



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
12 OCTOBER 2022**

**PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)**

Lincolnshire County Council

Councillors L Wootten (Vice-Chairman), M G Allan, S R Parkin, T J N Smith, Dr M E Thompson, R Wootten and Mrs M J Overton MBE.

Lincolnshire District Councils

Councillors K Chalmers (Boston Borough Council), J Loffhagen (City of Lincoln Council), Mrs S Harrison (East Lindsey District Council), G P Scalese (South Holland District Council), Mrs A White (West Lindsey District Council) and K Rice-Oxley (South Kesteven District Council).

Healthwatch Lincolnshire

Dean Odell.

Also in attendance

Nick Blake (Acting Programme Director – Integrated Primary Care and Communities), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer) and Sarah-Jane Mills (Director for Primary Care and Community and Social Value).

The following representatives joined the meeting remotely, via Teams:

Peter Burnett (Director of Strategic Planning, Integration and Partnerships, NHS Integrated Care Board), Sue Cousland (Divisional Director, East Midlands Ambulance Trust), Christopher Higgins (Director of Operations, Lincolnshire Partnership NHS Foundation Trust), Professor Danny McLaughlin (Associate Dean of Medicine, Lincoln Medical School), Andy Rix (Chief Operating Officer, NHS Lincolnshire Integrated Care Board), Neil Scott (Service Development Manager, East Midlands Ambulance Trust), Mark Platts (Director of Finance and Information) and Maria Stanley (Head of Operations, East Midlands Ambulance Service).

County Councillor C Matthews (Executive Support Councillor Community Engagement, Registration and Coroners) attended the meeting as an observer.

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### HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

12 OCTOBER 2022

#### 1 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor R J Cleaver, L Hagues (North Kesteven District Council), Mark Whittington (South Kesteven District Council) and Liz Ball (Healthwatch Lincolnshire).

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 Councillor Mrs M A Overton MBE to replace Councillor R J Cleaver for this meeting only.

The Committee noted further that Councillor Kaffy Rice-Oxley (South Kesteven District Council) and Dean Odell (Healthwatch Lincolnshire) had replaced Councillor Mark Whittington (South Kesteven District Council) and Liz Ball (Healthwatch Lincolnshire) respectively, for this meeting only.

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

#### 2 DECLARATIONS OF MEMBERS' INTEREST

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

#### 3 CHAIRMAN'S ANNOUNCEMENTS

Further to the announcements circulated with the agenda, the Chairman brought the Committee's attention to the supplementary announcements, which referred to:

- Covid Infection Rates; and
- Change to the Planned Timetable for the Humber Acute Programme.

During discussion, reference was made to:

- Commencement date for Urgent Treatment Centre (UTC) services at Grantham and District Hospital. The Committee was advised that an item concerning the four NHS Services in Lincolnshire: Stroke Services, Orthopaedics; Grantham Urgent Treatment Centre; and Community/Medical Beds at Grantham Hospital was due to be considered at the 14 December 2022 meeting;
- The need to ensure that Dental Services in Lincolnshire remained a prominent item on a future agenda. It was noted that an item concerning the Future Commissioning Arrangements for Dental Services, Ophthalmology and Pharmaceutical Services was due to be considered by the Committee at the 14 December 2022 meeting; and
- Some concern was expressed to the ongoing problems with Non-Emergency Patient Transport, and an item was suggested for the work programme to address this.

RESOLVED

That the Chairman's announcements as detailed in the report and the supplementary announcements circulated be noted.

4 EAST MIDLANDS AMBULANCE SERVICE NHS TRUST - UPDATE

The Chairman welcome to the meeting Sue Cousland, Divisional Director East Midlands Ambulance Service (EMAS), Neil Scott, Service Manager Development EMAS and Maria Stanley, Head of Operations EMAS, to remotely, present the item to the Committee.

In their presentation to the Committee, reference was made to:

- The increased number of calls for the service compared to the previous year. It was noted that there had been a 7.9% increase;
- The increased number of Hear and Treats cases;
- The challenges of handover delays;
- The NHS England National Priorities Winter for 2022;
- The top priorities for the service to provide safe and effective care, whilst maintaining patient quality and safety; and ensuring the welfare of staff and their development;
- EMAS performance for 2022 to date. An explanation of the five category definitions was explained to the Committee. Page 11 of the report provided details relating to response times across all five categories; and various graphs from the presentation provided details as to response times for category 1 and 2. It was noted that the number of category 1 calls had increased by 29.67 %. Page 11 of the report pack provided details of actual activity for NHS Lincolnshire from January to August 2022;
- Sickness absence, details were shown on page 21 of the agenda;
- Recruitment and retention, details were shown on pages 13 and 21 of the report pack; and
- Voluntary Support, it was noted that work continued with volunteers from the Lincolnshire community, who provided a first responder function.

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

- Some concern was expressed to the time taken to deal with category 1 and 2 patients as there appeared to be little improvement. The Committee noted for improvement to be made there needed to be an overall system approach to the problem. The Committee noted that EMAS was seeing a higher level of activity now than ever before; as people were ringing 999, often when they were unable to access primary care. It was reported that there was a need to change the behaviour of people, so that ringing 999 was not used for non-emergencies. The Committee was advised that callers when they rang 999, based on the level of demand, and the status of the call, were advised of potential waiting times, which then gave the caller the chance to make an informed decision as to whether to make their own way to an A & E. One

member provided examples of the time patients had been waiting. Representatives agreed to look into the two cases outside of the meeting;

- One member enquired whether a Lincolnshire service would perform better if it was not part of the East Midlands. The Committee was advised that being part of an East Midlands Service there was the offer of mutual support from other divisions; and it was highlighted that Lincolnshire was a net importer of resources. It was noted that there were a lot of benefits to be gained from being part of a regional service.
- Thanks were expressed to EMAS staff for all their hard work and dedication;
- One member highlighted that one of the issues not helping the problem was that people were unable to get appointments with a GP. The Committee noted that the service had increased the number of hear and treat cases where a clinician talked to the patient to identify the best treatment for them and then booked appointments where appropriate;
- Handover waiting times – The Committee noted that to help with handover delays, a senior professional would be working at the front of A & E to be the interface between ambulance and hospital staff, to get ambulances turned round quicker. It was noted further that these posts would be filled before December 2022;
- One member suggested that more measures needed to be explored to help prevent trips and falls for the more mature residents across the county. The Committee was advised that a pilot was being trialled with Lincolnshire Community Health Service, LIVES and community help, as falls were one of the top five reasons for 999 calls;
- Clarification was given that staff after finishing a shift had to have an eleven hour gap between finishing duty and starting duty the next day;
- The Committee noted that in some incidents, ambulances left Lincolnshire as some patients needed specialist treatment;
- The Committee was advised that EMAS had enough emergency vehicles and staff if the services were able to handover patients in hospitals within the expected timeframe. The Committee noted that EMAS had been able to recruit staff and that this information could be provided for the Committee;
- The Committee was advised that patients with complex mental health issues were taken to the mental health assessment unit at the Peter Hodgkinson Centre, and that the category of call would be dependent on the information given. It was noted that where cases were requiring expert assistance, these would be dealt with by colleagues from Lincolnshire Partnership NHS Foundation Trust; an
- The biggest improvement for the service would be for the ambulance service to stop being a backstop for the system and for more clinical decision makers to be available at the initial call to triage the caller to the most appropriate care and to have doctors in operational centres providing advice and signposting to the most appropriate care.

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

#### RESOLVED

1. That the Committee extends its thanks to East Midlands Ambulance staff.

2. That the information presented by the East Midlands Ambulance Service be noted and that the continued collaboration with the Clinical Assessment Service, the Urgent Care\Response team and mental health service be noted.
3. That work be encouraged with acute hospitals to improve the timely handover of patients in their care.
4. That a further report be received by the Committee in six months' time.

## 5 ASHLEY HOUSE SERVICE CHANGE

The Committee considered a report from the Lincolnshire NHS Integrated Care Board, which provided an update on the development of the Lincolnshire Partnership NHS Foundation Ashley House Service development.

The Chairman invited Andy Rix, Chief Operating Officer, NHS Lincolnshire Integrated Care Board (ICB), Chris Higgins, Director of Operations, Lincolnshire Partnership NHS Foundation Trust and Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire ICB, to remotely present the item to the Committee.

The Committee was advised that Ashley House was a 15 bedded low dependency mental health rehabilitation unit sited in Grantham, which had been temporarily closed since 10 February 2021, with staff being redeployed to support the opening of Ash Villa; and the temporary expansion of the community rehabilitation service during Covid-19.

It was reported that since its closure, all patients requiring low dependency rehabilitation had either been treated at Ashley House's twin unit, the Maple Lodge in Boston, or by the community rehabilitation services. It was highlighted that prior to its temporary closure, Ashley House had been operating below 100% occupancy rates since October 2018, and that for the three-year period prior to the temporary closure, Ashley House had 52 admissions, of which 14 were from the Grantham and surrounding area and eight patients from Grantham. Details of 52 admission locations were shown on page 27 of the report pack.

The Committee was advised of the benefits of community rehabilitation in that it was able to provide specialist clinical support for people when they were discharged from hospital and that it could complement other mental health community teams when supporting people who needed a more structured and intensive approach. Details relating to the current community rehabilitation service was shown on page 28 for the Committee's consideration.

The Committee was asked to consider whether it considered whether the development of the service to be a substantial service change or not; and the level of consultation it felt was necessary from the two options shown on page 25 of the report pack.

Attached at Appendix A to the report was a copy of the proposed Consultation Timeline; and Appendix B provided details of the engagement activity undertaken to date.

During consideration of this item, the following was noted:

- Reassurance was given that when Ashley House temporarily closed in 2021, all staff had been either redeployed to Ash Villa in Sleaford, or to the community rehabilitation service;
- The Committee was advised that that since the temporary closure, patients requiring low-dependency open rehabilitation had either been treated at the Maple Lodge in Boston, or by the extended community rehabilitation service. Reassurance was given that no patients had travelled out of Lincolnshire to access low-dependency rehabilitation care, nor had they had to wait longer to access care locally. Recognition was given that this did not consistently provide a countywide offer at the moment. The Committee was advised further that feedback from staff, patients and careers had been positive; and that the success of the new way of working had prompted the consideration of the future service model, with the two viable options being highlighted in the report presented;
- It was confirmed that patients within the community rehabilitation service received daily contact and that the number of visits would be dependent on the individual's needs;
- It was noted that patients received extensive support and that case load for staff was low;
- That from the 2.3 billion government investment in 2019, Lincolnshire had been one of 12 systems to join the first wave of the transformation programme; and that Lincolnshire had continued to received funding during wave 2 to help transform services; and that Lincolnshire would continue to put bids in for any further funding;
- Some support was extended to option 2, to permanently close Ashley House and use the associated funding to properly expand the community rehabilitation service across the whole of Lincolnshire; and to option 2 not being a significant change in service. It was also thought that the service empowered care in the community and strengthened staff relationships with families, and also provided the support necessary in the patient's own home within the community;
- Confirmation was given that the community rehabilitation service would provide cover seven days a week up to 10.00pm; and that this arrangement could be tested as part of the engagement exercise;
- The Committee was advised that the expanded community rehabilitation service model within Option 2 could be funded on a cost-neutral basis from existing budgets. Details of the financial summary for option 2 were shown on page 32 of the report pack;
- Reassurance was given that there would not be any reduction in acute bed provision, or when necessary any out of area placement;
- Some concern was expressed that community rehabilitation would be a step too far as some patients benefitted from receiving in-patient care. Reassurance was given that in-patient care would remain as part of the mental health pathway, but it was thought that the community rehabilitation service was a better way of meeting the needs of the lower dependency patients; and

- The Committee noted that there had not been an increase in the lower dependency cases, but there had been an increase in higher level cases and as such a lot of work was being done as part of the crisis support transformation programme. It was noted further that it was hoped the rehabilitation service would be expanding further to meet the varying degree of need.

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

#### RESOLVED

1. That the report on the development of the Lincolnshire Partnership NHS Foundation Trust Ashley House Service since 2019 be noted.
2. That taking into account the continuous public engagement and involvement carried out on the service developments to date, the Committee considers the service development not to be a substantial change, therefore enabling a locally-led, targeted consultation process with patients, service users, public carers and stakeholders, which would follow best practice and meet the commissioner and provider organisation's statutory duty to involve. (This process will allow a swifter resolution and clarity of future service model, whilst still ensuring a robust consultation process to aid the decision making).
3. That the Committee consider and make a response to the targeted consultation when this becomes available.

#### 6 REPLACEMENT OF LINCOLNSHIRE'S ADULT ACUTE MENTAL HEALTH WARDS

Consideration was given to a report from Lincolnshire Partnership NHS Foundation Trust (LPFT), which provided the Committee with an update of the development of new mental health acute wards in the county and to seek the Committee's view's on whether they felt the engagement proposed in the report was sufficient to meet the NHS's duty to involve patients and the public.

The Chairman invited Chris Higgins, Director of Operations LPFT and Mark Platts, Director of Finance and Information LPFT, to remotely, present the item to the Committee.

The Committee was advised of the background behind the development of new mental health acute wards; the successful bid by LPFT to NHS England which resulted in LPFT receiving £37 million to help support the eradication of shared dormitory accommodation across its remaining acute mental health wards in Lincolnshire. The wards included were two wards at Lincoln at the Peter Hodgkinson Centre and one ward at Boston on ward 12 at Pilgrim Hospital.

It was noted that building works at Lincoln were progressing well and that the wards would be ready to accept patients from April 2023.

The Committee was advised that following a scoping exercise, it was found that the proposal at the Pilgrim Hospital was no longer a viable option, and as a result LPFT had identified some unused land at Norton Lea in Boston, which was better placed to build a new acute ward for the East Coast. Details of the proposed Boston development were shown on pages 49 to 52 of the report pack.

Appendix A to the report provided design concepts for both the Lincoln and Boston sites.

Details of patient and public engagement was shown on page 52 and 53 of the report pack for the Committee to consider.

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

- Support was extended to the proposals presented; and
- When the outcome of the bid for additional funding from NHS England would be known. The Committee was advised that the bid had passed through two key gateways, and that more would be known at the start of the following week.

On behalf of the Committee the Chairman extended his thanks to the presenters.

#### RESOLVED

1. That the report on the development of new mental health acute wards in the county be received
2. That the outline proposals for the Norton Lea development, and the plans for engagement as set out in the report be welcomed as being sufficient to meet the NHS's duty to involve patients and the public.

#### 7 LAKESIDE MEDICAL PRACTICE, STAMFORD - UPDATE

The Committee considered a report from the NHS Lincolnshire Integrated Care Board (LICB), which provided the Committee with an update on the progress made in addressing care quality and patient access issues at the Lakeside Medical Practice, Stamford.

The Chairman invited Sarah-Jane Mills, Director for Primary Care and Community and Social Value LICB and Nick Blake, Acting Programme Director, Integrated Primary Care and Communities LICB, to present the item to the Committee.

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

- The findings of the Care Quality Commission (CQC) report published on 2 August 2021, which had rated the practice as being as being 'Inadequate';
- The re-inspection report from September 2021, which confirmed the required actions in relation to long-term conditions reviews, and structured medication reviews had been addressed. It was however noted that the CQC had issued a continued warning



notice in relation to section 17, good governance; that regular meetings had taken place between senior Clinical Commissioning Group (CCG) staff and throughout 2021 to support improvement actions;

- Healthwatch patient survey, conducted in January 2022 which had ascertained a high rate of negative responses relating to access and responsiveness;
- Follow up meetings between the CCG Deputy Director of Nursing and the Practice Manager;
- Full inspection of the practice by the CQC in early March 2022; findings of the CQC full inspection published on 1 June 2022 which advised that the practice overall, was rated as 'Requires Improvement'. Details relating to the CQC rating were shown on page 61 of the report. It was noted that the practice had been disappointed at the outcome of the CQC inspection; and
- Further support provided by the CCG/Integrated Care Board (ICB) through June, July and September 2022. It was highlighted that staffing numbers remained a challenge, particularly GP cover. It was reported that an ICB Quality Review and Improvement Action Plan was being agreed with the Practice through a joint working group to define ways of working to ensure continuous improvement. It was noted that there had been communication through the practice website to advise patients and the public of the improvement actions.

In conclusion, the Committee was advised that progress by Lakeside Stamford in addressing the CQC actions was ongoing and that the ICB would continue to support the practice and monitor activity.

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

- What measures had Lakeside put in place to address the needs of patients following the closure of the St Mary's practice. It was reported that there had previously been a loss of confidence, and that now Lakeside was focussing on the development of the team internally, addressing the concerns of the CQC, to provide an improved service. It was also highlighted that a new Chief Executive had been appointed, and that the ICB was working with the new Chief Executive concerning the regaining of public confidence. Appendix B to the report provided details of the CQC timeline and ICB engagement up to the CQC report publication date of 1 June 2022;
- Whether any half-day sessions had been arranged following the publication of the CQC report on 1 June 2022 to review the action plan and look at developing a Population Plan for Stamford. The Committee noted that there would be a population plan for Lincolnshire, which helped the ICB consider future health needs, and highlight significant housing growth areas. It was noted further that the framework for this was yet to be finalised. Confirmation was also given that one had not been completed solely for Stamford. Confirmation was given that there would be public consultation, but at the moment there was no timescale had been agreed;
- Section 1.5 of Appendix A, which indicated that further work would be carried out to analyse the GP patient survey report, one member enquired when this work would be completed. The Committee was advised that it was hope that this would be completed by the end of October 2022; and

- The Healthwatch representative highlighted that lots of comments had been and were received regarding Lakeside Stamford, mainly regarding not being able to contact the practice. There was recognition that patients had encountered some long waiting times in the past, but there had been significant improvements made and that this information was available via a newsletter on the practice website. Confirmation was given that the practice was very supportive of working with Healthwatch Lincolnshire and Patients Participation Group;
- The Committee was advised that it was not known when the CQC would return to Lakeside Stamford, as the visits were unannounced; and
- Confirmation was given that the ICB would be continuing to support the practice.

On behalf of the Committee, the Chairman extended his thanks to the presenters.

It was noted that a written response would be provided to the questions raised by Councillor Cleaver and circulated to members of the Committee following the meeting.

#### RESOLVED

That the report from NHS Lincolnshire Integrated Care Board on Lakeside Healthcare, Stamford, including the fact that the practice has made improvements and is now rated 'requires improvement' by the Care Quality Commission be noted.

The meeting adjourned at 1:06pm and re-convened at 2.00pm.

*Apologies for absence for the afternoon part of the meeting were received from Councillors Dr M E Thompson, Cllr Mrs S Harrison (East Lindsey District Council) and Kaffy Rice-Oxley (South Kesteven District Council).*

#### 8 LINCOLN MEDICAL SCHOOL

The Chairman invited Professor Danny McLoughlin, the Associate Dean of Lincoln Medical School to provide the Committee with a presentation of the Lincolnshire Medical School.

The presentation referred to:

- The aims of the Lincoln Medical School;
- The standards and outcomes for undergraduate medicine;
- The distinguishing features and the Lincolnshire flavour;
- The curriculum;
- Student numbers, it was noted that the medical school was expecting a total of 367 students across the four years; and that an additional 80 students would be enrolling in September 2023 ; and
- An independent Lincoln Medical School, it was highlighted that it was hoped to have independence for September 2026 (subject to multiple approvals).

During discussion, the Committee raised some of the following comments:

- The Committee noted that the Medical School would be looking to run other courses such as radiology; and
- Confirmation was given that the Lincoln Medical School was one of the partners involved in the Campus for Future Living at Mablethorpe and the exciting prospect for Lincolnshire to 'grow our own'.

RESOLVED

That the progress with the Lincoln Medical School since its establishment be received and that the Committee looks forward to the positive impact that the students from the Medical School will provide the NHS in Lincolnshire in the near future.

9 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 77 to 81 of the report pack.

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

- Information relating to what measures were being taken to reduce waiting lists in Lincolnshire. The Committee was advised that an Update on Recovery/Restoration of Services and Managing Waiting Lists was due to be considered by the Committee at its January 2023 meeting. It was intended that this item would incorporate Cancer Care, waiting times at A & E; and handover delays;
- The need for Dentistry in Lincolnshire to be included in the work programme. The Committee was advised that an update on commissioning arrangements was included on the agenda for the 14 December 2022 meeting;
- Non-Emergency transport update;
- Wider system approach to emergency calls;
- Update on EMAS; and
- Update on the proposals for Ashley House.

RESOLVED

That the Committee's work programme as detailed on pages 77 to 81 of the report pack be received, subject to the comments/suggestion made above.

The meeting closed at 2.37 pm.

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