Monitoring Staff

32

Respondent Profiling

NHS Lincolnshire Partnership NHS Foundation Trust

Ethnicity	Responses	
Bangladeshi	0%	0
Indian	0%	0
Pakistani	0%	0
Any Other Asian Background	0%	0
African	0%	0
Caribbean	0%	0
Any Other Black Background	0%	0
White and Asian	0%	0
White and Black African	0%	0
White and Black Caribbean	0%	0
Any Other Mixed Background	0%	0
White British	100%	26
White Irish	0%	0
Any Other White Background	4%	1
Chinese	0%	0
Gypsies & Travellers	0%	0
Any Other Ethnic Group	0%	0
Rather not say	8%	2
	Answered	26
	Skipped	2

Gender	Responses	
Male	15%	4
Female	73%	19
Non-binary	0%	0
Intersex	0%	0
Prefer to self identify	0%	0
Prefer not to say	12%	3
	Answered	26
	Skipped	2

Age	Responses	
16 – 24	0%	0
25 - 29	12%	3
30 - 39	44%	12
40 – 49	15%	4
50– 59	18%	5
60- 69	4%	1
70 – 79	0%	0
80+	0%	0
Rather not say	7%	2
	Answered	27
	Skipped	1

33

Are your day to day activities limited because of a health problem or disability which has lasted, or expected to last, at least 12 months (including any problems related to old age)?	Responses	
Yes	15%	4
No	78%	21
Prefer not say	7%	2
	Answered	27
	Skipped	1

NHS Lincolnshire Partnership NHS Foundation Trust

Please indicate your disability – people may experience more than one type of impairment, in which case you may indicate more than one	Responses	
Physical impairment	20%	2
Sensory impairment	0%	0
Mental Health condition	50%	5
Learning Disability/Difficulty	0%	0
Long standing illness	20%	2
Other	10%	1
	Answered	10
	Skipped	21

34

Sexual orientation	Responses	
Bisexual	4%	1
Gay	0%	0
Heterosexual	81%	21
Lesbian	4%	1
Prefer to self -identify	0%	0
Prefer not say	11%	3
	Answered	26
	Skipped	2

Religion or beliefs	Responses	
No Religion	46%	12
Buddhist	0%	0
Christian (all denominations)	42%	11
Hinduism	0%	0
Islam	0%	0
Jain	0%	0
Jewish	0%	0
Sikhism	0%	0
Muslim	0%	0
Prefer not to say	12%	3
	Answered	26
	Skipped	2

NHS
Lincolnshire Partnership
NHS Foundation Trust

Gender reassignment: Have you gone through any part of a process, or do you intend (including thoughts or actions) to bring your physical sex appearance, and/or your gender role, more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)	Responses	
Yes	0%	0
No	88%	21
Prefer not to say	12%	3
	Answered	24
	Skipped	4

35

Carer – do you look after or give any help or support to family members, friends, neighbours or others because of long term physical or mental ill health/disability or problems relating to old age?	Responses	
Yes	31%	8
No	58%	15
Prefer not to say	11%	3
	Answered	26
	Skipped	0

Caring Responsibilities: the amount of time spent in relation to caring responsibilities	Responses	
Yes, 1-19 hours per week	32%	6
Yes, 20-49 hours per week	16%	3
Yes, 50+ hours per week	5%	1
Prefer not to say	47%	9
	Answered	19
	Skipped	9

NHS
Lincolnshire Partnership
NHS Foundation Trust

Caring Responsibilities: do you have any dependent children under 18?	Responses	
Yes	38%	10
No	50%	13
Prefer not to say	12%	3
	Answered	26
	Skipped	2

Pregnancy and maternity: are you currently pregnant or providing maternity care for a new born baby?	Responses	
Yes	0%	0
No	96%	25
Rather not say	4%	1
	Answered	26
	Skipped	2

36

Patient, Carer and Public Concerns Raised and Actions Being Taken

Key Concerns Raised During Consultation	Response
If Ashley House closed there was concern from some people that they would have to travel further if they required an inpatient service. As would their family members to stay connected. Respondents asked how they could be supported to keep in contact with relatives when public transport is an issue in Lincolnshire.	The modelling work carried out to inform these proposed service changes identified that approximately five people each year may have to travel further to access low dependency mental health rehabilitation inpatient care. The Trust is currently reviewing how we can best support carers to travel to hospital units not in their local area where hospital admission is required. As part of this we will develop a protocol for supporting those families who will have to travel further, with transport costs, to enable relatives to maintain contact whilst someone is admitted to a hospital unit away from home. There will also be further exploration of additional digital options that might be available to support ongoing regular contact. A case for change has additionally been developed for further investment in carer support across the Trust's rehabilitation services, which could introduce dedicated carer champions within the rehabilitation wards to be a point of contact for carers and help maintain regular contact. This case for change is just awaiting confirmation of funding to mobilise. It is important to remember that this change will reduce travel for the majority of people in Lincolnshire and reduce a need for people being placed out of Lincolnshire for hospital care.

Appendix C

Key Concerns Raised During Consultation	Response
What would the Ashley House building be used for in the future if closed?	As a Trust we are committed to Ashley House continuing to be used for mental health related activity, however there are several options that will need to be considered together with our partners, to determine the most appropriate use of the building going forward. A full options appraisal will be undertaken involving stakeholders to determine the future use of Ashley House if the decision is to permanently close the current inpatient service.
Respondents agreed that a fully staffed and supported community rehab service for the majority of patients was the better option, however felt inpatient provision must remain for those where this may not be suitable and for individual's family and carers for whom the admission might provide respite.	Inpatient care is an important part of the rehabilitation service offer in Lincolnshire and will remain in place for those patients that need that level of care. There are no current plans to close Maple Lodge as our low dependency open rehabilitation service.

Key Concerns Raised During Consultation	Response
How will the community rehab team be able to recruit the staffing levels needed to become a county wide service	Due to the nature of the community rehabilitation model, a greater proportion of the workforce can be non-registered professionals, when compared to inpatient services. This, coupled with the Trust's proactive recruitment approach, means we are confident that we will be successful in recruiting the required levels of staff. The Trust has a detailed workforce recruitment and retention plan in place across all areas which will support recruitment. There will be a phased approach to implementation, however we have seen throughout the pilot during Ashley House's current closure that current demand can already be successfully managed with the current team capacity, alongside Maple Lodge in Boston as an inpatient facility when required. The expansion of the service will only further enhance patient experience and allow us to increase our support to people in other areas of the county not already receiving support and further enhance the provision into adult acute wards and other rehabilitation services.
Query that even with the closure of Ashley House, whether there was enough funding to make the community rehabilitation service countywide?	Yes, detailed financial and workforce modelling has been carried out by LPFT to ensure there are sufficient financial resources to deliver a countywide service if Ashley House remains closed. Service demand and capacity will be reviewed annually as part of the Trust's business planning process to ensure the needs of the whole county continue to be met.

Appendix D

Staff Concerns Raised and actions being taken

Key concerns raised during consultation	Response
Concern patients are not receiving effective and safe services in inpatient care.	Inpatient care is an important part of the rehabilitation service offer in Lincolnshire and sufficient capacity will remain in place for those patients that need this level of care. We have regular quality assurance processes in place to ensure services are safe and effective, for example the 15 steps visit, daily review of incidents, monthly quality meetings led by Quality and Assurance Lead, collection and analysis of patient feedback, Friends and Family Test and staff surveys. All feedback received is collected and analysed by the Patient Safety and Experience Committee to ensure our services remain high quality. In the community rehabilitation service, we use the IROC toolkit to measure positive patient outcomes that directly relate to what the patient would like to achieve. To date these are showing the majority of patients are having a positive experience.
No set boundaries for inpatients. Felt patients are not being prepared for the 'real world'.	The community rehabilitation service is designed to bridge the gap between inpatient care and supported/independent living, so patients feel better prepared for living in the community. A case for change has been developed to provide additional occupational therapy capacity on our existing wards, to support patients with transition and meaningful activity whilst admitted to hospital. We await confirmation of funding to be able to implement this. Community Rehabilitation staff are 'in-reaching' into wards to support discharge planning and preparation.

Key concerns raised during consultation	Response
Multiple patients had previously been through the same service meant to 'rehabilitate them back into the community'	Sometimes it is necessary for patients to have to re-enter inpatient care following discharge. However, with the expansion of the community rehabilitation offer we hope to better support patients in their own communities following discharge, so they are able to live well for longer and hopefully reduce or avoid completely further readmission.
Some respondents felt that the majority of patients were in hospital too long	The community rehabilitation service is intended to help patients be discharged earlier than in the past, as the level of support in the community will be enhanced. The team are currently in-reaching to our wards, to form part of discharge planning and identifying goals and options for discharge.
Concern by one staff member who had been redeployed from Ashley House that they had been re-deployed a significant distance from where they lived	A full process in line with organisation's change policy was conducted during the ward temporary closure and as part of this we worked with colleagues on a one-to-one basis to redeploy people to the most suitable alternative role, as close to where they live as we are able to. Excess milage is paid for staff who are required to travel further than usual. Any change process is supported by the Human Resources team, in conjunction with staff side representatives.

Key concerns raised during consultation	Response
Need for more rehabilitation units for patients ready to be stepped down but not ready for living in the community	Much work has been done to understand the rehabilitation needs of the Lincolnshire population and the Trust is confident that the current bed capacity is more than sufficient to meet demand. There is evidence from the two-year Ashley House closure that patients requiring low dependency rehabilitation care have been sufficiently cared for at Maple Lodge in Boston when requiring inpatient care, or by the community rehabilitation team where there is an appropriate need. During this time the bed capacity at Maple Lodge has not been exceeded and no patient has been placed out of area.
Concern that patients who didn't need 'locked' rehab were being referred to Discovery House instead of accessing the services they required.	Every patient admitted to our wards has an individual assessment of their needs to determine the level of care they require. There has been, and continues to be, sufficient bed availability at Maple Lodge to meet all low dependency inpatient rehabilitation need. No patients have been admitted to a high dependency ward because of a lack of low dependency capacity.
Concern regarding the future of Maple Lodge in light of the move to care in the community. Need to come up with some options for the most vulnerable in the south of the county	There are no current plans to close Maple Lodge in Boston as a countywide provision for inpatient low dependency rehabilitation care. The expansion of the community rehabilitation service will also help better support rehabilitation care in the south of the county, by keeping people in their local communities.

Key concerns raised during consultation	Response
Need to look at the whole rehab element and put structures in place to help long stay admissions	The community rehabilitation service is intended to help patients to be discharged from several services earlier then they have in the past, as the level of support available in the community will be enhanced. Regular pathway meetings are in place across all rehab and low secure services, allowing the team to meet regularly to discuss, monitor and support patients move through their most appropriate care pathway as quickly as possible, this includes both those on our local wards and anyone in out of area care.
Consider the use of the Beaconfield estate to support a growing workforce, as well as supporting innovative developments that will support service users (i.e low stimulus areas, changing spaces, sensory rooms and the potential to have adequate space for our learning disabilities community services)	As a Trust we are committed to continuing to use Ashley House for mental health related activity. There are however several options that will need to be considered together with our partners to determine the most appropriate use of the building going forward.
Ask to improve existing community teams rather than introduce new teams, as current teams were short staffed.	Community rehabilitation is an effective way to support people to live well in their communities and is intended to compliment the work of other community teams. Community rehabilitation is an essential part of the NHS Long Term Plan and the work being rolled out nationally under the community mental health transformation programme. The Trust has a full programme of recruitment and retention work designed to address workforce shortages across all services. This will continue throughout the year and into the future with the impact on staff recruitment carefully monitored at both board and sub-committee level.

Key concerns raised during consultation	Response
Potential for Ashley House to be used as a stepped down facility, especially if we have patients who are stuck in acute wards due to housing or other social issues.	As a Trust we are committed to continuing to use Ashley House for mental health related activity. There are however several options that will need to be considered together with our partners to determine the most appropriate use of the building going forward.

Appendix E

East Midlands Clinical Senate Recommendations and Actions Being Taken

Recommendation	Lincolnshire Response
Recommendation 1 *It is recommended that the system ensure that robust and detailed horizon scanning and future planning is undertaken to ensure the service is fit for purpose and capable of expansion to meet the needs of the current and predicted future population. This should be done in collaboration with all partner organisations for whom the service change has implications.*	The proposal to develop a countywide community rehabilitation team is in line with national strategy and ambitions to support people to live well within their local community, in the least restrictive environment. The community rehabilitation staffing model has been designed to meet the needs of the population both now and predicted in the future. During the temporary closure of Ashley House over the past two year there has been a reduction in low dependency, open rehabilitation beds from 30 (Ashley House & Maple Lodge combined) to 15 beds. However, despite this reduction the introduction of the community rehabilitation pilot in the areas currently covered has meant that any patients still requiring inpatient care have been accommodated at Maple Lodge. Maple Lodge's occupancy during this time has remained consistently below 100%. No patients have been required to be placed out of area during this period, and no adverse impact on other agencies has been identified during our consultation period with stakeholders. This demonstrates that with the capacity of the community rehabilitation service, in combination with the bed capacity at Maple Lodge, there is currently sufficient capacity to meet demand, even before any planned expansion of the community rehab service. The delivery model and service capacity will be reviewed annually a part of the Trust's business planning processes if the continuation of the service is approved by LPFT and the ICB. Out of area placements are also continuously monitored by the Trust's Out of Area Reduction Group, which meets regularly. Any indication of increasing out of area placements will be identified quickly and capacity of services reviewed.

Recommendation	Lincolnshire Response
	In addition to the work in rehabilitation services, LPFT has also been transforming community service provision and embedding several new services and support networks for anyone in our local community to access. As part of this development work we have been working closely with local partners in primary care and the voluntary, community and social enterprise sector. Whilst the full impact of this is still to be determined, it is anticipated that these community resources will compliment the community rehabilitation offering and provide further additional community capacity to help and support people stay well in the community and prevent a need for hospital admission. The system is also working with population health management colleagues to model the number of beds required for the system now and in the future, including mental health beds.
Recommendation 2 *It is recommended that the system has clearly documented actions and mitigations to address all of the concerns raised by the patients/carers and staff through the consultation process and other processes which can be presented and robustly tested through the systems internal governance processes to ensure the system is appropriately assured on this service change.*	The public consultation on the proposed continuation of the community rehabilitation service, as an alternative to Ashley House, has now ended and a full response to the concerns raised is being prepared as part of the proposal for future service delivery. The final business case will be put to LPFT's Board of Directors and the NHS Lincolnshire Integrated Care Board (ICB) for final decision in June 2023, with the outcome of this decision also being presented to the Health Scrutiny Committee for Lincolnshire in July 2023. Should the proposals be approved the Lincolnshire Mental Health and Dementia Joint Delivery Group will oversee the implementation of any actions suggested through the consultation process to address any concerns raised. A full table of feedback received during the consultation and actions being taken will be included in the final business case considered, and we are happy to share this with the clinical senate for oversight.

Recommendation	Lincolnshire Response
Recommendation 3 *It is recommended that the system has a clearly documented risk register with the appropriate level of granularity to describe all of the risks and mitigating actions across the whole service pathway and all partner organisations which are robustly reviewed as a system.*	The Lincolnshire Mental Health and Dementia Joint Delivery Group (which involves representation from LPFT, Lincolnshire ICB, Lincolnshire County Council, Primary Care Networks, Community and Voluntary Services, and Public Health Lincolnshire) will oversee the implementation of the next steps, following any decision about the future service model. This will include oversight and management of any identified risks associated with the chosen delivery model. The development of the community rehabilitation service is also managed through the Transformation Programme Oversight Group which monitors risks and issues through the programme governance and also includes key partners from local authority, voluntary and community sector as well as other health partners.
Recommendation 4 It is recommended that the service carry out a detailed analysis of the population health data and demographics to ensure that it is fully assured that the service takes into account (and meets) the needs of the whole population and vulnerable groups.	Population health data, in the form of Primary Care Network population profiles, are being used as part of the service clinical modelling. This data is being used to inform the distribution of resources across the county, as part of the ongoing community mental health transformation programme and will be used to inform the annual review of the community rehabilitation service. The development of a community rehabilitation service is part of a wider programme of work to transform community mental health services in Lincolnshire which has also completed local analysis. Quality and equality impact assessments have also been completed to assess impact on all sections of the population and ensure that access, outcomes and experience are not negatively impacted. Public Health Lincolnshire, alongside the Health Inequalities team in the ICB, have been asked to carry out a Health Equalities Assessment of the service change to ensure there is no negative impact from a health inequalities perspective.

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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**

Report on behalf of Lincolnshire Partnership NHS Foundation Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**19 July 2023**
Subject:	**Update on Adult Mental Health Services in Lincolnshire**

Summary:
Lincolnshire Partnership NHS Foundation Trust (LPFT) is the principal NHS provider of mental health services and also provides some learning disability, autism and social care services in the county.

The Trust reports regularly to the committee on changes to services but has been asked to provide a general overview of developments in services and action being taken to manage demand and waiting times.

This paper will concentrate on adult mental health services in the county, with a further presentation to the committee on children and young people's and older people's mental health services, dementia and learning disabilities and autism covered at the September meeting.

Actions requested:
That the Committee consider the information presented by Lincolnshire Partnership NHS Foundation Trust and decide on the next steps.

1. Introduction

Our communities and staff continue to feel the lasting impacts of the covid-19 pandemic and current cost of living, with rising demand for mental health services, and more complex presentation when people reach crisis point.

The need for mental health and wellbeing support has never been greater, which is reflected in the increase in referrals to Lincolnshire's mental health services.

We know that waiting lists for some of our services are higher than we would like and that patient experience could also be improved, so are working closely with our partners in the local Lincolnshire health and care system, as well as the community, voluntary and social enterprise sector to provide a wide range of support and resources to help people at different stages of their wellbeing where people don't necessarily need to access specialist secondary mental health services.

Whilst support for people in crisis has expanded substantially over the past few years, we also know we need to review our crisis and home treatment provision. Which is why we've undertaken a robust evaluation and engagement exercise about crisis support in the county. You can read more about this in section six.

We also have ongoing workforce challenges, like all NHS organisations, which are hindering the development and delivery of some services.

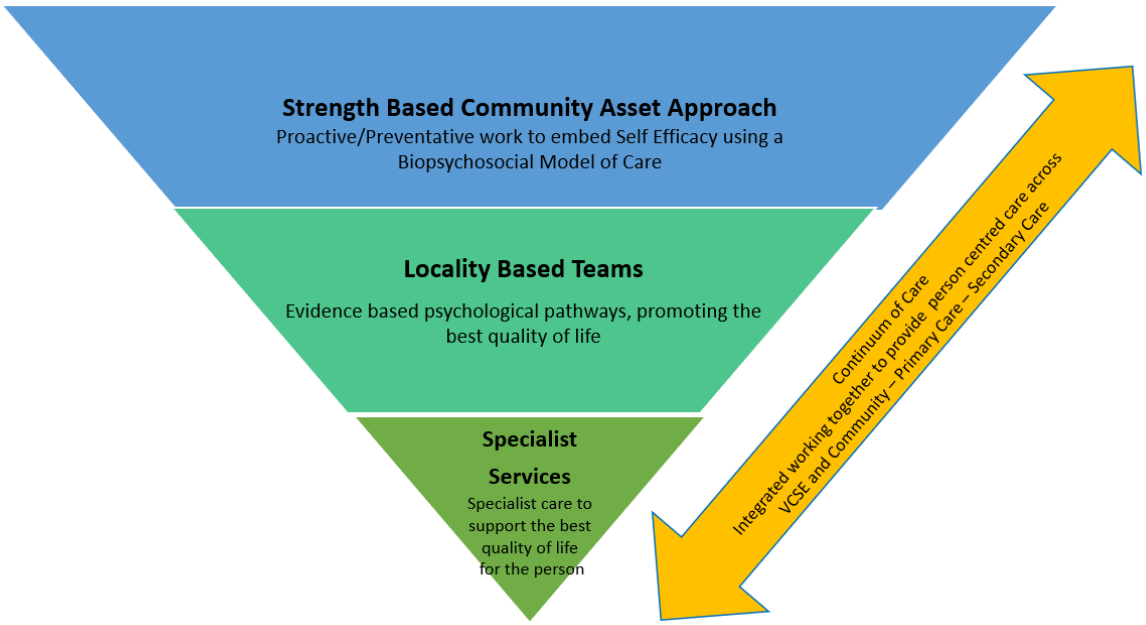
2. Community support for adults

A full list of all the community services the Trust provides can be found in appendix one, however as well as the specialist secondary care services the Trust directly provides, we are also working closely with partners across health, local authority, primary care networks and the voluntary, community and social enterprise sector (VCSE) as part of the community mental health transformation programme.

Lincolnshire was one of twelve national early implementers chosen to deliver the transformation programme. As an early implementer site, we worked with partners to develop and mobilise an ambitious plan to ensure that the development and transformation of both new and existing community services was designed, developed and delivered in an integrated way.

The model developed is committed to the delivery of right care, at the right time and in the right place. This has meant that the way we deliver services spans wider than specialist health services and encompasses primary care and VCSE partners to ensure that services are accessible for people within their own local communities.

At the heart of this programme is a commitment to design and deliver services with people with lived experience. Ensuring that services are people led and not just about people. Experts by experience are embedded across every part of the programme and as such Lincolnshire is recognised by NHS England as an exemplar site for the work that it has done to realise and embed this new way of working.



The programme delivers a vast array of initiatives and projects as well as the implementation of new workforce roles such as community connectors, psychological intervention facilitators and mental health and wellbeing practitioners.

All of the work taking place aligns with ambitions and deliverables identified in the national NHS Long Term Plan, commitments made for NHS community mental health transformation programme and more recently is now working towards embedding the NHS Confederation document 'No Wrong Door; A Vision for Mental Health, Learning Disabilities and Autism in 2032.'

Key elements of the programme for 23/24 include:

Strength based community assets

- **Countywide Community Connectors and Hubs** - We have developed mental health hubs across the county, these provide spaces for people to come together, with support on hand and activities often arranged. We have employed community connectors in each locality to bring together the VCSE organisations and be the link between services and people's communities.
- **Social prescribing model** – each area also has access to social prescribers who can work with individuals who may need extra support, identify their interests and goals and help them find local groups, activities and support that could help them reach these.
- **Peer Support Workers** – Across the county there are also people with lived experience now employed by the Trust as peer support workers to help support people with their own experiences access services.
- **Nightlight Cafes** - safe spaces that offer an out-of-hours, non-clinical support service and are staffed by teams of trained volunteers who are available to listen. They can also provide signposting advice and information on other organisations that may be able to help with specific needs

- **Mental health and wellbeing community investment fund** – financial support available to local groups and organisations to bid for to help develop groups and support programmes across the county that can support people with their mental health and wellbeing.
- **How Are You Lincolnshire website** – new website bringing together all of the groups, activities and organisations across the county that can support people with their wellbeing. Broken down by area to show the full breadth of offer in different areas of the county.
- **Lincolnshire Citizen Offer** - Ensuring care is planned and organised based on population needs, ensuring our service are accessible to all those living in a locality.
- **System mental health training** – specialist training for groups and organisations that are supporting people with mental health problems, to help them best support people and access support when they need it.
- **Suicide Bereavement Service**

Local based mental health teams

- Working closely with GPs in primary care to ensure clear pathways between services, with some staff fully integrated in local surgeries to offer earlier support.
- Realigned our local community mental health teams and integrated place-based teams to work more closely together.
- Ensuring people with serious mental illness are supported to access regular health checks

Specialist services in LPFT introduced or expanded

- **Personality and Complex Trauma Service** – a new service to support individuals living with complex personality difficulties using psychologically informed interventions and talking therapies. Can also support other teams who may be supporting people with personality difficulties with advice and training.
- **Community Rehabilitation** - provides ongoing specialist clinical support for people when they are discharged from hospital and complements other mental health community teams when supporting people who need a more structured and intensive approach.
- **Adult Eating Disorder Service** – Expanding the current team and capacity in the service, as well as moving away from the previous referral criteria that looked only at someone's BMI. Working with a range of system partners to look at the whole pathway from mild conditions through to specialist services for more complex and severe eating disorder and how the VCSE sector and primary care can work with specialist services to provide additional support.
- Ensuring services like **Early Intervention into Psychosis, Individual Placement and Support Employment** are fully working alongside other community services to ensure holistic approach.
- Increased access to **psychological interventions** and **specialist clinical pharmacy**.

As an organisation and network, we are also working together to ensure trauma informed care principles are embedded across all services we provide and that we continue to ensure the voice of people who use our services is at the key of how we develop in the future.

We are looking at the data around our population to ensure that how we develop our services meets these needs and does not negatively impact any group and that people have equal access to the services they need.

That the systems and digital technology we use works alongside other organisations and is integrated to ensure people have access to information they need to best support an individual and that they do not have to retell their story several times.

3. Demand and waiting times in adult community services

Demand on mental health services remains high and has continued to grow with recent events such as the pandemic and cost of living. Whilst much work is taking place to change the way we deliver services and expand the workforce we have to deliver specialist support, there are higher than we would like waiting times in some of our services . These are regularly monitored to ensure these are kept as short as possible.

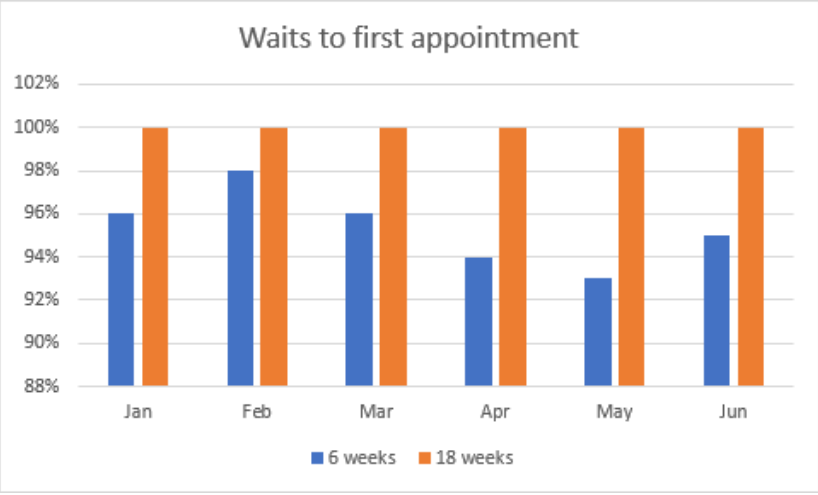
There are however also several specialist services where we do not have waiting lists including early access to psychological therapies, perinatal, recovery college, personality and complex trauma, community rehab, social care and homeless and employment support services.

Talking therapies for anxiety and depression

Our newly name Talking Therapies for anxiety and depression service (previously known as steps2change) has nationally set targets for waiting times.

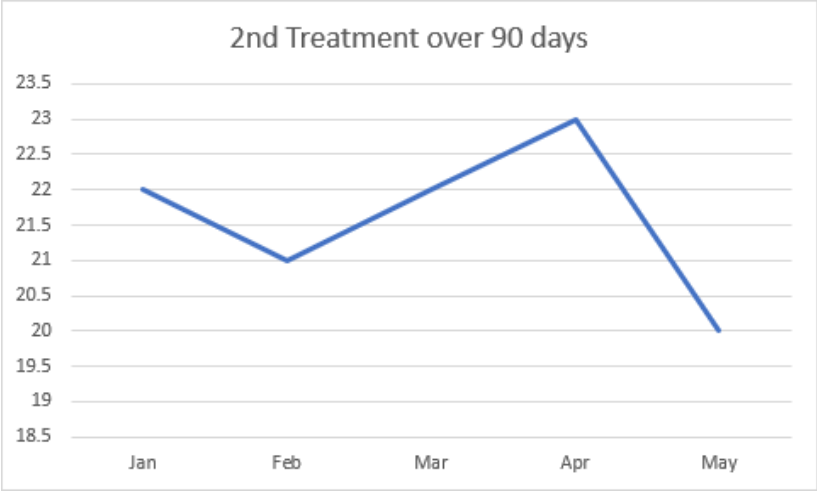
It is expected that 75% of patients commence treatment within 6 weeks and 95% of patients within 18 weeks.

The service for 22/23 achieved 97% against the 6-week standard and 100% against the 18 weeks standard.



The service is also measured by a wait to second appointment to ensure that any internal waiting times are monitored after initial contact. Again, there are national set recommendations for this

including, that 90% of patient wait less than 90 days, the service achieved 80% against this for 22/23.



Where people may be waiting for treatment, we ensure that they are provided with a range of resources to help with self-care and any workbooks that may help them to start working through themselves. Every person is also provided with information on what to do should their needs change, what to do in a crisis or if they need help urgently. Including information about the county's 24hr mental health helpline that can be someone to talk to, or who can escalate to the crisis teams where more specialist support is required.

Community mental health teams

Our community mental health teams are made up of a variety of professionals working in a multi-disciplinary way, for example psychiatrists, psychologists, nurses, social workers, occupational therapists, support staff and new roles including peer support workers, mental health and wellbeing practitioners and psychological intervention facilitators.

We aim to ensure a comprehensive assessment is completed and patients are then accessing the most appropriate support for their needs following this.

Nationally the expectation is that patients commence treatment within 18 weeks. Historically services have generally performed well against this expectation, however, waits can vary between disciplines and teams, depending on demand and staffing with generally longer waits to see a psychiatrist.

We have processes in place to regularly check in with patients who are waiting and like in talking therapies provide information on how to access help in an emergency. These teams also have a duty worker system so that any one calling in with issues or concerns can receive a response the same day.

As part of the community mental health transformation there is a national to see waits of no longer than four weeks and we are working towards this as we move to the new ways of working.

4. Transition between services

The services in the adult community mental health division with the exception of Lincolnshire Talking Therapies (LTT) Service are for people aged 18-65. The Talking Therapy service however can be access from the age of 16 upwards with no upper age limit.

There are clear protocols in place for young people when they are due to transition to adult services. From the age of 17 years and 6 months children and young people services highlight patients due to transition and work with adult services to commence a six-month handover of care.

We have recently employed peer support workers to support people to make this transition and are working together to look at these age limits and how we can be less prescriptive. Ensuring our services are flexible and people stay in the service that is best served to meet their needs.

People aged 65 and over who present with new episodes of mental health issues will generally have treatment within our community mental health services for older people.

For those who turn 65 whilst in adult services where we can continue to meet the patients' needs in their current team they would remain. The only exception might be where they are experiencing age related issues that would be better met by the older adult teams, in which case the teams would work closely together to handover care at the appropriate time.

5. Crisis and urgent care

Where people's needs are escalating and they are experiencing a crisis or more complex presentation that requires more intensive support, patients will access services in our adult inpatient and urgent care services.

A list of services this includes is in appendix 2.

These services support patients who are acutely unwell, or require a period of hospital care. In some cases, this can be in longer term hospital rehabilitation support, or a low secure setting for those who may have had criminal / offending behaviours or contact with criminal justice system.

Support in a crisis

In Lincolnshire people now have access to 24hr mental health helpline that could be a first point of contact to talk about difficulties they are experiencing. This service is delivered by Mental Health Matters and may help many people when they just need to talk or be signposted to support in their community that could help.

If, however the team feel that someone needs more immediate specialist support or interventions they can escalate a call to local crisis teams for more in depth support.

The crisis teams provide support from four hubs across the county in Boston, Grantham, Lincoln and Louth. Their response times are to see people with very urgent needs within 4 hours and urgent needs within 24hours.

In addition to this the county also has a liaison service based in the three main acute hospitals at Boston, Grantham at Lincoln, who can see people attending A&E or receiving treatment on any of the wards to support with any mental health presentation or ongoing assessment and referrals.

The team provide a 24/7 service at the Boston and Lincoln hospitals and support Grantham hospital 9am-5pm over seven days.

This team will aim to see emergency referrals in A&E in one hour and against a target of 80%, the team generally meet this target 93% of the time. The only exception to this is Grantham Hospital which has a response time for urgent referrals of four hours.

The team also support urgent referrals from short stay wards in a response target of 90%. (The team currently achieve around 98.1%).

Routine referrals on all other wards, including intensive care or maternity have a 24hour response target, for which the team currently achieve 98.1%.

To further support people in crisis the Trust also has a mental health practitioner working alongside Lincolnshire Police in their police control room and a crisis response vehicle in Lincoln and Boston available to go out urgently to respond to calls to the police and ambulance for mental health support.

As our urgent care pathways expand, we have taken the opportunity to commission a full internal evaluation of the current model of delivery for crisis and home treatment services.

We have undertaken extensive engagement with stakeholders, patients, carers, experts by experience, staff and the wider VCSE sector. We have been gathering data and narratives which are currently being evaluated and look forward to sharing our findings and recommendations once completed.

6. Developments

Mental Health Urgent Assessment Centre (MUHAC)

We know historically there have been particular challenges of people suffering a mental health crisis having to attend A&E departments, even where there was no medical need to do so.

This not only contributed to increasing numbers attending A&E but also increased the time for people being seen by a medical professional and ambulance handovers. We also know that busy A&E departments were not always the best environments for people in crisis.

Learning from examples from some other trusts in London who were taking steps to support those in mental health crisis in a different way, the Trust was able to mobilise a new mental health urgent assessment centre on the Lincoln County Hospital site over the winter in 2022.
Offering an alternative place for people to receive a rapid assessment of their mental health needs and provide an additional place of safety in an environment that was more appropriate and calming.

The assessment centre, which is staffed by experienced mental health practitioners, provides a safe, lower stimulus environment for patients to receive further assessment of their need and risk. It is co-located with mental health services to enable onward referral and liaison – particularly when looking at alternative community support, or where hospital admission is required.

The team are now accepting referrals from A&E departments, East Midlands Ambulance Service, Lincolnshire Police and also now community walk-ins.

The Trust has been initially piloting the service for 12 months with some monies assigned to support winter pressures across the Lincolnshire health and care system and has already seen improvements in decreasing footfall in A&E for those in mental health crisis and improved patient experience.

This has also given Lincolnshire an opportunity to reduce health inequalities, as many people in mental health crisis do not wish to attend a busy A&E department but will attend a calming environment with mental health trained professionals on hand to support them.

Following a robust independent evaluation of the service over the last year we were pleased to have been awarded recurrent funding to continue the great work in the centre and expand to an all-age pathway to include children and young people in the future.

New adult acute wards

Following on going work to eradicate dormitory accommodation from all of the Trust's hospital wards across the county, we were delighted to open our two new wards in Lincoln at Peter Hodgkinson Centre this June. The new wards called Castle and Ellis replace outdated ward environments on Charlesworth and Conolly wards and now provide 19 individual ensuite bedrooms, much improved ward spaces and lots of safe outdoor areas for people to access freely.

Patients were safely transitioned across to the new wards at the end of June and are settling into to the new environments well.

The design of the wards was achieved through extensive collaboration with staff, patients, carer's, experts by experience and stakeholders and was upheld as national best practice, with the Trust winning Best Service User Engagement Award for a new build at the recent Design in Mental Health Awards.

We were also pleased to recently receive planning permission for our new build designs on the Norton Lea site in Boston, which will replace Ward 12 at Pilgrim Hospital. This will utilise currently unused land owned by the Trust and again provide individual ensuite bedrooms and much

improved environment. The hub will also be home to the Boston crisis team who can support the team as required and ensure they are not a standalone service.

Work continues to finalise plans and prepare the site and we hope to start to build from September 2023 for completion by summer 2025.

Carer Champions

The role of the Carers Champion was developed to offer direct support for carers whilst loved ones were in hospital, to be their consistent contact person in addition to the ward staff, and to ensure regular communication with them and ensure their voices were heard.

The role has provided a valuable resource in helping the Trust identify those in a caring role, who to date may not have been offered a carers assessment and provide them with additional information or answer any questions they may have about an admission to hospital. They also support the carer's voice in essential care planning and discharge discussions and meetings on the ward – encouraging and supporting carers to attend, or where preferred, to listen and be the voice of the carer within these forums.

The Trust is receiving very positive feedback about these new roles and how they are supporting carers at a difficult time.

7. Inpatient workforce challenges

As previously reported to the committee the Trust had to take an emergency decision to temporarily close the Psychiatric Intensive Care Unit (PICU) in October 2022 on the grounds of safety. This was in response to critical staffing levels across the adult inpatient and urgent care services.

The PICU was selected for temporary closure as it was identified to have the least distribution to staff and patients, when compared with other wards.

Following the closure, the PICU staff were re-deployed to increase workforce resilience across the remaining adult inpatient wards and the Trust has worked in collaboration with partners to develop a workforce plan for both short, medium, and longer term.

As reported to the committee in May 2023 based on current workforce trajectories the Trust is working towards being able to partially reopen the PICU in November 2023, with a full reopening of the service in March 2024. We are also working with stakeholders, including patients and staff to look at how we could provide a female provision in the county in the future.

There continues to be a comprehensive programme of work to recruit and retain staff in these services including proactive advertising campaign, international recruitment, growing our own workforce with apprenticeships and supported nursing training and looking at new roles and ways of working.

There continues to be a steady and positive increase in recruitment across the division and turnover and staff sickness has also stabilised and we remain committed to the timescales set out for reopening.

8. Summary

Despite increasing demand and rising complexity of people's needs we have been pleased to be able to receive substantial investment in mental health services over the last few years that are helping us expand our current workforce to meet rising demand or change the way we work to offer a collaborative approach with our system partners in health, social care and the voluntary and community sector.

Whilst waiting times remain higher than we would like in some areas, we continue to regularly check in with people to ensure their needs have not changed and provide interim signposting and resources that might help. As well as access to Lincolnshire's 24/7 mental health helpline.

We continue to review how our services are operating with the people who use them or need to use them to ensure we are redesigning services that meet people's needs and we continue to improve what we currently offer.

Workforce remains our biggest challenge as an organisation and we continue to give it our attention and focus to do as much as we can to advertise Lincolnshire and LPFT as a place to work and live, grow our own workforce of the future and support our staff to remain well and stay with us.

9. Appendices

These are listed below and attached at the back of the report	
Appendix 1	Services in the adult community mental health division
Appendix 2	Services in the adult inpatient and urgent care division

10. Background Documents

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 Chris Higgins Director of Operations at LPFT, who can be contacted via (Christopher.Higgins3@nhs.net / or 01522 309199)

Appendix 1

Services in the adult community mental health division

Early Intervention in Psychosis	Countywide community based service who provide comprehensive assessment by a multidisciplinary team, and intensive treatment and support for people aged 14-65 who are experiencing a first episode of psychosis (FEP), or who may be presenting to be at risk of developing psychosis.
Perinatal Mental Health Team	The team identify and manage women with pre-existing serious mental illness who are pregnant, or those who develop a serious mental illness during pregnancy or following the birth of a baby. The team offers a service to women who are 13 weeks pregnant, to the end of the first post-natal year. The team also offers pre-conception care for women who have a serious mental illness and want advice regarding medication and treatment when planning a pregnancy. Also part of new maternal mental health hubs which bring together maternity services, reproductive health and psychological therapy under one roof. They provide support for women who have experienced birth trauma or loss, as well as expectant mothers who have a fear of labour known as Tokophobia.
Recovery College	Offers free educational courses on mental health and wellbeing to anyone aged 16+. Our teaching team consists of people with lived experience of mental health challenges, qualified teachers and trainers and experienced health professionals.
Individual Placement and Support	Support people with serious mental health difficulties to find paid employment of their choosing. Lincolnshire's IPS service has been confirmed as a Centre of Excellence by the Centre for Mental Health, for the way it uses the internationally renowned approach to help service users find and retain paid employment.
Lincolnshire Talking Therapies	Previously known as steps2change this service provides a range of short term evidence based talking therapies for problems such as depression, anxiety, post-trauma reaction, panic, phobia and obsessive compulsive disorder (OCD).
Personality and Complex Trauma Team	Aim to create pathways of care in the community for people experiencing personality difficulties which impact upon their quality of life. The team can support some individuals but also work with other services to support their care.
Community Rehabilitation	Specialise in working with people aged 18+ with long-term mental health problems and complex recovery needs as a result of severe and enduring mental illness. Provide ongoing specialist clinical support for people when they are

	discharged from hospital and complements other mental health community teams when supporting people who need a more structured and intensive approach.
Adult Mental Health Social Care	The Trust delivers mental health social care services for people aged 18 to 64 on behalf of Lincolnshire County Council through partnership arrangements under section 75 of the National Health Service Act 2006.
Best Interest Assessor	Undertake best interest assessments in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The Local Authority commissions each assessments for individuals who are being deprived of liberty for the purpose of receiving care and treatment.
Holistic Healthcare for the Homeless	Provide physical and mental health care to the rough sleeping and vulnerably accommodated community. The service is individually tailored to the person's needs and supports people access support for their mental health and physical healthcare needs.
Mental health practitioners in primary care	Mental health professions aligned to local primary care networks, working out of GP practices, providing first line assessment, intervention and onwards referral, ensuring mental health expertise in primary care and to support primary staff manage mental health conditions.
Community Mental Health Teams	Provides help for adults of working age (18-64) with a severe and enduring mental illness, or a long-term mental disorder. The service works with people to reduce distress, maintain independence and integrity of care networks, shorten illness, prevent relapse, promote recovery and social inclusion, and minimise the impact of disabilities.
Integrated Placed Based Teams	Place based teams aim to improve the care for people experiencing severe mental illness (SMI) by enabling patients to access mental health care where and when they need it, helping people access on going support even after discharge from specialist services.
Night Light Cafes	Safe, community spaces that offer an out-of-hours, non-clinical support service and are staffed by teams of trained volunteers who are available to listen. They can also provide signposting advice and information on other organisations that may be able to help with specific needs, such as debt advice or emergency food parcels. People can self-refer by calling 0300 011 1200 or via Instagram direct message or Facebook Messenger @NightLightCafeLincoln. Agencies and GPs can refer individuals with their consent by completing the appropriate online referral form.

Appendix 2

Services in adult inpatient and urgent care division

Mental Health Matters Helpline	24/7 free help and advice line for adults over the age of 18. Run by third sector organisation Mental Health Matters, with support from locally based crisis teams as required. Provide a listening ear for people who are struggling and need someone to speak to, signposting to local community support or escalation to crisis teams for professional support. People can call without a referral on 0800 001 4331.
Single Point of Access Contact Centre	All referrals into the Trust from GPs and other relevant professionals are sent to the Trust's central single point of access contact centre for triage and onward processing. The team can also help people currently accessing services to contact the relevant team.
Health Based Place of Safety (also known as section 136 suite)	The suite provides a safe place for adults and young people found by Lincolnshire Police in a public place suffering from mental health problem, to be assessed in an appropriate environment, rather than a police cell.
Mental Health Urgent Assessment Centre	Located on the Lincoln County Hospital site at the Peter Hodgkinson Centre, the centre takes referrals from ambulance services, A&E, Police and walk-ins from those that are medically fit but require an assessment of their current urgent mental health needs. Staffed by experienced mental health practitioners, it provides a safe, lower stimulus environment for patients to receive further assessment of their need and risk. It is co-located with mental health services to enable onward referral and liaison – particularly when looking at alternative community support, or where hospital admission is required.
Mental Health Hospital Liaison	The team work in local acute hospitals, alongside colleagues in A&E and wards to provide patients presenting at A&E with mental health concerns, with access to an initial assessment and onward signposting or referral to additional mental health support.
Crisis and Home Treatment Teams	These teams are based in the community and provide quick access to assess individuals who are experiencing a mental health crisis. Following the assessment, the team will stay involved until the care the individual needs has been arranged.

	The team try to avoid individuals being admitted into hospital by providing intensive home support for approximately six weeks. This supports any care that the individual may already be receiving from community mental health teams out of hours. Treatment involves an assessment, plan of care and any other interventions which may be able to prevent the individual needing to go into hospital. The teams also work with individuals admitted to adult acute inpatient units to support discharge or support during agreed leave. Home treatment support is usually provided for up to six weeks, dependent on need.
Psychiatric Clinical Decisions Unit	Available for people in severe mental health crisis who would benefit from a period of extra support in a unit staffed 24 hours a day by mental health professionals. The service is based on the Lincoln County Hospital site at the Peter Hodgkinson Centre and provides a safe space for patients to have a thorough assessment of their needs. Patients work with professionals to help decide the best treatment and support for them, whether this is returning home with intensive support from professionals, or being admitted to a specialist mental health ward.
Crisis Houses	Situated in Boston and Lincoln, the crisis houses offer up to a 7 day stay for those at risk of admission to hospital to help stabilise their mental health. Similar to supported housing they have staff on site to talk to and provide support as necessary and are managed by third sector provider, Richmond Fellowship.
Adult Acute Inpatient Wards	The service provides assessment and treatment for people who are experiencing a severe, short term episode of mental illness who can't be safely supported by a community based service. Patients can be admitted to the ward on a voluntary basis or detained under the Mental Health Act. Length of stay is usually an average of 28 days. There are wards in Boston, Lincoln and Sleaford
Psychiatric Intensive Care Unit	Based in the Hartsholme Centre in Lincoln, this 10 bed male only unit provides care for men with severe mental health difficulties who have complex needs and require short-term intensive support to overcome a crisis in their mental wellbeing - similar to the level of support patients with a physical health need would receive in a hospital's intensive care unit. The level of support people need usually requires a closer focus from staff who can monitor and support individuals to a much greater extent than the Trust's acute mental health wards. Someone would usually only be in the unit for a short period of time whilst their risk reduces and would return to an acute ward as soon as appropriate for their ongoing treatment.
Francis Willis Unit	Based in Lincoln on the Lincoln County Hospital site, this ward provides 15 beds for males with a severe and enduring mental illness, who exhibit challenging or high risk behaviours. This is seen as a low secure service, which means it is locked and there are restrictions on people being able to leave without permission. Patients have often had contact with the criminal justice system as part of their admission. The unit provides assessment and treatment to stabilise people's condition and helps move them towards recovery or further rehabilitation.

	Reducing the risks posed and ultimately enabling the person to leave the secure environment for one less restrictive.
Reablement	The Wolds at Discovery House in Lincoln provides a 16 bed mixed gender ward supporting people that do not require an extended period of treatment in hospital to build skills and confidence to live independently. Average length of stay on the ward is two months. It focuses on what people can do, rather than what they can't do and aims to reduce or minimise the need for ongoing support after reablement. It addresses the needs of the whole person, including physical, social and emotional needs.
High Dependency Rehabilitation (also known as locked rehab)	Based at Discovery House in Lincoln the Trust manages two high dependency rehabilitation wards, one for males and one for females. High dependency rehabilitation offers specialist rehabilitation for people with severe and enduring mental illness, who have previously had difficulty moving on due to their very complex needs. These services enable adults, who previously may have been considered too high a risk to live in community settings, an opportunity to step through with robust care planning and risk management. Initially they are on a locked ward, as they may have restrictions through the criminal justice system, or just require additional supervision.
Low Dependency Rehabilitation (also known as open rehab)	Provided at Maple Lodge in Boston, the units care for patients with severe and lasting mental illness, who have likely had significant periods in hospital to help manage their symptoms. The teams provide support in people's recovery just before they move back into their community to live. Support includes encouraging and supporting people to become as independent as possible, by building life skills such as cooking, budgeting, self-care, managing medication and finding activities and hobbies that can help them stay well. The unit is not locked, and people can come and go as they please. Staff are on hand to monitor how people are getting on and are available to offer support with accessing their local community and working with other teams and partners to make sure everything is in place for discharge such as accommodation, benefits, and other support.

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 NHS Lincolnshire Integrated Care Board

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**19 July 2022**
Subject:	**Lincolnshire Acute Service Review – Urgent & Emergency Care and Acute Medicine Implementation Update**

Summary

Following a consultation with the public, on 25 May 2022 the NHS Lincolnshire Clinical Commissioning Group (CCG) Board approved key changes to the configuration of four NHS services:

- orthopaedics
- urgent & emergency care
- acute medicine
- stroke services

The NHS Lincolnshire CCG's decisions on these four services were reported to the Health Scrutiny Committee for Lincolnshire in June 2022.

The purpose of this paper is to provide an update on the implementation of the changes relating to urgent & emergency care; and acute medicine, where the implementation of the changes are being taken forward over three phases of work, two of which are now complete:

- Phase 1: Development of service specifications for the Grantham and District Hospital Urgent Treatment Centre (UTC) and Integrated Community/Acute Medicine service **Complete**

- Phase 2: Confirmation of Procurement Approach **Complete**

- Phase 3: Implementation of New Services

Phase 1 concluded with two service specifications being approved by the NHS Lincolnshire Integrated Care Board Executive in March 2023.

Phase 2 concluded with a decision by the NHS Lincolnshire ICB Executive in April 2023 that the preferred way forward is for local providers – United Hospitals Lincolnshire NHS Trust (ULHT) and Lincolnshire Community Health Services NHS Trust (LCHS) – to work together to agree how the new services are managed without going to procurement. This decision was reached as it was felt this option best supported the delivery of the benefits to patients of improved clinical outcomes set out in the Pre-Consultation Business Case.

Phase 3 is currently in progress and started with three meetings with ULHT and LCHS to agree a proposal for contracting and implementing the two service specifications. Through these meetings the following approach was agreed:

- Urgent Treatment Centre – Both Trusts agreed that the most appropriate approach would be for ULHT to run the service. However, during the process to develop implementation plans for the service there is a need to review the on-site out of hours provision provided by LCHS to avoid duplication in service offering and ensure services are fully integrated.

- Integrated Community/Acute Medicine Service – It was agreed that all aspects of the service will be delivered through a collaboration between ULHT and LCHS.

A joint team from ULHT and LCHS has now started to develop the detailed implementation plans for the UTC and integrated community/acute medicine service.

Actions Required

To note the content of the report.

1. Background and Context

In August 2017 the leaders of the Lincolnshire health system agreed the need for a review of the current configuration of acute health services in the county, known locally as the Acute Services Review (ASR). The aim of the ASR Programme was defined as a programme to develop a set of recommendations on the optimal configuration of acute hospital services across Lincolnshire to maximize clinical, operational and financial sustainability.

A Pre-Consultation Business Case (PCBC) was completed by the Acute Services Review (ASR) Programme which detailed the work completed and set out the recommendations on the proposed options for service change in four areas: orthopaedics; urgent & emergency care; acute medicine; and stroke.

The PCBC was approved by the NHS Lincolnshire CCG Governing Body on 29 September 2021, and it was agreed to proceed to a period of public consultation on the proposals as set out in the document. The public consultation ran from 30 September to 23 December 2021, and an independent organisation was commissioned to provide an independent analysis and report of the feedback received.

This feedback and the further consideration and evidence compiled following the public consultation in response to it, together with the evidence contained within the PCBC, were brought together into a Decision Making Business Case (DMBC) which was put before the NHS Lincolnshire CCG Board for decision. On 25 May 2022, as the consulting authority, the NHS Lincolnshire CCG approved the key changes to the configuration of the NHS services consulted on with the public, which were:

- Orthopaedics
    - Consolidate planned orthopaedic surgery at Grantham and District Hospital, to establish a 'centre of excellence' in Lincolnshire.
    - Establish a dedicated day-case centre at County Hospital Louth for planned orthopaedic surgery.

- Urgent and Emergency Care
    - Grantham and District Hospital A&E Department to become a 24/7 Urgent Treatment Centre (UTC).

- Acute Medicine
    - Develop integrated community/acute medical beds at Grantham and District Hospital, in place of the current acute medical beds.

- Stroke Services
    - Consolidate hyper-acute and acute stroke services on the Lincoln County Hospital site, supported by an enhanced community stroke rehabilitation service.

The NHS Lincolnshire CCG's decisions on these four services were reported to the Health Scrutiny Committee for Lincolnshire in June 2022.

2. Implementation Oversight Group (IOG)

Following approval by the NHS Lincolnshire CCG to the changes to four NHS services consulted on with the public, an Acute Services Review (ASR) Implementation Oversight Group (IOG) was established.

The ASR IOG is a time limited group that has been established to provide day to day health system leadership and oversight of the implementation of the service changes set out in the Pre Consultation Decision Making Business Case (PCBC) and Decision Making Business Case (DMBC) relating to four Lincolnshire NHS Services (Orthopaedics, UEC, Acute Medicine, Stroke). It comprises of a core membership drawn from across the health care commissioners and providers. As required by the matters under consideration, relevant service implementation group leads are invited to attend the IOG to discuss progress. For

each of the four service change proposals there are dedicated implementation groups to ensure the changes are embedded and delivered, these report into the IOG.

3. Urgent & Emergency Care and Acute Medicine

Following approval of the proposals for urgent & emergency care and acute medicine services by the NHS Lincolnshire CCG Board, the implementation of the changes are being taken forward over three phases of work, two of which are now complete:

- Phase 1: Development of Service Specifications for the Grantham and District Hospital Urgent Treatment Centre (UTC) and Integrated Community/Acute Medicine service
  Complete
- Phase 2: Confirmation of Procurement Approach
  Complete
- Phase 3: Implementation of New Services

Phase 1 – Service Specifications

Due to the clinical interdependencies between the Grantham and District Hospital UTC and the integrated community/acute medicine service, a single working group was established to lead on the development of the two service specifications.

Membership of the working group was drawn from clinical subject matter experts from across the health system, a patient representative also sat on the group. The purpose of this group was to bring partners and stakeholders together to inform the specifications for these two services, however responsibility for production of them remained with the NHS Lincolnshire Integrated Care Board (ICB), which inherited the decision-making authority as the CCG ceased to exist on 30 June 2022. The working group met six times to discuss the service specifications.

Following the initial drafting of the two service specification by the working group, a sub-group of the ICB Executive was established to review, consider and finalise them. This ICB Executive sub-group was made up of the Interim Medical Director, Director of Nursing, Director of System Delivery and Director of Strategic Planning, Integration and Partnership plus the ICB Board Partner Member Primary Medical Services. This group met three times to discuss the service specifications. The two service specification were approved by the NHS Lincolnshire ICB Executive in March 2023.

Phases 2 – Procurement Requirements

Following approval of the two service specifications consideration was given to the appropriate procurement route to move the implementation of them forward, including whether the ICB should undertake a competitive procurement process to select a provider or providers to hold the contract for the services.

This consideration was underpinned by a procurement options paper, which was led by a sub-group of the ICB Executive ahead of them making a recommendation to the full ICB Executive.

It was agreed by the ICB Executive, as commissioner, in April 2023, that the preferred way forward is for local providers – ULHT and LCHS – to work together to agree how the new services are best delivered by them without going to formal procurement. This decision was reached as it was felt this option best supported the delivery of the benefits to patients of improved clinical outcomes set out in the Pre-Consultation Business Case.

Phase 3 – Implementation

Following the decision by the ICB Executive on procurement, three meetings were held with ULHT and LCHS to agree a proposal for contracting and implementation of the two service specifications. Through these meetings the following approach was agreed:

- Urgent Treatment Centre (UTC) – Both Trusts agreed that the most appropriate approach would be a direct award to ULHT to run the services. However, during the process to develop implementation plans for the service there is a need to review the onsite out of hours provision provided by LCHS to avoid duplication in service offering.
- Integrated Community/Acute Medicine Service – It was agreed that all aspects of the service will be delivered through a collaboration between ULHT and LCHS.

A joint team from ULHT and LCHS has now started to develop the detailed implementation plans for the UTC and Integrated Community/Acute Medicine Service.

6. Consultation

The Committee approved its response to the consultation on the Lincolnshire Acute Services Review on 19 January 2022, following consideration of the various elements of the review at three meetings during the autumn and early winter of 2021: 13 October, 10 November and 15 December.

On 15 June 2022, the Committee considered a response on the decision made by the former NHS Lincolnshire CCG on 25 May 2022. From this point, the Committee has focused on the service specification, procurement and implementation phases of the acute services review, with the first update presented to the Committee on 14 December 2022, on all four elements of the review. This item is focusing on the implementation of two of the four elements of the review.

7. 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 Pete Burnett, Director of Strategic Planning, Integration and Partnerships NHS Lincolnshire Integrated Care Board.

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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 July 2023**
Subject:	**Paediatric Service at Pilgrim Hospital, Boston – Proposed Response of the Committee to the Consultation**

Summary

On 14 June 2023, the Committee considered a proposed received a presentation on a consultation by United Lincolnshire Hospitals NHS Trust (ULHT) on the *Pilgrim Hospital Paediatric Service*. This followed pre-consultation consideration by the Committee on 17 May 2023. The Committee has agreed that a response would be prepared based on the comments made at these two meetings and submitted to this meeting for consideration and approval as the Committee's final response. As part of the consultation, ULHT is proposing to make permanent its existing model of paediatric care at Pilgrim Hospital.

The consultation was launched on 12 June 2023 and is due to conclude by 4 September 2023. As part of the consultation process a series of consultation events has been planned, both online and in person at Pilgrim Hospital.

Actions Requested

The Committee is requested to consider the draft response (attached at Appendix A) and subject to any further amendments approve it as the Committee's final response to the consultation on *Pilgrim Hospital Paediatric Service,* being undertaken by United Lincolnshire Hospitals NHS Trust.

1. Background

Previous Committee Consideration

On 17 May 2023, the Committee considered a pre-consultation engagement item on the paediatric service at Pilgrim Hospital. It was reported to the Committee that in August 2018, owing to staffing challenges the service model had been adapted from a children's inpatient ward to a paediatric assessment unit, where children requiring a length of stay longer than twelve hours were often transferred to Lincoln County Hospital. Since 2018, in response to patient and clinician feedback, the model has been developed into one that enables almost every child or young person to receive all of their care at Pilgrim Hospital, without the need to transfer to other hospitals.

As the service had been stabilised, United Lincolnshire Hospitals NHS Trust was now seeking to make the current model a permanent arrangement, which will give certainty around the long term future of the service, help with staff recruitment and also ensure ongoing support for Boston-area children and their families.

On 14 June 2023, the consultation: *Pilgrim Hospital Paediatric Service – Have Your Say* was presented to the Committee by Lincolnshire Partnership NHS Foundation Trust. The Committee agreed that a response would be prepared based on the comments made at both the May and June meetings and submitted to this meeting for consideration and approval as the Committee's final response. A draft response is attached at Appendix A to this report.

2. Consultation

This item enables the Committee to make a response to the consultation on *Pilgrim Hospital Paediatric Service - Have Your Say,* currently being undertaken by United Lincolnshire Hospitals NHS Trust. The consultation period opened on 12 June and closes on 4 September 2023.

Consultation Events and Documentation

The consultation document was circulated to members of this Committee on 13 June 2023. The consultation documentation included three online engagement events, and three in-person events. The consultation document is available at: Consultation on Pilgrim Paediatric Service (ulh.nhs.uk)

3. Conclusion

The Committee is requested to consider a draft response and subject to any further amendments approve as the Committee's final response to the consultation on *Pilgrim Hospital Paediatric Service - Have Your Say* being undertaken by United Lincolnshire Hospitals NHS Trust.

4. Appendices

These are listed below and attached to this report:

Appendix A	Draft Response of the Health Scrutiny Committee for Lincolnshire to the Consultation by United Lincolnshire Hospitals NHS Trust on *Pilgrim Hospital Paediatric Service - Have Your Say*

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 via 07717 86893 or via Simon.Evans@lincolnshire.gov.uk

Appendix A

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

Consultation on Pilgrim Hospital, Boston, Paediatric Service By United Lincolnshire Hospitals NHS Trust

Response of the Health Scrutiny Committee for Lincolnshire

A. Response to Survey Questions

Set out below is the response of the Health Scrutiny Committee for Lincolnshire to the questions, as part of the consultation materials.

1. Please tell us to what extent you agree or not with the proposal for children's (paediatric) services at Pilgrim Hospital, Boston.

Strongly Agree	
Agree	✓
Disagree	
Strongly Disagree	
Don't Know	

2. Please tell us why you agree or disagree with this proposal.

The Health Scrutiny Committee for Lincolnshire accepts that the new model of paediatric care at Pilgrim Hospital is not dissimilar to the pre-2018 inpatient service, but nevertheless represents a change in service provision. The Committee is satisfied that this model is in the best interests of children and their families in Boston and the surrounding area, as well as Lincolnshire as a whole. The Committee further believes that the model of care has benefited from testing and developments since 2018. As a result, very few children, usually those with

complex or specialist needs, are transferred to other hospitals for their treatment, which was always the case prior to 2018.

3. Please tell us if you have any other suggestions which you feel would address the challenges experienced by this service.

The Health Scrutiny Committee for Lincolnshire is pleased to see the progress on recruitment in both nursing and medical posts in paediatric services at Pilgrim Hospital since 2018. The Committee accepts the rationale put forward by the Trust that stabilising the service has aided recruitment and retention of staff, and will continue to do so. Allied to this, is that there are no longer any long term nursing or medical agency staff at the unit. **The Committee suggests that the Trust continues its efforts on recruiting and retaining staff at the paediatric unit.**

The Committee has been advised that since 2018 there has been engagement with representatives of the community served by Pilgrim Hospital. The Trust advises that their experiences have been helpful in developing the service model. Furthermore, staff have been engaged throughout the process. **The Committee values both community and staff feedback and suggests this should continue as a source of learning for the service.**

The Committee accepts that the number of children and young people transferred from Pilgrim Hospital to other hospitals, either Lincoln County Hospital or tertiary and specialist centres outside the county remains small. **The Committee suggests that the number of transfers continues to be monitored, as a measure of impact on the local community.**

4. Do you think you or your community might be impacted by this proposal, and if so, in what way?

Positively Impacted	✓
Negatively Impacted	
No Impact / Don't Know	

5. If positive or negative, please tell us how you think you or your community might be impacted by this proposal.

The Committee acknowledges the following positive impacts arising from the proposal:

- Tier 1 Medical Placements at Pilgrim Hospital – The return of tier 1 medical placements to Pilgrim is a benefit of the new model of care.

- The Care Quality Commission (CQC) Rating of 'Good' – Following inspections in November 2021, the CQC's inspection report for children and young people services at Pilgrim Hospital rated the service as 'good', which was derived from 'good' ratings across the five CQC domains.

B. Summary and Conclusions

The Health Scrutiny Committee for Lincolnshire accepts the rationale put forward by the Trust for the new model of paediatric care at Pilgrim Hospital. This represents a significant improvement to the position in August 2018, when there was only one substantive middle grade doctor, with cover being provided by agency staff and locums.

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 July 2023**
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 requested to consider whether any further items should be considered for addition to or removal from the work programme.

Actions Requested

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

1. Items to be Programmed.

The following items are due to be programmed:

(1) Role of GP Practices and Primary Care Networks in Treating Patients with Mental Health Conditions, including:

(a) the development of dedicated mental health staffing roles in primary care;
(b) the views of GPs and the NHS Lincolnshire Integrated Care Board on the prescribing of anti-depressants for people with sub-threshold and mild depression.

(2) Impact of the Use of the RAF Scampton Site for Adult Male Asylum Seekers for on NHS Services in Lincolnshire (*Requested on 14 June 2023*)

(3) Pressures on Services at Lincoln County Hospital (*Requested on 14 June 2023*)

2. Work Programme for Today's Meeting

19 July 2023		
	Item	*Contributor*
1	NHS Dental Services Update	Sandra Williamson, Director for Health Inequalities and Regional Collaboration, NHS Lincolnshire Integrated Care Board
2	Water Fluoridation	• Derek Ward, Director of Public Health, Lincolnshire County Council • Lucy Gavens, Consultant in Public Health, Lincolnshire County Council
3	Outcome of Consultation on Local Mental Health Rehabilitation Services (Ashley House in Grantham)	• Chris Higgins, Director of Operations, Lincolnshire Partnership NHS Foundation Trust • Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board
4	Update on Adult Mental Health Services in Lincolnshire	Representatives from Lincolnshire Partnership NHS Foundation Trust: • Nick Harwood, Associate Director of Operations for Adult Community Division • Paula Jelly, Associate Director of Operations for Adult Inpatient and Urgent Care Division
5	Lincolnshire Acute Service Review – Urgent & Emergency Care and Acute Medicine Implementation Update	Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board
6	Consultation on Paediatric Services at Pilgrim Hospital	Simon Evans, Health Scrutiny Officer

3. Future Work Programme

13 September 2023		
	Item	*Contributor*
1	Cancer Care in Lincolnshire (including Restoration and Recovery)	NHS Lincolnshire Integrated Board: • Simon Evans, System Director of Clinical Integration and Leadership • Louise Jeanes, System Lead for Cancer Care
2	Nuclear Medicine, United Lincolnshire Hospitals NHS Trust	Representatives from United Lincolnshire Hospitals NHS Trust
3	Developments in Mental Health Services: Children and Young People Services	Representatives from Lincolnshire Partnership NHS Foundation Trust
4	Humber Acute Services Programme – Update *(To be confirmed.)*	Representatives from Humber and North Yorkshire Integrated Care Board

4 or 11 October 2023		
	Item	*Contributor*
1	Urgent and Emergency Care, including: (a) A&E Services and Impact on Patient Discharge (b) Urgent Treatment Centres (c) NHS 111 Service (d) Restoration and Recovery of (a), (b) and (c).	Clair Raybould, Director for System Delivery, NHS Lincolnshire Integrated Care Board
2	NHS Winter Planning 2023/24	Clair Raybould, Director for System Delivery, NHS Lincolnshire Integrated Care Board
3	NHS Lincolnshire Integrated Care Board ICB Engagement Annual Report	Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board

8 November 2023		
	Item	*Contributor*
1	Care Quality Commission – Regulation and Inspection of NHS-Funded Services in Lincolnshire	Representatives from the Care Quality Commission: • Nina Eastwood, Inspection Manager • Michele Hurst, Inspection Manager
2	Lincolnshire Integrated Care Strategy	Alison Christie, Programme Manager, Public Health

6 December 2023		
	Item	*Contributor*
1	GP Provision on Lincolnshire, including: (a) NHS Lincolnshire Integrated Care Board (b) Lincolnshire Local Medical Committee	• Sarah-Jane Mills, Director for Primary Care and Community and Social Value, NHS Lincolnshire Integrated Care Board • Dr Reid Baker, Medical Director, Lincolnshire Local Medical Committee
2	Outcome of Consultation on Paediatric Services at Pilgrim Hospital Boston	Representatives from United Lincolnshire Hospitals NHS Trust

24 January 2024		
	Item	*Contributor*
1	East Midlands Ambulance Service Update	Sue Cousland, Lincolnshire Divisional Director, East Midlands Ambulance Service

21 February 2024		
	Item	*Contributor*
1	Non-Emergency Patient Service: Update	Tim Fowler, Associate Director of Contracting and Procurement, NHS Lincolnshire Integrated Care Board

4. Previous Work

Set out at Appendix A is a schedule of the items covered by the Committee since the beginning of the current Council term in May 2021, as well as planned work for the coming months.

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

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
AT-A-GLANCE WORK PROGRAMME TRACKER

KEY TO COLOURS	
	Previous Item
C	Previous Consultation Item
	Concluded Topic
	Chairman's Announcement
	Future Item

	2021						2022										2023							
	23 Jun	21 Jul	15 Sept	13 Oct	10 Nov	15 Dec	19 Jan	16 Feb	16 Mar	13 Apr	18 May	15 Jun	13 July	14 Sept	12 Oct	9 Nov	14 Dec	18 Jan	15 Feb	15 Mar	19 Apr	17 May	14 Jun	19 Jul	13 Sept
Meeting Length – Hours : Minutes	3:04	2:44	2:54	3:28	3:30	2:53	3:12	2:54	2:35	3:52	2:05	3:46	3:05	0:07	3:32	3:02	3:17	3:03	2:36	2:19	1:25	2:43	3:41		
A&E Pilgrim Hospital (ULHT)																									
Acute In-patient Mental Health, Boston															C										
Armed Forces Covenant Duty																									
Ashley House, Grantham															C			C	C						
Branston GP Surgery																									
CAMHS Crisis / Enhanced Treatment		C																							
Cancer Care and Living with Cancer																									
Care Quality Commission National Reports																									
Care Quality Commission Working Arrangements																									
Cliff House Medical Practice, Lincoln																									
Clinical Care Portal Data Sharing																									
Community Diagnostic Centres																									
Community Emergency Medicine Services																									
Community Pain Management Service																									
Continuing Healthcare																									
Covid-19 Data and Updates																									
Critical Incidents																									
Dementia – Enhanced Home Treatment																									
Dental Services																									
DPH - Annual Report																									
DPH – Greater Lincolnshire Arrangements																									
East Midlands Ambulance Service																									
Elective Recovery Plan																									
Fluoridation of Water Supplies																									
Glebe Park GP Surgery, Lincoln																									
GP Provision – Lincolnshire CCG / ICB																									
GP Provision – Lincolnshire LMC																									
GP Data for Research																									
Government Announcements for NHS																									
Government New Hospitals Programme																									
Grantham A&E / UTC					C		C																		
Grantham Medical Beds (Lincolnshire ASR)						C	C																		
Grantham Theatre Capacity																									
Hartsholme Psychiatric Intensive Care Unit																									
Hawthorn Medical Practice, Skegness																									
Health and Care Bill 2021 / Act 2022																									
Humber Acute Services Programme						C	C						C												
Humber and Lincolnshire Joint Scrutiny																									

	2021						2022										2023							
	23 Jun	21 Jul	15 Sept	13 Oct	10 Nov	15 Dec	19 Jan	16 Feb	16 Mar	13 Apr	18 May	15 Jun	13 July	14 Sept	12 Oct	9 Nov	14 Dec	18 Jan	15 Feb	15 Mar	19 Apr	17 May	14 Jun	19 Jul	13 Sept
Influenza Vaccination Programme																								
John Coupland Hospital, Gainsborough																								
Joint Forward Plan (NHS)																								
Lakeside Healthcare, Stamford																								
Lincolnshire Acute Services Review				C			C																	
Lincolnshire Integrated Care Board																								
Lincolnshire Integrated Care Partnership																								
Lincolnshire Integrated Care Strategy																								
Lincolnshire Integrated Care System																								
Lincolnshire System Recovery Support Programme																								
Lincoln Medical School																								
Lincolnshire NHS Strategy																								
Lincolnshire People Board Update																								
LCHS - General Update																								
LPFT – General Update																								
Louth County Hospital																								
Mablethorpe Campus for Future Living																								
Manthorpe Ward, Grantham and District Hospital																								
Mental Health Adult In-patient Wards																								
Mental Health Crisis Assessment Centre																								
Mental Health Service Developments																								
Mental Health Rehabilitation Service															C			C	C					
NHS Backlogs and Waiting Times Report																								
NHS Discharge Fund																								
NHS England Announcements / Guidance																								
NHS Joint Forward Plan																								
NHS Support for Victims of Sexual Assault																								
Newark Road Surgery, Lincoln																								
Night Light Cafes																								
Non-Emergency Patient Transport Service				C																				
NLAG – Breast Oncology																								
NLAG – CQC Reports																								
North West Anglia NHS Foundation Trust																								
Norton Lea Mental Health Unit, Boston															C									
Nottinghamshire Health Services																								
Nuclear Medicine (ULHT)			C						C	C														
Older Adults Mental Health Services		C																						
Ophthalmology																								
Opioids																								
Orthopaedics (Lincolnshire ASR)						C	C																	
Paediatric Services (ULHT)	C																						C	C
Peterborough City Hospital Maternity Services																								
Peter Hodgkinson Centre, Lincoln County Hospital																								
Pharmaceutical Needs Assessment												C												
Pharmaceutical Services																								
Portland Medical Practice, Lincoln																								
Psychiatric Intensive Care Unit (Hartsholme)																								
Quality Accounts																								
Queen Elizabeth's Hospital, King's Lynn																								
Rochford Ward, Pilgrim Hospital Closure		C																						
Spalding GP Surgery																								
Stamford Minor Injuries Unit																								
Steps2Change – Talking Therapies																								
Stroke Services (Lincolnshire ASR)					C		C																	
Suicide Prevention																								
Suicide Prevention and Mental Health WG																								
Talking Therapies - Steps2Change																								

	2021						2022										2023							
	23 Jun	21 Jul	15 Sept	13 Oct	10 Nov	15 Dec	19 Jan	16 Feb	16 Mar	13 Apr	18 May	15 Jun	13 July	14 Sept	12 Oct	9 Nov	14 Dec	18 Jan	15 Feb	15 Mar	19 Apr	17 May	14 Jun	19 Jul	13 Sept
ULHT - CQC Inspection																								
ULHT - General Update																								
ULHT – Patient Flow and Discharge																								
ULHT – Recovery and Waiting Lists																								
Teaching Hospital Status (ULHT)																								
Urgent and Emergency Care Recovery Plan																								
Urgent Community Response Service (LCHS)																								
Urology Services (ULHT)	C	C																						
Water Supply Fluoridation																								
Woolsthorpe Branch Surgery																								

KEY TO ABBREVIATIONS	
ASR	Acute Services Review
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
DPH	Director of Public Health
ICB	Integrated Care Board
LCHS	Lincolnshire Community Health Services NHS Trust
LMC	Local Medical Committee
LPFT	Lincolnshire Partnership NHS Foundation Trust
NEPTS	Non-Emergency Patient Transport Service
NLAG	Northern Lincolnshire and Goole NHS Foundation Trust
ULHT	United Lincolnshire Hospitals NHS Trust
UTC	Urgent Treatment Centre
WG	Working Group