



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
14 DECEMBER 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 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), Mrs A White (West Lindsey District Council) and David Mangion (East Lindsey District Council).

Healthwatch Lincolnshire

Liz Ball.

Also in attendance

Michelle Andrews (Assistant Director – ICS), Katrina Cope (Senior Democratic Services Officer) and Simon Evans (Health Scrutiny Officer).

The following representatives joined the meeting remotely, via Teams.

Peter Burnett (Director of Strategic Planning, Integration and Partnerships, NHS Integrated Care Board), Sarah Connery (Chief Executive, Lincolnshire Partnership NHS Foundation Trust), Christopher Higgins (Director of Operations, Lincolnshire Partnership NHS Foundation Trust), Andrew Morgan (Chief Executive, United Lincolnshire Hospitals NHS Trust), Andy Rix (Chief Operating Officer, NHS Lincolnshire Integrated Care Board), Michelle Harris (Deputy Chief Operating Officer ULHT) and Nikki Pownall (System Flow Director, Lincolnshire Integrated Care System).

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

20 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs S Harrison (East Lindsey District Council), S R Parkin, G P Scalese (South Holland District Council), and Dr M E Thompson.

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The Committee noted that apologies for absence had also been received from Cllr K Rice-Oxley, (as the replacement member for South Kesteven District Council) and Councillor S Woolley (Executive Councillor NHS Liaison, Community Engagement, Registration and Coroners).

21 DECLARATIONS OF MEMBERS' INTEREST

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

22 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 9 NOVEMBER 2022

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 9 November 2022 be agreed and signed by the Chairman as a correct record, subject to the first sentence of bullet point five on page 6 of the agenda being amended to read "Some concern was expressed that Lincolnshire has the lowest proportion of primary care appointments undertaken by an actual GP."

23 CHAIRMAN'S ANNOUNCEMENTS

Further to the announcements circulated on 8 December 2022, the Chairman brought to the Committee's attention the supplementary announcements circulated on the 13 December 2022. The supplementary announcements referred to:

- Information requested at the previous meeting relating to the Hawthorn Medical Practice concerning the number of appointments, and a copy of the Action Plan. The Committee was advised that this information would be circulated once it was available;
- Hawthorn Medical Practice, Skegness – Listening Clinic on Thursday 5 January 2023 between 10.30am and 12.30pm;
- Grantham and District Hospital – the provision of two new theatres;
- An update on the Adult Acute Mental Health Wards at Norton Lea, Boston and the Peter Hodgkinson Centre, Lincoln; and
- An update on the Humber Acute Services Programme.

During discussion reference was made to:

- There was a suggestion that health services for Armed forces personnel were considered as part of the development of the Integrated Care System. Assurance was given by the Executive Support Councillor for NHS Liaison, Community Engagement, Registration and Coroners, as the County Council member representative on the Armed Forces Covenant Board that this matter was being dealt with;

- One member expressed frustration at the number of missed appointments at GP practices, and asked whether there was anything that could be done to encourage people to attend appointments;
- There was reference to the quality of the NHS England data relating to GP practices. Members were reminded that NHS England referred to its GP appointment data as 'experimental'; and
- Praise was extended by local members to Grantham and District Hospitals opening of two new theatres, and the positive impact they would have for the people of Grantham and for Lincolnshire as a whole.

RESOLVED

That the Chairman's announcement circulated on the 8 December 2022 and the supplementary announcements circulated on 13 December 2022 be noted.

24 TEMPORARY CLOSURE OF HARTSHOLME CENTRE - MALE PSYCHIATRIC INTENSIVE CARE UNIT

Consideration was given to a report from Lincolnshire Partnership NHS Foundation Trust, which advised of the temporary closure of the Hartsholme Centre, Lincolnshire's Male Psychiatric Intensive Care Unit, and invited the Committee to review the proposed engagement plan as detailed at Appendix A to the report and provide any guidance on any additional considerations or activities required.

The Chairman invited the following representatives to present the item to the Committee: Sarah Connery, Chief Executive Lincolnshire Partnership NHS Foundation Trust (LPFT), Chris Higgins, Director of Operations LPFT and Andy Rix, Chief Operating Officer, Integrated Care Board.

In summary, the Committee was advised that on 18 October 2022 the Trust's Executive Team had made an emergency decision to temporarily close the adult male Psychiatric Intensive Care Unit (PICU) at the Hartsholme Centre in Lincoln, on the grounds of safety. It was reported that the PICU had been identified as the preferred option as it was the smallest of Lincolnshire's inpatient wards, (maximum ten-bed capacity).

The Committee was advised that this had been an urgent clinically driven decision based on recommendations of senior clinical and operational leaders in the Trust and that further engagement would be taking place with patients, carers, and other local partners to understand the impact and what needed to be in place to allow the Trust to safely reopen as soon as possible. The Committee noted that timeframes for reopening would be dependent on there being sufficient staff to maintain safe and sustainable services across the adult mental health wards, the conditions of which would be determined through current stakeholder, patient, and staff engagement.

It was highlighted that it was the Trust's intention to continue to provide a psychiatric intensive care service in the county, and that plans would be developed for a female PICU, as women currently travelled out of county for their care.

(Cllr Mangion joined the meeting at 10:19am)

It was reported that during the temporary closure there might be a small number of men, who required this high level of care, needing to travel out of Lincolnshire to access PICU care and treatment, and that the Trust was working closely with neighbouring trusts to minimise any distance travelled, and that these patients would be brought back to Lincolnshire services as soon as needs allowed.

In conclusion, it was highlighted that the impact of the temporary closure would be monitored and that the Trust was fully committed to providing male PICU care in Lincolnshire again as soon as it was safe and sustainable to do so. It was highlighted further that LPFT had major plans to improve the recruitment of staff and to bolster the current workforce, with additional training in managing severe mental health issues.

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

- One member who had attended a very helpful engagement event expressed thanks to LPFT staff for their honest presentation of the situation;
- Clarification was sought as to how long the PICU would be temporarily closed. The Committee was advised that re-opening of the unit would be dependent on there being sufficient staff to maintain safe and sustainable services across the adult mental health wards, the conditions of which would be determined through current stakeholder, patient, and staff engagement. Assurance was given to the Committee that this was a temporary arrangement;
- Some concern was expressed at the staffing levels, and further clarification was sought as to why staff were leaving. The Committee was advised that there were two main factors of why people were leaving, one being pay and the other being burnout, as the job involved dealing with very complex cases. It was highlighted that through investment into mental health in Lincolnshire services had expanded, and the Trust had more staff now working in community care roles, however, recruiting to twenty four hour in-patient care was more difficult; and because of the choice now in mental health services, staff were choosing to work in other areas of the service. Reassurance was given that measures were in place to support staff and that steps were also being taken to look at working differently and more flexibly to help reduce burnout and also to improving environmental factors;
- The costs of unmanned facilities for the NHS. The Committee noted that whilst the facility was temporarily closed, some remedial works would be undertaken;
- Whether there would be any reputational damage for the Trust arising from the temporary closure; and the inability to be able to recruit and retain specialist staff. There was recognition that more needed to be done regarding training and retaining

staff, and that there would be some reputational damage, but it was felt that the damage would have been greater if the decision to temporarily close the PICU had not been taken;

- Utilisation of staff. The Committee was advised that staff that had been working at Ashley House were now working as part of the Community Rehabilitation Team, providing care in the community. It was noted that staff from the Hartsholme unit would be re-deployed to other in-patient units, and they would be supported with help from others in the team. It was also noted that the Trust already had staff working in ward 12 at Pilgrim Hospital Boston who were looking forward to working at the new unit at Norton Leas, Boston;
- Whether there was likely to be any further temporary closures or risks elsewhere on the horizon that the Committee needed to be aware of. It was reported that going forward this was not part of the plan; and
- Whether there was a financial impact of sending patients out of county for treatment, and whether this would have an impact on other services going forward. The Committee was advised that there would not be any impact on other services due to finances.

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

RESOLVED

1. That the rationale put forward be accepted for the selection of the closure of the Hartsholme Centre, Lincolnshire's Male Psychiatric Intensive Care unit, for temporary closure.
2. That feedback from the engagement be shared with the Committee as soon as it is available.
3. That the Committee's view be recorded that the Hartsholme Centre be reopened as soon as there is sufficient staffing to provide a safe environment for both patients and staff.

25 LINCOLNSHIRE HEALTH AND SOCIAL CARE PATIENT FLOW AND DISCHARGE PROGRAMME

The Committee considered a report from United Lincolnshire Hospitals NHS Trust (ULHT), which provided an overview of the health and social care discharge programme, with a focus on ULHT. The report also outlined details of initiatives that had been developed to improve patient flow in Lincolnshire's acute hospitals

The Chairman invited Andrew Morgan, Chief Executive, ULHT, Michelle Harris, Deputy Chief Operating Officer ULHT and Nikki Pownall, System Flow Director, Lincolnshire Integrated Care System, to present the item.

In guiding the Committee through the report, thanks were extended to colleagues in ULHT and social care for all the work being undertaken to improve discharge and patient flow through acute hospitals.

It was noted that although expansion of capacity in acute hospitals often led to a temporary solution in flow, the fundamental solution to flow and access to emergency care was the timely discharge of patients who did not require acute care into a more appropriate environment.

It was reported that the Secretary of State for Health and Social Care had announced on 18 November 2022, the allocation of a fund of £500 million to help reduce the number of patients in hospitals not requiring acute care and waiting for discharge. Details of the Lincolnshire Patient Flow Improvement Journey was shown on pages 27 to 31 of the report.

Reference was made to the 60 day “Breaking the Cycle” initiative which had started on 22 November 2022, aimed at delivering improved patient flow through the emergency departments, acute assessment areas and wards, with the initial focus on the introduction of a risk based continuous flow management model as advocated by the NHS national winter improvement collaborative. It was noted that the new approach had already led to some positive results for patients and for the service. It was noted further that data had shown a reduction in the average ambulance handover times at hospitals from 52 minutes to 27 minutes, since the Breaking the Cycle initiative had been launched, as well as a significant reduction in the number of ambulances who had waited more than 60 minutes.

It was highlighted that ‘Breaking the Cycle 2’ initiative had gone live on 5 December 2022, which focused on the interface between acute hospitals and the rest of the system. Its initial aim was to reduce by 24 hours the waits at the end of the pathway (discharge home/community) by maximising existing capacity and the benefit of additional capacity being put in place for winter.

It was highlighted that the next steps would be how best to utilise the additional discharge funding coming into the system to enable more people to be discharged to an appropriate setting with adequate and timely health and social care support.

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

- Personal experience of a member who had been discharged but had been kept waiting for a prescription for six hours before being able to leave the hospital. The Committee noted that hospital procedures and processes were being looked at to ensure all teams were working to the same clinical vision, to improve the pace and flow through the hospital;
- The positive impact Breaking the Cycle 2 would have on identification and removal of constraints such as can patients be moved earlier in the day; better planning for the next day’s discharges; learning from when things have not gone right; and having a sense of urgency for all patients awaiting a supported transfer of care, with the rapid escalation of any delays;

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- Whether there was any scrutiny of internal processes. Assurance was given that there was scrutiny of processes with input from internal and external sources such as the Care Quality Commission and NHS England. There was however recognition that there was more that could be done;
- Whether there was enough staff to provide the care needed, and whether there was a plan in place to monitor re-admissions. It was noted that staffing levels did need to be recalculated, based on the number of beds which ULHT was operating. It was highlighted that staff within the hospital were moved around to focus on enabling discharges. An explanation was provided as to the processes and procedures in place;
- Confirmation was given that there were enough beds within the system, and that everything was being done to get the flow through Lincolnshire's acute hospitals in a better position;
- With the expansion of emergency departments at both Lincoln and Boston whether there was adequate staffing cover in place. It was noted that the workforce had been increased based on the calculated increase of the number of patients attending; and that everything would be done to ensure that the right professional was there to meet demand;
- Confirmation was given that overseas recruitment was still taking place;
- Areas where recruitment was still a struggle. The Committee was advised that the Trust's vacancy level was around 9.6%, which was the lowest level seen for several years. With the increase in the number of staff employed and the improvements made by the Trust, it was highlighted that the Trust was now in a better position; and
- Whether the new rehabilitation and therapy at home offer from Lincolnshire Community Health Service NHS Trust as detailed on page 29 of the report pack would be expanded further. It was noted that further investment would be needed.

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

RESOLVED

1. That the improvement work taking place to improve patient flow and discharge by all system partners, including evidence that ambulance handover times have been reducing since the introduction of the *Breaking the Cycle* initiatives be welcomed.
2. That a further update be received by the Committee at its 17 May 2023 meeting.

Note: Councillor D Mangion left the meeting at 12.30pm.

Consideration was given to a report from the Lincolnshire Integrated Care Partnership, which advised of the steps and processes taken to develop Lincolnshire's Interim Integrated Care Strategy.

The Chairman invited Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board and Michelle Andrews, Assistant Director Integrated Care Systems, to present the item to the Committee.

The report presented also provided the Committee with the background relating to the requirement for the Lincolnshire Integrated Care Partnership (ICP) to prepare and publish an interim integrated care strategy in December 2022, to influence the first, five-year NHS Lincolnshire Integrated Care Board forward plan, which needed to be published before April 2023.

It was highlighted that despite time constraints, several engagement opportunities to gather views from stakeholders and partners had been arranged, with particular reference being made to the Planning and Development Workshop held on 2 November 2022, details of which were shown at paragraph 1.2 of the report presented.

The Committee noted that the ambition of the strategy was: 'for the people of Lincolnshire to have the best possible start in life, and be supported to live, age and die well'; and that the shared aims were to focus on prevention and early intervention; tackle inequalities; deliver transformation; and take collective action on health and wellbeing across a range of organisations.

The Committee was advised that as the Lincolnshire Integrated Care System area was coterminous with the Health and Wellbeing Board, the ambition was to align the Integrated Care Strategy and the Joint Health and Wellbeing Strategy (JHWS) as far as possible, which would avoid duplication, or gaps, between the two documents. The JHWS focusing on "what" the identified needs were, and the integrated care strategy to set out "how" the health and care system would focus integration efforts on a number of key enablers to support delivery of the Health and Wellbeing Strategy and its priorities, and the systems' s overarching ambition and aims.

It was highlighted that 2022/23 was a transition year and that the strategy would be developed further during 2023.

Reference was made to the five 'Priority Enablers' identified as potential areas of focus for the strategy. These were: Population Health and Prevention; Workforce and Skills; Personalisation and Personalised Care; Community Engagement and Involvement; and Information and Information Systems.

The Committee noted the proposed Governance and Delivery arrangements for both the Health and Wellbeing Strategy and the Integrated Care Strategy, and the timescale and next steps as detailed in slides 10 and 11 of the presentation.

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

- The Committee was advised that a further report on the Integrated Care Strategy could be expected in the Autumn of 2023;
- A question was asked as to what extent the interim strategy, and in future the full strategy would influence the commissioning decisions of the NHS. The Committee noted that the whole purpose of the strategy was to inform the first five-year NHS Lincolnshire Integrated Care Board's forward plan, to ensure that the integrated care system was working in a joined up way;
- Some concern was expressed that the document read like a wish list rather than a strategy; and how was the strategy going to be implemented and governed. It was highlighted that the requirement of the Health and Care Act 2022 was for the Integrated Care Partnership to develop an integrated care strategy setting out how assessed needs could be met by partners across the integrated care system. The Lincolnshire approach was for the strategy to connect to the Joint Health and Wellbeing Strategy (JHWS), with the JHWS focusing on 'the what' i.e the priority areas identified by the Joint Strategic Needs Assessment (JSNA) and the Integrated Care Strategy setting out 'the how' the key enablers will focus integration efforts to support delivery of the JHWS priorities. The Committee noted that the strategy would hold the system to account; and that the interim strategy presented was the start of the journey. The Committee was reminded that slide 10 of the presentation had provided details of the governance and delivery mechanisms;
- Confirmation was given that a wide-ranging programme of engagement with partners and stakeholder and the public was planned to test the ambition and aims of the strategy, before the strategy was published in December 2023.

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

RESOLVED

1. That the process and the steps taken to develop the interim integrated care strategy be noted.
2. That the timescales for producing the strategy to inform the Lincolnshire NHS Integrated Care Board's Five Year Forward Plan 2023 be noted.
3. That 2022/23 is a transition year and that the strategy will be developed further during 2023 be noted.
4. That further reports be received, as required, during 2023.

27 LINCOLNSHIRE ACUTE SERVICE REVIEW IMPLEMENTATION - UPDATE

The Committee considered a report from the NHS Lincolnshire Integrated Care Board, which provided an update on the Lincolnshire Acute Service Review implementation.

The Chairman invited Pete Burnett, Director of Strategic Planning, Integration and Partnerships, Lincolnshire Integrated Care Board, to present the item.

The Committee received an update on the establishment of the Implementation Oversight Group; Orthopaedics; Urgent and Emergency Care and Acute Medicine; and Stroke Services. An update on each of the four areas was detailed in the report presented.

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

- 24/7 opening of the Grantham Urgent Treatment Centre (UTC). It was reported that within 12 months the UTC would be opening 24/7 for people to attend, or to book an appointment using 111. Clarification was given that Grantham & District Hospital would be a UTC, but it would also have other services, not found in a typical UTC;
- Concern was expressed to the time it was taking to get the Grantham and District UTC open, and to the fact that a procurement process had to be undertaken for the services. There was recognition that the process was taking time, but it was highlighted that the job specification needed to be drafted appropriately to make sure that the service was right; and that legal advice had initially indicated that a formal procurement process was required;
- Reassurance was given that staff had been involved in the specification details; and that the public and staff would be updated as the process developed;
- There was recognition that due to the rural nature of Lincolnshire, transportation was a challenge;
- Whether the funding required to expand the stroke capability at Lincoln would be achieved. The Committee was advised that there was confidence that the funding would be achieved, as the system had committed to it;
- One member enquired whether the single Lincolnshire Stroke Service would look to include other acute providers for Lincolnshire residents. It was noted that this had not been necessary for the scope of the work; but the ICB needed to work with other hospitals to make sure that patients could be transferred into the integrated team at United Lincolnshire Hospitals NHS Trust or Lincolnshire Community Health Service NHS Trust; and
- How the overall implementation of the Acute Services Review was being affected by the challenges of recruitment and retention. It was hoped that by making services more attractive, would help with recruitment and retention.

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

RESOLVED

1. That the progress with the development of a centre for excellence for orthopaedics at Grantham and District Hospital, including the higher levels of performance; the positive feedback and the two new theatres be welcomed.
2. That the development of a Single Lincolnshire Stroke Service be noted.

3. That the Committee be notified of the NHS Lincolnshire Integrated Care Board's decision on whether there would be a full procurement process for the delivery of the Grantham Urgent Treatment Centre, and the integrated acute and community medicine service at Grantham.

28 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 46 to 48 of the report pack.

Attached at Appendix A to the report was a schedule of items covered by the Committee since the beginning of the current Council Term May 2021, as well as planned work for the coming months.

RESOLVED

That the work programme presented as detailed on pages 46 to 48 of the report pack be received, subject to the additions from minute numbers 24(2), 25(2), 26(4) and 27(3).

The meeting closed at 1.17 pm

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