



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
13 APRIL 2022**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors L Wootten (Vice-Chairman), M G Allan, R J Cleaver, T J N Smith, Dr M E Thompson and R Wootten.

Lincolnshire District Councils

Councillors S Woodliffe (Boston Borough Council), Mrs S Harrison (East Lindsey District Council), Mrs L Hagues (North Kesteven District Council), G P Scalese (South Holland District Council), M A Whittington (South Kesteven District Council), Mrs A White (West Lindsey District Council) and C Watt (City of Lincoln Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Sarah-Jane Mills (Chief Operating Officer (West Locality), Lincolnshire Clinical Commissioning Group) and Kevin Gibson (Senior Communications & Engagement Manager NHS Lincolnshire Clinical Commissioning Group).

The following representatives joined the meeting remotely, via Teams:

Sarah Connery (Acting Chief Executive, Lincolnshire Partnership NHS Foundation Trust), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Christopher Higgins (Interim Director of Operations, Lincolnshire Partnership NHS Foundation Trust), Sarah-Jane Mills (Chief Operating Officer (West Locality), Lincolnshire Clinical Commissioning Group), Dr Kieran Sharrock (Medical Director, Lincolnshire Local Medical Committee) and Kevin Gibson (Senior Communications & Engagement Manager NHS Lincolnshire Clinical Commissioning Group).

County Councillors C Matthews (Executive Support Councillor NHS Liaison, Community Engagement, Registration and Coroner's Services) and Mrs S Woolley (Executive Councillor NHS Liaison, Community Engagement, Registration and Coroner's Services) attended the meeting as observers, via Teams.

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13 APRIL 2022**

86 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors B Bilton (City of Lincoln Council) and S R Parkin.

It was noted that Councillor Calum Watt (City of Lincoln Council) had replaced B Bilton (City of Lincoln Council) for this meeting only.

87 DECLARATION OF MEMBERS' INTERESTS

No declarations of members' interest were received at this stage of the proceedings.

88 MINUTES OF HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD
ON 16 MARCH 2022

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 16 March 2022 be agreed and signed by the Chairman as a correct record.

89 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committees attention the supplementary announcements circulated on 12 April 2022. The supplementary announcements referred to:

- Covid-19 Update, Appendix A to the supplementary announcements provided weekly briefing information prepared by Lincolnshire County Council Public Health;
- Further information on the Lincoln County Hospital major incident, with reference being made to the collaborative working of all staff and system partners involved in the incident; and
- Further to paragraph 4 of the announcements circulated with the agenda, further information was provided regarding the progress of the Health and Care Bill.

Some reference was made to the report on NHS Backlogs and Waiting Times in England, and the need for this to be raised with local MPs.

RESOLVED

That the Supplementary Chairman's announcements circulated on 12 April 2022 and the Chairman's announcements as detailed on pages 13 to 19 of the report pack be noted.

90 LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST - UPDATE

Consideration was given to a report from Lincolnshire Partnership NHS Foundation Trust, (LPFT) which provided the Committee with an update on the activities of LPFT.

The Chairman invited the following representatives from LPFT: Sarah Connery, Chief Executive and Chris Higgins, Chief Operating Officer, to remotely, present the item to the Committee.

In guiding the Committee through the report, mention was made to:

- The challenges during the last 12 months for the NHS and the local community, with the continued impact of the Covid-19 pandemic, rising demand for mental health services and the increasing cost of living;

(Councillor M A Whittington joined the meeting at 10:12)

- The Trust's Covid-19 response, it was noted that there had been temporary changes to ward-based services in response to unprecedented staffing pressures, these changes were listed on page 22 of the report. Reference was made to the temporary closure of Ashley House, Grantham. The Committee noted that prior to its temporary closure, the service had been operating below its 100% occupancy since 2018; and that an alternative open rehabilitation provision remained available at Maple Lodge in Boston, with other rehabilitation care also being available at Discovery House in Lincoln. It was noted further that for the three-years prior to the temporary closure, Ashley House had 52 admissions, of which 14 had been from Grantham and the surrounding area. The closure had therefore not had a direct adverse effect on any one geographic population. It was also highlighted that the Trust, had on occasion, had to make use of out of area bed placements. It was highlighted further that this was being closely monitored and was only used when absolutely necessary;
- Changes to services, it was noted that the Trust continued to utilise the learning from delivering services in a different way during the pandemic, details of which were shown on pages 23 to 25 of the report;
- The Mental Health and Wellbeing Transformation Programme;
- The new Acute Mental Health Wards;
- Increased crisis support;
- The increasing demand on services. It was highlighted that nationally there had been an increase in the number of people needing to access mental health services. The Committee noted that during the last two years, there had been notable increases in the following services: children and young people services, in particular young people experiencing an eating disorder; adult autism diagnostic assessments; early intervention in psychosis; chronic fatigue; and talking therapies. It was reported that despite the increased demand the Trust continued to perform well against nationally

set waiting times for most services, with only the children and young people services currently being an outlier compared to national expectations;

- Suicides. It was reported that the Trust had a local suicide prevention strategy, which strived to achieve zero suicides for those people known to the service. It was highlighted that on average only 20 percent of suicide deaths in the county were known to mental health services. It was reported further that the Trust worked closely with public health colleagues at Lincolnshire County Council and other local partners such as Lincolnshire Police and district councils on a county wide strategy for suicide prevention;
- Staff recruitment and retention. The Committee was advised that the Trust had received substantial additional investment to expand teams, to meet increasing demand, and to transform ways of working in the local community. It was highlighted that recruitment remained one of the Trust's main risks. The report highlighted that currently there was 333 vacancies, largely in two professional areas of nursing and additional professional, scientific and technical which included roles such as psychology and social workers. Page 32 of the report provided the Committee with a summary of the main workforce projects and initiatives for 2022/23, to help the Trust meet its recruitment and retention challenges;
- Awards and Accreditations achieved despite the challenges and pressures of the pandemic. These were listed on page 34 of the report; and
- The future ambitions for mental health, learning disabilities and autism services.

During consideration of this item, the Committee raised some of the following comments/concerns:

- Concern was expressed on the pressures for services, and the lengthy waiting times. It was highlighted that the mental health and wellbeing transformation programme would help alleviate some of the pressures, details of what had been completed so far in this major transformation project were shown in Appendix A to the report. Reassurance was given that emergency cases were prioritised. The Committee noted that there was also commitment to increase children and young people capacity, however, recruitment as previously mentioned had been a limiting factor. The Committee was also advised that the Trust continued to lobby NHS England, and that the Trust was also working as an East Midlands Alliance to try to attract people to come and work in Lincolnshire. It was highlighted that the Trust was also growing its own staff through training and apprenticeship programmes. The Committee noted that the Trust was also in contact with local schools and colleges, to try and attract young people to have a career within the Trust;
- What help was being provided to Ukrainian and Russian expatriates living in Lincolnshire. The Committee was advised that the Trust was working as a system to recruit refugee members of staff, with a focus initially on medical training and staffing. It was noted that it was believed that two refugee nurses would be joining the Trust. It was highlighted that there was more that could be done, but it was necessary to ensure that there was a proper role for them and that they were properly trained. It was noted that international qualifications did not directly

match. Reassurance was given that the Trust was committed to making international recruitment a success, and that every time there had been an international crisis of this nature, the Trust was always there to respond on how services were provided to actively support those in need. It was highlighted that the Trust had developed care packages over the years to reach out to people wherever they were. The Committee was advised that if families needed mental health support because of the impact of the Ukrainian crisis, the Trust would actively work with them;

- General mental health provision in the Boston area. The Committee noted that the Trust was committed to making sure that there was appropriate provision on the east coast. The Committee noted further that there were inpatient wards in Boston, as well as a thriving community service offer. It was reported that Boston was one of the first pilot sites out of twelve in the county to get investment into the community health transformation programme. This was investment in community resources and community assets and prescribing. The Committee noted that this programme was still in development, but already, the impact was being seen in the Boston area. It was highlighted that one of the challenges on the east coast was expanding the provision of crisis night light cafes. It was highlighted that the Trust was working with the community and voluntary sector to rebuild capacity and capability, and the desire to provide mental health services. Reassurance was given that the Trust was committed and had an active programme to stimulate that market to get people coming forward to provide the services. The committee noted that the Trust wanted to upgrade the inpatient unit at Pilgrim Hospital, so that it was modern fit for purpose, and provided an outstanding environment to treat patients, and for staff who worked there. Further reassurance was given that the Trust was committed to Boston. Representatives agreed to respond directly to provide a written response to these questions;
- The need to ensure that nationally more effort was placed on training more mental health staff;
- Some concern was expressed that residents in Lincolnshire did not receive help until they were at a critical level and in some cases, when it was too late. The Committee was advised that the transformation programme investment would ensure that community assets were integrated with secondary services. The Committee was reminded that only 20% of those who had taken their lives were known to mental health services. It was highlighted that work was ongoing to make sure that those in need of support got the support they needed, to prevent the need for escalation; and that more was being done with the third sector to build up more resilience. The Committee was advised that further development on the east coast was due in the next year regarding mental health support teams. Trust representatives agreed to make a copy of the implementation plan available to members of the Committee outside of the meeting;
- Whether the mental health liaison scheme at Lincoln County Hospital was a hospital wide scheme or just in A & E, and whether there were any plans to expand it further. The Committee noted that the liaison service was available at Lincoln, Boston and Grantham and that it was planned that the service would be extended to Louth and Skegness. Confirmation was given that the assessment centre at Lincoln was in addition to and would not replace the mental health liaison scheme;

- The need for the expansion of the new urgent assessment across the county. There was recognition that services were Lincoln centric and that steps were being taken as part of the transformation programme to expand them across the county;
- Recognition of the challenges faced regarding the expansion of services;
- Chronic fatigue. The Committee noted that the Trust's specialist chronic fatigue syndrome service had been working closely as part of the system's Long Covid clinics. It was noted that demand was currently greater than current capacity and that waiting lists were increasing as a result. The Committee was advised that discussions were being held with local commissioners for additional investment to expand the team to meet the current demand;
- The need to concentrate the increase in provision of services in the east and south east parts of the county;
- That better communication was required to advise members of the public of what services were available across the county, as there appeared to be some inconsistencies. There was recognition that there were gaps in provision across the county, and that more that needed to be done;
- What help was being provided to service personnel. The Committee was advised that the trust had a veteran service, which was highly regarded across the East Midlands area;
- Some concern was expressed that support was not being provided quickly enough, which had resulted in some suicide cases. The Committee was advised that there were numerous reasons why someone would take their own life. Reassurance was given that each incident of suicide was investigated to ensure that lessons were learnt. It was noted that the introduction of a 24/7 helpline for support and crisis cafes were part of the transformation programme for individuals to be able to make contact; and for young people to have access to healthy minds in schools. The Committee was advised that where people were waiting to access services, these people were regularly contacted and when appropriate, would be prioritised, if their needs were to change;
- The provision of in-patient beds. It was reported that at the moment, it was not known what the demand for in-patient beds would be. It was highlighted what was available was intensive home treatment support, which would avoid someone having to go into hospital. It was recognised that there was a balance to be reached to ensure that beds were available if required. Reference was also made to the reduction in bed availability because of social distancing, leading to out of county placements. The Committee was advised that in the last couple of months there had been approximately five out of county placements, and that these had been because of a number of Covid-19 outbreaks. The Committee was advised that the latest figure was four out of county placements, some of whom were satisfied with their placement; and every effort was made to establish relationships during the care period, so that the patient's journey was not disrupted. It was noted that the out of county placements were in Nottinghamshire. Reassurance was given that secure transport arrangements were available, and that digital arrangements were also in place; so that family and friends could stay in contact;

- The increase in the number of adults diagnosed with autism. There was recognition that the number was on the increase and that there was a gap in provision, and that work was on going to have an all-age diagnosis. It was also noted that there had also been an increase in the number of adults with eating disorders needing support;
- Manthorpe Ward, Grantham. The Committee was advised that the proposal was to re-open Manthorpe Ward on a pilot basis in a new clinic format, utilising the space as an eight-bed short stay step-up/down service. The pilot would also enable the Trust to continue with the pilot dementia home treatment and provide additional care pathways in the older adult/dementia services, parallel to the stepped options available to working age adults;
- Whether the data sharing agreement was county wide and how that fitted into the data sharing care portal. The Committee was advised that data sharing agreements were already in place with various partners, it was however noted, that data sharing had not been completely rolled out across the county yet. The Committee noted that the care portal was the mechanism that would make data sharing a reality. It was highlighted that the Committee was due to consider a further report on the care portal at its 14 September 2022 meeting;
- 24/7 crisis freephone helpline. One member enquired how long after initial contact on average was it before people received follow up support, or potential treatment began. The Committee noted that the time period varied as this was dependent on the nature of the call; some callers were repeat callers just needing someone to talk to; others were signposted to groups such as a walking group; and some would be seen by professionals the same day if the need was required;
- The eradication of dormitory accommodation in Boston, due to increasing costs, and what options were now being considered. The Committee was advised that the Trust was still committed to eliminating dormitory accommodation, and that the Pilgrim Site (or the Norton Lea site) was still being considered, either as a new build option, or a refurbishment scheme and that work was continuing with United Lincolnshire Hospitals NHS Trust regarding this matter; and
- When the Trust foresaw when it would be returning to its pre-pandemic waiting times and what additional support would be received to help achieve this. The Committee was advised that this information would be available in the performance report, and that additional investment was available for this to happen.

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

RESOLVED

1. That the update report from Lincolnshire Partnership NHS Foundation Trust be noted.
2. That the consultation on the mental health rehabilitation service be considered at the 15 June 2022 meeting.

3. That mental health provision and suicide prevention be reviewed in more detail by a working group and that membership of the said working group be agreed under item 9 on the agenda - Health Scrutiny Committee for Lincolnshire – Work Programme.

91 GENERAL PRACTICE ACCESS

The Committee considered a report from the Lincolnshire Local Medical Committee (LMC), which provided a report on access to general practice services.

The Chairman invited Dr Kieran Sharrock, former Medical Director of Lincolnshire Local Medical Committee and Deputy Chair of the British Medical Association (BMA) Practitioner Committee for England, to remotely, present the item to the Committee.

The Committee was advised that nationally the demand for general practice appointments was higher than it had ever been, but the workforce in general practice was declining. It was reported that this mismatch had led to practices not having the capacity to provide the access which patients that the system would like.

It was reported that general practices had a backlog of care caused by the pandemic, and that hospital trusts also had long waiting lists due to the pandemic, which was impacting on general practice, as patients were seeking further support with their increased health needs which were unable to be managed by secondary care.

The report advised that as of January 2022, in England there were 1,608 fewer fully qualified full-time GPs compared to 2015. It was highlighted that to compensate for the reduced number of GPs and nurses, practices, and Primary Care Networks (PCNs) now employed other health professionals to manage patients' conditions. These professionals were qualified to manage conditions in their sphere of practice but did not have the holistic skills of a GP.

The Committee was advised of the Lincolnshire position, with reference being made to Lincolnshire having a deficit of available professionals; practices in rural and coastal communities being less able to recruit; and that the additional roles funding was limited by national pay scales, which was a disadvantage to PCNs. Details on page 46 of the report provided the Committee with the number of total appointments and face to face appointments conducted by Lincolnshire's general practices for December 2019 and December 2021. The figures highlighted that despite a reduced workforce, Lincolnshire's general practices had increased their appointments by 6% since pre-pandemic.

The Committee was advised that increasing workload was causing GPs and other clinical staff to leave the profession early, and that from a recent poll, one third of GPs had reported they were suffering from depression, burn out or mental distress. Further details relating to a recent poll of GPs was shown on page 47 of the report for the Committees consideration. It was also highlighted that a lack of workforce planning, and other factors had resulted in GPs feeling that the health service was now unsafe for patients and practitioners.

During consideration of this item, the Committee raised some of the following comments:

- The frustrations and problems encountered by patients not being able to get an appointment with a GP. The Committee noted that receptionists were designated as care navigators trained to identify a patients need and direct them to the most appropriate person. It was highlighted that unfortunately there were not enough professional people to deal with the demand, and that patients tended to prefer the holistic care provided by a GP. The Committee was advised that since the pandemic appointments had increased, some of which were face to face, some were telephone conversations, and some were conducted via video link. The Committee was advised that 60% of consultations across the trust were conducted face to face. Some members highlighted that some patients were still unable to get through to a receptionist due to the high volume of calls. It was highlighted that practices were doing three times the amount of work, and did not having the right number of staff to meet the demand;
- Concern was expressed at the lack of national planning by the government with regard to recruitment;
- Some clarity was sought regarding digital data and whether the figures included Covid-19 vaccinations. Confirmation was given that it excluded Covid-19 vaccinations;
- The usefulness of on-line consultations for GP practices. The Committee was advised that modelling information was available from the BMA and that the Lincolnshire Clinical Commissioning Group would have data concerning workforce investment;
- Average working time for a GP was 38.3 hours per week. The Committee was advised that a recently published report by the Policy Exchange into general practice had advised that GPs should do no more that 25-30 clinical contacts a day to maintain safety, but NHS figures were showing that GPs were doing on average 47 contacts a day, and as a result several GPs and other clinical staff were leaving the profession;
- That more resources and funding was needed along the east coast to support the practices to provide services;
- Whether a workforce plan existed for Lincolnshire. The Committee was advised that there was a Lincolnshire People Board, and that the PCN represented GPs on the said Board. The Committee was advised that this was something the Lincolnshire CCG would be able to help with; and
- The changes to GP service as a result of GP contracts;

On behalf of the Committee the Chairman extended his thanks to Dr Sharrock for his presentation.

RESOLVED

1. That Lincolnshire GP practices be recognised for increasing the number of appointments by six per cent since before the pandemic.

2. That an update on GP provision be considered by the Committee in six months' time.

92 GENERAL PRACTICE PROVISION

Consideration was given to a report from the Lincolnshire Clinical Commissioning Group, which provided the Committee with an update on the current service provision by general practice across the county.

The Chairman invited Sarah Jane Mills, Chief Operating Officer, (West Locality) Lincolnshire Clinical Commissioning Group, to present the item to the Committee.

An acknowledgement was given to the outstanding contributions of GP colleagues across the county who had continued to provide local primary care services throughout the pandemic, in addition, to working with Primary Care Networks (PCNs) in delivering the Covid-19 vaccination programme to people living in their local communities. It was however recognised that there were continued challenges associated with increased demand and workforce availability, which meant that the model of primary care service provision would need to change and evolve in the coming years to meet the required need.

There was recognition that there were problems accessing GP services, and that data had shown when compared to the same period pre-Covid in 2019/20, GP colleagues were providing on average 20% more appointments. It was highlighted that the 'Ask my GP' App had seen an increase of 5% in same day appointments and a 4% increase in appointments being provided between 1 – 6 days.

It was reported that practices were mindful that new ways of accessing primary care services had been welcomed by some patients, whilst others felt the new arrangements did not meet their personal needs. As a result, practices were working hard to understand these issues, to be able to refine their processes and enable the continued development of local access arrangements. It was noted that in the coming year, the CCG along with GP colleagues and other partner organisations would be continuing to develop arrangements to improve access to primary care services, which would include developing services for a timelier access for people with minor illnesses, which would then enable the GP to develop local arrangements to create time to support more vulnerable people and those with more complex health needs.

(Councillor Mrs L Hagues left the meeting at 12:37)

It was reported that although the CCG continued to work closely with practices to ensure and help facilitate continuous improvement, the assessment of the Care Quality Commission (CQC) was relied on to provide an independent assurance of the quality of GP service provision. Current CQC rating details were provided within the report which indicated that Lincolnshire practices were in a good position, with 80 practices being rated good or outstanding.

The Committee noted that the makeup of GP teams had changed and developed in recent years; and those practices independently of Primary Care Networks (PCNs) had introduced new roles to provide additional capacity and professional support to help treat each patient's individual needs.

Although Lincolnshire had a slightly lower than the national average number of GPs, the number of clinical staff working in primary care compared favourably. Details of the current position relating to GPs compared to the national average were shown on page 52 of the report for the Committee to consider. The Committee noted that there had been a reduction in the number of GP partners and an increase in salaried GPs, which was consistent with the national picture. It was noted further that this had prompted a national discussion with regards to the need to reform general practice.

The Committee was advised that PCNs enabled GP practices to come together to share staff and collaborate to deliver extended primary care services to the local community. It was highlighted that PCNs had become an established part of the NHS structure across Lincolnshire.

A copy of the Lincolnshire Primary Care Network Alliance Annual Report for 2020/21 was attached as Appendix A to the report for consideration by the Committee.

In conclusion, the Committee was advised that the establishment of PCNs, increased availability of digital services and that the opportunity to work in partnership with other agencies/services would influence and enable how people access primary care in the future.

During consideration of this item, the Committee raised some of the following comments:

- The problems patients had encountered in getting an appointment to see a GP or being able to obtain access to their surgery physically. The Committee was advised that practices had multi-disciplinary teams, with professionals being able to deal with the issues on a daily basis, which then enabled GPs to be able to have more time to see patients with more complex needs. There was recognition that some patients were still unclear as to how to access their GP, and how the service model had changed. The Committee noted that telephone systems were continuing to be upgraded, and that a programme of modernisation was planned, to ensure services were better connected to the wider health system;
- Digital technology. It was reported that digital technology was being used and from patient feedback 90% of patients using it preferred it as a way of contacting their surgery. It was recognised that digital contact was not the preferred option for all patients. Some concern was expressed that the statistics were incorrect, as they were not asking the right questions of patient users. Some disappointment was also expressed that there was very little patient feedback. The Committee was advised that the CQC report would be able to provide further information. Reassurance was given that the CCG quality team worked with practices that were rated as requiring

improvement or inadequate. With regard to patient feedback the Committee was advised that the CCG worked very closely with Healthwatch Lincolnshire;

(Dr B Wookey left the meeting at 13:10)

- Personal experiences of using 'Ask my GP' App, and to the fact that some surgeries were turning the app off. The Committee was advised that post pandemic, to mitigate risks, some practices had turned the app off, due the increased volume of demand and staff absences. It was reported that at the end of 2021 GP practices were received up to 6,000 calls in a day, and with the introduction of digital technology, this had been reduced to 600 a day. It was highlighted that the introduction of Ask my GP and e-consultations provided patient choice. Reassurance was given that GP services were safe and where there were concerns, the CCG were proactively working with practices, and where necessary providing support. The Committee was advised that the GP model, as independent businesses had its challenges and that there was more to be done to understand local delivery; and

(Cllr R J Cleaver left the meeting at 13:17)

- The need for GP provision to be improved on the east coast to address their needs, as services provided were inconsistent to other areas in the county. There was recognition that recruitment was a challenge, and work was on going to make Lincolnshire more attractive for people to want to come to for work. Concern was also expressed at the increased population along the east coast during the holiday season, which resulted in an increased demand on services, which were already over stretched. A question was asked as to whether a plan was in place to deal with the challenges faced. The Committee was advised that there was a People Board in Lincolnshire, which looked at workforce needs across a whole range of services with regional and national teams. The board also informed training and development needs in the county and additional training for extended roles. It was also noted that a board had been established specifically for primary care, and that the coastal issues were known and were being considered.

RESOLVED

1. That thanks be extended to the Lincolnshire NHS Clinical Commissioning Group for presenting information on general practice provision.
2. That a further update on GP provision be considered in six months' time.

93 UNITED LINCOLNSHIRE HOSPITALS CONSULTATION ON NUCLEAR MEDICINE - FINALISATION OF THE COMMITTEE'S RESPONSE

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the item, which invited the Committee to finalise its response to the consultation by United Lincolnshire Hospitals NHS Trust on its nuclear medicine.

A further copy of the draft response document had been circulated to Member of the Committee for their consideration in advance of the meeting.

Some concern was expressed that the proposals were again seeing services being eroded from Grantham and District Hospital and Pilgrim Hospital, Boston and services being centralised at Lincoln County Hospital.

The Committee extended their support to the draft response document circulated.

The Chairman extended thanks on behalf of the Committee to the Health Scrutiny Officer for preparing the response document.

RESOLVED

That the Committee's final response to the consultation by United Lincolnshire Hospitals NHS Trust on its nuclear medicine service be approved.

94 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 94 to 96 of the report pack.

The Committee was advised that the Lincolnshire Acute Services Review – Decision by Lincolnshire Clinical Commissioning Group scheduled for the 18 May 2022 meeting was to be re-scheduled to the 15 June 2022 meeting.

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

- Future commissioning arrangements for dental services, ophthalmology and pharmaceutical services – whether this item currently in the list of items to be programmed could be brought forward to the 15 June 2022 meeting; and
- Membership of the working group to look at mental health provision and suicide prevention. The following members put their names forward: Councillors C S Macey, S R Parkin, T J N Smith, Mrs A White and M A Whittington.

RESOLVED

1. That the Committee's work programme as detailed on pages 94 – 96 of the report pack be received, subject to the comments/suggestions made above and the items agreed at minute numbers 90(2), 91(2) and 92(2).

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HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

13 APRIL 2022

2. That the working group to look at mental health provision and suicide prevention be comprised of the following Committee members: Councillors C S Macey, S R Parkin, T J N Smith, Mrs A White and M A Whittington.

The meeting closed at 1.52 pm.