

Agenda Item 4

		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 to	Health Scrutiny Committee for Lincolnshire
Date:	18 May 2022
Subject:	Chairman's Announcements

1. Information Requested at Previous Meetings

National Funding for Increasing NHS Dentist Appointments in 2021/22 (16 February 2022)

On 16 February 2022, it was reported to the Committee that the government had announced funding of £50 million to secure 350,000 more dental appointments by 31 March 2022 with NHS dentists. The Midlands NHS region was allocated £8.9 million from this sum and the Committee requested more information on how this would translate to funding and appointments in Lincolnshire. NHS England and NHS Improvement has replied as follows:

“The additional funding was made available to be used within the 2021/22 contractual year and a value of this investment has been dispersed to all regions across NHS England and Improvement (NHSE/I) to address urgent dental care such as oral pain, disease and infection.

“NHS dental practices were encouraged to submit expressions of interest; and it had been anticipated that there would be a good uptake of the investment in Lincolnshire. Locally, 35 additional sessions were commissioned in which NHS teams used the funds to secure increased care capacity amongst local dentists. In comparison to other ICS areas in the East Midlands, the interest from Lincolnshire dentists to deliver additional sessions was considerably lower than in other ICS areas.”

The Committee is due to receive an update from NHS England and NHS Improvement on dental services in Lincolnshire on 15 June 2022. It is expected that this report will explore some of the reasons why the take up of the national scheme by Lincolnshire dental practices was so low.

Mental Health Services in Boston Area (13 April 2022)

On 13 April 2022, as part of the item presented by Lincolnshire Partnership NHS Foundation Trust, written answers were requested in response to three questions on mental health services in the Boston area. These responses are attached at Appendix A.

2. Covid-19 Update

Vaccination Programme

The vaccination programme is continuing with the emphasis on calling forward the remaining cohorts of children in the five to twelve age group.

The mass vaccination centre at the Lincolnshire Showground closed on 28 April 2022, as the venue is needed for other activities. The NHS in Lincolnshire is exploring options for an alternative site in the Lincoln area. The Boston mass vaccination centre remains open.

Visiting at United Lincolnshire Hospitals NHS Trust

On 28 April 2022, United Lincolnshire Hospitals NHS Trust announced the reintroduction of patient visiting. All inpatient areas have been given a classification of low, medium, and high risk, reflecting patient conditions and infection prevention and control measures. For each level, different visiting arrangements would be in place. This will be determined at individual patient level, depending upon the risk rating.

All visitors will need to call the relevant ward to book a visit in advance and are asked to come to the main hospital entrance no more than ten minutes before the start of their visiting session. All visitors are asked to wear a hospital-provided face mask throughout their visit, but visitors are no longer required to show proof of a negative lateral flow test.

Latest Data

The latest Lincolnshire data on infection, vaccination and mortality rates will be circulated at the meeting.

3. Acute Inpatient Mental Health Wards in Boston

Currently in Boston acute mental inpatient services are provided at Ward 12 (a traditional dormitory ward) at Pilgrim Hospital. On 13 April 2022, Lincolnshire Partnership NHS Foundation Trust (LPFT) reported to the Committee that it remained committed to eradicating dormitory accommodation in Boston, as work was continuing on clearing the Norton Lea site, which had been identified by LPFT for a new development for its mental health inpatient services in the area.

LPFT has confirmed that demolition work at Norton Lea has been completed. However, LPFT has paused plans for developing Norton Lea, as costs have escalated to over £30 million, which makes it no longer affordable. LPFT has stated that it is developing options for future provision.

4. Grantham Community Diagnostic Centre

On 25 April 2022, the Grantham Community Diagnostic Centre at Gonerby Road was opened to patients. This followed the announcement in October 2021 by the government of funding of £350 million for 40 community diagnostic centres in England, including one in Grantham. The government stated that the community diagnostic centres would achieve:

- earlier diagnoses for patients through a full range of diagnostic tests needed to understand patients' symptoms including breathlessness, cancer, ophthalmology;
- a reduction in waits by diverting patients from hospitals, with a focus on tackling the backlog; and
- reducing the number of patient journeys by providing multiple tests at one visit.

5. Second Community Diagnostic Centre for Lincolnshire

The NHS in Lincolnshire is engaging with the public on a second community diagnostic centre, with the following three options at this stage being put forward (with the text from the engagement exercise listed):

Option 1: Lincoln

- Largest catchment area for both patient demand and workforce
- Would support training facilities and urgent care pathways
- Does not address areas of highest health inequalities (East Coast) or challenges in access

Option 2: Louth Hospital as the main hub, with spoke sites at Skegness and Mablethorpe

- Would help to address health inequalities and some of the access challenge
- Capacity is currently difficult to use at Louth due to patients being unwilling to travel
- North Lincs may be looking at locations in Cleethorpes and Grimsby

Option 3: Boston as the main hub, with spoke sites at Skegness, Mablethorpe and possibly Spalding

- Would help to address health inequalities and some of the access challenges
- Has better transport links to/from the East of county than other two sites

The engagement survey will be open for a period of eight weeks and is due to be considered at the Committee's next meeting on 15 June 2022. This will provide more detail on the proposed options, including the hub and spoke arrangements in options 2 and 3.

6. Stackyard Surgery – Transfer from the Lincolnshire Clinical Commissioning Group

In October 2020, this Committee considered two proposals from the Vale Medical Group, which is based in Croxton Kerrial in Leicestershire. Firstly, Vale Medical Group proposed the closure of the Woolsthorpe Branch Surgery in Lincolnshire. Following consultation and the relevant approval process, this was closed with effect from 1 April 2021. Secondly, Vale Medical Group consulted on an application to transfer from the Lincolnshire Clinical Commissioning Group (CCG) to the East Leicestershire and Rutland CCG.

In April 2022, it was confirmed that NHS England and NHS Improvement had confirmed the transfer application with effect from 1 July 2022. However, also from this date all CCGs will be dissolved, and the East Leicestershire and Rutland CCG, together with two other CCGs will form the Leicester, Leicestershire, and Rutland Integrated Care System.

The Vale Medical Group has advised that the transfer will mean patients can access primary care services in Leicestershire, which were not previously available. Previous impact assessments have indicated that the health and wellbeing of patients would not be affected. However, some patients may see their care transferring from an existing provider in Lincolnshire to an equivalent provider in Leicestershire, for example, community district nursing and mental health services. All patients of existing services will complete their programme of treatment with their current provider, so the transfer arrangements will be over a period of time and the principle of patient choice continues.

7. United Lincolnshire Hospitals NHS Trust – Critical Incident

A critical incident was declared at by United Lincolnshire Hospitals NHS Trust on Thursday 14 April 2022, just prior to the four-day Easter weekend, owing to increased system pressures and disruption to normal services.

8. Appointments to the NHS Lincolnshire Integrated Care Board

Chair

As previously reported to this Committee, Sir Andrew Cash was appointed in January 2022 as the interim chair of the NHS Lincolnshire Integrated Care Board (ICB), which will be formally established on 1 July 2022.

Non-Executive Directors

On 12 April 2022, four non-executive director appointments were confirmed:

- Dawn Kenson, who as a non-executive will lead on service delivery and performance;
- Dr Gerry McSorley, who as a non-executive will lead on the Remuneration Committee, primary care, and East Midlands partnerships;
- Pete Moore, who as a non-executive will lead on audit and risk; and
- Sir Jonathan Van-Tam, who as a non-executive will lead on quality, health inequalities, population health and prevention, and research, education and innovation.

Arrangements for the appointment of the remaining non-executive director are in hand.

Executive Directors

Appointments have already been made to the posts of Chief Executive (John Turner), Director of Finance (Matt Gaunt), and Director of Nursing (Martin Fahy). The process of appointing to the final executive director role, the Medical Director, is in hand.

Partner Members of the ICB

In addition to non-executive and executive director roles, each ICB is required to have at least three partner members, as specified in legislation:

- at least one member nominated jointly by NHS trusts and NHS foundation trusts;
- at least one member nominated jointly by providers of primary medical services; and
- at least one member nominated jointly by local authorities (in this case, one representative from Lincolnshire County Council).

The partner members are appointed to bring the perspective of their sector to the discussions and decisions made by the ICB. They are not appointed as representatives of the interests of any particular organisation or sector. The appointment process for the partner members will be set out in each ICB's constitution.

The Health and Care Act 2022 also requires at least one of the ordinary members (that is members other than the Chair and Chief Executive) to have "knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness". In Lincolnshire this will be achieved through appointment to an additional post on the board to meet this legal requirement.

9. Health and Care Act 2022

The Health and Care Act 2022, which as a Bill began its passage through Parliament on 6 July 2021, received Royal Assent on 28 April 2022. The main provisions of the Act include:

- the establishment of integrated care boards (1 July 2022);
- the discontinuation of clinical commissioning groups (1 July 2022);
- the merger of previous statutory entities, such as the NHS Commissioning Board, the Trust Development Authority and Monitor, into a new legal entity of NHS England

Powers of the Secretary of State on NHS Reconfigurations

As reported to the Committee on 16 December 2021, the Health and Care Bill, as introduced to the House of Lords in November 2022, contained provisions requiring local health systems to notify the Secretary of State of reconfigurations of NHS services; and enabling the Secretary of State to make decisions on the proposed reconfigurations. As a result, the current referral power of health overview and scrutiny committees, which is set out in secondary legislation, would be amended. Amendments were made to these provisions in House of Lords and accepted by the House of Commons. I will update the Committee on any further developments arising from the implementation of the Health and Care Act 2022.

10. Joint Humber and North Yorkshire Health Overview and Scrutiny Committee

The Humber and North Yorkshire Health and Care Partnership is an integrated care system (ICS), which covers six upper tier local authority areas, including North Lincolnshire and North East Lincolnshire.¹ These six upper tier areas are making arrangements to establish a joint health overview and scrutiny committee to review any proposed NHS reconfigurations.

The business of the new joint committee will include consideration of proposed service changes arising from the Humber Acute Services programme, which as previously reported to this Committee, are likely to affect the Diana Princess of Wales Hospital in Grimsby and Scunthorpe General Hospital. These two hospitals, which are operated by Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), receive a significant number of Lincolnshire patients, and in addition NLaG provides some outpatient services at Louth County Hospital. For this reason, it is expected that there will be a facility in the terms of reference to co-opt one representative from the Health Scrutiny Committee for Lincolnshire.

The Health Scrutiny Committee for Lincolnshire would continue to be able to consider and make responses to the consultation on service changes arising from the Humber Acute Programme, which are expected in late summer 2022, or any subsequent consultations affecting Lincolnshire residents.

¹ In addition to North Lincolnshire and North East Lincolnshire, the Humber and North Yorkshire Health and Care Partnership covers (in whole or in part) the local authority areas of the East Riding of Yorkshire Council, Hull City Council, North Yorkshire County Council and the City of York Council.

WRITTEN RESPONSES TO QUESTIONS ON MENTAL HEALTH SUPPORT IN BOSTON AREA

- (1) What are you doing to reach out to the foreign national community, because Boston has a significant proportion of people from foreign national areas, particularly eastern Europe?*

From an employment opportunities perspective, the Trust is progressing a number of actions to engage with the eastern European community specifically. We have created a list of local community groups / contacts through which we can promote our job adverts and we are actively researching eastern European groups as part of this work to promote Trust vacancies within them. We are aware of Facebook groups for specific ethnic groups and have planned promotion of adverts through these sites, to reach this audience more effectively.

Rather than making assumptions about the most effective way to engage with the community, we are also communicating with colleagues within the Trust who are from this ethnicity background/community to gain their views/comments on how to effectively highlight our vacancies. We are also considering options around some of our colleagues acting as ambassadors within their communities to promote opportunities.

The Trust is also currently trialling a new method of rolling recruitment for roles where we have a high number of posts across the Trust (for example Health Care Support Workers). In future the recruitment events will be held in various venues across the county and adverts will be adapted to engage with the community groups within the areas where recruitment is taking place. Future events to be held in the Boston area would therefore be designed to engage with local community groups such as eastern European.

- (2) Considering the issue in Ukraine, have you considered the Ukrainian and Russian families in Lincolnshire, but particularly, the Boston area, with relatives in say, Mariupol? If I had family in Mariupol, I would be under stress and if you had children, they would also be feeling that stress, so what are you doing to reach to the Ukrainian and Russian expatriates, who live in this part of the world?*

Most of the foreign national communities are closed communities and most of them do not see government in the same way. They in many cases come from repressive regimes. For them it is more a question what you are doing to reach out to them and to make your services known.

From a workforce perspective, we are working as a system to recruit refugee members of staff, with a focus initially on medical staff and nursing. We have two refugee nurses joining the trust this month from Lebanon.

International qualifications do not always directly match our own, and so we have developed a challenging training programme with clinical examinations to make sure they are qualified to work in England. As they work through that training, we support them to make sure they have got a house and a bank account; and they understand our tax system. This has some resource implications, but we are committed to making this a success. We are being heralded nationally as an organisation that has really pushed forward on international recruitment and there is potential that we could provide the clinical examination training on a regional footprint to support refugees and other international recruits to take up employment in other areas of the country.

With regard to supporting people and their families who might be affected by an international Crises, such as the war in Ukraine. The Trust is well experienced in this area and works proactively with local commissioners and other health and care providers to identify individuals and families that might be in need of support. Our teams provide mental health treatment where that is required, and signpost to partner services for other forms of wellbeing support.

(3) What is your relationship with Boston College, Haven High School or Boston Grammar School, where staff may be picking up on issues? What are you doing to support these schools?

Boston College, Haven High School and Boston Grammar School are all supported by Mental Health Support Teams. The staff within these teams work closely within the schools to offer direct support to pupils who may be experiencing mild to moderate mental health issues by using CBT based therapy as well as offering guidance on whole school approaches to mental health and wellbeing. All 3 schools are also able to access services from Healthy Minds Lincolnshire (HML). HML provides 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; 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 children and young people.

(4) There does not seem much provision for Boston generally. It seems like Boston and the east coast is the last area to be considered. I accept, of course, there is a shortage of professionals, but there is a shortage of professionals in all areas of our life. It's not just the health service, every area suffers from a shortage of professionals. It requires a certain level of intellect to do most professional jobs and there is always a shortage of those people.

We have a wide range of services in Boston and the east coast, including inpatient wards and a comprehensive community offer. Boston was one of the first pilot sites out of twelve in the country to get investment into a new community mental health transformation programme. This has seen extra investment in community mental health teams, new workers in primary care, new social prescribing workers, and community connector roles for mental health, as well as more community and

voluntary services. This programme of work is developing all the time, and so there is still more to do, but we are now starting to see the positive impact of that work.

You can find out more about that programme through this link: <https://www.itsallaboutpeople.info/programmes/mental-health-transformation>

One of our newest initiatives is the introduction of new crisis 'Night Light' cafes to support people when they are feeling unable to cope with their mental health alone. We are trying to expand these cafés across the county, ideally having one in every town, but we are reliant upon the charity and voluntary sector to run them and there is currently a lack of capacity on the east coast to get them off the ground. We are therefore actively working with a range of voluntary groups to make sure the capacity is put in place to get these set up in Boston and the east coast.

We are also currently looking at options to upgrade our mental health inpatient unit at Pilgrim Hospital, so it is modern and fit for purpose, and an outstanding environment to treat patients in and for staff work in. We are still working on the details, but this is likely to be a multi-million-pound scheme to improve services for the people of Boston and the surrounding area.

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