



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
13 SEPTEMBER 2023**

**PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)**

Lincolnshire County Council

Councillors M G Allan, R J Kendrick, S R Parkin, T J N Smith, P M Dilks and A N Stokes.

Lincolnshire District Councils

Councillors S Welberry (Boston Borough Council), J Makinson-Sanders (East Lindsey District Council), M Geaney (South Holland District Council), D Rodgers (West Lindsey District Council) and J Pessol (North Kesteven District Council).

Healthwatch Lincolnshire

Liz Ball.

Also in attendance

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Clair Raybould, (Director for System Deliver, Lincolnshire Integrated Care Board) and Louise Jeanes (Cancer Care Programme Manager, Lincolnshire West Clinical Commissioning Group).

County Councillor S P Roe (Executive Support Councillor Children's Services, Community Safety, Procurement and Migration) attended the meeting as an observer.

Remote attendees via Teams:

Eve Baird (Associate Director of Operations (Specialist Service Division)), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Christopher Higgins (Director of Operations, Lincolnshire Partnership NHS Foundation Trust), Claire Low (Deputy Director of People, United Lincolnshire Hospitals NHS Trust), Anna Richards (Associate Director of Communications and Engagement), Steve Roberts (Associate Director of Operations, Older Adult Services, Lincolnshire Partnership NHS Foundation Trust), Laura White (Head of Nuclear Medicine, ULHT), Amanda Markall (Deputy Chief Operating Officer ULHT), Professor Ciro Rinaldi (Deputy Medical Director ULHT), Louise Jeanes (Cancer Care Programme Manager, Lincolnshire West Clinical Commissioning Group) and Clair Raybould (Director for System Delivery, Lincolnshire Integrated Care Board)

County Councillor C Matthews (Executive Support Councillor NHS Liaison, Integrated Care System, Registration and Coroners).

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23 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors R J Cleaver, Mrs L Hagues (North Kesteven District Council), E Wood (City of Lincoln Council) and L Wootten.

It was reported that, under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, Councillors P M Dilks and A N Stokes had been appointed as replacement members for Councillors R J Cleaver and L Wootten respectively, for this meeting only.

The Committee noted that Councillor J Pessol (North Kesteven District Council) had replaced Councillor Mrs L Hagues (North Kesteven District Council), 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).

24 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 Stakeholders Group.

25 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING  
HELD ON 19 JULY 2023

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 19 July 2023 be approved and signed by the Chairman as a correct record.

26 CHAIRMAN'S ANNOUNCEMENTS

The Committee observed a minute's silence in memory of Councillors Ray Wootten and Mrs Rosemary Kaberry-Brown.

Further to the announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on 12 September 2023, which referred to the following: the location of Night Lite Cafés; the launch by the government of National Suicide Strategy on 11 September 2023; the East Midlands Ambulance Service Annual General Meeting due to be held on the 28 September 2023 at 9.30am; and the recent appointment of Hannah Coffey, as the new Chief Executive of North West Anglia NHS Foundation Trust.

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

- Some Members extended their support to the recently launched national Suicide Strategy; and
- Some concern was expressed to the recent Care Quality Commission (CQC) report on Caskgate Street Surgery, Gainsborough. The Committee noted that discussions would take place with the Integrated Care Board regarding this matter, and that any other potential surgeries highlighted as being at risk would be included in the work programme.

#### RESOLVED

That the supplementary announcements circulated on 12 September 2023 and the Chairman's announcements as detailed on pages 15 to 22 of the report pack be noted.

#### 27 CANCER CARE AND LIVING WITH CANCER PROGRAMME

Consideration was given to a report and presentation from the NHS Lincolnshire Integrated Care Board (ICB) concerning cancer care, which advised the Committee of the impact of Covid-19 and recovery focus; performance, including the reduction in the number of national cancer standards from nine to three; improvements made for patients of Lincolnshire; the future workplan of United Lincolnshire Hospitals NHS Trust (ULHT); the challenges facing cancer services in Lincolnshire and nationally; and an update on the Living with Cancer Programme.

The Chairman invited the following representatives, to present the item to the Committee: Clair Raybould, Director for System Delivery (ICB), Louise Jeanes, Cancer Programme Director (ICB), Professor Ciro Rinaldi, Deputy Medical Director ULHT and Amanda Markall, Deputy Chief Operating Officer ULHT.

Appendix A to the report provided a copy of the 2023-2024 Priorities and Operational Planning – Recovery Plan Narrative Submission document for the Committee to consider.

It was highlighted that cancer care in Lincolnshire was showing sustained signs of improvement. There was however an acknowledgement that there was still more to be done to meet the desired standards of care for cancer patients in the county. It was reported that the commitment to ongoing progress and dedication of teams involved in cancer care in the county were key factors in driving forward improvements. The Committee noted that all efforts were being made to providing more integrated and comprehensive care for cancer patients in Lincolnshire.

During discussion, some of the following comments were noted:

- That the Living with Cancer Programme dashboard would enable patient outcomes to be measured; and that the 2022 National Cancer Experience Survey had shown an increase in overall patient satisfaction;

- That Psychological and emotional support was one of the most frequently cited things that people wanted to have following a cancer diagnosis. The Committee noted that there was now support at all different levels of distress across the county, with the recruitment of three whole time Clinical Psychologists, and a video therapy service for those people experiencing the most profound distress. It was noted that this service had been as a result of a joint funding bid with Lincolnshire Partnership NHS Foundation Trust, Macmillan, and East Midlands Cancer Alliance. One member also highlighted that it was also very important to support the family of a cancer patient, as well as the patient in recovery. There was recognition that family members, carers, and also cancer patients including young cancer patients needed psychological and emotional support during and after the cancer treatment;
- An explanation was given relating to the three remaining standards, that would be applicable from October 2023. They were the 28 Faster Diagnosis Standard (FDS), the 31 Day Standard, and the 62 Day Standard. An explanation relating to three standards was shown on page 24 of the report pack;
- That the main focus of the recovery was to reduce the 62-day backlog in Lincolnshire to 217 by March 2024;
- It was reported that the new 28 Faster Diagnosis Standard had been introduced to ensure patients who were referred for suspected cancer received a timely diagnosis. It was noted that the standard ensured that patients would be diagnosed or have cancer ruled out within 28 days of being referred urgently by their GP. The Committee noted further that around 10% of patients that started on the cancer pathway were not actually diagnosed with cancer;
- That alongside the 62-day backlog, NHS England had set a new trajectory from August to achieve 70% of the 62-day classic target by March 2024. It was noted that this target measured the time patients received treatment for cancer within 62 days of a GP referral. It was highlighted that this had been reduced to 70% as it was expected that as the backlog reduced and the 28-day target improved, the 62-day performance target should also improve;
- The NHS Galleri trial looking into the use of a new blood test to see if it can help the NHS to detect cancer early when used against existing cancer screening. The Committee was advised that there had been some positive outcomes when used in a complementary screening programme for the over 50's. It was noted that there was more work to do in this regard;
- That drug approval was a long process, as clinical trials had to be undertaken prior to approval being sought from the Food and Drug Administration (FDA), and then approval in the UK by the Medicines and Healthcare Products Regulatory Agency (MHRA);
- The Committee was advised that industrial action within the NHS was not without its challenges, but reassurance was given that with additional capacity and forward planning, everything was being done that could be done to make sure that there was no impact on the cancer pathway;
- An explanation was provided as to how the Integrated Care Board (ICB) monitored the performance of all three trusts. Further details were available in paragraph 5 on page 29 of the report pack;

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- Confirmation was provided that discussions were had with neighbouring Trusts, and that in relation North Lincolnshire and Goole NHS Foundation Trust's (NLAG) better performance in relation to 62- and 104-day backlogs, the Committee noted that this was because the acuity cases in United Lincolnshire Hospitals NHS Trust was greater than NLAG;
- The Committee noted that ULHT would be moving on to the new electronic patient record system, as national funding had been provided. It was noted further that the electronic system would improve existing administration flow;
- There was recognition that there were gaps that currently existed in relation to digital services, and that more was being done. The Committee was advised that a digital plan could be presented to a future meeting; and
- The Committee was advised that the cancer team were well staffed, due to recent addition funding. It was noted that over the last two years, ULHT was now in a better position as it had been able to recruit and retain staff; the Trust had also looked into using its existing resources better, and was also working hard to attract staff to work for the them;

RESOLVED

1. That presenters be thanked for their efforts in the treatment of cancer.
2. That the achievements over the last year be welcomed, which includes:
  - (a) The overall reduction in treatment backlogs; and
  - (b) The implementation of new treatment pathways.
3. That further plans for improvement be supported and a further report be requested in one year's time, to include information relating to co-morbidities, and support for young people and families.

28 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - NUCLEAR MEDICINE

The Committee received a report from United Lincolnshire Hospitals NHS Trust (ULHT), which provided an update on the Trust's nuclear medicine service, following the decision by ULHT in October 2022 to consolidate the nuclear medicine service on one site at Lincoln County Hospital, following consideration of the outcomes of the public consultation.

Details of the progress made following that decision were included on pages 70 to 72 of the report pack.

The Chairman invited the following representatives from ULHT to remotely, present the item to the Committee: Ciro Rinaldi, Deputy Medical Director, Claire Low, Director of People and Organisational Development, Laura White, Head of Nuclear Medicine and Anna Richards, Associate Director of Communications.

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

- Some concern was expressed regarding the impact of centralising the service had on Lincolnshire residents. An explanation was given on the rationale for changes to the service, details of which were contained within the report presented. It was noted that centralising the service had made it more robust and reactive; and there was now more of an opportunity to develop and retain staff;
- The Committee was advised of the developments that had occurred since the consultation, details of which were included on pages 70 and 71 of the report pack;
- There was recognition that there was more to do regarding diagnostics and that this would start to improve with better IT;
- The Committee noted that the increase in the number of tests provided was not due to an increase in demand, but a change in the processes undertaken. The report highlighted that by centralising the service, it was hoped that any increase in demand for the service, which currently remained static, could be accommodated;
- One member expressed their support for the improved service; and
- The Committee noted that the service was not aware of any instances where patients had been late for appointments because of parking difficulties.

#### RESOLVED

1. That United Lincolnshire Hospital NHS Trust be thanked for their report and presentation on the nuclear medicine service.
2. That a further update report be received after six months of the service being fully centralised at Lincoln Count Hospital.

#### 29 CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SERVICES IN LINCOLNSHIRE - UPDATE

The Committee considered a report from Sarah Connery, Chief Executive, Lincolnshire Partnership NHS Foundation Trust (LPFT), which provided an update on Children's and Young People's Mental Health Services in Lincolnshire.

The Chairman invited the following LPFT representatives to present the item (remotely), to the Committee: Chris Higgins, Director of Operations and Eve Baird, Associate Director of Operations for Specialist Services.

The report provided details of the services delivered by LPFT; how children and young people accessed services; the demands for services and the waiting times for emotional wellbeing and mental health services for children and young people; crisis and urgent care support provided; transitions for children and young people; the transformation programme; and inpatient services available for children and young people.

Appendix A to the report provided details of the Children and Young People Mental Health and Emotional Wellbeing Services available in the Specialist Services Division

During discussion, the following comments were noted:

- The Committee was advised that through collaborative working across LPFT, NHS Lincolnshire Integrated Care Board, and Lincolnshire County Council, an additional recurrent investment of £1.2 million had been made into core Child and Adolescent Mental Health Services (CAMHS). It was noted that the number of children and young people accessing mental health and emotional wellbeing services had increased, which had led to challenges accessing services and secondary waits for treatment. It was noted further that the range of mental health and emotional wellbeing services available to children and young people had increased significantly in the last six years;
- That the Transformation Programme, jointly led by Lincolnshire County Council and LPFT, with input from children and young people and parents/carers was helping to shape the strategic direction of travel for children and young people mental health services. Some members of the Committee welcomed the inclusion of early intervention;
- The Committee was advised that eating disorders had increased by 200% and that additional investment had created additional capacity to provide a robust service for children and young people;
- Confirmation was given that there had not been a significant increase in the number dual diagnosis cases;
- The Committee was advised that there were digital options for self-referral and for support for children and young people and their families. It was highlighted that face-to-face contact was also offered. It was noted that an App was being developed which would allow all partners to be aware of health and wellbeing services available across Lincolnshire. It was also highlighted that from an LPFT webpage there was links to self-help on-line resources;
- The Committee was advised that prevention was key to helping find out reasons for increasing numbers of young people accessing mental health and wellbeing services and that having early intervention would help with this;
- That from February 2023, a CAMHS mental health liaison offer was being piloted at Lincoln County Hospital, which had provided a CAMHS practitioner on-site at the hospital out of hours, and that this service would be extended to Pilgrim Hospital, Boston;
- It was reported that the Trust was not immune to work force pressures, it still had some vacancies to fill, but with investment into the service during the last year, the Trust was beginning to see the benefit of its targeted recruitment campaign, in-house development of staff, and staff retention;
- That funding from NHS England for all services had enabled the appointment of specific key workers for those with Autism and it was emphasized that this was part of an NHS England scheme. Named professionals were also provided as a point of liaison for other children and young people services and a request was made as to how many key workers were available for children and young people and families and the level of support they received;

- The Committee noted that the Trust had a full complement of staff for family liaison. A request was made for the number of key workers available for families;
- The Committee noted that the Here4You service was available for children and young people 24/7, and that during the day the service was staffed by a dedicated access team. It was noted that after 9.00pm, the number of calls to the helpline reduced and during this period a Tier 2 offer was provided. The Committee was advised that there had been no complaints regarding the service, or its availability. Presenters agreed to provide further information regarding the number of calls received via the Here4You service;
- It was reported that key workers as referenced in the report were specific to children and young people with Autism. It was highlighted that every young person entering the system had a named professional assigned to them. For CAHMS, this would be a designated family liaison worker, who would be the professional link into the mental health team and be available at any time for the family. It was highlighted further that the level of support provided to families varied as it was dependent on the level of need the young person and family required;
- That inpatient beds for children and young people with specialist needs were sought from local provider collaboratives and that a young person with specialist needs requiring an inpatient bed would be provided by East Midlands Partnership and that an inpatient bed could be provided in Northamptonshire, Leicestershire, Nottinghamshire, or Derbyshire. It was noted that the out of county beds were subject to the same level of scrutiny as NHS beds and that financial and emotional support was provided to families during the duration of the young person's stay in the inpatient bed;
- Reassurance was provided that work was ongoing to ensure that professional support was provided to schools and the wider community;
- That it was hoped that the additional mental health urgent assessment centre at Pilgrim Hospital, Boston was likely to open in 2025;
- The Committee noted that it was the Trust's collective ambition to achieve the national Long Term Plan target of no children or young people waiting more than four weeks from treatment. It was noted that a clear performance improvement trajectory had been agreed, and that the service was on track to achieve this target by March 2025; and
- The Committee noted that there had been over 300 children and young people waiting for treatment, and that most children and young people had been waiting over 12 weeks for treatment for over one year. The Committee was advised that now 160 children and young people were having to wait more than 12 weeks. It was highlighted that an improvement trajectory plan was in place to resolve the situation by March 2024.

#### RESOLVED

1. That the Lincolnshire Partnership NHS Foundation Trust be thanked for their report and presentation on Children and Young People Mental Health Services, in particular the level of detail in the report.



2. That the Committee be advised of any future development in these services.

*(Note: Councillor S R Parkin left the meeting at 12.29pm).*

### 30 OLDER PEOPLE MENTAL HEALTH AND DEMENTIA SERVICES IN LINCOLNSHIRE

Consideration was given to a report from Sarah Connery, Chief Executive, Lincolnshire Partnership Foundation NHS Trust (LPFT), which provided the Committee with an update on Older Mental Health and Dementia Services in Lincolnshire.

The Chairman invited the following representatives from LPFT to remotely, present the item to the Committee: Chris Higgins, Director of Operations and Steve Roberts, Associate Director of Operations for Older People and Frailty Services.

The report highlighted support provided by the Trust for older adults in primary care and local communities; the Trust's Older Adult Community Mental Health Teams; Home Treatment Teams; inpatient services; demand on older people's mental health and dementia services; work being undertaken to break-down old referral barriers towards a more open-door transition between services and healthcare providers; and recent developments within the service.

Appendix A to the report provided details of services in LPFT's Older People and Frailty Division.

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

- The Committee noted that through Covid-19, waiting times for memory assessments had increased, and that a backlog still existed. Reassurance was given that steps were being taken to reduce the backlog, as there was an awareness that this had an impact on patient accessing medication;
- That the dementia diagnosis rate in Lincolnshire was above the national average;
- It was reported that the waiting times for older adult mental health, those over 65 with complex mental health needs, were very good, on average the waiting list for a mental health appointment was under two weeks. However, due to the complexity and acuity of the older mental health cases, this then impacted on the work of the dementia assessment referrals, as both services were dealt with from the same team. The Committee was advised that older adult mental health services and dementia services were the next area, the Trust was looking to invest in to and that proposals were to separate the two areas to balance resources better;
- Confirmation was given that for older adult mental health, the service had not seen any escalation of risk in the longer waiting list for this pathway;
- It was noted that support to older people closer to home was being led by the Lincolnshire NHS Integrated Care Board and formally being piloted over the next twelve months. The Committee noted that LPFT had contributed to a system wide bed modelling project that sought to determine the number of NHS inpatient beds

needed for different types of care in Lincolnshire over the next five years. Early findings of this work had suggested that there would be a need for five additional mental health older people and frailty beds in five years' time, which supported the current ways of working being piloted;

- Confirmation was provided that there was a mental health helpline available for adults over eighteen years of age;
- It was noted that due to the aging population and associated number of people experiencing dementia in Lincolnshire, work was continuing through the Dementia Transformation Programme Board to explore opportunities for further change and investment to create the level of care to meet the needs of the people of Lincolnshire;
- To meet the needs of the services, recruitment and retention was an important factor. It was reported that the Trust continued to look at international recruitment, growing their own staff and coming up with alternative roles, which provided additional training opportunities to help retain existing staff and encourage others to come to work for the Trust; and
- The importance of respite care. The Committee noted that the Trust had a range of services to support carers, but there was recognition that there was more to be done in this regard.

#### RESOLVED

1. That the Lincolnshire Partnership NHS Foundation Trust be thanked for their report and presentation on Older Adult Mental Health and Dementia Services, in particular the level of detail on the report.
2. That the Committee be advised of any future developments in these services.

#### 31 HUMBER ACUTE SERVICES PROGRAMME

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which advised the Committee of the latest position regarding the Humber Acute Services Review Programme, on which public consultation was expected to begin on 25 September 2023. Details of the scope of the review were contained on pages 98 to 99 of the report pack.

The Chairman in introducing this item expressed his belief that the Committee should be responding to the consultation, because of its links to residents in the east and north of the county. Particular reference was made to Gainsborough, who would be substantially affected by the proposals.

The Committee was also provided with information concerning the Humber Joint Overview and Scrutiny Committee, which was comprised of three councillors from each of the five local authorities across the Humber area. Details relating to the establishment of the joint committee was shown on page 99 of the report pack.

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The Committee was advised that the first meeting of the Joint Health Overview and Scrutiny Committee was planned to take place on Tuesday 17 October 2023 in Scunthorpe.

It was reported that the Review Team had offered to attend meetings of individual scrutiny committees and that Health Scrutiny Committee for Lincolnshire was seeking their attendance to the 4 October 2023 meeting to present their consultation document.

Members of the Committee were also reminded that the final of the three-member briefing sessions was due to take place on Wednesday 13 September 2023 between 6.00pm and 7.00pm., via Teams.

**RESOLVED**

1. That the date of the first planned meeting of the Lincolnshire and Humber Joint Health Overview and Scrutiny Committee on 17 October 2023 in Scunthorpe be noted.
2. That the offer of attendance by the Humber and North Yorkshire Integrated Care Board to meetings of the Committee be pursued.

**32      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 108 to 111 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.

Also, following a request from NHS England, the Committee was asked to provide a view as to whether in its opinion the proposed changes to paediatric services at Pilgrim Hospital, Boston, on which consultation had taken place between 12 June and 4 September 2023, did not constitute a substantial development of the health service, or a substantial variation in local health provision, for the purpose of regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Scrutiny) Regulations 2013.

The Committee was reminded of its response to the consultation on 19 July 2023, details of which were shown on pages 111 to 112 of the report pack.

**RESOLVED**

1. That the work programme presented on pages 108 to 111 of the report pack be agreed, subject to the inclusion of the suggestion put forward by the Committee at minute numbers 27(3) and 28(2).

2. That confirmation be given by the Health Scrutiny Committee for Lincolnshire that it's view was that the proposed changes to paediatric services at Pilgrim Hospital, Boston, on which consultation took place between 12 June and 4 September 2023, did not constitute a substantial development of the health service, or a substantial variation in local health provision, for the purpose of regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Scrutiny) Regulations 2013.

The meeting closed at 1.09 pm