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, 13 September 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 1 Vacancy

District Councillors: S Welberry (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
5	**Cancer Care and Living with Cancer Programme** *(To receive a report from the NHS Lincolnshire Integrated Care Board (ICB), which invites the Committee to consider and note the information presented on the Cancer Care and the Living with Cancer Programme. Clair Raybould, Director for System Delivery (ICB), Louise Jeanes, Cancer Programme Director (ICB), Professor Ciro Rinaldi, Deputy Medical Director United Lincolnshire Hospitals NHS Trust (ULHT) and Amanda Markall, Deputy Chief Operating Officer ULHT, will be in attendance for this item)*	23 - 68
6	**United Lincolnshire Hospitals NHS Trust - Nuclear Medicine** *(To receive a report from United Lincolnshire Hospitals NHS Trust (ULHT), which provides the Committee with an update on its nuclear medicine service. Senior representatives from ULHT, will be in attendance for this item)*	69 - 72
7	**Children and Young People's Mental Health Services in Lincolnshire - Update** *To receive a report from Sarah Connery, Chief Executive, Lincolnshire Partnership NHS Foundation Trust (LPFT), which provides the Committee with an update on Children's and Young People's Mental Health Services in Lincolnshire. Senior representatives from LPFT, will be in attendance for this item)*	73 - 86
8	**Older People Mental Health and Dementia Services in Lincolnshire** *(To receive a report from Sarah Connery, Chief Executive, Lincolnshire Partnership NHS Foundation Trust (LPFT), which provides the Committee with an update on Older People Mental Health and Dementia Services in Lincolnshire. Senior representatives from LPFT, will be in attendance for this item)*	87 - 96
9	**Humber Acute Services Programme** *(To receive a report from Simon Evans, Health Scrutiny Officer, which advises the Committee on the latest position regarding the Humber Acute Services Review Programme)*	97 - 106
10	**Health Scrutiny Committee for Lincolnshire - Work Programme** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comment on the content of its forthcoming work programme)*	107 - 116

Debbie Barnes OBE
Chief Executive
5 September 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, 13th September, 2023, 10.00 am (moderngov.co.uk)

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
19 JULY 2023

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

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

Lincolnshire District Councils

Councillors S Welberry (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) and C Morgan (South Kesteven District Council).

Healthwatch Lincolnshire

Liz Ball.

Also in attendance

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Lucy Gavens (Consultant - Public Health), Kenny Hume (Chair, Lincolnshire Local Dental Network), Carole Pitcher (Senior Commissioning Manager, NHS England) and Sandra Williamson (Director for Health Inequalities and Regional Collaboration, NHS Lincolnshire Integrated Care Board.

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

Remote attendees via Microsoft Teams:

Peter Burnett (Director of Strategic Planning, Integration and Partnerships, NHS Integrated Care Board), Nick Harwood (Associate Director of Operations for the Adult Community Division LPFT), Christopher Higgins (Director of Operations, Lincolnshire Partnership NHS Foundation Trust) and Paula Jelly (Associate Director of Operations, Adult Inpatient and Urgent Care Division, Lincolnshire Partnership NHS Foundation Trust).

12 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor D Rodgers (West Lindsey District Council).

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

13 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.

14 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 14 JUNE 2023

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 14 June 2023 be agreed and signed by the Chairman as a correct record.

15 CHAIRMAN'S ANNOUNCEMENTS

Further to the announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on 18 July 2023.

The supplementary announcements referred to:

- Membership of the Committee – the Committee noted that Councillor Suzanne Welberry was to be the Boston Borough Council representative on the Committee going forward and Councillor Lina Savickiene was to be the named replacement member;
- Proposed change of date for the October 2023 meeting – that 11 October 2023 meeting date was to be changed to 4 October 2023;
- The Humber Acute Services Programme - pre-consultation business case;
- Hawthorne Medical Practice, Skegness – Care Quality Commission Report based on an inspection carried out on the 19 April 2023 which was now rated as '*requires improvement'*;
- Magna House, Sleaford – Care Quality Commission Report rating of '*inadequate'*, following an inspection on 26 and 27 April 2023;
- Report of the House of Commons Health and Care Select Committee – NHS Dentistry; and

- Lincolnshire Community Health Services NHS Trust – that Maz Fosh, Chief Executive of Lincolnshire Community Health Services was standing down with effect from 31 July 2023.

During consideration of this item, some members welcomed the report of the House of Commons Health and Care Select Committee concerning NHS Dentistry; some support was recorded for the proposals for the Diana, Princess of Wales Hospital, Grimsby, for it not to be downgraded (as part of the Humber Acute Services Review), as the service provided was welcomed by residents living in the north of the county, a request was made for further information in this regard. The Committee noted that it was hoped that an item regarding the Humber Acute Services Review would be considered by the Committee at its 13 September 2023 meeting.

RESOLVED

1. That the meeting of the Health Scrutiny Committee for Lincolnshire scheduled for 11 October 2023 be rescheduled to Wednesday 4 October at 10.00am.

2. That the supplementary announcements circulated on 17 July 2023 and the Chairman's announcements as detailed on pages 15 to 21 of the report pack be noted.

16 NHS DENTAL SERVICES IN LINCOLNSHIRE

Consideration was given to a report from NHS East Midlands Primary Care Team and NHS Lincolnshire Integrated Care Board, which provided the Committee with an update on NHS dental services, covering the following areas: the national NHS dental contract; where dental services were located, including special dentistry and intermediate minor surgery; charges for NHS dental services; access to dental services in Lincolnshire; private dentistry; commissioning and procurement plans; and collaborative working.

The Chairman invited the following representatives to present the item, to the Committee: Sandra Williamson, Director of Health Inequalities and Regional Collaboration, NHS Lincolnshire Integrated Care Board, Carole Pitcher, Senior Commissioning Manager, for the five integrated care boards in the East Midlands and Kenny Hume, Chair of the Lincolnshire Local Dental Committee.

During consideration thereon, some the following comments were noted:

- Some concern was expressed to the ongoing lack of dentist provision in Lincolnshire;
- Steps being taken to improve access to dentistry across the east coast, South Holland, North Kesteven and Boston. Reassurance was given there was a plan and that this was covered in the Lincolnshire Dental Strategy. It was noted that the strategy had developed four key pillars: developing the dental workforce; improving access to dental services; increasing focus on prevention and strengthening the integration of oral health into wider health care services. The Committee was advised that the

House of Commons Select Committee had identified the backlog of applications for the Overseas Registration Exam, and that resolving this would provide a short-term increase to the number of dentists working in the NHS, which would then provide more appointments, for patients to access much needed services. Some members felt that intense overseas recruitment could result in health care in other countries suffering as a result. The Committee noted that in some parts of south India there were too many dentists and that recruitment from this area would help with the shortages experienced in Lincolnshire;

- Reference was also made for contracts to be reformed, not only to address the access crisis, but to ensure a more sustainable system was put in place going forward;
- Clarification was also sought regarding the potential closure of both Boston and Sleaford's Bupa clinics. Reassurance was given that dialogue was on going with new owners for both clinics;
- How to encourage dentists to stay NHS service providers. The Committee was advised that dentists were small businesses, operating with a combination of NHS and private patients. It was highlighted that the private side of most dental practices subsidised the NHS side, and that without private patients, most dental practices would not stay in business;
- The Committee noted that dental charges were set by the Treasury;
- The potential development of a Dental School in Lincolnshire. It was highlighted that work was in progress in this regard and talks were in progress with Suffolk concerning their working template. It was hoped that being able to provide professional training and support would help encourage newly qualified dentists to stay in Lincolnshire. The Committee noted that at present there was no defined date for this happening, but reassurance was given that work was ongoing in this regard. It was noted further that the concept was to have a hub and spoke arrangement with the main part being situated in Lincoln, with spokes then positioned through the county. The Committee were supportive of this initiative;

Note: Councillor M Geaney (South Holland District Council) joined the meeting at 10:30.am.

- Confirmation was given that there was a refugee project for dentistry; but this was being stifled by regulations and restrictions;
- Whether funding incentives for training to become a dentist would attract more potential candidates into dentistry. The Committee noted that promotion of dentistry in schools' talent academies was already being undertaken;
- That more preventative work was needed, especially with younger children to ensure good oral health. The Committee noted that toothbrush packs were available from the Oral Health Alliance;
- Whether more should be done regarding the role of dentist practices, as unlike General Medical Practice, there was no system of patient registration with a dental practice, patients were free to attend any dental practice, regardless of where they lived. Confirmation was given that communication messages were issued out to the general public;

- The Committee noted that extended out of hour provision would be looked at when services were re-commissioned in the South Kesteven District Council area; and
- Confirmation was given that if dentists accepted the offer of a golden hello for recruitment purposes, they would have to offer NHS provision for five years.

RESOLVED

1. That the NHS Lincolnshire Integrated Care Board and the East Midlands NHS Dental Commissioning Team be thanked for their comprehensive report.

2. That a further report be requested in early 2024 on:

   (a) Any further developments on the commissioning of the NHS dental services in the East Lindsey area;
   (b) The developments of the implementation plan for the four pillars of the Lincolnshire Dental Strategy.

3. That support be given from the Committee to the concept of a Dental School in Lincolnshire; and that a letter be written to local MP's requesting their supporting in moving this forward.

17 WATER FLUORIDATION

The Committee considered a report from Derek Ward, Director of Public Health, Lincolnshire County Council, which advised the Committee on the role fluoride had on oral health, the transfer of power to initiate, vary or terminate water fluoridation schemes, and the current situation regarding water fluoridation schemes in Lincolnshire.

The Chairman invited Lucy Gavens, Public Health Consultant to present the item to the Committee.

Appendix A to the report provided a map showing artificially fluoridated areas in Lincolnshire for the Committee to consider.

During discussion thereon, some of the following comments were noted:

- The need to write to the Secretary of State for Health and Social Care in support of water fluoridation and that a request should be made for new fluoridation schemes to be introduced to address the gaps in provision within Lincolnshire;
- Confirmation was given that a feasibility study for fluoridation would fall to the Secretary of State to commission one;
- The Committee noted that no fluoridation schemes had been terminated in the last 12 months. It was however highlighted that the team in the Department of Health and Social Care had been actively looking into new schemes, following representation from the north east of the country. It was reported that locally work was ongoing

with north, and north east Lincolnshire and Norfolk (areas also covered by Anglian Water) to gain a sense of what needed to be done concerning fluoridation;

- It was reported that a combination of factors helped with oral health, i.e. regular brushing of teeth; use of fluoride toothpaste; and for those that did not following a regular oral regime, water fluoridation helped to protect teeth; and
- Some support was extended for the extension of fluoridation across Lincolnshire from district council representatives present. The Committee was advised that writing to local MP's would assist in this regard.

The Chairman on behalf of the Committee extended his thanks to the Consultant in Public Health for her presentation.

RESOLVED

1. That 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 be noted.

2. That the Chairman write on behalf of the Health Scrutiny Committee for Lincolnshire to the Secretary of State for Health and Social Care to record the Committee's support for fluoridation of water supplies throughout the county, and to request as a first step the Secretary of State initiate a feasibility study on the potential for its implementation, with support for this action also being sought from:

   (a) the Lincolnshire Members of Parliament who represent constituencies either wholly or partially without fluoridation; and
   (b) from the Lincolnshire district councils, whose areas are either wholly or partially without water fluoridation.

18 OUTCOME OF CONSULTATION ON LOCAL MENTAL HEALTH REHABILITATION SERVICES (ASHLEY HOUSE IN GRANTHAM)

Consideration was given to a report from the Lincolnshire NHS Partnership Trust (LPFT) and the NHS Lincolnshire Integrated Care Board, which provided an update on the outcome of the Consultation on Local Mental Health Rehabilitation Services (Ashely House in Grantham).

The Chairman invited the following representatives to remotely, present the item to the Committee: Chris Higgins, Director of Operations, LPFT and Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board.

The Committee were reminded that in February 2023, as part of its response to the consultation, had accepted the arguments in support of the community rehabilitation model and the permanent closure of Ashley House. It was also noted that the Committee had commented on the importance of continuing to monitor the level of need for inpatient

services; but wanted to be advised of any plans as to the future use of the Ashley House premises.

Attached to the report, were the following Appendices for the Committee's consideration:

- Appendix A – Copy of the consultation document previously presented to the Health Scrutiny Committee on 18 January 2023;
- Appendix B – A summary of Consultation Activity and Findings;
- Appendix C – Patient, Carer and Public Concerns Raised and Actions Being Taken;
- Appendix D – Staff Concerns and Actions Being Taken; and
- Appendix E – East Midlands Clinical Senate Recommendations and Action Being Taken.

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

- Clarification was given that prior to its closure, the unit cared for patients with severe and enduring mental illness who would have been likely to have had significant periods in hospital to help manage their symptoms. It was noted that the unit had provided additional rehabilitation support in the patient's recovery before moving back into their community to live. It was noted that patients requiring dependency rehabilitation were now being treated at Maple Lodge in Boston, or by the community rehabilitation service;
- Confirmation was given that there was enough provision to support levels of demand;
- Support was extended to the Community rehabilitation service;
- Reassurance was provided that out of hours provision was catered for in the community rehabilitation service; and
- Confirmation was given that a low number of staff had responded to the consultation. It was however noted that in response to some of the feedback received during the consultation, the Trust would be discussing the matter further with all staff that had previously worked at the unit.

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

RESOLVED

1. That the outcome of the mental health rehabilitation consultation, conducted between 16 January 2023 and 31 March 2023 be noted.

2. That the 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 be noted.

3. That an update be requested in one year's time on the implementation of the community rehabilitation service model, including monitoring of out of area placements and any data on projected future need for inpatient beds.

4. That any proposals for the future use of the Ashley House premises be shared with the Committee.

Note: Councillor Welberry left the meeting at 11:50am.

19 UPDATE ON ADULT MENTAL HEALTH SERVICES IN LINCOLNSHIRE

The Committee considered a report from Lincolnshire Partnership NHS Foundation Trust (LPFT), which provided an update on Adult Mental Health Services in Lincolnshire.

The Committee were reminded that in the previous year, the Committee had held a working group, which had considered various aspects of mental health provision, and as a result had requested an outline of the various new developments. It was highlighted that at the 13 September 2023 meeting, the Committee would be continuing this theme, considering mental health services for children and young people, and for older adults.

The Chairman invited the following representatives from LPFT to remotely, present the item to the Committee: Chris Higgins, Director of Operations, Nick Harwood Associate Director of Operations, Adult Community Division and Paula Jelly, Associate Director of Operations, Adult Inpatient and Urgent Care Division.

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

- The Trust were commended for the two new wards at the Peter Hodgkinson Centre, Lincoln, and the improved facilities they provided;
- A request was made for the pathway for urgent care to include young people (16-18) pre-transition to adults ;
- The Committee noted that anyone attending A & E at either Lincoln or Boston could be seen by a member of the mental health team and that this was available 24/7. The Committee noted that the team would aim to see emergency referrals in A & E in one hour against a target of 80%, and that the team generally met this target 93% of the time. From members personal experience, concerns were highlighted that this was not the case. There was recognition that there had been some pressure on the east coast, and that steps were being taken to strengthen that provision;
- That information would be provided to members of the Committee relating to the location of Night Light Cafés. The Committee was advised that all volunteers received training and support;
- Confirmation was given that there was a system wide group that dealt with patients with a dual diagnosis, and there was recognition that there was more to do in this regard;

- The Committee was advised that 75% of patients accessed talking therapies for anxiety and depression within 6 weeks and 95% of patients within 18weeks. It was noted that where people were waiting for treatment, they were provided with a range of resources to help with self-care and any workbooks that might help them. Information was also provided advising them of what to do if needs changed and they were in crisis, or if they needed help urgently, and that this included information about the county's 24-hour mental health helpline;
- It was reported that resources were being built up to support communities, which would then link into the crisis team;
- The Committee noted that suicide prevention was high on the agenda of both public health and mental health teams. It was however highlighted that not all suicide cases had been in contact with mental health services.
- It was also recognised that support for those requiring mental health services across the county varied; It was reported that promotion and training was undertaken to encourage people into mental health services through apprenticeships; growing staff within the Trust; and providing alternative roles to encourage potential candidates to come to Lincolnshire and work for the Trust.
- Confirmation was given that the Trust had a good working relationship with Lincolnshire Police who were part of a multi-agency group within the county to make sure national requirements were met;
- The Committee was advised that patients would be taken by ambulance to the most appropriate place, based on the complexity of their need;
- Support was extended to the work of the Lincolnshire Rural Network Support and to the support they provided to farmers and rural workers in the county;

Note: Councillor Mrs L Hagues left the meeting of 12:50pm.

- The Committee noted that the location of the Grantham Night Light Café was at the Ascension Church Hall in Grantham. Some members felt that the Night Light Cafes needed to be promoted better;
- Thanks were extended to the presenters for the level of detail contained within the report presented;
- It was highlighted that work was ongoing currently in Lincolnshire for introducing the NHS 111, option2, for residents to receive mental health support. It was hoped that this facility would be available at the end of the financial year; and
- It was noted that demand for mental health services generally was rising, and that the Trust was doing all it could to make sure that services were in place to meet this demand.

RESOLVED

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

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

The meeting adjourned at 1.00pm and re-convened at 2.00pm.

20 LINCOLNSHIRE ACUTE SERVICE REVIEW - URGENT & EMERGENCY CARE AND ACUTE MEDICINE IMPLEMENTATION UPDATE

Note: Apologies for absence were received from Councillors M G Allan, S Welberry (Boston Borough Council), L Hagues (North Kesteven District Council), and M Geaney (South Holland District Council), for the afternoon part of the meeting.

The Committee considered a report from the NHS Lincolnshire Integrated Care Board, which provided an update on the implementation of the changes relating to urgent & emergency care; acute medicine; and the implementation of changes being taken forward over three phases of work.

The Chairman invited Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Board, to remotely, present the report to the Committee:

During consideration thereon, the following comments were noted:

- Grantham and District Hospital's designation as an Urgent Treatment Centre (UTC) and the service model expected. It was reported UTC services and community medical wards would be staffed by local providers United Lincolnshire Hospitals NHS Trust (ULHT) and Lincolnshire Community Health Services NHS Trust (LCHS), full details of the three-stage implementation plan of services were shown within the report presented. Reassurance was given that the service would meet the needs of the population of Grantham and surrounding area. The Committee were also reminded of the process followed concerning the Acute Services Review, and to the outcome of the Clinical Senate regarding UTC designation;
- Some concern was expressed to the lack of detail presented in the report, with particular mention being made to the number of beds being provided; the need for an A & E in Grantham; and the need for better communication regarding the services to be provided at Grantham and District hospital going forward;
- Reassurance was given that pathways were in place to ensure that patients had the right care at the right time, and at the right place. It was noted that some patients would be transferred back, following stays in other hospitals to Grantham Hospital for their care, to prevent families having to travel;
- The Committee was advised that further details regarding the opening of the UTC would be known in the autumn of 2023;
- One member expressed concern that information received as part of a Freedom of Information request had indicated that Grantham had been a full A & E prior to 2016; *(Note: for clarity regarding this point, information has been received that the exclusion criteria have been in place for Grantham A & E since 2008 and that this has*

been confirmed in two independent reports by the Independent Reconfiguration Panel and the East Midlands Clinical Senate which both outline the department has not been a full ED since 2008);

- The lack of information pertaining to proposed specific services;
- The Committee noted that services would be provided by middle grade doctors and that GPs would continue to be involved. It was noted that the out of hours service would allow for both bookable appointments through the 111 service and for walk-in access; and that every measure would be taken to ensure that services were delivered in an integrated way; and
- When an update on orthopaedics and stroke services could be expected. It was noted that the pilot was in place until December 2023; and that a further update would be provided in the autumn of 2023.

The Chairman on behalf of the Committee extended his thanks to the Director of Strategic Planning, Integration and Partnerships for his presentation.

RESOLVED

That it be recorded that the Committee looks forward to the opening of the 24/7 Grantham Urgent Treatment Centre and implementation of the acute and community bed arrangements as soon as possible, with the 'autumn of 2023' being put forward as the likely implementation date.

21 PAEDIATRIC SERVICE AT PILGRIM HOSPITAL, BOSTON - PROPOSED RESPONSE OF THE COMMITTEE TO THE CONSULTATION

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which invited the Committee to consider the draft response as attached at Appendix A to the report, and subject to any further amendment, approve the draft as the Committee's final response to the consultation on the Pilgrim Hospital Paediatric Service, being undertaken by United Lincolnshire Hospitals NHS Trust.

The Chairman on behalf of the Committee extended thanks to the Health Scrutiny Officer for a well written response.

RESOLVED

That the draft response (attached at Appendix A) be approved as the Committee' s final response to the consultation on Pilgrim Hospital Paediatric Service, being undertaken by United Lincolnshire Hospitals NHS Trust.

22 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 144 to 146 of the report pack.

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

During consideration of this item, the following suggestions were put forward for additions to the current Committee's work programme.

- North West Anglia NHS Foundation Trust update for January/February 2024
- Minor Injuries Unit at Stamford; and
- Growth plans across the county and how they will impact on health services. The Health Scrutiny Officer agreed to investigate the matter further as a possible overview report.

RESOLVED

That the work programme presented on pages 144 to 146 of the report pack be agreed, subject to the inclusion of the suggestions put forward by the committee and the items put forward for further consideration at Minute numbers 16 (2) and 18 (3).

The meeting closed at 2.48 pm.

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
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Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**13 September 2023**
Subject:	**Chairman's Announcements**

1. Councillor Ray Wootten

I would like to say a few words about Ray Wootten, who passed away on 27 August 2023. Ray, who was first elected to Lincolnshire County Council in 2009, served as a county council representative on the Health Scrutiny Committee from July 2019. As a committee member, he was dedicated to health issues across the whole county, but he will be remembered for his championing of health services for people in Grantham and the surrounding area, in particular for overnight urgent and emergency care at Grantham and District Hospital.

2. Rosemary Kaberry-Brown

I would also like to say a few words about Rosemary Kaberry-Brown, who passed away on 3 August 2023. As a South Kesteven District Councillor, Rosemary represented that district on the Health Scrutiny Committee from May 2011 until January 2022. In her eleven years on the Committee, Rosemary always made thoughtful and valued contributions, when challenging the NHS on its services.

3. New Community Diagnostic Centres in Lincolnshire

On 4 August 2023, the Government announced plans for the opening of a further 13 community diagnostic centres (CDCs) in England. Two of these will be in Lincolnshire: Lincoln and Skegness, with investment totalling £38 million. They will join Grantham CDC, which opened in April 2022 and has undertaken 59,000 diagnostic tests to date, to bring the total to three CDCs in the county.

A CDC provides provide a range of patient diagnostic services, such as x-ray and ultrasound, and are designed to be 'one stop shops' that are able to check, test and scan patients for a range of conditions from cancer to heart or lung disease.

The new CDCs will be modular buildings, which means that they can be built relatively quickly and cost efficiently. With the funding now confirmed the expectation is that, whilst the CDCs are under construction, a mobile MRI service will commence on both sites from December 2023 providing additional capacity for Lincolnshire patients. Further services will then be added with the CDCs being fully operational by September 2024. This will include CT, X-ray, ultrasound, and other supporting diagnostics.

In July 2022, NHS Lincolnshire Integrated Care Board consulted this Committee on its preferred location for the second CDC in Lincolnshire, subject to the completion of satisfactory business cases and approval by NHS England. At that time the Committee's preference was for a hub and spoke model, with the hub in Boston and spokes in Skegness.

4. Manthorpe Unit, Grantham and District Hospital – Engagement Events

On 3 August 2023, Lincolnshire Partnership NHS Foundation Trust (LPFT) announced further engagement events on the temporary closure of the Manthorpe Unit at Grantham and District Hospital, together with an online survey. These details were emailed to members of the Committee on 3 August, as several of the engagement events were due to be held during August and early September. The remaining engagement events (from the despatch date of this agenda on 5 September) are:

- 6 September (10am – midday), Dementia Coffee Morning, Alford Memorial Hall, Alford.
- 6 September (1pm – 2pm), Alford Surgery, Alford.
- 8 September (9am – 1pm), Isaac Newton Shopping Centre, Grantham.
- 13 September (9.30 am – midday) Grantham and District Hospital (outside restaurant).
- 14 September, Lincolnshire Housing Partnership Mayfield, Boston.
- 19 September (2pm – 4pm), Welland Seniors Forum, United Reformed Church Hall, Spalding.
- 20 September (6pm – 7pm), Senior Citizens Advice Group, Grantham.
- 21 September (10 am – 3pm), Boston Primary Care Network Neighbourhood Networking Event, Boston.
- 28 September (10.30 am), Square Hole Club, Deepings Sports and Social Club, Market Deeping.
- 29 September (11 am – 3pm), the Care Fair, Guildhall Arts Centre, Grantham.
- 29 September, Age Friendly Lincolnshire Conference 2023, New Life Centre, Sleaford.

Details of the engagement activity and a link to the online survey can be found at : https://www.lpft.nhs.uk/get-involved/service-user-and-carer-engagement/expansion-hospital-home-pilot

5. Care Quality Commission Report on Two Children's Wards at Lincoln County Hospital

On 2 August 2023, the Care Quality Commission (CQC) published a report following an inspection of two children's wards at Lincoln County Hospital, which had taken place on 31 May 2023. The CQC issue a new rating for the service, following the inspection, so the previous rating of *good* remains in place. The full report may be found at: Lincoln County Hospital - Care Quality Commission (cqc.org.uk)

In its report the CQC summarised its findings as follows:

- The service had systems and processes to prescribe and administer medicines safely.
- Staff learned from medicine incidents to improve practice.
- Action was taken and lessons were learnt.
- The service had enough staff to care for children and young people and keep them safe.
- However, the service did not have specialist equipment to support children and young people to meet their individual needs.

6. Care Quality Commission Report on Caskgate Street Surgery, Gainsborough

On 2 August 2023, the Care Quality Commission (CQC) published an inspection report on Caskgate Street Surgery in Gainsborough. This followed an inspection which took place on 24 May 2023, and gave the GP practice an overall rating of *inadequate* and placed it in special measures. The service will be inspected again within six months, to see if sufficient improvements have been made. The full report and evidence table for the inspection may be found at: Caskgate Street Surgery - Care Quality Commission (cqc.org.uk).

In its report, the CQC summarised its findings as follows:

- The practice did not provide care in a way that kept patients safe and protected them from avoidable harm.
- Safety alerts were not being received and acted upon, which put patients at risk.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- Not all patients received effective care and treatment that met their needs. Patients with long tern conditions were not always reviewed effectively.
- Staff did not have the information they needed to deliver safe care and treatment.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- Patients' needs were not assessed, and care and treatment was not delivered in line with current legislation.
- Leaders could not demonstrate they had the capacity and skills to deliver high quality sustainable care.
- The overall governance arrangements were inadequate.

7. Seasonal Vaccination Programmes for Covid-19 and Influenza

On 10 August 2023, the Government announced that it had accepted the final recommendations from the Joint Committee for Vaccination and Immunisation on the seasonal vaccination programmes for Covid-19 and influenza. These programmes will now begin on 11 September 2023. The groups to be offered a Covid-19 booster vaccine are:

- residents in a care home for older adults;
- people aged 65 years and over;
- persons aged 6 months to 64 years in the defined Covid-19 clinical risk group;
- frontline health and social care workers;
- persons aged 12 to 64 years who are household contacts of people with immunosuppression; and
- persons aged 16 to 64 years who are carers and staff working in care homes for older adults.

The following groups will be eligible for an influenza vaccine:

- people aged 65 years and over;
- those aged 6 months to under 65 years in the defined influenza clinical risk groups;
- pregnant women;
- all children aged 2 or 3 years on 31 August 2023 and primary school aged children (from reception to year 6);
- those in long-stay residential care homes;
- carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person;
- close contacts of immunocompromised individuals; and
- frontline workers in a health or social care setting.

8. NHS Annual Public Meetings 2023

Set out below are the dates for the four annual public meetings of Lincolnshire-based NHS organisations. All these meetings are taking place remotely and there is no requirement for registration in advance. Details of each are available at each link, including the arrangements and closing date for submitting questions at each meeting.

Date / Time	Trust	Hyperlink for Further Details
11 September 10 am	Lincolnshire Partnership NHS Foundation Trust	Annual Public and Members Meeting LPFT
18 September 2.00 – 3.00 pm	United Lincolnshire Hospitals NHS Trust	Annual Public Meeting - ULHT
19 September 12.30 - 1.30 pm	Lincolnshire Community Health Services NHS Trust	Annual Public Meeting - LCHS
26 September 4.30 – 6.00 pm	NHS Lincolnshire Integrated Care Board	Annual Public Meeting Lincolnshire ICB

Details of the meeting of Lincolnshire Partnership NHS Foundation were emailed to members of the Committee on 21 August 2023.

9. Healthwatch Lincolnshire Forward Vision Event – 31 October 2023

Healthwatch Lincolnshire has announced that its *Forward Vision Event* is being held on 31 October 2023 from 10 am to 3 pm, at Bishops Grosseteste University, Longdales Road, Lincoln LN1 3DY.

Healthwatch Lincolnshire will present its annual report and plans for the coming year, and as previously there will be a panel of Lincolnshire's health and social care leaders to discuss their challenges and opportunities. The panel will include: John Turner, Chief Executive, NHS Lincolnshire Integrated Care Board; Glen Garrod, Executive Director for Adult Care and Community Wellbeing, Lincolnshire County Council; Andrew Morgan, Chief Executive, United Lincolnshire Hospitals NHS Trust and Lincolnshire Community Health Services NHS Trust; and Sarah Connery, Chief Executive, Lincolnshire Partnership NHS Foundation Trust.

Details, including the link to register for the event can be found at: Healthwatch Lincolnshire Forward Vision Event 2023 | Healthwatch Lincolnshire

10. GP Patient Survey 2023

On 13 July 2023, the results of the 2023 England GP patient survey was published. In Lincolnshire 24,956 questionnaires were issued and 9,872 were returned, representing a response rate of 40%. There is a significant amount of data arising from this survey, which may be found at: Statistics » GP Patient Survey 2023 (england.nhs.uk) and in greater detail at GP Patient Survey (gp-patient.co.uk).

Just as a snapshot, in response to the question on how you would describe your GP practice, in Lincolnshire 71% responded to either 'good' or 'fairly good', while 14% responded 'poor' or 'fairly poor'. These figures directly correspond to the national average. Also in line with the national average are the responses to the question how easy it is to get through to the GP practice on the phone: 'easy' 50%, 'not easy' 50%.

84% of respondents in Lincolnshire found receptionists at GP practices 'helpful', compared to the national average of 82%. The number of respondents who described their overall experience of making an appointment 'good' was 57%, again higher than the national average of 54%.

11. Intermediate Minor Oral Surgery – East Midlands Stakeholder Briefing

Since 1 April 2023, the five NHS integrated care boards in the East Midlands have been responsible for commissioning NHS Dental Services, including primary, community and secondary care. A stakeholder briefing has been issued on behalf of the five integrated care boards on Intermediate Minor Oral Surgery, which is attached to these announcements at Appendix A.

APPENDIX A

Intermediate Minor Oral Surgery
East Midlands Stakeholder Briefing

1 Introduction

The purpose of this briefing paper is to provide an update to Health and Wellbeing Boards, Overview and Scrutiny Committees and key stakeholders on the East Midlands Intermediate Minor Oral Surgery (IMOS) services procurement process and next steps.

2 Background Information

From 1 April 2023, the five East Midlands ICBs are now responsible for commissioning NHS Dental Services e.g. primary, community and secondary care to meet the local population needs.

Intermediate Minor Oral Surgery (IMOS) is a referral service for over 16 years and is provided within a community setting. The service provides specialist treatment e.g. complex dental extractions by a clinician with enhanced skills and experience that is either on the oral surgery specialist list or accredited in line with national guidance. Treatment may be provided under local anaesthetic and the clinician may use quality behavioural management techniques or provide treatment under conscious sedation where appropriate for minor oral surgery procedures. Once the one-off treatment has been completed, the patient is then returned to the referring General Dental Practitioner.

The IMOS contracts are commissioned using a Personal Dental Services (PDS) Agreement, the earliest of which commenced in 2008/09 and are due to expire. The existing contractual agreements have no Units of Dental Activity (UDA) contracted activity nor financial value, financial payments are made in arrears based on claims submitted for cost per case for either assessment, assessment and treatment or assessment, treatment and sedation.

There are 36 IMOS providers across the East Midlands area, which cover Northamptonshire, Leicester, Leicestershire & Rutland, Lincolnshire, Derbyshire and Nottinghamshire. Due to historic contracting arrangements, the service arrangements are on different contracting terms and payments rates. Within the existing contracting arrangements treatment may be provided under conscious sedation in Derbyshire and Nottinghamshire. However, there is limited access in Lincolnshire/Northamptonshire and no access in Leicester, Leicestershire and Rutland. In 2019/20, the service accepted approximately 37,000 referrals and treated 33,000 patients.

A Midlands IMOS service specification has been developed in line with the NHS England Oral Surgery Commissioning Guide to standardised the service model, payments and reduce inequalities in access/treatment under conscious sedation, where appropriate. Approval was obtained to enable new Personal Dental Services Agreement with a contracting term of 10 years (7 years with the option to extend for a further 3 years).

An East Midlands Minor Oral Surgery Needs Assessment was refreshed to support with developing commissioning intentions to meet population need. Engagement and consultation processes were undertaken to seek feedback from patients and public, dental profession and key stakeholders. The consultation proposal sought views on 10 proposed locations across the East Midlands. The feedback was considered, and the proposed locations were revised from 10 to 17.

3 Procurement Process and Outcome

The IMOS procurement process was published on 25 August 2022 following market engagement webinar and due to the large scale of the procurement exercise being undertaken, bidders would be notified of the outcome in May 2023. This is to enable sufficient time for bids to be evaluated. The new contracts to commence on 1 December 2023 following a 6-month mobilisation period. All bids were assessed to determine they were compliant e.g. all sections have been completed to enable them to pass through to the evaluation phase. As part of the evaluation, bids were required to pass mandatory questions and meet a quality threshold of 60% and the bidder with the highest score for each individual lot who met this criteria would be identified as the preferred bidder. A project group of Subject Matter Experts evaluated the bids.

Bidders have been advised there has been a slight delay regarding outcome notification. There has been a 3-month delay to notifying bidders of the outcome of the procurement exercise to enable internal governance processes to be undertaken.

We can confirm that there was sufficient interest shown across all 17 Lots (new contracts), however, upon evaluating submissions the general quality was poor with a surprisingly high level of bids which failed at various gateway stages of the process. The commissioners have therefore taken the decision to abandon the procurement in its entirety and not to award any contracts in respect of any of the 17 lots on the basis that to commission any of these IMOS services on a piecemeal basis, and to continue with this procurement, would result in an unworkable and unmanageable mixed economy of old and new service models, which would negatively affect equity of access for patients and increase budget pressures.

Bidders have been notified of the outcome the procurement process on 30 August 2023 and assurance has been given that the strategic need to recommission IMOS services across the East Midlands has not diminished or changed.

4 Next Steps

Due to the outcome of the procurement exercise, it has been agreed to extend existing IMOS services across the East Midlands for and initial period of 1 year and then up to 2 years in 6-month intervals, if required, to maintain patient access to the specialist tier 2 IMOS service. This will enable the commissioners to used lessons learned from this process to engage in pre-procurement market engagement activities to support potential providers, in order to support and educate on the tendering process in a way that the commissioners hope will significantly increase the quality of bids received. The commissioner is planning to launch a second procurement exercise within the next 12 months. We will continue to update Health and Wellbeing Boards, Overview and Scrutiny Committees and key stakeholders on our recommissioning plans.

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:	**13 September 2023**
Subject:	**Cancer Care and Living with Cancer Programme**

Summary:

The Committee is invited to consider a report on Cancer Care for people in Lincolnshire, which was last considered by the Committee in July 2022. The report covers the impact of Covid-19 and recovery; performance, including a reduction in the number of national standards from nine to three; improvements; and the challenges and risks. There is also information on the Living with Care Programme.

Actions Requested:

The Committee is requested to consider and note the information presented in the report on Cancer Care and the living with Cancer Programme.

1. Background

The National Health Service (NHS) in England operates under the constitutional framework - the NHS Constitution. The NHS Constitution outlines what patients can expect and their rights when they are referred on a cancer diagnosis and treatment pathway. Cancer waiting times measure NHS performance against these national NHS Constitution Standards, as well as a number of other metrics. These measures are used by us locally and nationally by NHS England and other organisations to monitor the timely delivery of cancer services to patients.

This NHS has made significant efforts to address cancer care and treatments through various initiatives and guidelines. The National Institute for Health and Care Excellence (NICE) develops guidelines and recommendations for referral, diagnosis, treatment, and management of various cancers. NICE guidelines are evidence-based and help inform but do not dictate clinical practice. They play a significant role in shaping the standards of care provided by the NHS.

At present we are measured against nine standards; however as of October 2023 these standards will be simplified and reduced to three standards. The most notable impact is the removal of the two-week wait standard, which set out a maximum timeframe of two weeks between the receipt of urgent referral for suspected cancer to first outpatient attendance.

The remaining three standards will be simplified and are as follows: -

- **28 Faster Diagnosis Standard (FDS)** - Maximum 28 days from receipt of urgent referral for suspected cancer, receipt of urgent referral from a cancer screening programme (breast, bowel, cervical), and receipt of urgent referral of any patient with breast symptoms (where cancer not suspected), to the date the patient is informed of a diagnosis or ruling out of cancer.

- **31 Day Standard** - Maximum one month (31 days) from Decision to Treat/Earliest Clinically Appropriate Date to Treatment of cancer.

- **62 Day Standard** - Maximum two months (62 days) from receipt of an urgent GP (or other referrer) referral for urgent suspected cancer or breast symptomatic referral, or urgent screening referral or consultant upgrade to First Definitive Treatment of cancer.

2. Covid-19 Impact

The Covid-19 pandemic has had a significant impact on cancer performance and treatment both locally and nationally, some areas have recovered quicker than others. We have some good news stories in Lincolnshire following Covid-19, our endoscopy unit was one of the quickest to recover in England and the recovery was utilised as a blueprint around the country, however other areas have not faired so well due to existing challenges. Lincolnshire is quite unique in its population demographics and its challenges; this has been recognised by the likes of Professor Sir Michael Richards during discussions around recovery.

In order to manage the strain on healthcare systems and reduce the risk of Covid-19 transmission, many cancer screening programs were temporarily suspended or scaled back. This has led to a decrease in the number of individuals being screened for various types of cancer, such as breast, cervical, and colorectal cancer. As a result, some cases that would have been detected through routine screening have been missed or diagnosed at a later stage.

The fear of contracting Covid-19 has deterred some individuals from seeking medical attention, including those experiencing cancer symptoms. Concerns about visiting hospitals and GP surgeries, where Covid-19 patients may be present, have led to delays in seeking diagnosis and treatment.

General practitioners (GPs) and primary care providers have faced significant challenges during the pandemic, such as increased workload, redeployment of staff, and the need to prioritise Covid-19 care.

Cancer treatments, such as surgeries, chemotherapy, and radiation therapy, have been affected by the pandemic. While efforts have been made to prioritise urgent and life-saving interventions, some patients have experienced treatment delays, modifications, or cancellations due to resource constraints, infection risks, or the need to shield.

The pandemic has had a significant psychological and emotional impact on cancer patients. Isolation, fear of infection, and reduced support systems have contributed to increased anxiety and stress levels among cancer patients and their families. This has led in some cases to patients who have become disengaged due to high levels of anxiety.

The long-term consequence of delayed cancer diagnoses and treatment during the height of the pandemic are still being assessed, and efforts are well underway to address the backlog of care and treatment and ensure the effective management of cancer services.

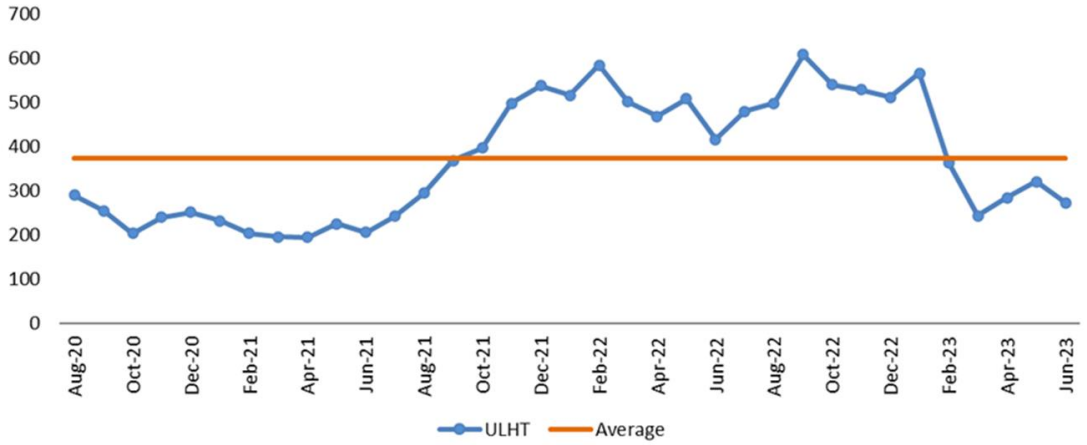
3. Recovery Focus

At the beginning of each financial year every Integrated Care System (ICS) is required to write and enact plans for the following year, see Appendix A. The Long-Term plan objectives remain unchanged for cancer in that by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients. Achieving this will mean that, from 2028, 55,000 more people each year will survive their cancer for at least five years after diagnosis. This objective alongside achieving the new 28FDS target and reducing our 62-day backlog in Lincolnshire to 217 by March 2024 is the main area of focus.

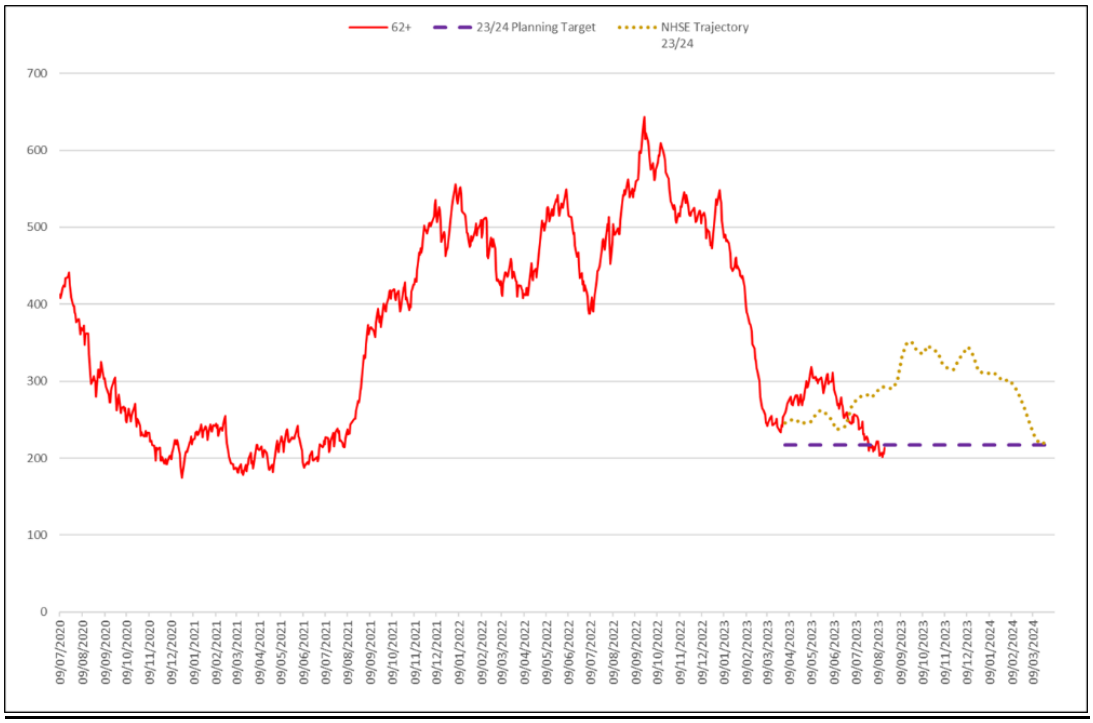
4. Performance

There have been significant strides made in reducing the cancer backlog as part of the NHS Recovery from Covid 19. Despite the challenges posed by the pandemic, our healthcare system has adapted and implemented innovative strategies to address the backlog of cancer cases. The pandemic prompted the development of virtual consultations, allowing healthcare professionals to continue providing essential care remotely where appropriate, ensuring that patients receive timely diagnosis and treatment. Additionally, the prioritisation of cancer services and the rescheduling of postponed procedures have contributed to a notable reduction in the backlog. The concerted efforts of the ICS have played a vital role in mitigating the impact of the pandemic on cancer care.

62+ Backlog Reduction at United Lincolnshire Hospitals NHS Trust (ULHT)

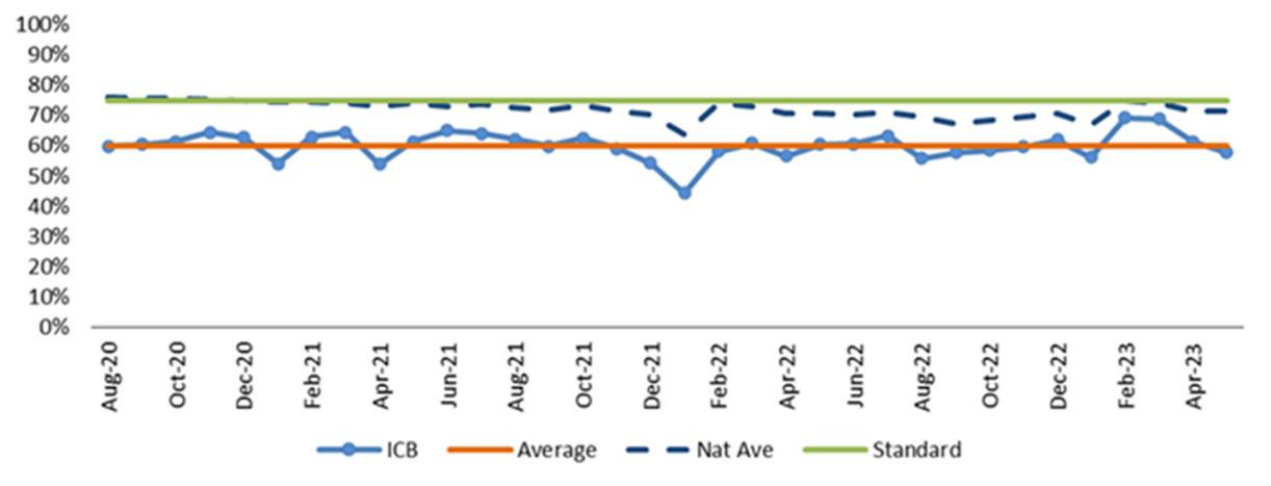


Current Backlog Position at ULHT

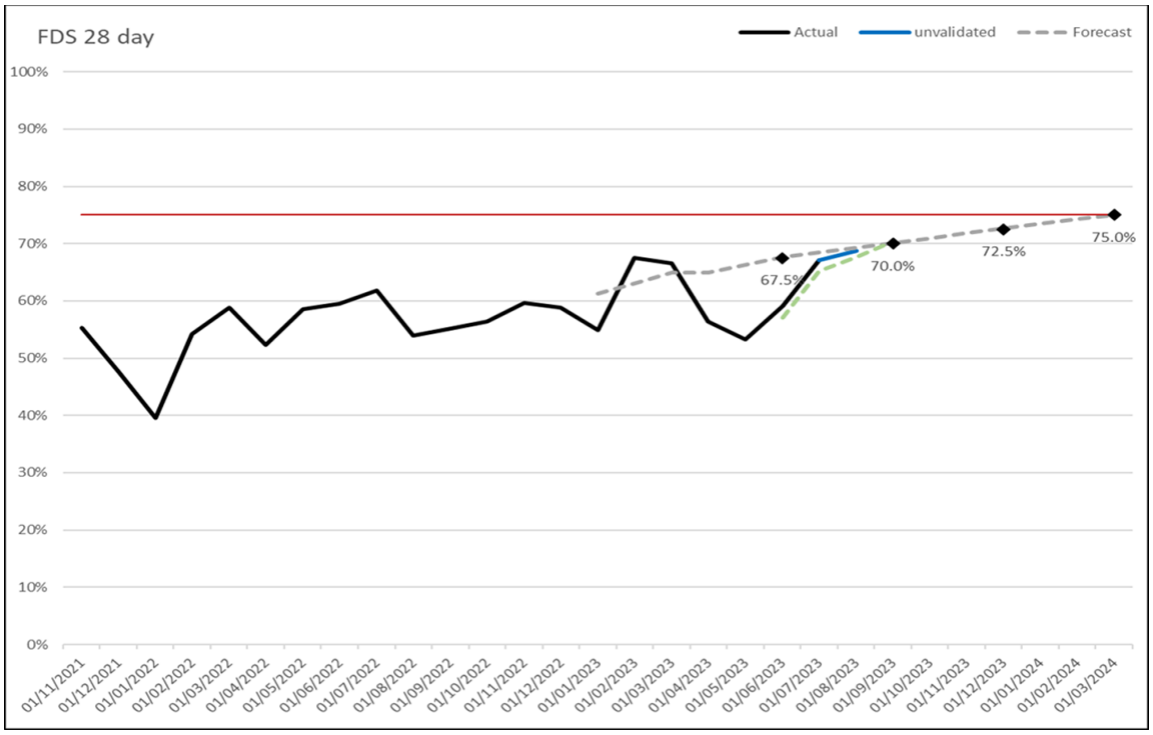


The new 28 Faster Diagnosis Standard (FDS) has been introduced to ensure patients who are referred for suspected cancer receive a timely diagnosis. The standard ensures patients will be diagnosed or have cancer ruled out within 28 days of being referred urgently by their GP for suspected cancer. For patients who are diagnosed with cancer, it means their treatment can begin as soon as possible. For those who are not, they can have their minds put at rest more quickly. The target set by NHS England is to reach 75% on the 28FDS by March 2025. As you can see from the data provided this was proving challenging at the beginning of the year however August's performance is looking much improved.

28 Day Faster Diagnosis Standard
% of patients told Cancer Diagnosis Outcome within 28 days (Validated Position)



28 Day Faster Diagnosis Standard- August 2023
(Unvalidated position – ULHT only)



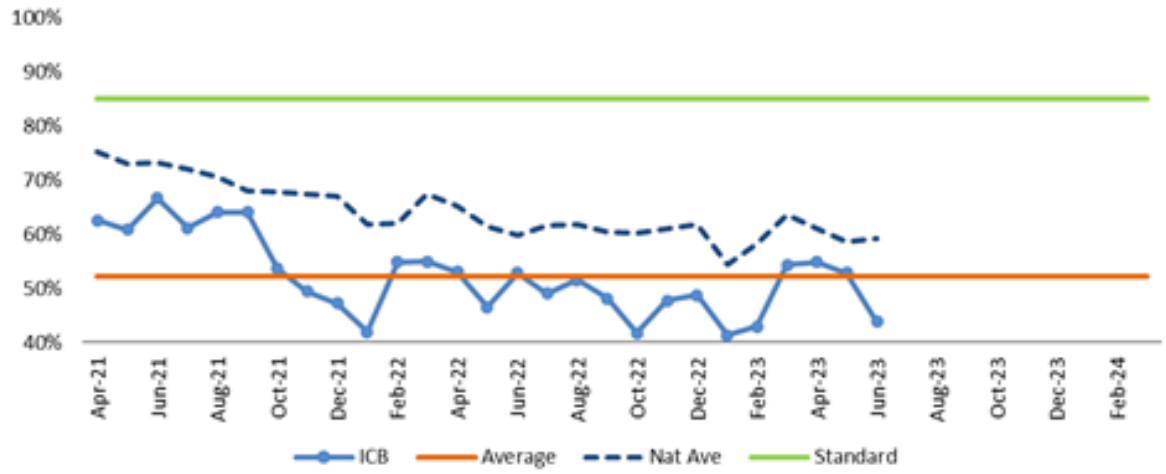
We also monitor patients waiting over 62 days and patients waiting over 104 days. Below you can see performance for all three trusts that contribute to the performance for Lincolnshire ICS.

62+ & 104+ Backlog – June 2023 **

	ULHT	NWAFT	NLAG
Patients waiting over 104 days	95	94	31
Patients waiting over 62 days	273	330	100

**June most recent validated (published performance data)
ULHT – United Lincolnshire Hospital Trust
NWAFT – Northwest Anglia Foundation Trust
NLAG – North Lincolnshire and Goole Foundation Trust

62-day Classic - Referral to Treatment Target



Alongside the objective to achieve the new 28FDS target and reducing our 62-day backlog in Lincolnshire to 217 by March 2024. NHS England have also set a new trajectory this August to achieve 70% of the 62-day classic target by March 2024, this target measures the time patients receive treatment for cancer within 62 days of an urgent GP referral. This target is usually set at 85% but has been reduced to 70% this year. The expectation is as the backlog reduces and the 28-day target is improving inevitably the 62-day performance target should improve.

5. Monitoring

NHS Lincolnshire Integrated Care (ICB) monitors the performance of all three trusts. The ICB review performance weekly through their ICB Executive meeting. A monthly performance update is presented to the ICB Service Delivery and Performance Committee where performance data is monitored monthly, a sub-committee of ICB Board, and the ICB System Quality and Patient Experience Committee where quality and experience issues would be identified, a sub-committee of ICB Board. The Cancer Board receives monthly performance reporting from ULHT and quarterly reporting from Northern Lincolnshire and Goole NHS Foundation Trust and North West Anglia NHS Foundation Trust.

6. Improvements

Against a challenging backdrop of emerging from a global pandemic, significant improvements have been made for the patients of Lincolnshire. The tireless dedication and resilience of healthcare workers, combined with strategic and operational planning, have paved the way for positive change. The crisis has highlighted the importance of collaboration and effective communication between healthcare providers to seek innovative solutions for the people of Lincolnshire.

All three providers that serve the patients of Lincolnshire have made positive improvements whilst also reducing their backlogs:

<u>North West Anglia NHS Foundation Trust</u>

- Implementation of new colorectal pathway
- Implementation of new breast pain clinic
- Staging CT same day following endoscopy
- Multi-parametric MRI commenced for prostate patients.
- Targeted Lung Health Checks commenced in a GP practice in Peterborough.
- Phase 2 of the Galleri Trial (new blood test to see if it can help the NHS to detect cancer early)
- Increase in capacity for one stop neck lump clinics.

<u>Northern Lincolnshire and Goole NHS Foundation Trust</u>

- Upper gastro-intestinal 2 week wait pathway moved to straight to test pathway – June 2023
- Protected slots for navigational bronchoscopy (lung) being worked on with Hull University Teaching Hospitals NHS Trust (HUTH) (should reduce the lung pathway by at least seven days). Plan to be in place from September 2023.
- Pathology – business case to bring biomarker testing in house. Joint working with NHS Lincolnshire ICB. Will have a positive impact on breast and lung pathways – reducing turnaround times from 19 days to 3-4 days, reducing the pathway by at least 14 days.
- Urology – two-stop clinic in place with protected multi-parametric MRI slots. Working on increasing capacity for biopsies – biopsy turnaround time.
- Best Practice Timed Pathways – implemented and monitored for all pathways.

- Joint transformation plan with HUTH for pathways that cross organisational boundaries (e.g., upper gastrointestinal, head and neck, gynaecology, urology)

United Lincolnshire Hospitals NHS Trust

- Implementation of the Rapid Access Colorectal Pathway November 2022
- Lung pathway redesigned to support Best Practice Timed Pathway, planned implementation September 2023
- Gynaecology post-menopausal bleed pathway implementation August 2023
- Galleri Trial Phase 2 – completed with a 92%
- Intensive support programme focussed on delivery of reducing backlog and Faster Diagnosis Standard.

7. Future Workplan

Our future work programme is very much in line with the NHS England guidance that is set out each year. We have specific ongoing pieces of work that the system is supporting ULHT in delivery and will impact in two ways either backlog reduction, and the FDS standard.

The future work plan sets out specific projects that ULHT is delivering to support all three standards.

- Right sizing of colorectal services at ULHT
- Reconfiguration of gynaecology services to ensure future sustainability through nurse led clinics at ULHT.
- Implementation of Best Practice Timed Pathways across all tumour sites.
- Supporting GPs with education on cancer signs and symptoms
- Working locally and regionally to roll out initiatives to support early diagnosis to improve survival rates.
- Galleri Trial Phase 3.
- Rolling out targeted lung health checks trial.
- Multi-disciplinary team Rose projects to reduce variation, and increase efficiency and quality.
- Bowel screening health inequalities project focusing on the Core20+5 [*an approach to reducing health inequalities for children and young people]* using co-production and community development approaches.

8. Challenges and Risks

Cancer Services in Lincolnshire and nationally are not without challenge. Lincolnshire suffers from a number of the key challenges however some are worsened by our geography and a wider collaborative approach across the system is needed to ensure Lincolnshire is recognised as a positive place to live and work to in, workforce shortages are not unique to Lincolnshire however we do have a greater struggle to recruit from outside Lincolnshire than many other areas of England and the UK. Staff shortages, including doctors, nurses, and other healthcare professionals, have been a persistent challenge for the NHS. Recruitment and retention are

difficult due to factors such as heavy workloads, burnout, and the impact of Brexit, which has affected the availability of overseas healthcare workers.

We are experiencing a growing demand for services due to factors such as an aging population, the prevalence of chronic diseases, and advances in medical technology. This places strain on resources, leading to longer waiting times and increased pressure on healthcare professionals.

While technology offers great potential for improving healthcare delivery, integrating, and upgrading systems across the NHS has been a complex task. The implementation of electronic health records and other digital initiatives has faced challenges.

There are significant health inequalities across Lincolnshire compared to our neighbouring counties and populations in the UK. Socioeconomic factors, lifestyle choices, and access to healthcare services can contribute to disparities in health outcomes. Addressing these inequalities is a complex and multifaceted challenge.

Lincolnshire and the UK's demographic profile is changing, with an aging population and increasing multiculturalism. The NHS must adapt to provide culturally sensitive care and meet the specific needs of different population groups, including those with language barriers or specific health conditions.

The NHS and social care systems are interconnected, and the lack of integration can lead to inefficiencies and gaps in care. Co-ordinating long-term care and improving the transition between healthcare settings is essential for patient well-being. The ICS considers the need to continually address the populations Health Inequalities within the cancer programme. The Programme will continue to work with the system to address the inequalities, understand the specific inequalities and work with the populations to mitigate and improve the inequalities.

9. Conclusion

In conclusion, the state of cancer care in Lincolnshire is showing sustained signs of improvement. However, there is acknowledgment that there is still work to be done in order to meet the desired standards of care for cancer patients in the county. The healthcare professionals and organisations involved in cancer care for the patients of Lincolnshire are passionate about their work and are dedicated to making further improvements.

There is a recognition that gaps exist in the current cancer care system, and efforts are being made to address them. The aim is to provide more integrated and comprehensive care to cancer patients in Lincolnshire. Collaboration and integration with the wider healthcare system are seen as essential to bridge these gaps and enhance the quality of care provided.
By working together and striving for continued improvement, the goal is to ensure that cancer patients in Lincolnshire receive the best possible care and support throughout their journey. The commitment to ongoing progress and the dedication of the passionate teams involved in cancer care in the county are key factors in driving these improvements.

10. Lincolnshire Living with Cancer Programme

The Living with Cancer (LWC) programme aim is to develop person-centred local support for people living with cancer, their carers and significant others in Lincolnshire. We are implementing personalised follow up pathways and personalised care across acute services and in communities for people on all cancer pathways and geographical areas in Lincolnshire.

Our approach is ***'we are creating a better and sustainable future for supporting people LWC, involving and integrating all relevant parts of the health and social care system, using the assets we already have, supporting people in the place they would like and in the way they would like, and placing people at the centre of everything we do.'***

The programme is delivered via sub programmes and enabler workstreams:

- Acute Programme
- Personalisation Programme
- Community Development Programme
- Workforce Development Programme
- Digital Programme.

In October 2022 we secured recurrent funding for the programme which was originally funded by MacMillan, and this has secured to continuation of the programme.

Achievements Since September 2022

Whole Programme:

- Our three LWC Strategies 2023 – 2025 are currently proceeding through governance and will be adopted in October. These are: the Lincolnshire LWC Strategy; the Integrated Cancer Workforce Development Strategy; and the Cancer Digital Strategy 2023 – 2025. These are informed by strategic alignment with national, regional and local strategies and policy (including 'Better Lives Lincolnshire' and NHS Lincolnshire Five Year Forward View), data and patient experience.
- The 2022 National Cancer Experience Survey showed an increase in overall patient satisfaction score from 8.6/10 to 8.8/10. We have developed an integrated action plan to address individual question scores which are less than the national average or have shown no improvement.
- We have developed a LWC dashboard to enable us to demonstrate impact using quantitative and qualitative data. This has been very well received regionally and we have recently demonstrated it to other trusts in the region and further afield.
- The LWC team awarded a national Macmillan Excellence Award in the Integration category at the Macmillan Professionals Conference in November 2022. The programme was commended for its ambition, commitment to patient and public involvement, its achievements and taking a whole system approach to improve the quality of life for all people living with cancer in the county.

- We are sharing our work and approach nationally via Macmillan Webinars and three workshops and two posters at the forthcoming Macmillan Professionals Conference in Glasgow in November 2023. The programme has also been recognised internationally via a presentation at the International Psycho Oncology Symposium World Congress in Milan in September.

Patient Engagement

- Our 2 Cancer Co-Production groups continue, with a plan in place to continue after funding finishes next year, and we also have a Cancer Expert Reference Group who meet every 3 months.

Acute Programme

- Increasing number of people are having their needs identified and Care and Support plans set both soon after diagnosis and at end of treatment. There is evidence that a supportive conversation and identification of peoples' holistic needs and referral to other services, both in the hospital and closer to home, can improve peoples' outcomes and patient experience. Data from holistic needs assessments influences service development and delivery to better meet the needs of communities.
- Working with clinicians in ULHT to bring about consistent end of treatment summaries to be sent to GPs and patients.

Personalisation Programme

- Working with breast prostate colorectal and endometrial pathways to embed personalised follow up pathways and for stratification of patients onto clinically suitable follow up pathways to become business as usual.
- Operationalising remote monitoring module to ensure that those patients who are on a self-management pathway are supported and monitored appropriately. The impact of this may be that outpatient appointments are saved because patients are not having to come into hospital needlessly and outpatient appointments can be reused to reduce waiting times.

Community Development Programme

- The community development programme has generated a lot of interest regionally and nationally.
- The team focus on the quality improvement of Cancer Care Reviews, integration with primary care, and locality teams, supporting teams with complex cases (of which there are an increasing number) and health and wellbeing interventions.
- 1400+ community assets mapped and shared with Connect to Support.
- 5 'Fighting Fit' sessions taking place around the county. Lincoln (one day time and one evening), Mablethorpe, Gainsborough, Grantham and Boston. New sessions will start in Bourne at the end of September, and we are hoping to start sessions in Market Rasen later in the autumn. Fighting Fit is a collaboration with the Lincoln City Foundation and leisure providers across the county.

- We're also working with the National Trust looking at fitness sessions for people living with cancer at Belton House and potentially other National Trust sites around the county.
- Psychological and emotional support are one of the most frequently cited things that people would like to have following a cancer diagnosis. There is now support at all different levels of distress across the county. We now have 3.2 WTE Clinical Psychologists and a Video Therapy service for people experiencing the most profound distress. This is due to a joint funding bid with Lincolnshire Partnership Foundation Trust to Macmillan and East Midlands Cancer Alliance.
- We have secured funding for 2 years from Macmillan to recruit a project manager to scope a model to ensure people can get their needs identified in the community, as at the currently this can only be done in the hospital.

Future Work

- We have identified the most common co-morbidities (mental health, MSK, Diabetes, cardio-vascular disease) and we will be starting work on how more complex patients with co and multi morbidities can best be supported.
- Collaboration with Primary Care Transformation and Long-Term Condition Programmes to identify which parts of the programme can be used to support people to live well with other long-term conditions.
- Support in Workplaces and Pharmacies.
- Volunteer, Peer Support, and community champions.
- Out of county – we are actively engaging with other trusts (eg NWAFT, NLAG) to ensure that patients treated in other Trusts have access to community and voluntary services in their home communities.
- Our next Health and Wellbeing focus will be on fatigue and pain.
- We know that the consequences of treatment have a profound impact on many people living with cancer and we're supporting the late effects and consequences of treatment clinics in ULHT to secure recurrent funding.

11. Appendices

These are listed below and attached at the back of the report	
Appendix A	2023-24 Priorities and Operational Planning Recovery Plan Narrative Submission - Cancer

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 Louise Jeanes, Cancer Programme Director, NHS Lincolnshire Integrated Care Board.

2023-24 priorities and operational planning

Recovery Plan Narrative Submission

Version Number	Date	Details of change
V1.0	26 Jan 2023	Initial version

Introduction

1. Overview

This template focuses on the immediate priority set out in the 2023/24 priorities and operational planning guidance: **to recover our core services and productivity**. ICBs are asked to submit a system narrative plan for the recovery of performance for the 2023/24 financial year, setting out:

- the overall system approach to recovery planning for their system
- key actions system partners will take to recover their core services and productivity
- key assumptions that underpin their numerical plan returns.

Narrative submissions will be reviewed by national and regional colleagues as part of plan assurance and to identify cross-cutting themes and issues.

2. Interactions with other templates and guidance

This submission focuses on the overall approach to recovery of core services and productivity as well as specific plans for elective, cancer, and diagnostics services.

A separate template with a focus on UEC recovery, bed capacity and system flow will be released alongside publication of the national UEC Recovery Plan (expected at the end of January). An additional return on ambulance demand and capacity will be sought from ambulance providers and lead commissioners. These returns will inform the process for the allocation of additional capacity funding above that already included within issued allocations.

The General Practice Access Recovery Plan is expected to be published at the end of February and there will be a linked system recovery plan submission requirement. We are therefore not asking for a narrative submission covering primary care as part of the 23 February draft plan submission.

3. Submission process and contacts

Narrative plans should be submitted at ICB level, using this template, to the appropriate regional planning mailbox (see table below) for **draft submission by 12noon Thursday 23 February 2023** and for **final submission by 12noon Thursday 30 March 2023.**

Further information including a list of all activity and performance metrics can be found within the submission guidance and supporting documents available on the NHS Planning FutureNHS collaboration platform.

Any queries relating to this submission should be directed to regional planning leads:

Location	Contact information
North East and Yorkshire	england.nhs-NEYplanning@nhs.net
North West	england.nhs-NWplanning@nhs.net

East of England	england.eoe-planning@nhs.net
Midlands	england.midlandsplanning@nhs.net
South East	england.planning-south@nhs.net
South West	england.southwestplanning@nhs.net
London	england.london-co-planning@nhs.net

4. Guidance on completing the narrative submission

Responses should succinctly and clearly:

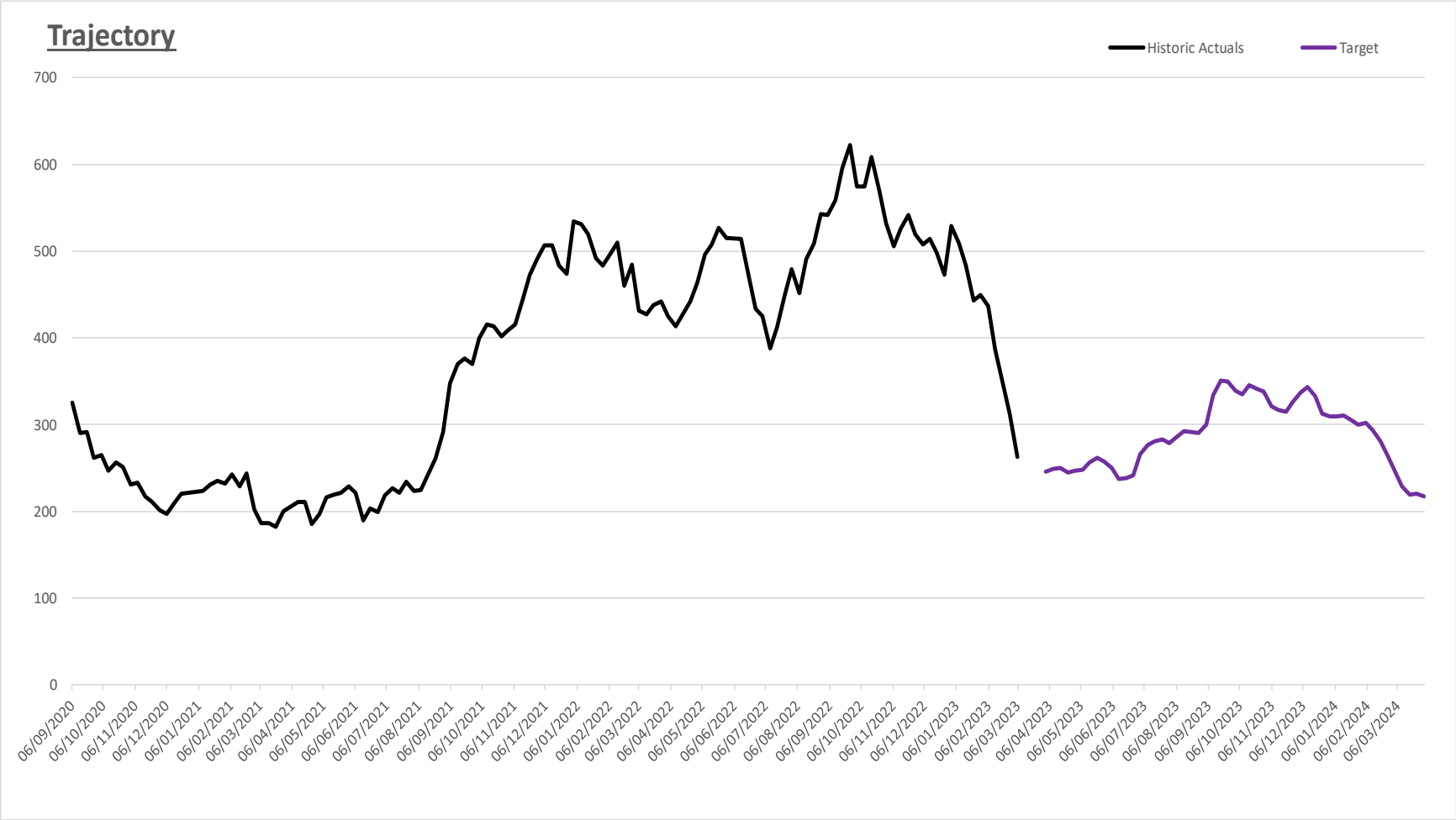
- summarise the current and planned position / performance
- articulate the actions and assumptions that underpin the numerical submission, including:
    - plans to deliver the key evidence-based actions set out in the annex of 2023/24 priorities and operational planning guidance
    - key demand and capacity assumptions
    - activity, workforce, and financial plans and transformation goals that will support delivery of the objective
- set out key delivery risks and/or dependencies on other elements of the system recovery plan
- make links where relevant to other ICB partner plans (e.g. Cancer Alliances).

Please complete all sections. Further instructions to support completion are set out below and within each section of the template.

Cancer

How will your system reduce the number of patients waiting over 62 days in line with the provider level requirements set out here?

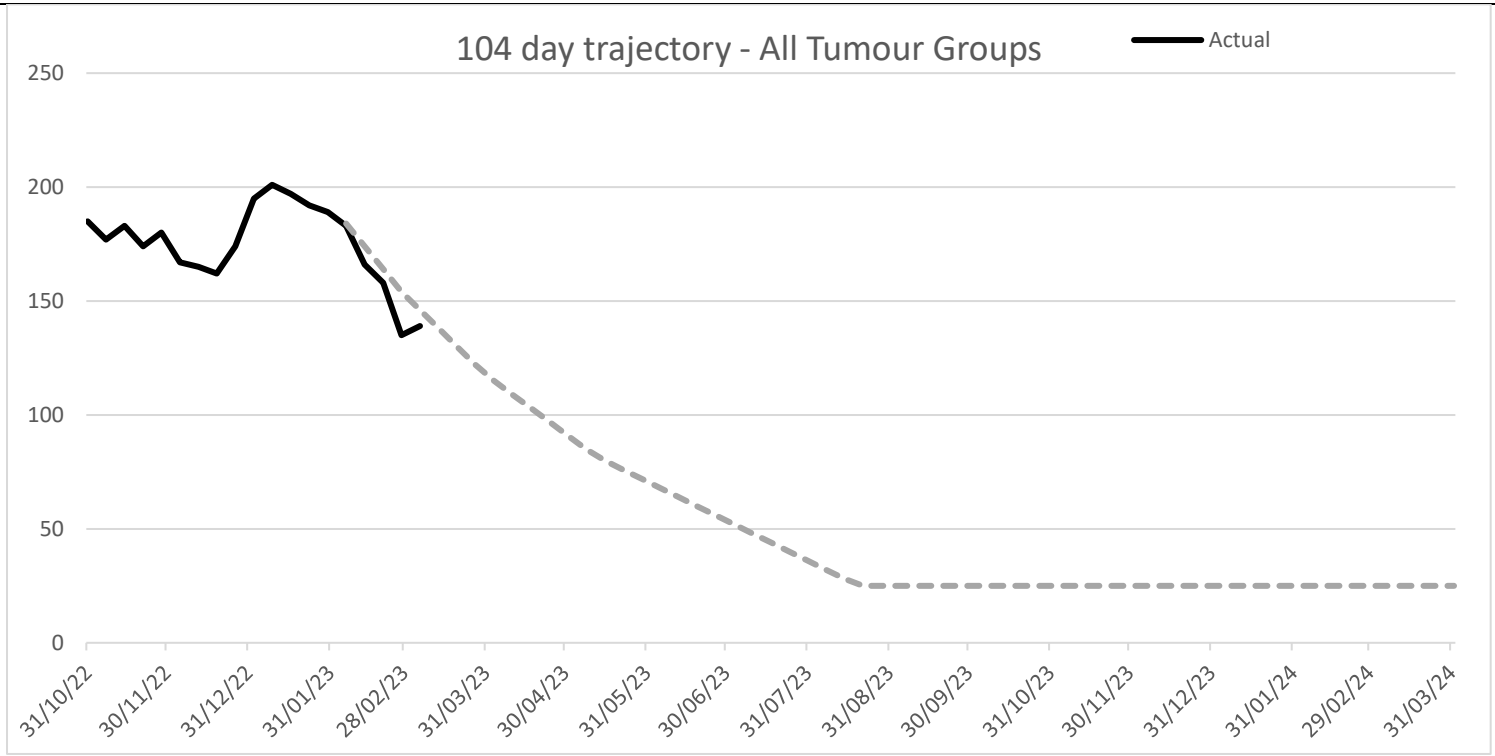
Trajectory 2023/ 2024



	Summarise the current and planned position / performance • Lincolnshire have been in Tier 2 since July 2022 and have focussed efforts on reducing the overall 62-day backlog performance, the original trajectory was to get to 151 by March 2023, this has been very difficult to achieve due to several risks and issues across the system see risks above. • The focus over the past 6 months has been on the colorectal pathway this pathway made up approx. 60 % of the overall >62-day backlog, as of February it is now approx. 45% of the overall backlog • The expectation now for Lincolnshire is to achieve 217 patients waiting over 62 days by March 2024 • The following will detail out the actions and assumptions that underpin the numerical submission • EMCA Service Development funding SDF (Placed Based Funding) will support and deliver the priorities set out in the operation planning guidance and local initiatives that will clearly link to recovery and planning • The SDF funds support medium-term planning and strategic investment. SDF is non-recurrent, and can only be used for revenue expenditure, not for capital purchases. • Risk for the system due to the ICB 30% running costs cuts and recruitment freeze, awaiting direction to understand regards externally funded posts. **Assumptions and actions, key demand, and capacity assumptions** • Address clinical risk on P2 cancer patients. This is consistent with the cancer improvement plans to reduce backlogs and overdue P2 patients. • C2AI continues to be in place and effective to prioritise patients requiring surgery • Attraction and retention of core clinical, managerial, and administrative workforce including business unit workforce. • Appropriate pre-assessment, theatre capacity and post-operative beds are available for patients requiring surgical treatment. • Capacity and demand will remain stable. • Emergency care pathways will not impact the delivery of cancer pathways.

	• The increase in GP opening hours will not result in an increase in 2ww referrals.
	• Ensure that GP teams can directly refer to chest, abdomen and pelvis CT scans, brain MRI and abdomen and pelvis ultrasound
	• Pathology, Endoscopy, Radiology and Oncology provision is stable with capacity available.
	• Job Planning Review will not have an adverse impact on cancer recovery
	• Align cancer recovery with the high-volume low complexity programme
	• Review of Peripheral Clinics and Clinic Utilisation Reviews will have a direct and indirect positive impact on cancer recovery.
	• Implementation of the Outpatient Improvement Group workstreams including:
	  ○ Increasing Non F2F
	  ○ Increasing PIFU
	  ○ DNA reduction
	62 backlog number trajectories
	• The overall achievement of the 62-day backlog will reach 217 by March
	• Continue to work with the divisions to support the reduction in backlog for Colorectal, UGI, Prostate and Lung and Gynae, the 28-day actions (see below) will support the 62 day backlog reductions
	• These five specialities have the highest numbers in the backlog and have scope for greatest improvements in backlog reduction, however we will work with all specialities to ensure pathways are optimised and administrative flows are supported
	• Deep dive into speciality areas with the divisions to understand the reasons for delays in the specialties, set out improvement plans that will support backlog reduction and 28-day performance
	• Continue to manage the tip overs 62 and 104 days
	• Work with Primary care to understand potential changes in referral management that will support improvement to pathways but consider impact on PC

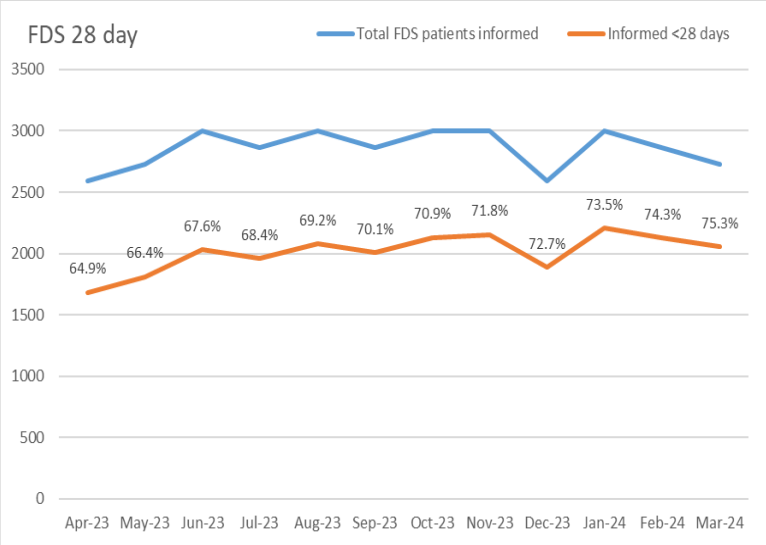
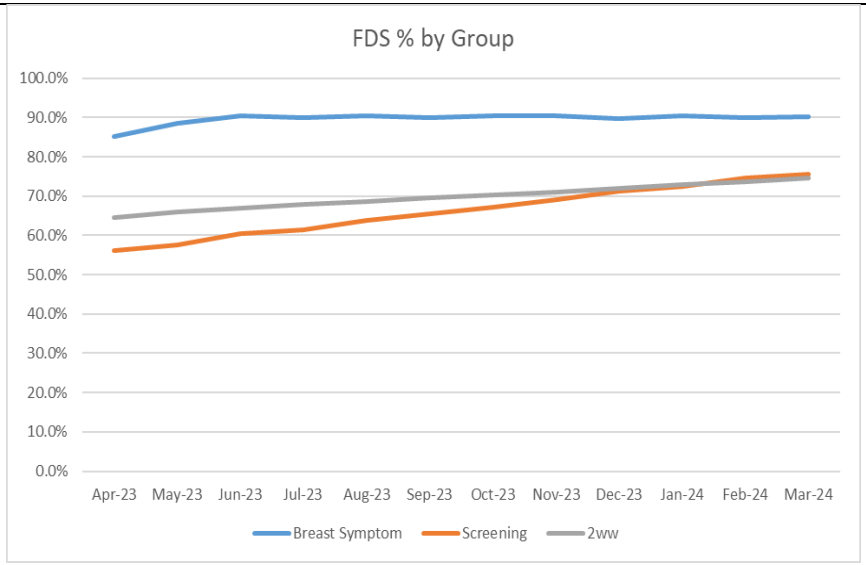
	• The IST model pathway analyser will be performed on Prostate and Gynae to truly understand where the constraints on the pathways are. • Working with key specialities/ divisions to understand the key constraints outlined from the results of the analysis • Work on the cohort of patients that do not have a Decision to treat DTT, 86.5% of the total backlog do not have a DTT • Maximising 62-day backlog reduction work continues to reduce both –ve FIT and NO FIT from the PTL • Identify quick wins in administrative flows, identify workforce constraints that will support faster turnarounds and removal of patients from the pathways • Increased cancer trackers in the Cancer team are supporting twice weekly tracking to support vulnerable pathways e.g., Colorectal and Urology **104-day trajectory** • Patients waiting over 104 days makes up 40% of our backlog >62 days • Implement and follow SOP for Golden patient programme across all specialities • Deep dive into the disengaged patients to understand true delays and work with the divisions to understand what is required for each patient to move forward on the pathway or move off • SDF have funded a 104 Navigator to co-ordinate and navigate complex patients off the pathway • For the long waiting patients with significant complexities, design process to execute “Patient best interests” – aim to reduce backlog where primary care agreement is needed • Identify patient cohort who are disengaged in the pathway process and determine action and next steps to engage



Risks for 62-day backlog

- System financial position: the latest financial plan reflects delivery of the 104% of 19/20 elective activity target, however under achievement of the activity restoration could result in reduced ERF which is a risk for the financial position. The current forecast for 22/23 outturn has also meant that some potential elective recovery solutions are being delayed from their implementation due to the ‘double lock’ financial process in ULHT. All ISPs are overperforming against the budgets due to the volume of patients being transferred away from the NHS acute sites.

	• Non-elective pressures/capacity: continued occurrence of critical and major incidents that impact on availability of workforce; Access to theatre capacity is reduced due to competing Emergency and Elective pressures; Insufficient provision of post op beds; Requires system support for discharging patients who are medically fit. • COVID: while prevalence has decreased compared to last year there is still adverse impact on elective delivery i.e. pressures on staff sickness and isolation as well as patients cancelling appointments and surgery at short notice. Infection, prevention and control procedures and social distancing guidelines are in line with national guidance. • Workforce: Significant workforce issues - sickness & absence; reduction in workforce with existing staff moving into specialist roles/inability to recruit to more junior roles; reluctance to undertake additional sessions due to exhaustion; heavy reliance on locums; transformation planning requires the same clinical and operational staff as business as usual. • Patient complexity: Disease progression of those patients waiting is resulting in longer operating time requirements and longer recovery time. This also includes the capacity to treat cancer patients as well as long waiting routine patients that require all day theatre lists. • Additional diagnostic demand is expected when starting to clear the outpatient waiting lists. Any focus on recovering the cancer position also adversely impacts on diagnostics and elective activity. • Pre-operative assessment: Relatively fragile pre-operative assessment service, including physical capacity for the service. • ULHT Non substantive funding posts needs thorough evaluation by April, independent EMCA review by May and Investment Panel sign off by June to approve the longer-term affordability. **NWAFT** • Continue to build upon the existing strong relationship, attending weekly PTL update meetings & Cancer Board, working collaboratively with Cambridgeshire & Peterborough ICB to ensure we address issues and concerns. Oversee performance, share, and learn from good practice. **NLAG**

	• Work towards a more open and meaningful relationship with our colleagues at NLAG. Visibility is not as good as we need it to be, nor is communication. Need to get to a point where we are receiving more regular updates with better dialogue around what the issues and delays are as they also impact on patients coming into ULHT.
How will your system meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days?	  **Faster Diagnosis – Best Practise Timed Pathways (BPTP)** Delivery of the FDS is critical to operational performance improvement, and the ICS is advanced in working with partners in toward compliance with multiple tumour site BPTPs. The elective recovery strategy published in February 2022 commits the NHS to delivering the 75% Faster Diagnosis Standard (FDS) target, by March 2024.

	The Faster Diagnosis and Operational Performance programmes account for the largest portion of the increase in place-based allocations for 2023/24, with improvement being an increasingly high priority overall. Six pathways remain priority across EMCA for delivery of FDS, including prostate, lower GI, upper GI, skin, gynae, and breast which account for up to 80% of all FDS breaches. In 2023/24 the ICS will continue to mobilise tumour site specific plans to sustainably achieve the FDS minimum standard, and work between secondary care and primary care to identify/resolve constraints and mitigate identified risks across clinical, operational and administrative levels. This will include ensuring dedicated project management and clinical leadership to support change and education, undertaking a baseline audit of diagnostic turnaround times (TATs), identification of opportunities where funding can be used to expand diagnosis and treatment capacity to meet increasing levels of demand, as well as continuing to establish the technical ability to routinely capture data across the BPTPs in order to enable targeted resource and effort to simplify processes for earlier and faster diagnosis. **28-day FDS Assumptions and Actions** • Lincolnshire are expected by March 2024 to reach in all specialities FDS trajectory of 75% • Lincolnshire will meet the milestone trajectories set for June 67.5%, Sept 70%, Dec 72.5% and March 75%. • For every suspected cancer referral simultaneous 28- & 62-day pathways are commenced, for the majority of these patients (circa 90%) both pathways end at the point of the non-cancer diagnosis. • Therefore, achieving the 28-day standard will remove the bulk of the patients from the PTL allowing better visibility of the remaining patients to ensure they are treated within the 62-day standard. • Where best time practice pathway are available the assumption is these will be implemented, the required best time practice timed pathways will ensure the trust is compliant with the 28-day standard the focus requested by NHSE is to

	focus on Prostate and Colorectal, locally we will expand our improvements to work with Gynae, Lung and Upper GI, Haematology. • Rapid diagnostic pathways will improve the 28-day FDS Standard- RACCP, FRED, UGI, GYNAE • There will be sufficient diagnostic capacity to support these pathways. • Use of CDCs and GP direct access to support diagnostic capacity and will support FDS standard • Maximise use of wider local independent sector diagnostic and treatment capacity • There will be sufficient workforce to support the delivery of these pathways. • Primary care will support appropriate referrals therefore reducing and preventing delays in the patient pathway. • The implementation of the best-timed practice pathways will reduce waiting times for critical investigations and decision making. • The implementation of best-timed practice pathways will implement rapid triaging so patients can access the right tests, first time, through use of appropriately staffed one stop clinics. • The pathways will be integrated with timely reporting of the diagnostic investigations. • These pathways will reduce anxiety and uncertainty of a possible cancer diagnosis with less time between referral and receiving the outcome of diagnosis. • Improved patient experience from fewer visits to the hospital and avoiding emergency admission. • Patients will be engaged in the 28-day pathway to minimise patient choice delays. • Clinicians will understand and engage with the changes being proposed. • There will be sufficient funding to support set up of the pathways. • System support for promoting the importance of Co-Production and patient voice. • Continued funding to establish and embed Co-Production groups. **Colorectal Assumptions and Actions**

	• New Rapid Access Colorectal Cancer Pathway RACCP will continue to be embedded within Primary care • Continued implementation of the admin triage will ensure large reduction in wasted clinical slots at Nurtel and first OPA. • Referral rates will remain approx. 110 p/w • Demand on the refreshed A&G service will steadily increase, additional resource planned • Reduction in colorectal demand has significantly reduced demand on endoscopy - Colonoscopy capacity evaluation required to understand shift in capacity to support planned care pathways • Monitor rejection and re-referral rates to ensure compliance with new pathway • Continue safety netting process for FIT +ve patients referred-back to primary care • Continue robust communication plan to ensure primary care are aware of increased patient experience, increasing conversion rates, improved mortality rates • Focus will continue on improving 31day and 62-day pathways to ensure improvement in 62 day performance • Following an evaluation of the RACCP a workforce analysis will be required to right size the service • Continuation of posts for 3 Band 6 CNS and 4 Band 4 CNS and one Colorectal Consultant to be funded by SDF for 23/24 • SDF funding for 23/24 have funded Colorectal and Urology navigators to Band 4 x3 to support both pathways improvements **FIT Assumptions and Actions** Comprehensive use of FIT as a patient risk stratification tool in NG12 patients is critical for making the best use of our available colonoscopy capacity, ensuring patients on the lower GI pathway can be diagnosed promptly and improving bowel cancer diagnosis and survival in England in the long term. FIT remains an expectation for 2ww referrals to the LGI/Colorectal pathway (subject to exclusion criteria), and we will continue to implement guidance whereby at least 80% of all referrals are accompanied by a FIT.

	We will work with EMCA and clinicians across secondary and primary care to enable compliance with the BSG/ACPGBI guidance to improve existing pathways and target a reduction in the number of colonoscopies performed on patients with FIT<10ug. • FIT pathway in place • Lincolnshire have adopted the BSG/ ACPGBI guidance to ensure FIT tests are available in Primary care • All GP practices have the ability to order, and request FIT as appropriate • GP Practises will continue to use FIT as a triaging tool in primary care, with positive results being used in RACCP referrals • 80% of all RACCP referral will be accompanied by a positive FIT • ICB will ensure funding to provide and process all FIT requests will continue • Pathlincs will continue to provide a 48-hour results service, despite increased demand • GPs will continue to advise on optimum way for patient completion to avoid spoiled results • FIT is also being applied retrospectively to the cohort, where clinically appropriate, so those patients with a FIT negative result and no ongoing clinical concerns indicating colorectal cancer, can be stepped down onto alternative pathways or discharged in line with British Society of Gastroenterology & Association of Coloproctology of Great Britain & Ireland guidance, and colonoscopy capacity can be prioritised for higher risk patients. • Continue engaging with primary care, to ensure awareness of completion importance • Continue to monitor results via monthly audit from a health inequalities lens to drive potential further support geographically. • Monitor the reduction in Colonoscopies undertaken on FIT negative patients • Further embed refreshed A&G service and NSS pathway to ensure FIT negative patients with ongoing clinical concerns can be referred and actioned within 48hrs • FIT negative with no ongoing clincal concerns will be referred back for PC to manage • Continue excellent communications with service provider to ensure all pathways are being accessed and utilised appropriately as a cohesive ICS

Skin Assumptions and Actions

- Teledermatology in place across Lincs ICB Demand on pathway does not outstrip capacity.
- GPs continue to utilise Dermatascope's, Advice & Guidance and SPOT clinics to streamline patients into the most appropriate pathway.
- Performance remains stable and continues to achieve 28 FDS.
- Work with clinical and management teams within ULHT to scope a 2ww Teledermatology pathway.
- Closely monitor performance to ensure skin continues to meet performance targets.
- Ensure Primary Care clinicians are encouraged to use Dermatascope's to enable secondary care clinicians to have access to high quality dermoscopic images.
- Work with Primary Care to resolve issues with regards to the use of devices that work in conjunction with the Dermatascope's.

Prostate Assumptions and Actions

- ACPs now all trained and training to continue for any new starters for development
- Maintain ringfenced beds for patients after robotic surgery, as avoids cancellations
- Robotic surgeons to remain in workforce and support staff keep with ongoing training
- SDF funded stable PSA CNS to support Remote monitoring of prostate patients and reduce demand on OPA capacity
- One stop clinic's available, action required to ensure availability of capacity
- New Grantham theatre, look to scope increasing surgery
- Increase TPLA lists from Pilgrim & Lincoln to also have lists at Grantham & Louth

	• Work with TACC to Increase Anaesthetic assessment capacity • Virtual clinic, after MRI, is being added to pathway, to avoid patients having to come for a F2F OPA and give specialist overview to avoid patients going for biopsies unnecessarily and improve FDS • Using the virtual clinic, hopefully reduce the number of patients unnecessarily going for biopsy, which will then help with pathology delays. Currently waiting on average 12.5 days for reports, but if we can reduce the demand, we can reduce the impact on the lab and reduce the waits. • Look to reduce MRI reporting times, 85% of reports take 4 days – working with radiology and ensure Urologists highlight the 2ww patients appropriately to help with reporting prioritisation • Mp-MRI in place. LATP is already supported by ACP team. 3 Middle grades complete a list, for their own development and training purposes. • Working with C&A to improve booking times of the clinical triage. Currently booked within 3 days for most patients but trying to reduce this further by looking at demand and capacity and booking process. • SDF funded stable PSA CNS to support PFUP and remote follow up **Lung Assumptions and Actions** • Continue to deliver the elements of the BPTP for the Lung pathway • The pathway will achieve 54.5% 28-day FDS by March 2024 • The Lung pathway will aim reduce the referral demand, which will allow the 28-day FDS to become achievable- this piece of work is ongoing and a system deep dive plans to identify the problem and put future strategies in place to support secondary care • Demand on the routine and urgent pathways will increase • Implementing a triage CNS will minimise inappropriate patients going for an unnecessary CT and will reduce the demand through the pathway

	• There will be increased clinical workforce on the Lung pathway, currently down by 5 full time consultants • Recruit a triage CNS to risk stratify patients using the q-cancer score • Agree and sign off roles and responsibilities for the triage CNS • Create a robust communication plan to ensure up current comms is sent out to primary care regularly to allow primary care clinicians to be up to date with the current routes in for respiratory patients • Engage with primary care colleagues around BPTP and the guidance/referral criteria to ensure we are receiving appropriate referrals • Set up a clinical reference group to run the pathway changes through • Continuation of SDF funding of Locum Lung Physician for 1 year to support recovery **Upper GI Assumptions and Actions** • The BPTP will be in place by March 2024 • The pathway will achieve 60.1% 28-day FDS by March 2024 • The referrals received will be complete and appropriate to prevent delays further in the pathway • By implementing the clinical triage this will improve the pathway performance for both 28 day and 62 day • The triage CNS will be recruited to in a by April 2023 • Recruit a triage CNS to sit at the front end of the pathway, in line with the Best practice time pathway • Agree roles and responsibilities – to include: • Receive referrals and complete initial triage to OGD, CT or OPA. • Telephone patients who require STT to optimise direct access to diagnostics and reduce DNA's – could attend OGD with the patient. • Work closely with the Cancer Navigator team to oversee tracking of patient on a Cancer pathway and ensure it is progressing.

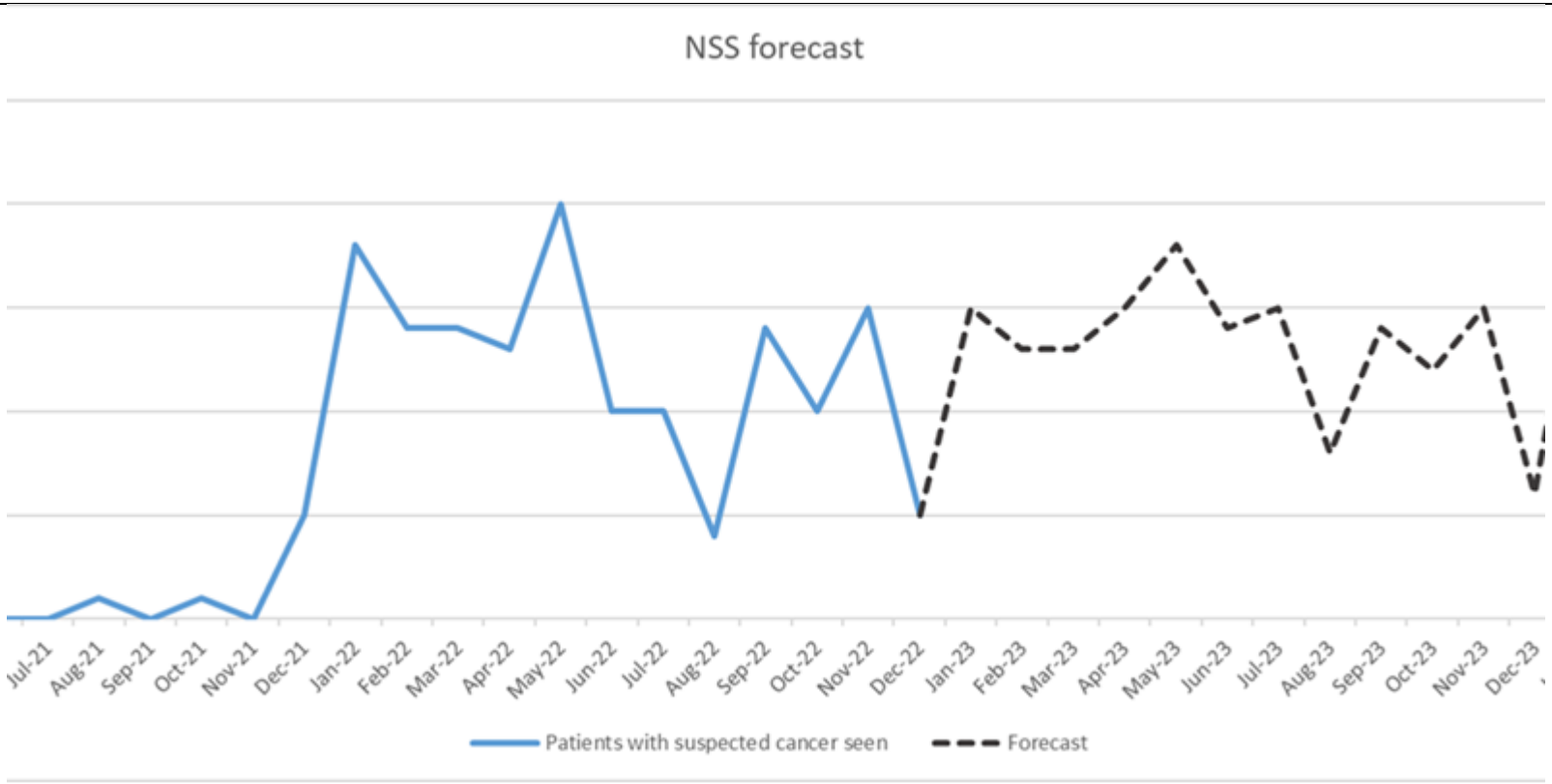
	• Work towards the possibility of taking on UGI triage post-investigations which would include responsibility for stepping patients down from cancer pathways and discharging them back to the care of their GP. • Map out the new administrative process for the pathway which includes the CNS triage at the beginning • Monitor the progress of performance when the pathway goes live on a weekly basis • Adapt the referral form to ensure all elements are included that will be needed for the clinical triage • Meet with endoscopy and radiology to inform them of the new proposed pathway • SDF funding 23/24 has funded a HPB CNS for 2 years to support the tertiary pathway for patients with HPB cancers **Gynae Assumptions and Actions** • New urgent pathway and PMB pathway will improve performance by June 2023 • Nurse triage/referral grading will remain in place following pilot. • Improve referral form to ensure patients are streamlined into the correct service e.g., cervical • Continue work with gynaecology strategy to review the service needs. • Implement 90-minute standard for Gynae to remove patients from the pathway sooner. • Implement new urgent gynaecology pathway to provide an alternative for GPs. • Implement PMB clinic for new HRT patients as these patients are low risk of having a cancer. • Review workforce needs against demand • Review PMB clinic capacity to ensure capacity is on the correct site to meet demand. • Ensure both main hospital sites are following same pathway and not creating inequalities. 62 days • Ensure greater oversight of patients listed for surgery to ensure patient mix meets bed availability to avoid cancellations. • GPs will request Ultrasound at the time of referral which aligns to the BPTP

	• PMB pathway will only be effective with appropriate capacity – requires diagnostic support. • Investment in non-consultant workforce required to bring in new roles to provide sustainability • Ultrasound capacity a key enabler for Gynae recovery. • Needs to be an appreciation of the time requirement to train new staff – dual funding/running during training – the training ask/timescale needs to be reflected in the trajectories. **Risks and Mitigations** **Colorectal** • There is a risk that primary care colleagues will continue to bemoan the additional tasks required of them as part of triage process prior to referral • Backlog remains a high proportion of total PTL and requires maintained focus • +104s are a large proportion of backlog, complex cases requiring more clinical interventions **FIT** • Primary care are stretched at present and pushing back with additional tasks required pre-referral • Health inequalities issues in the East of our county, may prevent timely completion and returning of FIT tests **Skin** • GPs do not utilise A&G, Dermatascope's and SPOT clinics leading to the 2ww pathway becoming overwhelmed by demand. • Due to good performance motivation may not be present to implement a 2ww Teledermatology pathway. • Not all GP practices have a Dermatascope, and some are not utilising them due to issues with additional kit i.e. mobile phones.

	Prostate • Pathology delays impacted by increased number of biopsies / high referral numbers. • Challenges in booking of appointments and early escalations due to staffing issues with Choice and Access • ACP job plans being changed, due to ACP Lincolnshire framework, meaning 20% of their hours to be training and supervision, impact on to core work in diagnostic clinics? • Second cancer navigator funded until July 23 **Lung** • There is a risk that the demand on the lung pathway will continue on an upward trajectory, but this should be mitigated by the triage CNS and the new proposed pathway utilising q-cancer scores • There is a challenge filling new vacancies withing the medical division, there is a risk that these roles will go unfilled **Upper GI** • There is a risk the CNS position may not be filled in a timely manor • There is a risk that the business case for substantive fundings after 12 months will not be agreed which is a risk to the pathway, to mitigate this the business case will be put in in a timely manner to allow time to amend with any suggestions • Referrals with little or lack of information will delay the patient's pathway – a robust delivery plan will support primary care being fully aware of changes made. **Gynae** • GPs continue to utilise 2ww pathway despite alternative more appropriate pathways being in place. • Access to beds post-surgery may continue to be an issue if emergency demand continues to create pressure. • Workforce remains fragile in areas including colposcopy.

How will your system increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028?	• There are several programmes that will all impact the increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028. • This includes Non-Specific Symptom pathway • Screening Programmes including Bowel Breast and Cervical • Lynch Syndrome • Health Inequalities and timely presentation • The Primary Care DES and primary care pathways • Targeted Lung Health Checks • Use of FIT in Primary care • Liver Surveillance • Grail. • Some of these programmes are in their infancy and we are being guided by the EMCA to implement and therefore we are not yet seeing the impact- but they are included in the Lincolnshire plan for 2023/24. **Non-Specific Symptom Pathway** **Rapid Diagnostic Service for Non-Specific/Vague Symptoms (NSS)**

	The ICS has an established NSS across the geographical footprint with Trust/s and will continue to enable and will implement further awareness campaigns through primary care networks. In 2023/24 we will enable sustainable delivery of 100% population coverage NSS pathways through increased engagement of primary care and building further capacity with commissioning arrangements for NSS pathways. The ICS will agree a trajectory to demonstrate increasing referrals throughout the year. • System wide NSS pathway in place across Lincs, NWAFT and NLAG also offer NSS pathways • Deliver 100% population coverage for NSS • Ensure sustainable commissioning arrangements for NSS pathways are in place for 2024/25



Assumptions and actions

- Every GP practice will have submitted at least 1 NSS referral
- Every GP practice will have at least 1 appropriate patient who fits the correct criteria for this pathway
- 100% of GP practice have access to the NSS pathway
- The NSS pathway will continue to achieve 28-day FDS
- The NSS pathway clinical staff will be funding by ulht to enable the sustainability of the pathway

	• The NSS pathway patient navigator will be funding by ulht to enable the sustainability of the pathway • The clinical staff will be job planned appropriately to allow for two triage meetings a week • Demand on the NSS pathway will increase on an upward – manageable trajectory • Continue engaging with primary care, spot targeting practiced that haven't referred into the pathway, this will include supportive information and monthly comms. • Audit the pathway on a monthly basis to monitor referral numbers from primary care • Meet with radiology lead to ensure that the interventional radiologist have the time job planned into their job plans to allow the NSS to become BAU • Meet with CSS divisional lead to ensure that the geriatrician consultants have the time job planned into their job plans to allow the NSS to become BAU • Support the pre diagnosis CNS team in seeking substantive funding through a bid to CRIG to enable the pathway to become BAU • Support the patient navigator in seeking substantive funding through a bid to CRIG to enable the pathway to become BAU • Lincolnshire have calculated a lower demand based on own modelling and experience of demand coming through for over 2 years, 100% population coverage has been achieved since go live July 2021, so all practices have access to the pathway, however some practices may not have referred due to suitability. **Risks and mitigations** • There is a risk that the pre diagnosis team and the patient navigator will not be approved for substantive funding due to a large bid going to CRIG, to mitigate this this has will be a priority for SDF/Accelerator funding • Subject to patient appropriateness the target may not be achieved i.e. some practices may not have a patient that fits the NSS criteria therefore will not need to refer in which will result in the goal of 75% coverage not being achieved. **Lynch Assumptions and Actions**

	Genomics is a rapidly developing field for early detection of cancer, with leadership from both the Genomic Medicine Service Alliance (GMSA) East and EMCA. During 2022/23 clinical champions were identified for both colorectal and endometrial cancers for Lynch syndrome, with investment into both pathology, nursing and education. In 23/24 alongside S7A commissioning of Lynch syndrome where 100% of patients attending bowel screening will be tested, Lynch testing will be fully rolled out (>90% completion of initial tumour testing for both colorectal and endometrial cancer in audit samples) across colorectal and endometrial tumour sites to enable equity of reduced risk of health inequalities, with further targeted funding invested to support early diagnosis. Additional targeted funding will be provided. • Lynch Champions now in place • Improve early diagnosis as part of the NHS long term plan • Every patient with a new diagnosis of colorectal and endometrial cancer will have the first available tumour sample tested for MMR • All appropriate patients are sent for germline testing • All patients will have appropriate referrals to genomics team, for counselling and roll out of family testing • Do audit in Q1 of 30 patients to ensure at least 90% of patients are being IHC/MSI tested • MSI testing test to be introduced in March/April for Lynch testing at ULHT (currently going to Birmingham for IHC testing) • Generic pathways have been shared, specific ULHT pathways to be completed and agreed with all clinical and pathology teams. • Pathology reporting training being offered to colorectal teams, for MSI and germline report reading. • Admin supported for CNS' colorectal team being scoped, but to high numbers they may be expected to support with. • Monitoring and audit of Lynch screening patients, to ensure reports read in timely manner and referrals actioned correctly. • Primary care comms to educate and inform

	• Map out administrative support process • Work with cancer Somerset team, to look at how we can record these patients to track pathways and data collecting. • Genomics team supporting with difficult patient conversations • Referral proforma being created for endometrial and colorectal to the genomics teams **Risks** • Added workloads to a fragile service in colorectal • Impact on CNS teams, workloads, burn out. • Pathology reporting timeframes not certain yet **Screening Assumptions and Actions** • Screening teams will continue to attend the systems Early Diagnosis & Screening Board. • Recovery of the breast screening service will remain on trajectory. • We are unable to influence time to first appointment within bowel screening, national target is to see patient for 1st OPA within 14 day, with an internal target of 10 days for colonoscopy which may then need pathology making the 28FDS difficult to achieve. • The trajectory for lowering bowel screening age will remain on target. • That those in the lower age groups for bowel screening will continue to be less likely to engage with the service • Work with screening service to identify reasons why patients with a positive bowel screening result are not coming forward within 14 days for their 1st OPA, consider health inequalities as part of this work. • Engage with patients who have only recently become eligible for bowel screening due to lowering of age limit for screening.

	• Continue to work with GP practices to improve access to cervical screening and address health inequalities across the system including but not limited to the cervical text messaging project. • Ensure secondary care oversee screening FDS separately from standard 2ww FDS to enable clear sight of the issues preventing ULHT meeting the 28FDS for screening. **Risks, Issues & mitigations** • Patients who are now becoming eligible for bowel screening due to the age reduction are of working age and may be less likely to engage with the pathway due to work commitments and also perception that they are less at risk due to their age. • GPs do not have capacity to engage with patients who do not come forward for cervical screening due to current demand. • May be unable to influence national standards for 1st OPA in bowel screening programme making 28 FDS unattainable. **DES** • Those practices already meeting the DES requirements will continue to do so. • Maintain and grow the existing support pack to encourage greater engagement with the cancer team to ensure standardised approach to the DES • Continue to increase participation in videotext for cervical screening uptake to support screening element of DES. This is to include video texts in Eastern European languages to try to bring this group of patients forward. • PCN DES to support utilisation of FIT on RACCP. • Promote utilisation of Cancer website and Clarity Team-Net to ensure primary care education and diagnostic support tools are easily accessible • Increase usage of Ardens across General Practice to support safety-netting. • Utilise PCN Peer Review meetings and review of diagnoses to support education of appropriate pathways and educational opportunities. • Continue to visit and engage GPs face to face to maintain visibility and keep channels of communication open.

Health Inequalities Assumptions and Actions

- Performance reporting development for health inequalities within cancer in 23/24 will focus on 62 day wait and 28 day Faster Diagnosis Standard (FDS) for colorectal (Q1/Q2) and lung (Q3/Q4) - dashboards for these areas will split data by ethnicity and deprivation
- In 23/24 the health inequalities programme will lead a piece of work that focusses on Colorectal screening improvements the aim is to.
    - Reduce the staging form III/ IV down to I/ II
    - Improve Screening update
    - Reduce Emergency Presentations of colorectal cancer
- This programme of work will focus only on the bowel screening pathway and target the 20 % most deprived areas, the programme will deep dive and analyse the data.
- Work with targeted populations using the co-production approach to set interventions with local populations who have previously disengaged with bowel screening.
- The development of the East Coast CDC in Skegness will support the highest areas of deprivation, with a high prevalence of cancer, and will support patients with accessing diagnostics locally to ensure early identification of cancers.
- Using population health management to support the programme
- EMCA is building a community of practice for cancer inequalities through collaboration with our systems and wider partners and including development workshops focusing on data/evidence/best practice/sharing and learning.

Risks

- Analyst capcity to deep dive the data
- Disengaged populations to work up interventions

Targeted Lung Health Check (TLHC) Programme

- Lung cancer is a less survivable cancer and the UK National Screening Committee recommended in September 2022 the introduction of a national targeted lung cancer screening programme using the Targeted Lung Health Check programme as the basis for national roll out in England.
- Lung cancer is responsible for 23% of cancer mortality in the East Midlands, and as a result, early diagnosis of this tumour type is critical to improving outcomes and increasing survivorship; TLHCs have a significant positive impact on health inequalities and population health and in the East Midlands alone diagnosed over 100 cancers early through initial projects.
- TLHC is a multi-year initiative with additional, targeted funding allocation. The project will require multi-disciplinary team (MDT) and clinical leadership across the ICS in primary and secondary care, and as a national priority for mainstreaming as commissioned service over the next 2-3 years we will collaborate with appropriate stakeholders internal and external to the ICS in working with EMCA to initiate planning and mobilisation toward go live/expansion in 23/24 and early 24/25.
- The project requires up to 9 months of preparation prior to go live with investment in a team including dedicated clinical and project management support, and investment in CT scanner capacity (fixed or mobile).
- We will enable delivery through appropriate investment of targeted funding, align investment with priorities and developing community diagnostic centres (CDCs) toward meeting an ambition of 50% population coverage by April 2025 and 80% by April 2026, prioritise places with the highest lung cancer mortality, and ensure accurate and timely collection and reporting of management information for all local projects.

GRAIL/NHS Galleri

- The East Midlands was an early adopter for the GRAIL trial, and in 2023/24 the ICS will continue to support retention & onward referral of patients in the NHS-Galleri Clinical trial.
- With EMCA we will enable evaluation of the trial and further opportunities to reduce health inequalities to access in conjunction with multiple genomic deliverables led by the GMSA East and EMCA.

Early Diagnosis for Liver Cancers

- Liver cancer is a less survivable cancer and rates have more than doubled over the past decade and are continuing to rise. NICE Guidance recommends 6-monthly ultrasound surveillance for those with cirrhosis, but current delivery of this recommendation is extremely mixed.
- Working with EMCA as part of a less survivable cancer strategy we will build on work during 22/23 to identify more people at high risk of liver cancer to diagnose more liver cancers at an early stage.
- This will include at provider level the establishment of systems and processes to invite those eligible for liver surveillance where these do not exist, ensure sufficient ultrasound capacity is commissioned to provide 6-monthly liver surveillance to people with cirrhosis/advanced fibrosis, and where identified invest in pathway navigation to improve attendance at 6-monthly ultrasound surveillance for patients with cirrhosis/advanced fibrosis.
- In addition, we will work with both EMCA and established Hep C operational delivery network (ODN) to confirm sustainable commissioning arrangements and facilitate discussion between secondary and primary care to establish data collection system.

Innovation – MDT ROSE

- The EMCA MDT-ROSE programme continues to develop, encourage, support and embed improvements in Multi-disciplinary Team (MDT) working across the East Midlands to reduce unwanted variation in clinical practice/outcomes and improve the care and experience for both staff and patients.

	• The ICS will continue to work with EMCA Expert Clinical Advisory Group leads to enable the rapid and precise diagnosis of cancer and orchestrating of the best practice personalised treatments for each person to achieve the best possible clinical outcomes, quality of life and experience of care through targeted improvement initiatives. • This includes specific projects and sharing of good practice, and the ICS will continue to support approach to EMCA wide agreement and implementation of Standards of Care to reduce unwanted variation to inform local improvement initiatives that target inefficient/ineffective MDT practices/processes.

Diagnostics	
How will your system increase the percentage of patients that receive a diagnostic test within six weeks (in line with the March 2025 ambition of 95%)?	*[Responses should address the areas set out in Section 4 'Guidance on completing the narrative submission template' and include specific reference to: the expansion of diagnostic capacity including through the CDCs programme, as well as the work to improve diagnostic productivity through digital investments in pathology and imaging networks and through diagnostic services reaching optimal utilisation rates [1]]* *[1] CT: 3-4 scans per hour, MRI: 2-3 scans per hour [2], NOUS: 3 scans per hour, Echo: 1 scan per 45 mins, including reporting, and Endoscopy: 95 % of planned endoscopy lists taking place. For acute sites with a proven higher than average case mix complexity, the optimal range for MRI is 1-3 scans per hour.*
How will your system deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition?	*[Responses should address the areas set out in Section 4 'Guidance on completing the narrative submission template' and include specific reference to: improving pathology and imaging networks productivity, including through digital diagnostic investments and optimal rates for test throughput, and the expansion of diagnostic capacity including through the CDCs programme]*
How will your system increase GP direct access in line with the national rollout ambition and develop plans for further expansion in 2023/24?	*[Responses should address the areas set out in Section 4 'Guidance on completing the narrative submission template', and should refer to draft guidance on direct access which is available on the NHS Futures Collaboration Platform]*

Productivity and efficiency	
Describe the systematic approach you have taken to understand where productivity has been lost across the system due to the pandemic. What are the key areas that have been identified as reducing productivity?	*[Responses should address the areas set out in Section 4 'Guidance on completing the narrative submission template' and include specific reference to:* • *confirmation of whether the system had undertaken a review of productivity as part of recovery planning. If a productivity review has not been completed, please confirm that this has been scheduled.* • *quantification (where possible) of the key areas that have been identified as reducing productivity in your system.]*
What actions will you take to restore underlying productivity?	*[Responses should address the areas set out in Section 4 'Guidance on completing the narrative submission template' and include specific reference to:* • *how the system will support a productive workforce including taking advantage of opportunities to deploy staff more flexibly.* • *how you have assured yourself that expected productivity increases are in line with planned workforce growth.* • *any support required to deliver planned productivity improvements.]*
What key changes will you make to improve operational efficiency within your system?	*[Responses should address the areas set out in Section 4 'Guidance on completing the narrative submission template' and include specific reference to the efficiency measures within section 1H of the 2023/24 priorities and operational planning guidance as well as other key opportunities across your system.]*
What mechanism has your system put in place to ensure your planned efficiency can be delivered recurrently in full in 2023/24?	*[Please reference the HFMA's self-assessment materials on putting core elements in place to support board assurance over financial sustainability]*

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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 United Lincolnshire Hospitals NHS Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**13 September 2023**
Subject:	**United Lincolnshire Hospitals NHS Trust – Nuclear Medicine**

Summary:

Nuclear medicine is a specialist imaging technique involving the administration of radioactive substances in the diagnosis and treatment of disease. This technique enables assessment of the function of organs, whereas most conventional imaging techniques, such as x-ray, look at anatomy.

In February 2022, United Lincolnshire Hospitals NHS Trust (ULHT) launched a consultation on consolidating the service at Lincoln County Hospital, to which the Health Scrutiny Committee responded in April 2022.

The ULHT Board made a decision on the consultation in October 2022, and this report provides the Committee with an update on the implementation of that decision.

Actions Requested:

The Health Scrutiny Committee for Lincolnshire is requested to note the update by United Lincolnshire Hospitals NHS Trust on its nuclear medicine service.

1. Background

Description of Nuclear Medicine

Nuclear medicine is a specialist imaging technique involving the administration of radioactive substances (called radiopharmaceuticals) in the diagnosis and treatment of disease. The technique enables assessment of the function of organs, whereas most conventional imaging techniques (for example x-ray) look at anatomy.

The majority of radiopharmaceuticals are made daily in an aseptic facility known as a radio-pharmacy. The radiopharmaceutical used is dependent on the part of the body that is being investigated. The most common tests performed in United Lincolnshire Hospitals NHS Trust (ULHT) are bone scans and heart scans. There are over 20 different tests that nuclear medicine can perform, and they look at conditions as diverse as Parkinson's disease and delayed gastric emptying.

After administration of the radiopharmaceutical, patients must wait for a time for the radiopharmaceutical to distribute in their bodies before they are imaged on a specialist camera called a gamma camera. This camera detects the radiation emitted from the patient to enable the organ of interest to be investigated. A gamma camera is similar in size to a CT scanner.

2022 Consultation on Nuclear Medicine Service

Between 28 February and 23 May 2022, ULHT undertook a consultation exercise on the nuclear medicine service. This was in response to the challenges facing the service such as a shortage of clinical technologists, radiologists, and medical physics experts; ageing equipment, including the gamma cameras; and the supply of radiopharmaceuticals and isotopes. ULHT developed a case for change and put forward options for the future of the service, which included as a preferred option consolidation of the service from three sites (Boston, Grantham, and Lincoln) to one site at Lincoln County Hospital. On 13 April 2022, the Committee approved its response to the consultation.

2. Developments Since the Consultation

United Lincolnshire Hospitals NHS Trust (ULHT) Trust Board made a decision 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. Since this decision was made, we have made the following progress:

- We have maintained the same standards of scan-to-report time and the same number of patients are being seen as before the closure of the department at Pilgrim Hospital. The mean scan to report time for nuclear medicine patients in March 2023 was 3.1 days, with 87% of patients receiving a report within 7 days. This excludes Myocardial Perfusion Imaging patients- where the mean scan to report time in March 2023 was 34 days, with 38% of patients receiving a report within 14 days.

During March 2023 the pan-trust service had 367 administrations. This compares to 356 administrations in March 2022. We are hopeful that by centralising the service, any future increase in demand for the service can be accommodated. In addition, the replacement general camera for the cardiac camera will allow greater flexibility for scanning.

- There was consultation with staff at Pilgrim Hospital on their relocation or redeployment depending on their requirements. Three members of staff were redeployed to posts at Pilgrim Hospital and two relocated to Lincoln County Hospital.

- Nuclear medicine scanning stopped at Pilgrim Hospital at the end of 2022 to enable area to be cleared. This transition went relatively smoothly, with some issues to be ironed out around transport for transfer of inpatients needing tests that have now been resolved.

- In April 2023, the final members of staff at Pilgrim Hospital were redeployed or relocated.

- In July 2023, the building which housed nuclear medicine at Pilgrim Hospital was demolished, in preparation for the new A&E build on that site.

- A new state of the art SPECT-CT [*single photon emission computed tomography*] camera has been ordered and is due to delivered in early 2024 to Lincoln County Hospital. A SPECT CT camera is a gamma camera, with a CT added on to allow localisation of tracer uptake for some of our scans.

- A new gamma camera has also been purchased as part of an exciting project which should enable earlier diagnosis and treatment for patients with irritable bowel syndrome and diarrhoea in the primary care sector. This is likely to be in the department within the year and will be able to scan up to 1,200 SeHCAT *[23-seleno-25-homotaurocholic acid, selenium homocholic acid taurine]* patients per year.

- Enabling work for the installation of the SPECT-CT and the gamma camera is being tendered; and this work is due to be completed in March 2024.

- When the cameras are operational at Lincoln, the Grantham department will be closed, and the remaining members of staff will be consulted about their future plans. The plan is that the service will be operating from one site by April 2024.

- Our staffing position is improving, although we have recently had one staff member leave and recruitment into this post is underway:

    - Our first apprentice has successfully completed their second year of a three year training programme to become a qualified technologist.
    - Due to the success of the first apprentice, we have taken on a second person who is due to start the course in September 2023, and this would be completed in September 2026.

- We are working with the breast service at Pilgrim Hospital to ensure breast cancer patients who require nuclear medicine injections are still able to have them on site. Currently patients having their surgery on a Thursday are injected at Lincoln County Hospital on a Wednesday. Monday appointments are being transported Lincoln and then returning to Pilgrim Hospital for surgery. We are now working closely with the breast service to move the majority of this injections back to Pilgrim Hospital, which involves training members of the breast team to perform the radioactive injections and ensuring that the appropriate facilities are in place.

- The building in Pilgrim Hospital that housed nuclear medicine has now been demolished to make room for the new A&E department.

- In April 2024 it is hoped the department will be fully centralised at Lincoln with two new state of the art cameras, with plans for a third camera to be replaced in the next few years.

3. Consultation

This is not a direct consultation item. The Committee responded to the consultation on this service in April 2022.

4. Conclusion

The Committee is requested to consider the information on the nuclear medicine service since the decision on the outcomes of the consultation was made.

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 Mel Stanley-Grant, Senior Communications Officer, who can be contacted via ULH.Communications@ulh.nhs.uk

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 Sarah Connery, Chief Executive,
Lincolnshire Partnership NHS Foundation Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**13 September 2023**
Subject:	**Children and Young People's Mental Health Services in Lincolnshire - Update**

Summary:

Lincolnshire Partnership NHS Foundation Trust (LPFT) is the principal NHS provider of mental health services, along with 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 children and young people's mental health services in the county, with a further presentation to the committee on specialist mental health services, learning disabilities and autism services covered at the October meeting.

Actions requested:

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

1. Introduction

Half of all life-long mental health problems in the UK start before the age of 14 and three quarters start before the age of 25. For many, the Covid-19 pandemic is likely to have exacerbated their mental health needs. Before the pandemic, the prevalence of mental disorders in children aged 5 to 16 was already increasing.

Mental health difficulties caused by lockdowns, school closures, isolation from peers, bereavement, and the stresses on families have increased pressures. Nationally, frontline mental health services report a large increase in children and young people (CYP) needing help.

Risk factors for mental health and wellbeing are well documented and include childhood abuse, trauma, or neglect, social isolation, or loneliness, experiencing discrimination and stigma, social disadvantage, or poverty, bereavement, or being a long-term carer for someone. Understanding these factors can help us to target prevention activity to support mental health and wellbeing.

The services currently delivered by LPFT are:

- CYP Access Team and Here4You Helpline
- Healthy Minds Lincolnshire (HML)
- Mental Health Support Team (MHST)
- Core Child and Adolescent Mental Health Services (CAMHS)
- CAMHS Learning Disability (CAMHS LD)
- CAMHS Eating Disorder Team (CAMHS ED)
- CYP Complex Needs Service
- CAMHS Crisis and Enhanced Home Treatment Team (CCETT)
- CAMHS Mental Health Liaison Service (MHLS) – Lincoln County Hospital
- Lincolnshire Secure Unit (LSU)
- Children and young people's keyworking team

The range and purpose of each of the CYP emotional wellbeing and mental health services commissioned from LPFT are described in Appendix A.

The performance and impact of these services is monitored through Quarterly CYPMH Strategic Partnership Board Meetings between Lincolnshire County Council (as delegated lead commissioner for CYP mental health services in Lincolnshire, on behalf of the Lincolnshire Integrated Care Board) and LPFT, as well as through monthly Contract Partnership Board Meetings between the ICB, Lincolnshire County Council, and LPFT.

2. Access to Services

Children and young people in Lincolnshire can currently access support for their emotional wellbeing and mental health through a variety of routes including by telephone, digitally and face to face in schools, clinics, or the young person's home.

We wanted to make it much easier for families and professionals to access advice and support in Lincolnshire, including making self-referrals for all CYP mental health services, so a new CYP Mental Health Services Access Team was introduced in 2022. Professionals, parents or CYP can call the dedicated line to speak to a clinician for advice, information or to self-refer. Joint referral screening takes place across services, so families do not have to navigate through different referral pathways. It has helped greatly improve the number of referrals going to the right place first time.

There are nationally set targets for how many children should be accessing mental health support based on population data. Despite seeing a significant increase in the numbers of children and young people accessing support over the last two years, Lincolnshire is still not achieving this national target. Exploration with colleagues in NHS England suggests that this is in part due to reporting differences between Lincolnshire and other integrated care systems, however we continue to explore new ways to further increase opportunities for young people and their families to access support and treatment.

3. Demand and Waiting Times for Children and Young People's Emotional Wellbeing and Mental Health Services

Demand

Demand for community CYP emotional wellbeing and mental health services has remained consistently high since the pandemic. The implementation of the Here4You Access team in Jan 2022 has led to an increased number of CYP accessing support through the helpline and an increase in the proportion of new referrals allocated directly into Healthy Minds Lincolnshire (HML), diverting referrals that would previously have gone to Core CAMHS for triage and/or assessment before being redirected to HML.

The decrease in referrals into Core CAMHS has not led to a correlating decrease in the number of children and young people requiring treatment from Core CAMHS following assessment. The demand for specialist treatment interventions has remained consistent throughout the last two years which would suggest that the reduced referrals into Core CAMHS is indicative of referrals now being allocated to appropriate teams in a timelier and more direct way, rather than indicative of a reduction in demand for treatment/interventions from Core CAMHS services.

Waiting Times

There is a national target that children referred to/seeking support from mental health services will be seen and assessed within four weeks and Lincolnshire is performing above the national average against this target.

A deep dive into waiting times for treatment within Core CAMHS services across Lincolnshire was completed in October 2021, this did confirm that children and young people in Lincolnshire were experiencing secondary waits to start NICE recommended treatments following assessment.

Through collaborative working across LPFT, Lincolnshire NHS Integrated Care Board, and Lincolnshire County Council, an additional recurrent investment of £1.2 million into Core CAMHS services was agreed, to be phased in across 2022/23 and 2023/24. This investment has increased capacity across Core CAMHS, CAMHS Eating Disorder, and CAMHS LD teams.

It is our collective ambition, to achieve the national Long Term Plan target of no children or young people waiting more than 4 weeks for treatment. An interim target to achieve a waiting time of no more than 12 weeks from assessment to start of specialist treatment in Core CAMHS has been agreed in the interim, as a realistic ambition. A clear performance improvement trajectory has been agreed and the services on track to achieve this target by March 2025.

4. Crisis and Urgent Care for Children and Young People

The CAMHS Crisis and Enhanced Treatment Teams (CCETT) provides support for children and young people and their families at times of mental health crisis by providing assessment and intensive home treatment. This includes supporting young people experiencing thoughts of suicide and engaging in significant self-harming behaviours.

If a child or young person is experiencing a mental health crisis, they can contact mental health services directly by phoning the Here4You Helpline or they can be referred to CCETT by parents or other professionals (e.g., police, paediatric staff, paramedics, GP's). Children and young people already open to other mental health services and who require a crisis response or enhanced home treatment to maintain their safety and wellbeing will also be referred to CCETT.

The CCETT team will offer an urgent mental health assessment of CYP within an identified safe setting (e.g. A&E, acute paediatric wards etc.) making telephone contact within 4 hours of referral and arranging face-to-face assessment within 24 hours. They also offer relevant telephone consultation and advice to colleagues working within A&E, acute paediatric wards and care settings, outside normal working hours.

Existing arrangements are that CCETT is staffed by on-call workers between 7pm and 9am. During these hours the on call worker will speak to the young person, parent/carers and the referrer and establish the level of imminent risk by completing a telephone triage assessment. According to the workers risk assessment they will either develop a Keep Safe plan with the young person and their family and arrange follow up face to face (within 24 or 72 hours dependent upon the assessment of risk) or attend A&E to see the young person for further assessment.

From February 2023 a CAMHS Mental Health Liaison (MHL) offer is being piloted at Lincoln County Hospital and will mean a CAMHS practitioner is available on-site at the hospital out of hours. A MHL service based in Boston Pilgrim Hospital is also being recruited to at the time of writing this report. Initial feedback from children and young people and their families who have accessed the service in Lincoln is consistently positive.

As part of the Lincolnshire Integrated Care system's commitment to enhancing mental health crisis and urgent care services, additional funding has been allocated to develop the Mental Health Urgent Assessment Centre (MHUAC) currently available to adults within Lincolnshire (based on the Lincoln County Hospital site) to provide an all-age offer. The planning in relation to workforce and estates requirements is underway with an anticipated "go live" date of December 2023. This will mean that children and young people do not have to present at Lincoln A&E when in mental health crisis but have a more appropriate environment in which to be assessed. A business case is currently being developed to replicate the MHUAC service in other parts of the county, starting with Boston.

The CYP Mental Health Transformation programme, described in section 6, will also consider the workforce requirements for alternative models of crisis and enhanced treatment support, including the ability to offer home visits to children and young people in mental health crisis out of hours and the expansion of existing adult crisis cafes, run by third sector partners, to provide an all-age offer.

5. Transitions for Children and Young People

LPFT's Children and Young Peoples services normally accept referrals for people up to the age of 18 years (up to 25 for those with Special Educational Needs & Disability (SEND) or those leaving care), however we make exceptions to that and accept referrals for people over the age of 18, if a person's needs are developmentally more appropriate for CYP services. For those young people who are already engaged with CYP services, we will continue to support them up to the age of 25, before transitioning to adult services.

Safe and effective transitions between children and young people's and adult mental health services is a current priority across all of our children and young people's and adult services and is a focus within each of the workstreams of the CYP mental health transformation programme described in section 6 of this report.

A recent publication 'The Inbetweeners' (National Confidential Enquiry into Patient Death and Outcome NCEPOD - Transition: 2023) has issued some useful recommendations around transitions. In response to this publication, the LPFT Transitions Protocol is currently under review to ensure that our Protocol has a flexible approach to transitions, enabling for transitions between children and adult mental health services to be developmentally appropriate.

The publication sets out clear recommendations at both a national and local level to ensure quality transitions, these recommendations will form part of the new LPFT Transition Protocol. The protocol is being written collaboratively across divisions within LPFT, with both young people and parent/carers involvement. The new protocol will be completed by December 2023.

6. Transformation Programme

Last year, in conjunction with our commissioners Lincolnshire County Council, we started work on an ambitious CYP Mental Health Transformation Programme.

This programme is being jointly led by Lincolnshire County Council and Lincolnshire Partnership NHS Foundation Trust (LPFT) with input from CYP and parents/carers with lived experience and other key local and national stakeholders. The programme and its component workstreams will shape the strategic direction of travel for CYP mental health services. The programme will recommend a future model of CYP mental health services in Lincolnshire which will then be implemented subject to approval.

The transformation programme is focussed on ensuring there is a co-produced long-term plan for the delivery of children and young people's mental health services in the future. The programme does not prevent or slow down the implementation of improvements to existing services and/or the development of new services where a need has already been identified.

The workstreams within this transformation programme are:

- CYP Mentally Healthy Communities and Community Assets (Prevention) – to ensure CYP stay healthy through public mental health promotion and prevention by building resilience, creating mentally healthy communities and maximising community assets and support/advice, including online and digital.

- CYP Early Intervention – Problems must be identified early and all CYP who need help, including those with complex needs, need to be able to access timely and effective support or advice at the right level, in school or in their communities.

- Mental Health Support for Learning Disabled and Autistic CYP - CYP with Learning Disabilities or Autism who are also suffering from mental illnesses must be able to receive specialist care that is tailored and able to meet their specific needs in the community and wrap around their lives, care and education as they transition into adulthood.

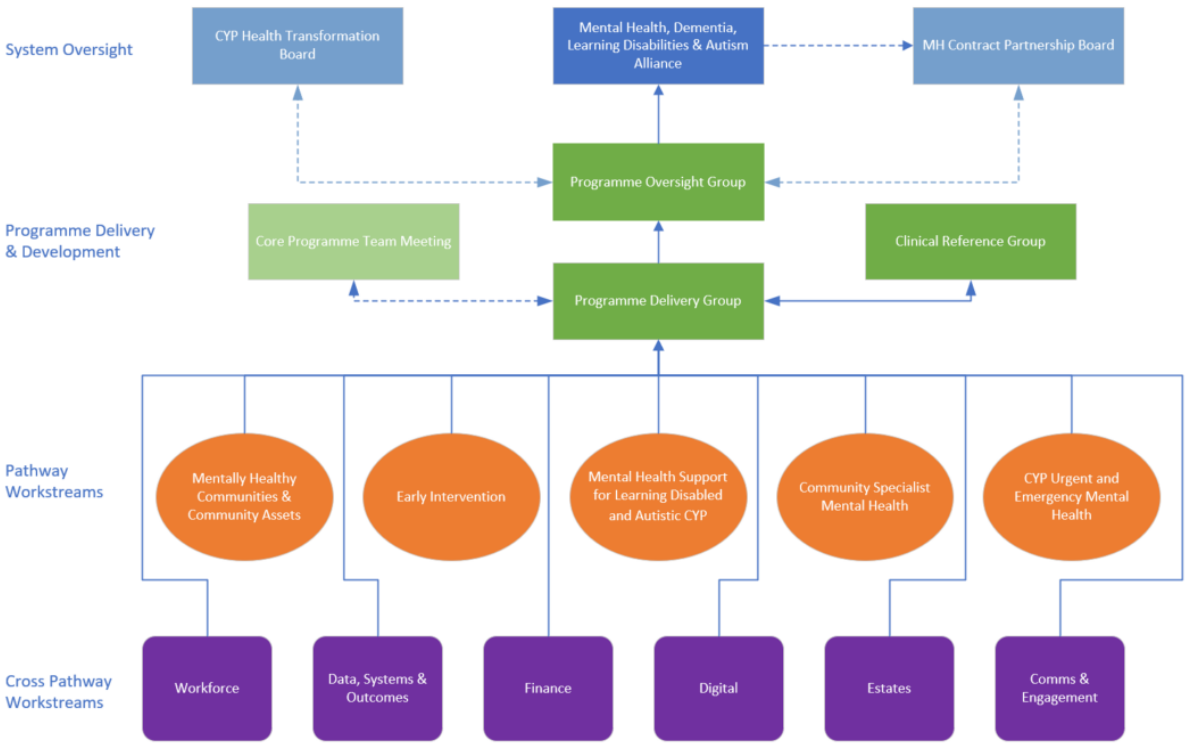
- CYP Community Specialist Mental Health – All CYP who are suffering from mental illnesses must be able to receive timely assessment and evidence-based treatment to improve their mental health that wraps around their lives, care and education including as they transition into adulthood, within their communities.

- CYP Urgent and Emergency Mental Health – Responsive assessment and support for CYP in mental health crisis must be available 24/7 in Lincolnshire's acute hospitals, the community or at home, with appropriate treatment to avoid admission to specialist mental health units, and facilitate prompt discharge or support.

The transformation has been spilt in to seven phases, with key milestone dates described below:

March 2023	Phase 1	Programme set-up and initial engagement completed
April 2023 – November 2023	Phase 2	Information gathering
December 2023 – February 2024	Phase 3	Information and gap analysis
March 2024 – May 2024	Phase 4	Options development and analysis
June 2024 – November 2024	Phase 5	Transformation and change planning
December 2024 – March 2025	Phase 6	Decision making and system planning – at this point a delivery plan for the agreed long-term plan will be available
April 2025 onwards	Phase 7	Transformation and change delivery

The governance of the transformation programme is illustrated below:



7. Inpatient Mental Health Services for Children and Young People

In 2013, NHS England became the commissioner of mental health inpatient services for children and young people, also known as Tier 4. However, concerns were raised that those services were not being properly commissioned to meet the needs of the most vulnerable, children and young people (Department of Health, 2015). In 2019, the responsibility for commissioning of CAMHS Tier 4 services was transferred to local Provider Collaboratives under the national New Care Models programme and new regional partnership working arrangements have been established across England.

The aim of the Provider Collaborative model is to deliver specialised mental health care for children and young people together as groups of providers of specialist services to not only deliver direct care, but also to share approaches, clinical expertise, pathways and resources.

In April 2021, an East Midlands partnership was established to work collaboratively to improve quality, outcomes and efficiency of CAMHS services. The Provider Collaborative was introduced as a new approach that aims to improve the quality of care and experience not only for young people but also for their carers and families. One of the main aims of the Provider Collaborative has been "to put children and young people at the heart of everything" and to provide the care that is delivered to them at the right time and right place. The East Midlands Provider Collaborative, same as other Collaboratives across England, were thus committed to improve the use of Tier 4 services by; creating a single point of access and reduce avoidable inpatient admissions; to ensure clinically appropriate lengths of stay; to ensure effective admission and discharge processes; and to avoid care that is very far from the patient's home.

If a young person in Lincolnshire requires an inpatient admission, LPFT refers the individual to the provider collaborative who identify a placement with one of the collaborative providers. LPFT remains in regular contact with the child / young person and their families throughout all inpatient stays.

The CAMHS Provider Collaborative in the East Midlands commissioned a review of bed usage from 1st April 2021 to explore whether there were sufficient CAMHS tier 4 inpatient beds in the East Midlands for those who need them now (and in the future) and whether there were enough of the different types of beds that are needed. The outcome of this review was to increase the number of CAMHS Specialist Eating Disorder Unit (SEDU) beds in the East Midlands.

The CCETT team has been successful in reducing the number of young people that need to be admitted to inpatient care by approximately 60%. A recent audit demonstrated that around four children from Lincolnshire were cared for in General Adolescent Mental Health Units at any one time, which was lower than the regional and national averages.

8. Summary

The number of children and young people accessing mental health and emotional wellbeing services has increased year on year, which at times has led to challenges accessing services and secondary waits for treatment. However, the range of mental health and emotional well-being services available to children and young people in Lincolnshire has increased significantly in the last six years, with substantial financial investment from both Lincolnshire ICB and NHS England over the last three years.

An ambitious CYP mental health transformation programme is underway that will shape the strategic planning of CYP mental health services. The programme will recommend a future model of CYP mental health services in Lincolnshire that focuses on continuously improving support for CYP and their families in relation to:

- Public mental health promotion, prevention, community and early intervention support.
- Empowering parents/carers and professionals working with CYP to better identify and respond to their emotional wellbeing and mental health concerns.
- Increasing and improving access to community based emotional wellbeing and high-quality, evidence-based and timely mental health assessment and support.
- Avoiding unnecessary specialist and acute mental health related hospital admissions, particularly for CYP with LD and Autistic CYP.

9. Appendices

These are listed below and attached at the back of the report	
Appendix A	Children and young people mental health and emotional wellbeing services in the specialist services division

10. 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

Children and Young People's (CYP) Mental Health and Emotional Wellbeing Services in the Specialist Services Division

CYP Access Team & Here4You Helpline	The Access Team make up part of Lincolnshire's Children and young people's services. As a team they look at all referrals that are sent into Healthy Minds, the Mental Health Support Teams, or CAMHS to consider which, if any, of the teams are most likely to be able to provide the best support. The team also staff the 24/7 Here4you line (0800 234 6342), providing advice to young people, parents, carers or professionals such as teachers. In this telephone call, we may give tips and strategies on ways children and young people could help themselves, or they may agree together that the child / young person need some extra support from LPFT services. If the team do not think LPFT services are the best place to help, they will always let the individual who has called know who is and where to go next.
Healthy Minds Lincolnshire (HML)	HML was set up in 2017 as a joint project between Lincolnshire County Council and LPFT. This project was set up to provide emotional wellbeing support to children and young people aged 0-19 and up to 25 for those who have special educational needs or are considered a looked after child. The service provides training in emotional wellbeing to all education staff, student teachers and parents in Lincolnshire, consultation to education staff and parents, groups of various emotional wellbeing topics to children and young people and 1-1 interventions using evidence based practice for up to 6 sessions for children and young people.

Mental Health Support Team (MHST)	NHS England launched the trailblazer for the Mental Health Support Teams in Schools in 2019. Lincolnshire Clinical Commissioning Group (CCG) in collaboration with Lincolnshire County Council and LPFT as preferred provider successfully bid for 2 teams (Lincoln and Gainsborough) which commenced in January 2020 as part of wave 2, and 2 teams (Boston and Skegness) that commenced in January 2021 as part of wave 4. Following Wave 7 funding, there will be a fully operational MHST in Spalding and the surrounding area from September 2023. The Wave 8 expansion will see teams starting to support children and young people in Grantham and Sleaford (and the surrounding area) from January 2024. The principles of these teams are to increase the CYP professional workforce by training non-professionals to be education mental health practitioners (EMHP) over the first year of operation. These staff work within a group of schools that have elected to be part of the project. The EMHPs work closely within the schools to offer direct support to pupils who may be experiencing mild to moderate mental health issues by using Cognitive Behavioural Therapy (CBT) based interventions as well as offering guidance on whole school approach to education professionals/settings.
Core Child & Adolescent Mental Health Services (CAMHS)	Core CAMHS is a large mental health service which operates across the whole of Lincolnshire working from bases in Boston, Lincoln, Louth and Grantham with a satellite office in Gainsborough. CAMHS incorporates Child & Adolescent Mental Health Services (CAMHS) and Child Psychological Therapies Service, working together to offer a range of professional clinical interventions including needs assessment, diagnostic services (where appropriate), behaviour management programmes and child centred therapies to support recovery and wellbeing. Services are provided by a range of professionals and are available for children and young people who are resident in Lincolnshire. The aim of CAMHS is to promote the positive integration of a child's emotional, social, intellectual and spiritual development. We aim to enhance and encourage their strengths and resources, either within the context of their own families or individually. This helps them grow both emotionally and socially.

Looked After Children	Looked after Children have a higher risk of poor mental health and outcomes due to the trauma that they have experienced in childhood. To ensure that this vulnerable group are supported sufficiently the CAMHS teams are required to respond to referrals within four weeks and therefore treat referrals as a priority within the Core CAMHS service.
CAMHS LD	CAMHS Learning Disability team is a community based specialist service offering support to children and young people, aged between 0-18 years, who are experiencing significant mental health problems and who are diagnosed with moderate to severe learning disability. The team currently supports between 65 and 70 children & young people with moderate to severe learning disability and mental health issues. The team will work with the individual, their parents/carers, schools, and health professionals and social care to offer individual tailored advice and strategies to support the individual.
CAMHS Eating Disorder Team	A small, county wide multi-disciplinary team that works with children and young people presenting with an eating disorder such as Anorexia Nervosa or Bulimia. The service offers assessment and treatment in a variety of community bases across Lincolnshire.
CYP Complex Needs Service	Lincolnshire was successful in a bid for this service which was awarded in April 2021 as a 9 year project to support CYP across Lincolnshire who have experienced trauma and have complex needs. This contract was awarded following a successful pilot between Lincolnshire County Council's Future4me criminal justice prevention team and LPFT who provided a psychology led health team. The Future4me health team provided consultation, joint assessment and validation to professionals working with these young people to prevent them from entering the criminal justice system. The new CYP complex needs service will provide a Trauma training programme to children's services staff and extend its consultation offer to all children's services professionals. The team will also link up with existing providers such as positive futures to find innovative ways to work with young people who may be difficult to engage.

CAMHS Crisis and Enhanced Home Treatment Team (CCETT)	The CAMHS Crisis and Enhanced Treatment Teams (CCETT) are based in Lincoln and Boston and cover the whole county. The staff members are from various backgrounds including: • social work • nursing • occupational therapy • support workers The team supports young people in a mental health crisis through providing assessment and intensive home treatment. This includes supporting young people experiencing thoughts of suicide and engaging in significant self harming behaviours. By working with young people and their families and carers, the team aims to avoid hospital admission wherever possible by providing intensive support in the home environment.
Lincolnshire Secure Unit	The Lincolnshire Secure Unit is a 12 bedded local authority secure children's home in Sleaford. LPFT provide health care into the unit including physical health, mental health, drug and alcohol, optician and dental services. LPFT subcontract GP services, optometry and dentistry into the unit. Targets for this unit include ensuring that young people are assessed within 24 hours of admission, and that they are offered and receive the appropriate health intervention within set times from assessment. LSU has recently received a joint inspection from OFSTED and CQC and was rated as good for healthcare.

CYP Keyworking Team	Our Specialist Keyworker Service has been set up to provide support for autistic children and young people (CYP) and/or those with a learning disability, who are at risk of being admitted into hospital. This service aims to give children, young people and their families the right support at the right time, to ensure that systems within the community are responsive and meet their needs in a personalised and holistic way. The CYP Keyworking Team provide: • Navigation - The keyworkers help CYPs, and families, navigate through the complex processes and systems in the community to get the support that they need. • Coordination - The keyworkers work in multi-agency settings to encourage service involvement and make a clear plan of actions for all involved. • A focus on community support - Keyworkers will always work on the assumption that support can be provided at home or in the community. Hospital admission will be a last resort and, should it be essential, discharge will be a focus from the beginning. • Person-centred care - Keyworkers deliver flexible, person-centred support. Keyworker plans are coproduced and CYP focussed. • CYP & family voice - Keyworkers focus on encouraging CYP and family voice in all meetings and support work completed. The community keyworking model was developed through extensive consultation with young people, parent carers and other stakeholders. The service will continue to work with all involved to review and improve our service to meet the needs of our community.

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 Sarah Connery, Chief Executive,
Lincolnshire Partnership NHS Foundation Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**13 September 2023**
Subject:	**Older People Mental Health and Dementia Services in Lincolnshire**

Summary:

Lincolnshire Partnership NHS Foundation Trust (LPFT) is the principal NHS provider of mental health and dementia services, along with 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 older people's mental health and the county's all-age dementia service.

Actions requested:

That the Committee consider the information presented by LPFT and decide on the next steps.

1. Introduction

Lincolnshire continues to experience an above national average growth in the over 65 years population, and greater growth specifically in the over 75s. This alongside the ongoing impact of the Covid-19 pandemic, has seen a continued rise in demand and referrals for both mental health services and in particular, dementia related support.

This has included growing numbers of people referred for dementia assessment and more complex mental health presentation, as well as later stage dementia, requiring intensive and rapid support and treatment.

Whilst the response times for complex older adult mental health referrals are timely and meet required standards, we know that waiting lists for some of our dementia diagnostic services are higher than we would like. With this in mind, we continue to work to optimise what we are doing with our current resources and innovate to expand capacity to meet the changing needs of our population.

LPFT is also playing an active role within the broader Lincolnshire health and care system, leading on implementation of the Lincolnshire Dementia Strategy. Through this we are developing close working partnerships across the 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 improve access, transition and care for people experiencing dementia at all stages of their wellbeing.

2. Support for older adults in Primary Care and Local communities

As well as the specialist secondary care services the Trust directly provides, our older adult mental health services provision also forms part of the ongoing community mental health transformation work the committee heard about in July 2023.

The programme is delivering an array of initiatives and projects, as well as introducing new workforce roles such as community connectors, psychological intervention facilitators and mental health and wellbeing practitioners to provide enhanced mental health access and support at a local primary care level.

The community mental health transformation programme, however, does not include dementia support and this is therefore being looked at a with partners from across the Lincolnshire health and care system, through a separate but connected, dementia services transformation programme, overseen by the Lincolnshire Dementia Programme Board.

3. Older Adult Community Mental Health Teams (CMHT)

The Trust's older adult community mental health teams deliver care across three service pathways:

- Those seeking a dementia diagnosis.
- Those with complex dementia-related needs
- Those with complex mental health needs

The teams are made up of a variety of professionals working in a multi-disciplinary way across all three service areas, for example: psychiatrists, nurses, social workers, occupational therapists, support staff and new roles including memory assessment practitioners, waiting well workers, psychological intervention facilitators and advanced clinical practitioners.

We aim to ensure a comprehensive assessment is completed as quickly as possible and patients then access the most appropriate support for their needs. Nationally, the expectation is that patients start treatment within eighteen weeks from the point of referral.

Historically our services have generally performed well against this expectation, especially for mental health referrals. However, waits can vary between referral type and different locality teams, depending on demand and current workforce challenges, with generally longer waits for memory assessments.

Due to longer than desired waits for dementia assessment we have introduced several processes to regularly monitor, prioritise, and check in with patients who are waiting. These include additional ways to access services such the digital memory assessment offers, additional support and advice for general practices, care homes, and other referring partners, and information on how to access help in an emergency and regular contact by our new waiting well workers.

All our teams also have a duty worker system so that anyone calling in with issues or concerns will receive a response the same day.

The services also manage and deliver a Dementia Support Service commissioned by Lincolnshire County Council, which directly links to our community teams and can be accessed to provide additional support.

4. Home Treatment Teams

Where people's needs are escalating beyond the scope of support that our community teams can provide and the possibility of admission is present, we have Home Treatment Teams (HTT's) for both complex mental health patients and dementia. The HTT's provide 'step-up' higher intensity seven day a week 'hospital at home' model of support in the community to provide increased support, management, and treatment in the service users home, thus avoiding unnecessary admissions and safely supporting increased risk in the least restrictive setting. The HTT's also provide 'step-down' support from acute in-patient settings to enable more timely and safe discharge.

The HTT's provide a continuous pathway of care between and interface directly with both our community teams and our acute older-adult wards, to ensure all transitions and care delivery are coordinated. As the committee heard about in May 2023, following positive outcomes the dementia HTT is currently undergoing a further expansion as part of an extended pilot. This will expand the levels of expertise and capacity within the teams, enabling them to support more people with complex needs in the community setting.

The HTT's are not crisis teams. Crisis support for older adults is provided via the adult crisis teams and associated support routes (e.g., crisis houses, mental health helpline, Urgent Assessment Centre, etc.) the committee heard about in July 2023. However, at present these services do not include dementia, and this is therefore being looked at as part of the current service review.

Carers Support/Experience

As outlined in the Manthorpe Ward and Dementia Home Treatment update paper received by the Committee in May, significant and ongoing engagement with service users (patients and carers) and system partners has been undertaken and will continue for the duration of the extended Dementia Home Treatment Team pilot. To date has identified that patients and carers prefer care within their own home (i.e., home treatment rather than acute inpatient admission) where possible and appropriate, with no complaints related to lack of access to an acute admission bed present. Issues related to social respite have and do arise during our involvement, and staff regularly support carers to navigate system partner processes to access this facility. As set out in the previously submitted update paper every Lincolnshire patient who has needed admission has been admitted when required and without the need of out of area bed.

LPFT also hosts the Lincolnshire County Council Commissioned Dementia Support Service (DSS) meaning those open to Dementia Home Treatment have direct access to the resources and support it provides. In addition, the carer lead, carer champion and peer support worker posts have been developed and embedded to specifically support carers and offer referrals to Carers First and signposting to carers networks as a routine part of initial assessments.

Further, as set out below (section 8) as the lead organisation of the Dementia Transformation Programme Board, we are also working closely to develop ties with and between Voluntary, Community and Social Enterprise organisations (e.g., AGE-UK, Alzheimer's Society) to both optimise collaboration and networking between them and to create a 'virtual network' of patient and carer support. As part of this process Age-UK have recently launched some additional dementia support that will link directly with LPFT dementia services and likewise work is underway with the Alzheimer's Society to increase the offer to patients and their families.

However, given the scale of the aging population and associated number of people experiencing dementia in Lincolnshire, it is recognised that the current level of support available across all aspects people's needs, and especially in terms of locality based practical resources is insufficient and both directly via LPFT's Business Planning process and also via the broader work of the Dementia Transformation Programme Board, work continues to explore opportunities for further change and investment to create the level of care that the people of Lincolnshire deserve.

5. Inpatient Services

LPFT has two specialist inpatient wards for older people and frailty, one for complex dementia-related needs and one for complex older people's mental health. Our ward teams are made up of multidisciplinary teams including psychiatrists, psychologists, nurses, occupational therapists, social workers, support staff and new roles including a specialist lead pharmacist, advanced clinical practitioners, carers lead, carers champions, clinical matron, and practice development leads with invaluable support from additional resources such as chaplaincy and voluntary services.

The wards provide specialist 24hr care, treatment, and management for the most complex and high-risk patients whose needs cannot be met in a community setting.

As the Committee is aware, LPFT has a third older people and frailty ward that is currently temporarily closed to enable the delivery of the dementia HTT referenced above. This alternative way of supporting people closer to home is being formally piloted over the next twelve months, the outcomes of which will inform the Trust's future model of care.

Led by the Lincolnshire Integrated Care Board (ICB), LPFT has contributed to a system wide bed modelling project that has sought to determine the number of NHS inpatient beds needed for different types of care in Lincolnshire over the next five years. This is based on the number of beds currently open, current levels of activity and expected changes in demand linked to population growth. Early findings of this work suggest that if no other services are put in place, then there will be a need for five additional mental health older people and frailty beds in Lincolnshire in five years' time, which seems to support the current way of working being piloted, however, this will be fully explored as part of the formal pilot, along with options to meet anticipated growth in demand in future years.

6. Demand and Waiting Times

Demand on older people's mental health and dementia services remains high and has continued to grow in line with our local population trends meaning we have higher waiting times than we would like in some services.

<u>Older Adult Mental Health</u>

As part of the community mental health transformation programme, new national targets are being introduced, of no longer than four week waits. For those referred to older adult community mental health services over 99% are seen within the current eighteen-week target and over 95% within the new four week target.

Separately to those with severe and complex mental health needs accessing community services, work is also ongoing to improve access for older adults to the Lincolnshire NHS Talking Therapies service (previously known as Steps2Change). This will further enhance both service access and wait times and will also ensure that those in need of help access the most appropriate service to meet their level of need.

<u>All-Age Dementia</u>

Waits for dementia assessment (i.e. memory assessments) are longer than we would like and there are a number of initiatives being undertaken to optimise the service and ensure we have the right capacity to meet demand. This includes expanding routes of access and modes of service delivery (e.g. addition of digital access and self-service) and work with referrers to improve the quality of referrals made and reduce the number of people referred who do not have dementia, but another mental health issue.

Work is also underway to review current memory assessment provision and whether this should be undertaken by a dedicated team, separate to the current generic older adult community service to improve access.

7. Transition Between Services

Work is continuing to break-down old referral barriers and move away from the language of 'discharge' towards more open-door transition between services and healthcare providers, to increase ease of access, advice and support and enable direct and timely 'fast-track' re-access where needed.

Older Adult Mental Health

There are clear protocols between adult and older adult community mental health services for when and if to consider the transition of someone between the two services. Whilst age acts as a trigger for consideration, it is not the determining factor and is driven more by patient preference and any additional needs the person might have with co-existing health concerns and frailty. There is flexibility to ensure that that care is delivered by the service best placed to do so. This means that if someone is being supported by our adult services, they will not be automatically transferred to our older adult services unless there is good reason. For people aged 65 and over who present with new episodes of mental health concerns, they will generally come directly to our community mental health services for older people.

Dementia

The diagnostic, treatment, and support services for people with dementia are all-age, therefore have no transition points once within our secondary care pathway. The key transition points are therefore at the point of referral and discharge.

To support referral transitions we have developed Waiting Well workers to monitor and keep in contact with those on a waiting list, to support and regularly review any changes in need.

At discharge the services are linked to the Dementia Support Services (DSS) who have close working partnerships with other Voluntary, Community, and Social Enterprise (VCSE) partners (i.e. Alzheimer's Society, AGE-UK) and primary and secondary care (e.g. Parkinson's Disease services, Community Occupational Therapists, Care Homes, GP's etc.) who can regularly access advice and support from LPFT services. All these actions help to provide and support patients across transitions both into and out of our services.

8. Recent Developments

Dementia Support Services - Voluntary, Community and Social Enterprise (VCSE) Working Group

As mentioned above, a key focus of the Lincolnshire Dementia Transformation Programme Board work plan, in-line with a key recommendation of the 2021 Dementia Review, is the development of appropriately scaled and (locally) accessible dementia support services to support all those affected by the experience of dementia (i.e., patients and carers). At present LPFT delivers the LCC commissioned Dementia Support Service (DSS) that provides short-term support for both patient and carers. However, neither the scale nor scope of this service is currently sufficient to support the known level of need within Lincolnshire.

In order to address this, the Dementia Transformation Board is establishing a collaborative VCSE working group to lead on this key area of development. The aim of this is to bring together different organisations to work in a more collaborative and co-produced manner, to join-up resources in a way that makes the collective whole greater than the sum of the parts. A key focus for this work is the expansion of local dementia support services and also to work with the system, via the Lincolnshire Mental Health, Dementia, Learning Disabilities & Autism Alliance, to discuss and progress routes of potential funding to support the development of dementia services.

Carer Lead

The role of the Carers Lead, and associated Champions, was developed to offer direct support for carers whilst loved ones are 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 to 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.

Frailty and End of Life Care (EoLC)

Given the age range of those we care for, issues of both frailty and end of life care are of high importance. Work has been underway and continues with key system partners to improve the knowledge and skills of our teams and to develop cross-system working to ensure the right support is available to people when they need it.

This includes linking LPFT's specialist services with United Lincolnshire Hospitals Trust (ULHT) and Lincolnshire Community Health Services (LCHS) Virtual Wards developments for frailty and end of life care. The virtual wards allow access to and links with ULHT and LCHS specialist staff who can advise and support the care delivered by LPFT, to ensure that patients with complex mental health or dementia issues have access to the same level of care and support for their frailty and end of life care needs as everyone else. Work is also underway, in partnership with St Barnabas, to link our service offers, and to share knowledge and skills to enhance everyone's ability to provide the best possible End of Life Care.

Transitional Workers

These are newly developing posts to specifically provide enhanced support at key cross-over/transition points between our services. These workers will especially focus on supporting patients to step-down from in-patient wards back into the community when their needs are no longer acute enough to require home treatment support, but still need an enhanced level of support to transition back safely and effectively into our community teams. These workers can also provide continuity of care across pathways and deliver psychological therapies and so add an additional layer of support to aid continued recovery and independence.

9. Summary

Despite increasing demand in-line with Lincolnshire's population trends, and the rising complexity of people's needs, we continue to develop and enhance our services to maximise care in the community and minimise the need for acute admissions, optimising the resources available. We are pleased that current system discussions and working has enabled some recent investment into dementia services to help us start to expand our current workforce and service offer to meet rising demand and 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 for dementia assessment, we continue to develop new ways of working and regularly check in with people to ensure their needs have not changed and provide interim signposting and resources that might help.

We continue to review how our services are work for the people who use them to ensure we are designing services in a way that meets people's needs and we continue to improve what we currently offer.

As with our adult services, workforce remains our biggest challenge as an organisation and we continue to give it our attention 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.

10. Appendices

These are listed below and attached at the back of the report	
Appendix A	Services in LPFT's Older People and Frailty Division (OPFD)

11. 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

Services in LPFTs Older People and Frailty Division (OPFD)

Older Adult Community Mental Health Teams	Older Adult CMHT's deliver 5 day a week services for both older adults (65yrs +) complex mental illness and for all age dementia from within the same workforce. • For complex mental health 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. • For dementia the service: o Provides assessment and diagnosis services for those with suspected dementia and post-diagnosis treatment and support and review. o Provides treatment and management of complex presentations and needs for people with an existing established dementia.
Home Treatment Teams	The services Home Treatment teams (HTT's) are based in the community and provide timely enhanced 7-day a week support for people whose needs are escalating above the level of care and support provided by the CMHT's and for who there is enhanced risk of admission. The service has two HTT's, one for dementia (D-HTT) and one for complex Older Adult Mental Health (MH-HTT) The teams work to avoid individuals being admitted into hospital by providing intensive home support for approximately six weeks. Treatment involves an assessment, plan of care and any other interventions to support the patient need which may be able to reduce levels of risk and complexity, avoiding the need for unnecessary admission. The teams also work seamlessly with the aligned older adult mental health and dementia wards to support timely and safe discharge and/or support during agreed leave.

Inpatient Wards	The service has dedicated separate specialist wards for both complex mental health and complex dementia. Both wards are based in Lincoln. The inpatient service provides 24hrs assessment and treatment for people who are experiencing a severe, short-term episode of complex mental illness or dementia-related needs who can't be safely supported by a community based service. Patients can be admitted to the ward on a voluntary basis or detained/restricted under either the Mental Capacity Act or the Mental Health Act.

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:	**13 September 2023**
Subject:	**Humber Acute Services Programme**

Summary

This report enables the Committee to consider the latest position on the Humber Acute Services Review Programme, on which a public consultation is expected to begin on 25 September 2023. This consultation will focus on urgent and emergency care; and paediatric services, provided at Diana, Princess of Wales Hospital, Grimsby, and Scunthorpe General Hospital, with a proposed reduction in services at the latter hospital. The NHS Humber and North Yorkshire Integrated Care Board (ICB) is expected to propose that Scunthorpe General Hospital would become a 24-hour paediatric assessment unit, and no longer take paediatric inpatients beyond 24 hours; and would no longer provide trauma or emergency surgery for adult patients.

The report also provides information on the Humber Joint Health Overview and Scrutiny Committee, which comprises three councillors each from five local authorities across the Humber area.

Actions Requested

The Committee is requested to note the report and consider any actions it would wish to undertake at this stage.

1. Scope of the Humber Acute Review Programme

Initial Scope of the Review

The Humber Acute Services Programme, hosted by the NHS Humber and North Yorkshire Integrated Care Board (ICB), has been 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. The services originally in scope (based on the Yorkshire and Humber Clinical Senate report of November 2022) were:

- Urgent and Emergency Care
- Acute Assessment
- Inpatients and Critical Care
- Maternity
- Paediatrics
- Planned Care
- Diagnostics

As reported to this Committee in December 2022, the Clinical Senate had considered in its report potential impacts on Diana, Princess of Wales Hospital, Grimsby, and Scunthorpe General Hospital of the potential designation of one of these two hospitals as an acute hospital with trauma unit, with the other hospital designated as a local emergency hospital and an elective care hospital. The Clinical Senate report stated that services at Hull University Teaching Hospitals NHS Trust were not directly in scope, but interdependencies were being explored.

Revised Scope of the Programme – July 2023

On 19 July 2023, it was reported to the Committee that the Humber Acute Services Review programme would now be focusing on only two services at two hospitals: urgent and emergency care; and paediatric services at Diana, Princess of Wales Hospital, Grimsby, and Scunthorpe General Hospital. This was because NHS Humber and North Yorkshire ICB, following discussions with NHS England, had decided to 'decouple' other services from the programme, so that they could be more comprehensively reviewed to reflect national developments.

Expected Content of the Consultation Proposals

On 12 July 2023, NHS Humber and North Yorkshire ICB approved the pre-consultation business case and submitted its proposals to NHS England for its assurance. The report to the ICB board indicated that Diana, Princess of Wales Hospital, Grimsby, would be put forward as the preferred site for the consolidation of services.

On 17 August 2023, the NHS Humber and North Yorkshire ICB issued an overview document, which summarises the expected content of the proposals. This is attached at Appendix A to this report.

As is clear, the proposals see a reduction in services for those patients, who currently look to Scunthorpe General Hospital as their preferred acute hospital. There is no impact on the services provided at Goole District Hospital, and minimal impact on the services provided by Hull University Hospitals NHS Trust. The focus of the consultation is thus on the 'south bank' of the Humber. The consultation is planned to begin on 25 September 2023.

2. Lincolnshire and Humber Joint Health Overview and Scrutiny Committee

Establishment of the Joint Committee

On 16 May 2022, the Humber and North Yorkshire Health and Care Partnership (on behalf of the Humber Acute Services Programme Team) wrote to the chief executives of five local authorities, including the Chief Executive of Lincolnshire County Council, seeking the establishment of a joint health overview and scrutiny committee to consider hospital reconfiguration proposals in the Humber area. The other four local authorities were the East Riding of Yorkshire, City of Hull, North Lincolnshire and North East Lincolnshire.

The joint committee approach is required by regulation 30(5) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, which state that where an NHS commissioner is consulting with more than one local authority, those local authorities must appoint a joint overview and scrutiny committee for the purposes of the consultation.

In response to the letter, it was proposed that each council would appoint three members to the joint committee and on 27 September 2022 the meeting of Lincolnshire County Council approved its participation in the Humber and Lincolnshire Joint Health Scrutiny Committee, and appointed three members: Councillors Carl Macey, Tom Smith and Stephen Bunney. Terms of reference have been developed where each of the five local authorities would need to be represented in order to reach a quorum. As formal committee meetings attendance by councillors is required in-person.

Recent Developments

On 17 August 2023, the NHS Humber and North Yorkshire ICB wrote to the chief executives of the five councils seeking the first meeting of the joint committee in September 2023, prior to the launch of the consultation, so that the ICB may seek views on its approach to the consultation. Given the short notice of this request, a meeting in September will not take place. The first meeting of the joint committee is now being planned for October 2023, after the consultation has been launched on 25 September 2023.

Given the requirement of the joint committee's quorum, it is important that representatives of all five local authorities participate at its meetings, including the two local authorities on the 'north bank', which are minimally affected by the proposals.

3. Activities of the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire has been updated throughout the development of the Humber Acute Services review programme, and has previously indicated that it would consider responding to the consultation outside the scope of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, in effect as a non-statutory consultee.

There has been previous attendance of the Review Team at previous meetings, for example, 15 December 2021 and 13 July 2022. However, the letter dated 17 August 2023 to the chief executives of the five local authorities stresses the role of the joint committee, as the statutory consultee, although it is understood that the Review Team has not ruled out its attendance at this Committee once the consultation has been launched.

4. Briefing Events for Members of the Committee

On 25 August 2023, the NHS North Yorkshire and Humber ICB announced three one-hour online briefings, taking place on the following dates and times:

- 6 September 2023, 5.00 pm – 6.00 pm
- 11 September 2023, 10.00 am – 11.00 am
- 13 September 2023, 6.00 pm – 7.00 pm

These dates were circulated to members of the Health Scrutiny Committee on 25 August 2023, as well as to county councillors representing 'northern' divisions in the county. The ICB has stressed these would be information sessions and would not form part of the formal scrutiny or consultation process. The ICB has stated that the briefing sessions would provide an overview of:

- the development of the proposals;
- the content of the proposals; and
- the decision-making processes.

5. Consultation

A consultation on urgent and emergency care; and paediatric services is expected to be launched by NHS Humber and North Yorkshire ICB on 25 September 2023. As stated above, the Lincolnshire and Humber Joint Health Overview and Scrutiny Committee is the statutory consultee for the purposes of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. This does not prevent the Committee from responding to the consultation as a 'non-statutory' consultee.

6. Conclusion

The Committee is requested to consider the information on the latest position of the Humber Acute Services Programme, in particular the launch of a public consultation on 25 September 2023, and consider it if wishes to make a response to the consultation as a 'non-statutory' consultee, given that the role of statutory consultee rests with the Humber Joint Health Overview and Scrutiny Committee. The Committee may wish to reflect on the constitution of this joint committee, as it includes local authorities, whose local NHS services will not be affected by the proposals.

7. Appendices

These are listed below and attached to the report.

Appendix A	Humber Acute Services Consultation – Overview 17 August 2023

8. 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 01522 553607 or via Simon.Evans@lincolnshire.gov.uk

APPENDIX A

Humber Acute Services Consultation – Overview 17 August 2023

NHS Humber and North Yorkshire Integrated Care Board (ICB) recently gave formal approval, in its role as lead commissioner, to progress to consultation on proposed changes to the way some more complex medical, urgent and emergency care and paediatric (children's) services are delivered at Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby, subject to completion of a gateway review by NHS England.

This document explains why changes are needed and summarises the proposal.

We have already heard from over 12,000 people including members of the public, patients, doctors, nurses and other staff in our hospitals to help us come up with this proposal. We firmly believe it will make hospital services better and ensure that people with the most urgent and complex needs will get the right care when they need it.

Why hospital services need to change

Doing nothing is not an option. Our aim is to provide services, so people get the very best care, in the best place, when they need it. Our doctors, nurses and hospital staff work very hard to provide the best care possible but face many, increasing challenges, in particular:

- **Having the right workforce, in the right place, to meet the demand**: we face difficulties attracting and keeping enough doctors, nurses and specialist staff with the right skills and expertise. This means some specialists (that cover particular health needs) are not available every day, because they are spread across multiple hospital sites. We also rely too heavily on temporary staff to fill the gaps, which is expensive and inefficient.

- **Ensuring the future quality and safety of some hospital services**: despite our best efforts, some patients are waiting too long for expert emergency diagnosis and treatment. Without change, some services will become unsafe and unsustainable in the future.

- **Providing the right care for our growing ageing population**: the number of older people in our area is rising, which can mean more complex health needs and increasing demand for some services.

- **Meeting the needs of our population**: some of our communities have much poorer health and need hospital care more often or have issues accessing healthcare services.

- **Investing in our buildings**: Some of our buildings are old and we have limited access to the investment we need to improve or replace them across multiple hospital sites.

- **Using our financial resources in the most efficient way**: We need to make sure that we spend our limited finances in the most sensible way and on the most appropriate services for those who need them most.

What is being proposed – A better model of care

Our health and care system faces significant challenges and we have been working hard to look at how we can deliver better services that can meet future demand, particularly through our hospitals in Scunthorpe and Grimsby, which serve people living across North and North East Lincolnshire, East Yorkshire and Lincolnshire.

The hospital services we are considering making changes to primarily relates to medical specialities a patient may require after receiving an initial assessment through one of our Emergency Departments, where more complex diagnosis, treatment and care would be required. The majority of people would need this type of care in urgent and unexpected situations. The proposal also covers paediatric (children's) inpatient services, where a child would need to be admitted to hospital for a period over 24 hours. This is to improve services for those with the most urgent and complex needs, keeping them safe and of high quality in the long term.

The proposed services would be brought together at one hospital:

- **Trauma Unit** – for people with serious injuries requiring immediate care (typically brought by ambulance).

- **Emergency Surgery (overnight)** – for people who need an operation in the middle of the night or who need to stay in hospital overnight and be looked after by teams with surgical expertise.

- **Some medical specialties (inpatient)** – for people who need a longer stay in hospital (more than 3 days) and to be looked after by a specialist team for their heart, lung or stomach condition.

- **Paediatric overnight (inpatient) care** – for children and young people who need to stay in hospital for more than 24 hours.

Bringing these services together in one hospital provides access to dedicated care 24 hours a day, 7 days a week, with more specialised skills always being available. This would help us to address critical shortages in workforce by organising our teams more effectively and help more patients to be seen and treated more quickly and stay in hospital for less time.

The vast majority of patients would continue to be seen and treated in the same hospital they are now.

24/7 Accident and Emergency would continue to be delivered at both Diana Princess of Wales Hospital, Grimsby and Scunthorpe General Hospital.

The following urgent and emergency care services would continue to be provided at both Diana Princess of Wales Hospital, Grimsby and Scunthorpe General Hospital:

- 24/7 Emergency Department (A&E), assessment unit and short stay (up to three days)
- Emergency Surgery (during the day)
- Overnight (inpatient) care for elderly and general medical patients (for stays longer than three days)
- Paediatric (Children's) Assessment Unit (up to 24 hours).

Which hospital we are proposing should deliver these services

In developing the proposal, we explored over 120 different ideas. We also looked at whether services should be combined at either Scunthorpe General Hospital or Diana Princess of Wales Hospital, Grimsby.

The only viable option is Diana Princess of Wales Hospital, Grimsby because:

It has least impact on fewer people

It is closer to more patients who have poorer health outcomes, who would otherwise have to travel further and may not have access to transport:

- It would have the least impact on ambulance services.
- Overall, it would have a lower impact on journeys to and from hospital:
- Fewer people would be impacted by going to a different hospital site.
- Fewer people would be impacted by longer journeys to and from hospital.
- Fewer patients would have to be transferred between sites if they needed to stay in hospital overnight.

It makes the best use of our financial resources

- It is the only option that is affordable – it would cost three times as much to make changes to the buildings at Scunthorpe General Hospital to bring services together there.
- Delivering the services at Diana Princess of Wales Hospital, Grimsby would allow us to make the changes within the financial resources that we have available and improve services far more quickly.

Benefits and impacts

We believe the proposal will:

- Help more patients to be seen and treated more quickly and stay in hospital for less time.
- Address critical shortages in workforce by organising our teams more effectively.
- Improve training and development opportunities and help us to find and keep the workforce we need for the future.
- Improve the quality of urgent and emergency care, trauma, and inpatient paediatric care and ensure patients have access to the most highly skilled professionals when needed, 24 hours a day, 7 days a week.
- Ensure services are sustainable, safe and of high quality for the long term.

Some patients, staff, families and loved ones would have increased travel times. Almost all those who will have to travel to a different hospital than their closest will do so via ambulance (e.g., trauma patients) or via free inter-hospital transport if they need to be admitted for a longer period of time or for more specialised care.

How to share views

A comprehensive programme of public consultation is being developed, which will include public exhibitions and events, online and face-to-face, where people will be able to learn more and tell us what they think.

Visit our website or contact us to find out more **www.betterhospitalshumber.nhs.uk**

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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:	**13 September 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.

The Committee is also being requested to confirm its view on the recent consultation on paediatric services at Pilgrim Hospital, Boston, vis-à-vis the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Actions Requested

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

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

1. Items to be Programmed.

The following items have been added to the list of the items 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.
(*Added to List on 19 April 2023*)

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

(3) Pressures on Services at Lincoln County Hospital (*Added to List on 14 June 2023*)

(4) NHS Planning for Demographic Change (*Added to List on 19 July 2023*)

(5) Stamford and Rutland Hospital Minor Injuries Unit (*Added to List on 19 July 2023*)

(6) Implementation of the Mental Health Community Rehabilitation Service – July 2024 (*Added to List on 19 July 2023*)

2. Current Work Programme

13 September 2023		
	Item	*Contributor*
1	Cancer Care in Lincolnshire (including Restoration and Recovery)	NHS Lincolnshire Integrated Board: • Clair Raybould, Director for System Delivery • Louise Jeanes, Cancer Programme Director United Lincolnshire Hospitals NHS Trust Representatives: • Professor Ciro Rinaldi, Deputy Medical Director • Amanda Markall, Deputy Chief Operating Officer
2	Nuclear Medicine, United Lincolnshire Hospitals NHS Trust	Representatives from United Lincolnshire Hospitals NHS Trust

13 September 2023		
	Item	*Contributor*
3	Children and Young People's Mental Health Services in Lincolnshire	Representatives from Lincolnshire Partnership NHS Foundation Trust
4	Older People Mental Health and Dementia Services in Lincolnshire	Representatives from Lincolnshire Partnership NHS Foundation Trust
5	Humber Acute Services Programme – Update	Simon Evans, Health Scrutiny Officer

4 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
4	Humber Acute Services Programme – Consultation Document	Contributors to be confirmed.

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 Acute Services Review: • Orthopaedics • Stroke Services	Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board

8 November 2023		
	Item	*Contributor*
3	Humber Acute Services Review – Consultation Document – Finalising Committee's Response to the Consultation	Simon Evans, Health Scrutiny Officer

6 December 2023		
	Item	*Contributor*
1	GP Provision in 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
2	NHS Dental Services	Representatives from the NHS Lincolnshire Integrated Care Board Commissioning Team

21 February 2024		
	Item	*Contributor*
1	Annual Report of the Director of Public Health	Derek Ward, Director of Public Health, Lincolnshire County Council
2	North West Anglia NHS Foundation Trust Update	Hannah Coffey, Chief Executive, North West Anglia NHS Foundation Trust
3	Lincolnshire Integrated Care Strategy	Alison Christie, Programme Manager, Public Health

20 March 2024		
	Item	*Contributor*
1	Non-Emergency Patient Service: Update	Tim Fowler, Associate Director of Contracting and Procurement, NHS Lincolnshire Integrated Care Board
2	Humber Acute Review Programme – Decision on Consultation by Humber and North Yorkshire Integrated Care Board	Representatives to be confirmed

3. 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.

4. Proposed Changes to Paediatric Services at Pilgrim Hospital, Boston

A key role for this Committee is responding to consultations on proposed service changes by the local NHS. In a few cases these service changes represent a substantial variation or development in local health service provision, which are specifically covered by the regulations. An example of a substantial variation or development was the consultation by the local NHS as part of the Lincolnshire Acute Services Review. As covered by another report on this agenda, the service changes forming part of the Humber Acute Services Review are also expected to be substantial. However, while the term 'substantial variation or development in local health service provision' is used in the regulations, it is not defined either in the regulations or statutory guidance. A view often taken is that if the local health overview and scrutiny committee deems the proposed service change substantial, that is definitive.

Where service changes are not substantial, the Health Scrutiny Committee often provides guidance to the local NHS, for example, suggesting targeted engagement with service users, or advising that a public consultation would still be beneficial for the local communities.

On 19 July 2023, the Committee confirmed its response to the consultation by United Lincolnshire Hospitals NHS Trust to the proposals for paediatric services at Pilgrim Hospital, Boston. In its response, the Committee agreed with the proposals and gave the following reason for doing so:

> *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.

In the first sentence of the above, it is implicit that the Committee does not believe the proposal is substantial, as it is not dissimilar to the pre-2018 inpatient service. However, NHS England has requested that this view is confirmed by the Committee. For this reason, the Committee is requested to confirm that in its opinion the proposed service change to paediatric services at Pilgrim Hospital, Boston, does not represent a substantial variation or development in health service provision.

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										2024		
	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	4 Oct	8 Nov	6 Dec	24 Jan	21 Feb	20 Mar
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	3:48							
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																														
Cancer Screening – Lung Cancer																														
Care Quality Commission National Reports																														
Care Quality Commission Working Arrangements																														
Children and Young People Mental Health Services																														
Cliff House Medical Practice, Lincoln																														
Clinical Care Portal Data Sharing																														
Community Diagnostic Centres												C																		
Community Emergency Medicine Services																														
Community Pain Management Service																														
Continuing Healthcare																														
Covid-19 Data and Updates																														
Critical Incidents																														
Defibrillators –Fund for Community Organisations																														
Dementia – Enhanced Home Treatment																														
Dementia Services - General																														
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																														
Grantham Medical Beds (Lincolnshire ASR)																														
Grantham Theatre Capacity																														

	2021						2022										2023										2024		
	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	4 Oct	8 Nov	6 Dec	24 Jan	21 Feb	20 Mar
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Hartsholme Psychiatric Intensive Care Unit																															
Hawthorn Medical Practice, Skegness																															
Health and Care Bill 2021 / Act 2022																															
Healthwatch Lincolnshire Annual Report																															
Humber Acute Services Programme						C	C						C													C	C			
Humber and Lincolnshire Joint Scrutiny																															
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												
NHS Backlogs and Waiting Times Report																															
NHS Discharge Fund																															
NHS England Announcements / Guidance																															
NHS Free Prescriptions – People Aged 60 - 66																															
NHS Joint Forward Plan																															
NHS Support for Victims of Sexual Assault																															
NHS Workforce Plan																															
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																															
Nottinghamshire Health Services																															
Nuclear Medicine (ULHT)																															
Older Adults Mental Health Services																															
Ophthalmology																															
Opioids																															
Orthopaedics (Lincolnshire ASR)																															
Paediatric Services (ULHT)																															
Peterborough City Hospital Maternity Services																															
Peter Hodgkinson Centre, Lincoln County Hospital																															
Pharmaceutical Needs Assessment																															
Pharmaceutical Services																															
Portland Medical Practice, Lincoln																															

	2021						2022										2023										2024		
	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	4 Oct	8 Nov	6 Dec	24 Jan	21 Feb	20 Mar
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Prescriptions – People Aged 60 - 66																															
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																															
ULHT - CQC Inspection																															
ULHT – Clinical Strategy 2024-29																															
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

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