



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

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

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

Lincolnshire District Councils

Councillors K Chalmers (Boston Borough Council), J Loffhagen (City of Lincoln Council), Mrs L Hagues (North Kesteven District Council), M A Whittington (South Kesteven District Council) and Mrs A White (West Lindsey District Council).

Also in attendance

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer) and Ceri Lennon (Senior Responsible Officer for the People Board).

The following representatives joined the meeting remotely, via Teams:

Clair Raybould (Director for System Delivery, Lincolnshire Integrated Care Board), Lindsay Cunningham (Associate Director Communications and Engagement, Humber Acute Programme), Ivan McConnell (Programme Director, Humber Acute Programme), Amy Beeton (Deputy Director of People, Lincolnshire Partnership NHS Foundation Trust), Sarah-Jane Gray (Deputy Cancer Programme Manager, Lincolnshire Integrated Care Board), Saumya Hebbar (Associate Director of People, Lincolnshire Integrated Care System), Claire Low (Deputy Director of People, United Lincolnshire Hospitals NHS Trust), Kathie McPeake (Macmillan Living with Cancer Programme Manager), Dr Adrian Tams (Associate Director of People, United Lincolnshire Hospitals NHS Trust) and Dr Kevin Thomas (GP).

County Councillors C Matthews (Executive Support Councillor NHS Liaison, Community Engagement, Registration and Coroners attended the meeting as an observer, via Team.

12 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors T J N Smith, Mrs S Harrison (East Lindsey District Council) and G P Scalese (South Holland District Council).

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, had appointed

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Councillor P A Skinner to replace Councillor T J N Smith on the Committee for this meeting only.

An apology for absence was also received from Councillor Mrs S Woolley (Executive Councillor NHS Liaison, Community Engagement, Registration and Coroners).

13 DECLARATIONS OF MEMBERS' INTEREST

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

14 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 15 JUNE 2022

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 15 June 2022 be agreed and signed by the Chairman as a correct record.

15 CHAIRMAN'S ANNOUNCEMENTS

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

- Some concern was raised regarding the rising number of Covid-19 cases. The Health Scrutiny Officer agreed to obtain the latest Lincolnshire Covid-19 infection figures, and circulate the said data to Committee members following the meeting;
- Concern was also expressed to the lack of water fluoridation in the eastern part of Lincolnshire. The Committee was advised that this matter would be considered by the Children and Young People Scrutiny Committee;
- One member enquired whether the Committee would have the opportunity to comment on the Integrated Care Board/Partnership plans. It was reported that this would be something the Lincolnshire Health and Wellbeing Board would be involved in. The Health Scrutiny Officer agreed to investigate the matter further.

RESOLVED

That the Chairman's announcements as detailed on pages 17 to 22 of the report pack be noted.

16 CANCER PROGRAMME UPDATE AND LINCOLNSHIRE LIVING WITH CANCER PROGRAMME

The Committee considered a report from the Lincolnshire Integrated Care System (ICS), which provided an update on the Cancer Programme and the Lincolnshire Living with Cancer Programme.

The Chairman invited the following presenters, to remotely present the item to the Committee: Clair Raybould, Director for System Delivery, Lincolnshire Integrated Care Board (ICB); Sarah-Jane Gray, Deputy Cancer Programme Manager, Lincolnshire ICB, and Kathie McPeake, McMillan Living with Cancer Programme Manager.

The presentation referred to:

- System performance;
- Benchmarking information;
- Cancer Alliance support in Lincolnshire;
- Governance Structure for the ICB;
- Challenges and Opportunities for the cancer programme; Improvements made by – Northern Lincolnshire and Goole NHS Foundation Trust (NLAG), North West Anglia NHS Foundation Trust (NWFT) and United Lincolnshire Hospitals NHS Trust (ULHT) in the cancer care programme;
- Future work;
- An overview of the Lincolnshire Living with Cancer programme; and
- A short video of the Cancer Summit 2022.

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

- There was recognition that action was being taken to enhance cancer care in Lincolnshire, but some disappointment was expressed to Lincolnshire's poor benchmarking performance in only achieving 55.0% against the measure for 62 day urgent GP referral to treatment. Some concern was expressed that the management of cancer care seemed to be spread across too many parties with no-one taking overall control. The Committee was advised that one of the biggest concerns was resources, and that recent recruitment drives had been more successful. It was highlighted over the last three/four weeks there had been a wider system approach which had produced better results. It was highlighted that 90% of patients on a cancer pathway did not always have cancer, and as a result significant numbers of patients came off the cancer care pathway. There was recognition that the situation was a difficult one, but reassurance was given that significant improvements were being made not just locally, but nationally as well. A request was made by one member for a further report in six months' time to show the improvements being made;
- Some concern was expressed that patients were unable to get appointments with GPs, and that when they did, some GPs were reluctant to perform some tests, for example, the test for prostate cancer. The Committee was advised that there was no evidence to suggest that patients were unable to get to see their GP; and that the PSA (Prostate-Specific Antigen) test would not be undertaken unless the patient had symptoms. Some Committee members stressed that GP access was a massive issue and one that their electorate continually raised with them. It was felt that access to GPs/primary care was a fundamental step in improving the process;

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- Robotic surgery and whether there were plans to extend the capacity. It was reported that robotic surgery had been a success and that there was no reason that the provision would not be expanded further in the future;
- A request was made for the return of mobile breast screening unit in the south of the county;
- Cancer pathways with NWAFT. Reassurance was given that there was good relationship with NWAFT, as with all other trusts, to ensure the holistic needs of patients were met;
- What NWAFT and NLAG were doing differently, as the report detailed both were doing better with the targets: patients waiting over 104 days and patients waiting over 62 days;
- The need for more information to show the outcomes of the improvements being carried out. It was reported that some data was three years out of date. The Committee was advised that staff worked hard to deliver the best service they could in the current circumstances;
- The likelihood of funding to secure the seven roles to support the Living with Cancer Programme; and if funding was not secured what impact would this have on the programme going forward. It was reported that it was thought that funding would not be an issue, however, it was highlighted that the funding bid would have to go through governance processes; and
- A request was made to see if there was any data on how differences in waiting times translated into survival rates. It was noted that this would be dependent of the type of cancer. The Committee noted further that patients having to wait were monitored closely; and that if an aggressive cancer was diagnosed, each hospital trust would determine if the patient should be prioritised on the waiting list.

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

RESOLVED

1. That the Committee extended its thanks to all NHS staff working in cancer care.
2. That the information presented on the Cancer Care Programme and the Lincolnshire Cancer Programme, including the improvements in the three acute hospital trusts and the importance of the Living with Cancer Programme be noted
3. That a further update be received by the Committee in six months' time.

17 THE LINCOLNSHIRE PEOPLE BOARD STRATEGY FOR RECRUITING AND RETAINING TALENT

Consideration was given to a report from the Lincolnshire People Board, which advised the Committee of the current challenges and opportunities to deliver on the People Plan for Lincolnshire.

The Chairman invited the following presenters Ceri Lennon, Senior Responsible Officer for the Lincolnshire People (in person in the Chamber), Dr Adrian Tams, Associate Director of People, United Lincolnshire Hospitals NHS Trust (ULHT), Dr Kevin Thomas, GP, Claire Low, Deputy Director of People ULHT, Amy Beeton, Deputy Director of People Lincolnshire Partnership Foundation Trust (LPFT) and Saumya Hebbar, Associate Director of People, Lincolnshire Integrated Care System (all attended remotely via Teams) to present the item to the Committee.

The presentation referred to:

- Workforce challenges in Lincolnshire and the commitment of working together to find long-term sustainable solutions, building on the opportunities Covid-19 had presented, with regard to relationships across health and care;
- The make-up of the Lincolnshire People Board and the ambition of senior people leaders in Lincolnshire to deliver the People Plan, a copy of which was attached at Appendix A to the report;
- The formation of a People Hub, an innovative programme delivery arm of the People Team who were focussed on delivering the eight key priorities of the 2022/2023 Lincolnshire People Plan;
- Attraction campaigns which included 'Be Lincolnshire', International recruitment (including the Refugee Doctor Programme);
- The Primary Care Workforce Strategy;
- The Rural and Coastal Transformation Programme; and
- Retention and workforce planning.

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

- The number of GPs working full time. The Committee was advised that a lot more GPs now wished to work part-time. It was also noted that part-time working was a retention tool to allow some GPs to semi-retire; and to allow others to have a more flexible approach to working;
- Confirmation was received that the GP pension issue had not been resolved;
- The need for more resources into primary care, to help alleviate the issue of patients being unable to access a GP appointment. The Committee was advised of the short and medium plans within the Primary Care workforce strategy, details of which were shown on page 55 of the report pack;
- The need for key performance indicators (KPI's) or milestones against the initiatives proposed. It was reported that some areas already had KPI's and targets and that this information could be shared with the Committee. The Committee noted that with the recently created People Hub, further KPI and milestone information would become available as delivery of the eight priorities for 2022/2023 progressed;
- The need to have more attractive recruitment campaigns, for example, a video, to attract potential applicants and their families into Lincolnshire; and why were some applicants choosing other areas over Lincolnshire. It was reported that the 'Be Lincolnshire' campaign promoted Lincolnshire as a great place to live and work. It

targeted those with young families, due to the excellent schools in the county; those fifty and above to come to Lincolnshire for their last career move prior to retirement; and those with an interest in delivering training, due to the Medical School and the growing University opportunities;

- Some concern was expressed that more junior GP's working part-time would cause a lack experience and knowledge in the longer-term, which in the future could cause the system further problems;
- Training and development of direct patient care staff. It was reported that various development measures were ongoing in Lincolnshire, which included: the Lincoln Medical School, the Rural and Coastal Transformation Programme, expansion of training programmes targeted at nursing roles with Lincoln University, a partnership arrangement with Boston College; and an increase in student clinical placements options through the Talent Academy;
- Internal recruitment and whether the permit rules needed to be relaxed;
- Whether GP partnerships was still being offered, as the report indicated that there were more salaried GPs. It was reported that the picture in Lincolnshire was representative of the trend regionally and nationally, a steady decline in the number of senior partner/senior partners in Primary Care and an increase in the number of salaried GPs and training grade GPs;
- Inclusion and belonging – It was reported that inclusion and belonging was promoted as part of the People Plan, to ensure that staff were protected in the Trust. It was highlighted that there was a need for inclusion and belonging to be promoted within communities, a suggestion was made for the Lincolnshire Association of Local Councils to be contacted help get the message out to town and parish councils; as communities needed to be able to embrace change; and
- Page 83, fourth bullet point referred to the Health Education England (HEE) report which referred to a plan to interact with the local population to support successful rural workforce transformation, one member enquired whether this was something planned for Lincolnshire and what the timescales were likely to be. It was reported that Lincolnshire had been selected as one of four 'test beds' for education, training, and workforce transformation; and that the findings of the pilot would be shared to deliver transformation with other rural and coastal areas. It was reported that work was already underway, details of the HEE offer were shown in Appendix 4, on pages 107 to 115 of the report pack.

Councillors Mrs L Hagues and S R Parkin left the meeting at 12:42pm.

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

RESOLVED

1. That the People Board Strategy for 2022/23, including the various initiatives to drive forward improvements in the overall staffing position be noted.

2. That a further report be received at the 15 March 2023 meeting on the outcomes of the 2022/2023 strategy, and information on performance indicators and timescales.

18 HUMBER ACUTE SERVICES PROGRAMME - UPDATE

The Committee considered a report from Simon Evans, Health Scrutiny Officer, which provided an update on the progress of the Humber Acute Services Programme.

The Chairman invited Ivan McConnell, Programme Director, Humber Acute Programme and Lindsay Cunningham, Associate Director Communications and Engagement, Humber Acute Programme, to remotely present the item to the Committee.

The presentation referred to:

- The programme overview with details of the challenges and opportunities;
- Engagement information;
- A summary of the findings of what mattered via the various methods of consultation;
- Birthing choices - summary of the findings for the Humber;
- A & E Survey – summary of the findings;
- Summary of the findings for staff in the Humber area;
- What was known so far with regard to existing services;
- Programmes two and three, and the need for significant changes across the health and care system to enabled both programmes to be delivered;
- Developing solutions; and
- Conclusion and next steps. Page 144 of the report provided the Committee with a timeline and details of the next steps to be taken.

Attached to the report presented at Appendix A was a copy of a letter from the Chairman of the Health Scrutiny Committee for Lincolnshire; Appendix B provided the Committee with details of the Humber Services Programme; and Appendix C provided briefing information for the Committee to consider.

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

- What was Plan B, if some or all the funding from the New Hospitals Programme was not forthcoming (£720m); and when was it likely the outcome of the bid would be known. It was reported that at the moment there was not a designated timeline as to when the outcome of the bid would be known. It was highlighted that the national hospital programme had been delayed and that the earliest build time for Scunthorpe Hospital would be 2030 to 2035. It was noted that not all the money was needed straight away, the £60 million already in hand would enable the required work for urgent and emergency care to be done. The Committee was advised that one refurbished emergency department was due to open in the next month; and

- Whether the Pre-Consultation Business Case, due to be completed in July 2022 would be available to the public. Confirmation was given that the said document would be made available to the public.

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

RESOLVED

1. That the Committee's position, as set out in the Chairman's letter of the 19 January 2022 be confirmed.
2. That a further update be received at a later date when information on detailed proposals, including their impact in Lincolnshire, becomes available.

19 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 146 to 148 of the report pack.

It was highlighted that due to the large number of items on the September agenda, the 14 September 2022 meeting was likely to be a full day meeting.

During consideration of this item, some concern was expressed to role of the Health Scrutiny Committee for Lincolnshire in scrutinising the plans of the Integrated Care Board concerning the provision of integrated care across Lincolnshire. The Committee was advised that at this stage only minimal changes had been made to the Health and Care Act and that more changes were expected, which might assist the Committee in its role.

The possible inclusion of the Primary Care Network Alliance Annual report to the work programme for the 9 November 2022 meeting.

RESOLVED

That the Committee's work programme as detailed on pages 146 to 148 of the report pack be received, subject to the comments/suggestions made above and the items agreed at minute numbers 16(2), 17(2) and 18 (2).

The meeting closed at 1.05 pm