



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
24 JANUARY 2024**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

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

Lincolnshire District Councils

Councillors S Welberry (Boston Borough Council), E Wood (City of Lincoln Council), Mrs L Hagues (North Kesteven District Council), G P Scalese (South Holland District Council) and C Morgan (South Kesteven District Council).

Healthwatch Lincolnshire

Liz Ball.

Also in attendance

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

Remote attendees via Teams

Sue Cousland (Divisional Director, East Midlands Ambulance Trust), Tim Fowler (Assistant Director of Contracting and Performance NHS Lincolnshire Integrated Care Board), Neil Scott (Service Development Manager, East Midlands Ambulance Trust), Joy Weldin (Head of Non-Emergency Patient Transport, East Midlands Ambulance Service), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer) and David Harding (Deputy Director of Asylum and Detention, Home Office).

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

57 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors J Makinson-Sanders (East Lindsey District Council and J McGhee (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).

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58 DECLARATIONS OF MEMBERS' INTEREST

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

59 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING
HELD ON 6 DECEMBER 2023

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 6 December 2023 be approved and signed by the Chairman as a correct record.

60 CHAIRMAN'S ANNOUNCEMENTS

Further to the announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on 23 January 2024, which referred to the following:

- That Councillor Mrs D Rodgers had been replaced by Councillor J McGhee as the representative of West Lindsey District Council; and that Councillor M Westley would be the named replacement member;
- Information requested at the previous meeting relating to the National Prostrate Screening Trial;
- Funding available for Autism Community Groups; and
- Women's health priorities for 2024.

During consideration of this item, one member expressed disappointment that the data supplied in Appendix A to the Chairman's announcements did not indicate the average number of appointments per person by age cohort, as it was felt in its present form the data did not provide the full picture. The Committee noted that data on GP activity was often referred to as 'experimental' data. The Health Scrutiny Officer agreed to check if there were any other sources of information available.

Further concern was expressed to the proposal to close the Springcliffe branch of the Brant Road GP Surgery in Lincoln, particularly when GP services were already stretched. One question posed was whether consultation was with patients of the surgery only or with the wider Lincoln community. It was suspected that the consultation would have been circulated to registered patients rather than a wider consultation. The Health Scrutiny Officer agreed to confirm the extent of the consultation.

RESOLVED

That the supplementary announcements circulated on 23 January 2024 and the Chairman's announcements as detailed on pages 15 to 24 of the report pack be noted.

61 EAST MIDLANDS AMBULANCE SERVICE PERFORMANCE

The Committee considered a report from the East Midlands Ambulance Service (EMAS), which provided an update on current EMAS performance in the Lincolnshire Division, which included information relating to:

- A vision for the NHS Ambulance Sector, created by the Association of Ambulance Chief Executives;
- Performance improvement, including activity for Greater Lincolnshire, resourcing and hours lost as a result of delays at hospital emergency departments;
- Recruitment and retention; and
- Emergency preparedness, resilience, and response, i.e., for Storm Babet

The Chairman invited the EMAS Lincolnshire Divisional Director, and the EMAS Head of Operations for Lincolnshire Division, to remotely present the item to the Committee.

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

- The Committee noted that at paragraph 3.3 of the report, second line, there was a typographical error the date should have been 'Nov 2022';
- That a further Appendix would be circulated to members of the Committee following the meeting relating to paragraph 4.3 of the report pack;
- Confirmation was provided that sickness levels were still high. The Committee noted that the service was aiming for a 5% sickness figure which was in-line with national expectations. It was highlighted that the long-term sickness elements were because of an ageing workforce, and that musculoskeletal reasons for absence aligned to the more mature workforce; and that some staff members who were exposed to traumatic incidents had to take time away from work with support from EMAS. The Committee noted further that short-term sickness elements, were Covid, flu, cough, colds etc., as ambulance staff were constantly coming into contact with poorly patients;
- The Committee was advised that Category 2 performance was still being maintained and that for the month of January it was at 41 minutes. It was noted that the trajectory was to be closer to 30 minutes; and it was felt that quarter 4 would see that period of stability;
- A request was made for future reports to include information relating to Category 1 performance;
- The Committee was advised that 'post-handover' were actions that needed to be taken before the ambulance was available to respond to its next call. For example, re-stocking, cleaning the vehicle and paperwork;
- It was reported that there were a multitude of career options open to a paramedic, that could be in higher education, research primary care etc. The Committee was

advised that the approach being taken was to make it easier for staff who chose to have multiple opportunities throughout their career, to gain more experience;

- That figures relating to the rate of participation in the most recent staff survey would be made available to members of the Committee;
- It was reported that all elements of healthcare were experiencing high patient numbers. It was noted that in some cases individuals could access alternatives to GP practices and A & E departments by employing self-care in the first instance. It was noted further that education regarding access to the most appropriate health service would be continuing across the Lincolnshire system to improve the situation;
- The Committee was advised that Appendix A to the report was a national vision for ambulance services, and that the report indicated how far advanced Lincolnshire Division was against some of the points within the national vision. Reassurance was provided that there would be no de-skilling, the workforce plan was encouraging staff to take a pathway to take them through to paramedic, specialist paramedic and even to the role of an advanced paramedic in the future, to help with skill mix and senior clinical decision making;
- Thanks were extended to EMAS staff for the services they provided;
- The Committee was advised that in relation to quality assessment on the front line, there were a range of senior clinicians who worked 24 hours a day, four duty commanders a day who were experienced paramedics and there was also the clinical leadership team. Reassurance was provided that newly qualified individuals who were on scene with a patient were contacted after a certain length of time to check if any additional support was needed or clinical advice was required. It was noted that crews all had radios should they need to make contact;
- That information relating to the percentage of staff over 50 would be made available to the members of the Committee;
- The Committee was advised that new eligibility criteria were being applied with regard to patients being conveyed to the Grantham Urgent Treatment Centre rather than going elsewhere such as Peterborough City Hospital or Pilgrim Hospital, Boston. It was confirmed that there had not been any significant issues with patient care since the new eligibility criteria had been applied;
- Presenters agreed that for future reports, figures would be included on the number of patients being conveyed to urgent treatment centres, including Grantham;
- Confirmation was provided that the Lincolnshire Resilience Forum (LRF) would hold information relating to vulnerable people, and that EMAS worked very closely with the LRF. In a flooding scenario, i.e., a care home under the threat of flooding the Committee noted that there were business continuity plans in place at the care home involving local authorities that ordinarily would be involved in such an event. It was noted that EMAS would not be involved as a 999 emergency service in events, such as evacuation;
- The Committee was advised that the recruitment figures quoted in figure 21 (on page 37 of the report pack) for November and December had been achieved;
- The Committee was advised that EMAS worked very closely with the Highways Departments and when storm conditions caused roads to be closed, workarounds

were put into place, i.e., whether that was alternatives routes, or alternative vehicles;

- Reassurance was provided that the only way to ensure stability was to change the way the service worked and that was being strived for across the Lincolnshire system;
- It was highlighted that there were delays in EMAS responding, but the care received from EMAS was excellent and that this was reflected in the number of complaints and PALS interactions. It was noted that most complaints were regarding delays. It was hoped that in the future this would be reduced;
- It was reported that all ambulance staff nationally carried iPads, to enable them to access information and gain assistance. The Committee noted that staff completed the electronic patient form via the iPad, recording all the actions taken during the incident, the document was then transmitted to the hospital to become part of the patients notes. The iPad also enabled staff to see patients electronic NHS records, provided access to available pathways, provided data around medication doses and pieces of equipment etc;
- The Committee was advised that feedback cards were not used, however, what was provided through various mechanisms and interactions was the ability for people to provide retrospective feedback via the friends and family test, which was a national mechanism for feedback in terms of service users. It was also highlighted that some calls were provided with a retrospective call to see how the caller would rate the interaction. It was highlighted further that when EMAS were discharging a patient in their home, a leaflet was provided which provided follow up advice and a description of what had happened;
- The Committee was advised that when reviews took place such as the Humber Acute Services Review, EMAS were an integral part to the review process, and that risks and mitigations to any remodelling would be planned for;
- That a written response would be provided regarding 'Hear and Treat' and 'See and Treat' trajectories; and
- Confirmation was provided that the Mental Health Urgent Assessment Centre at Lincoln County Hospital was hugely beneficial to the ambulance service, and for the patient experience.

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

RESOLVED

1. That the higher rates of 'Hear and Treat' and 'See and Treat' in Lincolnshire be supported.
2. That the ambulance hours lost as a result of hospital handover remains a concern, but the Committee recognises this is a health system issue, where the East Midlands Ambulance Service's performance is dependent on the patient flows in the system. That the work done to reduce waiting times be commended.

3. That a further update be received in twelve months, and that additional information be requested with regard to the participation rates in the most recent staff survey; the age-profile of front-line staff; and the trajectories for 'Hear and Treat' and 'See and Treat'.

62 NON-EMERGENCY PATIENT TRANSPORT

Consideration was given to a report from NHS Lincolnshire Integrated Care Board (ICB) and East Midlands Ambulance Service NHS Trust (EMAS), which provided the Committee with an update on the Non-Emergency Patient Transport Service (NEPTS).

The Chairman invited the Assistant Director of Contracting and Performance, NHS Lincolnshire Integrated Care Board, and the EMAS Head of Non-Emergency Transport Service, to remotely present the item to the Committee.

The Committee noted that the ICB had taken a modified approach within areas of the contract by transforming the traditional penalty Key Performance Indicators (KPIs) within the contract to overarching aims and objectives. It was noted further that in addition there was a Local Incentive Scheme which was designed to continuously improve delivery in three key areas over the period of the contract:

- Zero re-beds;
- Delivery of a social value plan; and
- Patient and Healthcare professionals' satisfaction and partnership working.

EMAS Service Delivery Principles were detailed in Appendix A and details of the Performance of Service Delivery Principles were shown in Appendix B to the report presented.

In conclusion, it was noted that EMAS NEPTS services in Lincolnshire had seamlessly mobilised and were continuing to develop in line with the mobilisation plan and contractual requirements.

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

- The Committee was advised that with the structured contract, EMAS had to demonstrate as the contractor/provider that they were working to a local incentive scheme that included patient and healthcare practitioner satisfaction. For instance, for patients being collected from their appointment on time, if this was not achieved then when work was being done to assess patient satisfaction, patients would not be satisfied, which would mean that EMAS potentially would have a financial penalty, which would result in them losing some income from the contract. It was noted that there was not a penalty attached to each of the delivery principles. It was noted further that doing the contract this way provided a more holistic approach which helped the ICB as commissioners and EMAS have an insight into how patient satisfaction overall might work. There was recognition that there was more to be done, but it was hoped that having EMAS as the transport provider allowed for

greater synergy between patient service and the emergency service, and it also provided more career opportunities for individuals who joined the Patient Transport service who might want to progress into the emergency service. Some concern was expressed to the lack of outcomes and financial penalties. The Committee noted that the NHS was moving away from KPIs to working more collaboratively, and that the best way to find out whether that would work was to measure whether patients felt they were getting a good service or a poor service. There was recognition that this was a new way of working, but representatives were optimistic that the new way of working would provide a better service;

- It was reported that at the moment there was no consistent comparison data in terms of performance targets. However, it was highlighted that there was a lot of national work ongoing to try and pull together some national data. Representatives advised that as this developed, a request would be made to counterparts in the East Midlands region to see if they would be willing to share their data;
- It was reported that to improve performance numerous surveys and conversations with stakeholders and patients were being undertaken. The information gathered would then help the service to make improvements or develop the service further. It was also noted that the service was in the next stage of mobilisation, which would help strategically, moving from five locations to eleven locations, which would then reduce the number of journeys being undertaken without patients being on board, which would improve service effectiveness;
- It was reported that in addition to contract meetings, EMAS had monthly quality meetings at which information from all surveys captured were shared and discussed to improve performance;
- Representatives agreed to provide activity volume information for the Committee to consider;
- Clarification was provided that the NEPTS report was about patients who were eligible for patient transport. It was noted that for NEPTS there were strict criteria for patient's eligibility, which was set nationally by NHS England. It was noted further that the wider transport issue was something the ICB was aware of and that discussions were at an early stage regarding how patients could be better supported. Representatives confirmed that they were happy to share the eligibility criteria with the Committee. The Committee also agreed to including a wider transport item in the work programme;
- The Committee noted that EMAS's view was that the incentive scheme enabled the service to be held to account and enabled a more collaborative approach across the system, focusing on patient need and system need to help maintain patient flow; and
- It was reported that EMAS was continuing to grow its voluntary car scheme. The Committee extended their support to the volunteers.

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

RESOLVED

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1. That the current performance by the East Midlands Ambulance Service against the service delivery principles be noted, and the Committee's desire for improvements to meet the delivery principles be recorded.
2. That patient feedback information, and a copy of the eligibility criteria be made available to members of the Committee.
3. That a further update report on the Non-Emergency Patient Transport Service be received in six months' time.

63 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Chairman invited the Health Scrutiny Officer, to present the report, which invited the Committee to consider and comment on its work programme, as detailed on pages 178 to 180 of the report pack.

The Health Scrutiny Officer briefed the Committee on the items for consideration at the 21 February 2024 meeting. It was noted that the update item from the Northwest Anglia NHS Foundation Trust was now being moved to the 20 March 2024 meeting, and that pressures on Services at Lincoln County Hospital would come forward from the items to be programmed list to the 21 February 2024 meeting now for consideration.

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

- Delivery of healthcare provision and how that fits into the national picture; and
- Pharmacy Services – Sourcing prescription Medicine.

RESOLVED

That the work programme presented on pages 178 to 180 of the report pack be agreed, subject to the inclusion of the suggestions put forward by the Committee above and the requests made at Minute numbers 61(3) and 62(3).

64 HEALTH CARE PROVISION AT THE PROPOSED HOME OFFICE DEVELOPMENT OF ACCOMMODATION FOR ASYLUM SEEKERS AT THE FORMER RAF SCAMPTON

The Committee considered a report from the NHS Lincolnshire Integrated Care Board, which provided a summary of the proposed health care service provision to support Asylum Seekers at the former RAF Scampton.

The Chairman invited David Harding, Deputy Director – Asylum and Detention Accommodation Programme, Home Office to remotely present the item to the Committee.

The Committee was advised that since March 2023 there had been significant engagement with the NHS England's Department for Health and Social Care and NHS Lincolnshire Integrated Care Board (ICB) to work through the specifics of the health care provision to be

provided on the site, and to reduce the impact on local health services, particularly those living in the local vicinity.

It was reported that the existing medical centre on the site had been refurbished and the expectation was that the ground floor would be used to conduct both health assessments and the first floor would be utilised for secondary or further appointments with the medical team.

Confirmation was given that due to ongoing legal challenges, there was no confirmed date at which the site would be ready for occupation. It was however noted that the Home Office had agreed a funding package with the ICB that covered both the set-up costs and costs to the end of the year.

The Committee was advised that when the site was ready to take an inflow of people, this would be done in a very controlled way, 30 individuals a day, no more than 150 individuals a week between Monday and Friday.

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

- It was reported that the medical provision on site would be in alignment with what was provided at the Wethersfield site in Essex, and essentially would be the same as would normally be expected at a local doctor's surgery. It was noted that referrals for more serious issues would be made into the local system. Confirmation was given that there would be mental health provision. Details relating to how many staff would be employed to provide primary care and mental health services and where health care professional were going to be recruited from were not known, and it was agreed this information would be requested after the meeting;
- As details relating to the funding package between the Home Office and the ICB for the provision of health services at RAF Scampton were not available at the meeting, this information would be requested after the meeting;
- Concern was expressed that staffing the medical provision at RAF Scampton would effect provision locally, as Lincolnshire's healthcare system was already under huge pressure and continued to have issues with recruiting and retaining doctors, nurses and dentists. Confirmation was provided that there would not be any reliance on primary healthcare from the wider community, and that the GP provision set up on site would be paid for separately. The Committee noted that having access to primary GP services on site would reduce the burden on GP services in the local community. Reassurance was given that the Home Office would continue to work with the ICB and healthcare to look at any further mitigations that might be needed;
- Some concern was also expressed to the fact that there was no public transport links at RAF Scampton site, or infrastructure and that because of its location, it was the wrong place for asylum seekers to be accommodated. It was confirmed that transport would be provided for those on the site, and as this was a non-detained site people were free to come and go as they wished;
- Some disappointment was expressed that a representative from the NHS was not in attendance at the meeting;

- The types of ailments asylum seekers were going to be screened for on their arrival. Some concern was expressed that Scampton was not going to be a secure location. The Committee was advised that the blood test would seek to identify a wide range of ailments, and that the first appointment would be used to go through the individual's medical history. Once the results of the screening were received, then the individual would be called back to the medical facility to go through the results of the screening. Where appropriate further treatment would be administered. Information relating to the types of ailments individuals would be screened for would be requested after the meeting;

Note: Councillor T J N Smith wished it to be noted that he had worked with the Rt Hon Sir Edward Leigh MP; was a member of West Lindsey District Council Planning Committee, and was a former resident of RAF Scampton.

- Whether from experience and learning from the Wethersfield Site in Essex and the Bibby Stockholm in Portland, Dorset, what had been the percentage of asylum seekers following their initial screening who had been referred to secondary or other health services and what was the ongoing impact on secondary care or other health services. This information was to be requested following the meeting;
- Confirmation was received that dentistry would only be provided on an emergency basis, due to the availability of dental services locally and nationally;
- It was reported that other staff would be on site 24 hours a day which included fully trained welfare officers and other staff who were able to pick up any other issues. It was also confirmed that a full translation service would be available to residents. Reassurance was provided that the Home Office had a lot of experience in the operation of larger sites, and that experience and learning had been used to plan and operate the site at RAF Scampton;

(Note: Councillors R J Cleaver and Mrs L Hagues (North Kesteven District Council) left the meeting at 12:31pm)

- Whether consideration had been given to organisations such as the Lincolnshire Refugee Doctors Project, who support refugees who were medically trained in their home country to register with the General Medical Council to continue their careers in the UK and support the NHS. The Committee noted that the Home Office looked for opportunities for asylum seekers to be able to link in with voluntary sector people claiming asylum. Some concern was expressed links had not been made with the Lincolnshire refugee Doctors Project, as there could be a pool of professional doctors who could be an invaluable resource. As this information was not readily available, a request would be made following the meeting; and
- A member asked for confirmation if Serco would be managing the RAF Scampton site. Confirmation was provided that Serco would be running the site and that there would be close working with Serco to ensure all their contractual obligations were fulfilled and that in terms of healthcare, the NHS were meeting their obligations.

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

RESOLVED

1. That the summary report on health care provision at the proposed Home Office development of accommodation for Asylum Seekers at the former RAF Scampton be noted.
2. That the information provided at the meeting by the representative from the Home Office be noted.
3. In the event of this service being implemented, a report outlining any potential negative effects on either primary or secondary NHS Services be submitted to this Committee.

65 RESPONSE OF THE HUMBER AND LINCOLNSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE TO THE NHS CONSULTATION ON HOSPITAL SERVICES IN GRIMSBY AND SCUNTHORPE

Consideration was given to a report from the Health Scrutiny Officer, which provided the Committee with details of the Humber and Lincolnshire Joint Health Overview and Scrutiny Committee's response to the consultation undertaken by the NHS Humber and North Yorkshire Integrated Care Board on services at Scunthorpe General Hospital and Diana Princes of Wales Hospital in Grimsby. Details of the Joint Committee's response was shown in Appendix A to the report.

During consideration of this item, members of the Committee who were members of the Lincolnshire Joint Health Overview and Scrutiny Committee expressed their concerns regarding the lack of consultation events held, the issues for Lincolnshire residents regarding travel and transport, and to the fact the response document should have identified the commonalities amongst the Councils which would have provided a firmer response to the proposed changes.

RESOLVED

1. That the Committee's disappointment be recorded with the Joint Committee process, given that in this instance five local authorities were selected by NHS Humber and North Yorkshire Integrated Care Board as participants in the Joint Committee and there was minimal or no impact on the hospital services in two of those local authority areas.
2. That the Committee's position of not supporting the NHS Humber and North Yorkshire Integrated Care Board's proposals for acute hospitals in Grimsby and Scunthorpe be confirmed, because of the potential negative impact on Lincolnshire residents and the lack of planning with regard to travel and transport.

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The meeting closed at 12.47 pm