



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
4 OCTOBER 2023**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors L Wootten (Vice-Chairman), R J Cleaver, S R Parkin and T J N Smith.

Lincolnshire District Councils

Councillors E Wood (City of Lincoln Council), J Makinson-Sanders (East Lindsey District Council), Mrs L Hagues (North Kesteven District Council), M Geaney (South Holland District Council) and D Rodgers (West Lindsey District Council).

Healthwatch Lincolnshire

Colin Warren.

Also in attendance

Kiara Chatziioannou (Scrutiny Officer), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Clair Raybould (Director for System Delivery, Lincolnshire Integrated Care Board), Professor Derek Ward (Director of Public Health) and Julie Frake-Harris (Chief Operating Officer, Lincolnshire Community Health Service NHS Trust).

County Councillor R D Butroid (Executive Councillor People Management, Legal and Corporate Property) attended the meeting as an observer.

Remote attendees via Teams:

Simon Evans (Health Scrutiny Officer).

33 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor R J Kendrick, S Welberry (Boston Borough Council), C Morgan (South Kesteven District Council) and Liz Ball (Healthwatch Lincolnshire).

The Committee noted that Colin Warren (Healthwatch Lincolnshire) had replaced Liz Ball (Healthwatch Lincolnshire), for this meeting only.

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

34 DECLARATIONS OF MEMBERS' INTEREST

None were declared.

35 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 13 SEPTEMBER 2023

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 13 September 2023 be approved and signed by the Chairman as a correct record.

36 CHAIRMAN'S ANNOUNCEMENTS

Further to the announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on 3 October 2023.

The supplementary announcements referred to:

- The new Macmillan Psychological Support Service launching in Lincolnshire;
- The re-opening of the Hartsholme Centre – Lincolnshire's Male Psychiatric Intensive Care Unit;
- Proposed engagement on the Potential Development of a Female Psychiatric Intensive Care Unit in Lincolnshire; and
- The revised Dementia Strategy for Lincolnshire – What Matters to You.

During discussion, the following comments were noted:

- Some concern was expressed to another dental practice closure (Item 6 of the Chairman's announcements on page 17 of the agenda pack). It was highlighted that the Committee had previously written to local MPs expressing their concerns regarding the lack of dental provision in some parts of Lincolnshire and asking for support for the provision of a dental college to help Lincolnshire grow its own. There was also recognition that dental contracts needed to be reviewed. It was highlighted that the contract had not been an issue with this specific dental practice closure.

Note: Councillor J Makinson-Sanders wished it to be noted that she had been a patient at the North Somercotes Dental Practice.

RESOLVED

That the supplementary announcements circulated on 3 October 2023 and the Chairman's announcements as detailed on pages 15 to 17 of the report pack be noted.

37 URGENT AND EMERGENCY CARE UPDATE

Consideration was given to a report from the NHS Lincolnshire Integrated Care Board, which provided the Committee with an update on urgent and emergency care and the actions being taken locally in response to the national *Delivering Plan for recovering Urgent and Emergency Care Services (January 2023)*.

The Chairman invited Clair Raybould, Director for System Delivery, NHS Lincolnshire Integrated Care Board and Julie Frake-Harris, Chief Operating Officer, Lincolnshire Community Health Services NHS Trust, to present the item to the Committee.

The Committee were advised of the National Recovery Plan and the Local Response; the Lincolnshire Winter Plan 2023/2024 development; System coordination in Lincolnshire; Pre-Hospital Care; Virtual Wards and Urgent Care response; the inclusion of frailty in the 2023/2024 Urgent and Emergency Care Programme; Urgent Treatment Centres in Lincolnshire; NHS 111 and Lincolnshire Clinical Assessment Service; Accident and Emergency; Ambulance Handovers; and the importance of Discharge and Flow.

Appendix A to the report provided a copy of the Delivery Plan for Recovering Urgent and Emergency Care Services (*Department of Health and Social Care and NHS England – January 2023*) for the Committee to consider.

In conclusion, the Committee noted that despite a challenging summer period, and continuing industrial action, a considerable amount of work had been achieved and plans were in place to support the system during the winter period. It was highlighted that the urgent and emergency care system programme delivery would ensure that Lincolnshire's ambitions were realised to transform and improve safety and experience across urgent and emergency care services for the residents of Lincolnshire.

During consideration of this item, some of the following comments were noted:

- That virtual wards in Lincolnshire covered six specialty areas: cardiology, frailty; respiratory; complex neurology, acute medicine, and hospital at home. The virtual wards were specifically for patients where it had been agreed that they could be treated and supported outside of an acute hospital setting. It was noted that virtual wards worked well, particularly for primary care being able to step a patient into a virtual ward rather than moving them straight to the Emergency Department. There was recognition that connectivity was a challenge, but it was highlighted that not all monitoring had to be done through technology, as members of the community team linked in regularly with patients. It was highlighted that currently 150 patients were

being supported through virtual wards, and that this was taking the pressure of acute providers having to find inpatient beds. It was noted that virtual wards were also used to help patients step out of acute care quicker;

- Some concern was expressed as to what was being done to prevent issues happening for example falls; and how the Council was working with health trusts in this regard. The Committee was advised that the Council had a falls response service commissioned via LIVES, which was an interface with urgent and emergency care. The service ensured that people were got too quickly, freeing up ambulance capacity. The service ensured that the patient was fit and well and provided wrap around support to them in their own home. The Committee was also advised that a pilot had just started to help people who were at risk of falling, helping them to build up their balance, stability, and how to safely get back up off the floor in a safe and supported way. The Committee noted that more prevention work was right for Lincolnshire and the country as a whole, particularly from a financial perspective;
- Some concern was expressed as to whether the public knew where to go to access services. The Committee was advised that locally the public were being encouraged to 'Talk before you Walk' by ringing 111 first, who then directed the person to the right service, or booked them directly into general practice, or into an Urgent Treatment Centre (UTC);
- That the provision of community diagnostic centres would take the pressure away from acute and emergency departments, as a lot of the diagnostics were carried out on the hospital sites. It was highlighted that the community diagnostic centre at Grantham was busy with patients accessing it from all over the county. It was noted that people seemed to be happy to travel as they were able to get in, be seen on time and not have to pay for carparking. It was highlighted further that having further centres in Skegness and Lincoln, and then Boston would make a huge difference to patients;
- The Committee noted that a full review of the commissioned UTCs, and out of hours provision was going to be undertaken to understand the level of demand, where it was available, and when it was available. It was noted that the scope of the review was still being finalised. Once completed the review would make recommendations to the System Urgent and Emergency Care Partnership Board;
- The WaitLess App, the Committee noted that the App worked with providers who were prepared to share their data platform. It was noted further that currently there was only a data sharing agreement in place within Lincolnshire, with United Lincolnshire Hospitals NHS Trust and Lincolnshire Community Health Services NHS Trust. Confirmation was given that strong working relationships existed with bordering trusts and that once the WaitLess App had been evaluated, conversations would take place with neighbouring systems;
- Confirmation was given that there was no work underway relating to the Minor Injuries Unit (MIU) at Stamford, the only review underway was the review of UTCs and out of hours provision which would look at overall total demand. The Committee noted that the MIU provision would be picked up as part of that review;
- The Committee was provided with an explanation as to how the 111 service operated;

- Some clarity was sought as to whether the review of UTCs and out of hours provision would result in a potential reduction in operating hours. The Committee noted that this would not be known until the review was completed. It was highlighted to the Committee what was known currently was that some of the hours were being under utilised but it was not known why, and it was hoped that this was something the review would highlight. There was also recognition if there was to be any change, consultation/engagement would be required depending on the nature of the change;
- Confirmation was given that the Grantham UTC would be unaffected by the review as it was not a current service;
- Some concern was expressed to the recent closure of the Louth UTC for three nights. It was highlighted that local people had been aggrieved by the closure, as it was valued service for the local community. The Committee was advised that a strategic decision had been made during the period of industrial action to move expert nursing staff to support Lincoln and Boston, as this had been the first time the Trust had three days of joint action, and therefore to maintain safe services, this decision had been taken;
- One member advised of the personal experience an elderly relative had received at Grimsby Hospital following a fall. The Committee was advised that this was why investment was being made into frailty services, and prevention to help mitigate such scenarios;
- The Committee noted the work being undertaken to help with delayed ambulance handovers and ambulances being in the right place at the right time when a call was received. Reference was made to the single point of access, confirmation was given that this had received national funding. It was also noted that East Midlands Ambulance Service had been given extra money this year to assist with recruitment. The Committee was advised that private ambulances were also being used to help the ambulance situation;
- The Committee noted that there was a new stroke pathway through the acute services review. All stroke patients were now sent straight to Lincoln into the stroke services, and that there were also improvements in the stroke pathway coming out into the community, which meant that patients were staying in hospital for less time;
- The Committee were advised that the modern version of a matron comprised of four people from different organisations from the integrated care hub who provided expertise and wrap around services to patients and their families;
- One member enquired whether Lincolnshire was receiving fair funding for the complexity of issues it encountered. It was reported that due to the rurality and complex nature of Lincolnshire increased costs were incurred, and that lobbying of central government continued to highlight the issues specific to Lincolnshire;
- Confirmation was provided that it was felt that the target of 76% of patients being admitted, transferred or discharged within four hours by March 2024 was achievable, however, this would be dependent on what happened with industrial action, as this was having an impact on services;
- One member enquired as to how many NHS 111 calls became 999 calls. The Committee was advised that this information was not to hand at the meeting, but could be provided for members of the Committee after the meeting;

- An explanation was sought as to what a transfer of care hub was. The Committee was advised that the transfer of Care Hub was in the acute hospitals support, in order to facilitate discharge, making sure different points of views were all brought together to make sure that individuals who were clinically ready for discharge, but still had complex needs had the support they needed in place to help them get better;
- The Committee noted that the delivery plan attached at Appendix A to the report was monitored by the Urgent Care Programme Delivery Group, who reported to the Urgent Emergency Care Partnership Board, who then reported into the Service Delivery and Performance Committee of the Integrated Care Board (ICB) (a sub-committee of the ICB); and
- An explanation was provided as the reasons for looking to shortening length of stay of a patient in hospital.

RESOLVED

1. That the contributors be thanked for their presentation to the Committee.
2. That the Committee's support be recorded for the local NHS's implementation of the national strategy for recovering urgent and emergency care services.
3. That a further update be received in the spring of 2024 on how emergency care had been operating over the winter months.

38 LINCOLNSHIRE SYSTEM WINTER PLANNING

Consideration was given to a report from the NHS Lincolnshire Integrated Care Board, which invited the Committee to consider the steps being taken to deliver the NHS England requirements and ongoing development and delivery of the Lincolnshire System Winter Plan.

The Chairman invited Clair Raybould, Director for System Delivery, NHS Lincolnshire Integrated Care Board to present the item to the Committee.

The Committee was advised that the winter plan was still in the development stage, and it was hoped the winter plan would be presented to the Partnership Board later in the week.

The Committee was advised of the background to the winter plan; the Adult Social Care Winter Letter 2023/2024; additional national and regional areas of focus; the NHS England Winter 2023/2024 Planning Assurance; System Partner Roles and Responsibilities; and next steps.

In conclusion, the Committee noted that the plan would be shared once it was approved hopefully at the end of the week.

During consideration of this item, some of the following comments were noted:

- Confirmation was given that there was an allowance in the plan for increased hospitalisation for people with Covid-19. It was noted further that predictions were that Covid-19 was not expected to be any worse than it had been in the previous year;
- The Committee was advised that a lot of operations and procedures were being cancelled because of industrial action, but hospitals were seeing as many patients as they could; and
- In terms of weather, it was hoped it would be a mild winter, as a severe winter caused extra problems including logistics, staffing and increased respiratory issues and falls. Reassurance was given that planning had been managed around the worst weather conditions.

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

RESOLVED

That the actions undertaken by the NHS and other partners in the preparation for winter 2023/2024 be supported.

39 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Chairman invited Simon Evans, Health Scrutiny Officer, to remotely present the report, which invited the Committee to consider and comment on its work programme as detailed on pages 98 to 100 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 details of planned works for the coming months.

The Health Scrutiny Officer advised the Committee of the items scheduled to be considered at the 8 November 2023 meeting.

RESOLVED

That the work programme presented on pages 98 to 100 of the report pack be agreed, subject to the inclusion of the suggestion put forward by the Committee at minute number 37(3).

The meeting closed at 11.33 am.

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