

**Two Changes:** Cllr Glynis Scalese has now been appointed to represent South Holland and Paul Martin from Grantham is a county council representative.

**Children and Adolescent Mental Health Services:** This information has now been provided by the Partnership Trust and full details of the calls and the duration of them can be found on page 17 of the December agenda. The caseload for Family Liaison workers at the beginning of October was 86 in Louth and 73 in Boston. Complex case support comes from the professionals so identified risks can be picked up. The average caseload for CAHMS practitioners is 15 children undergoing treatment with lead professionals having a similar number of cases who are awaiting treatment for any needs.

**Mental Health Urgent Assessment Centre, Lincoln County:** From December 4 the centre at the Peter Hodgkinson Centre became an all-age centre. It accepts mental health assessment referrals directly from the Ambulance Service and from Lincoln County's A and E department. However self-referrals and referrals from other agencies will not currently be accepted. We will be notified if this changes. So far, the service has had a significant positive impact and saves patients having wait in A and E, which is not the best environment for them.

**National Prostate Cancer Screening Trial:** Prostate cancer is the most common cancer in men but has no screening programme. Blood tests can miss some cancers as well as often suggesting there is a cancer present when there is not. Prostate cancer usually has no symptoms until the prostate has grown large and may be more difficult to treat with the result 12,000 men die each year. On November 22 this year the government announced a screening trial to find ways of detecting prostate cancer earlier. The trial is called TRANSORM and will be available to thousands of men who will receive an MRI scan.

**Health in an Ageing Society:** Professor Chris Whitty, the Chief Medical Officer for England published his annual report in November, focussing on the quality of life rather than longevity, stressing that ill health and disability in old age are not inevitable. Semi-rural and coastal areas are specifically referred to because of the higher proportion of older people and the report gives examples of how local authorities are supporting this group. Independence can be maintained by reducing disease which minimises disability and frailty by changing environments so people can maintain their independence for longer. He stated that quality of life can be improved with less medicines which might extend life but at the expense of quality and independence. The decision on this must be down to the patient and not the medical profession! He has six recommendations:

- 1.NHS, social care, central and local government must plan strategically for the demand in the future and not base this on past demand.
2. Making it easier and attractive for people to exercise throughout their lives. Reducing smoking, air pollution and exposure to environments that promote obesity.
- 3.Secondary prevention by NHS such as monitoring cholesterol and blood pressure with screening programmes prioritised.
4. Th medical profession needs to respond to the rise in multimorbidity and the NHS needs to minimise the probability of the same person attending multiple clinics for a predictable cluster of diseases.
5. The NHS and the Office for National Statistics with central and local government systematically collecting and sharing data on the health and care needs of older adults
6. Increase research particularly into multimorbidity, frailty and mental health needs.

\*His full annual report is available online.

Outcome of Consultation on Paediatric Services at Boston: There had been 108 responses to the consultation which took place between June 12 and September 4 this year. Of these 74 were from the public and 19 from staff with 88 strongly agreeing with the proposal and 9 agreed. Fewer than 10 responses were against but analysis of them showed some had not understood the proposal.

> The Lincolnshire Integrated Care Board: Health Scrutiny requested an update on the work of the Board on the current service provision in Lincolnshire. Such reports will be submitted on a six-monthly basis.

> It was reported there are 81 GP practices working together in 14 networks and all follow the national trend of being under increased pressure.

> In September they provided 469,000 appointments of which 70 percent were face to face. A third of appointments were provided by GPs, a third by nurses and a third by other direct patient care professionals. The total GP practice appointments offered in Lincolnshire over the preceding 12 months (not including COVID injections) was 5,195,900.

> Eighteen months ago, the NHS published Next Steps for integrating primary care. It recognised continuity of care is a core strength of primary care, but patient needs and expectations were changing. The three essentials were:

1. streamlining access to care and advice for people who get ill but only use services infrequently
2. Providing more pro-active personalised care to people with more complex needs
3. Helping people to stay well However the pandemic has seen an unprecedented increase for doctor appointments and in Lincolnshire this has led to 22% more appointments than in 2019.

> Last May a Primary Care Access Recovery Plan was launched which enables patients to see the professional best able to meet their needs first time which significantly changes the model people are familiar with. Providing information on the changes is an important part of the Board's Communication Plan. NB - Seeing a patient within 14 days is not a contractual requirement for GP practices Do Not Attends are around 4 %, less than the national average which is interpreted that booked appointments are accessible on a convenient time and place. Since October 22 PCNs were required to provide access appointments between 6.30 and 8 from Monday to Friday and between 9 and 5pm on Saturdays and the ICB is working with primary care on this. In September 2023 67.8 minutes of enhanced access was delivered per 10,000 patients which was a 5 % increase from April and of these appointments 76% were face to face.

> One of the key components of the plan is to tackle the 8am rush and the number of people struggling to contact their practice so no longer will patients be asked to call back another day to book an appointment. So, if there is an urgent clinical need, they will be assessed either by telephone or face to face - if a patient rings in the afternoon this, if appropriate, will be assessed next day. If it's non-urgent the timescales will be within two weeks or if appropriate a patient will be referred to local services such as the pharmacy.

> By April 2024 practices will be moving to digital telephony and high-quality online consultation. Self-referral pathways, particularly for physio, are being developed. There is also to be closer working between primary and secondary care. Reports go to the ICB board regularly and are part of the NHS Lincolnshire five-year Joint Forward Plan.

> Practice Ratings in Lincolnshire show 4 are outstanding, 72 good, 3 require improvements and 2 are inadequate. The practices requiring improvement are carefully monitored.

> Mental Health has seen extra recruitment through a government scheme to support population health management and the mental health and wellbeing of communities- 50% of the costs are reimbursed through the government scheme. Presently there are 26.02 whole time equivalent mental health workers working within the Lincolnshire system and the plan is to increase this to 31.9 by April 2024, alongside 4 whole time equivalent working with children and young people. If the funding continues the number of posts will be increased. The team includes Community Well-being Hubs led by Community Connectors, Night Light cafes providing out of hours support and Mental Health Matters which is a support advice and guidance helpline.

> To help with winter pressures Same Day Access Hubs have been created but their locations were not available at the meeting. However, there will be one on the East Coast - somewhere! There are acute respiratory infection hubs too, one run by LADMS, which is local to East Lindsey. There are plans for increasing Frailty and Contingency Capacity over the winter but discussion on this has yet to be concluded.

> In conclusion GP care across Lincolnshire continues 'to be good and reflects the hard work and dedication of GPs and PCN staff teams.' Progress on access is encouraging but it was admitted there is more to do to ensure people can get the care they need when they need it, to support primary care services to be resilient and sustainable and to tackle health inequalities and unwanted variation. Plans are being developed to help mitigate the pressure on GPs and transform access and care into the future.

\*Stats and full explanation of plans in progress are available from the Health Scrutiny section of LCC's website.

> Response to Humber and North Yorkshire Integrated Care Board: Concern was expressed about the consultation, and this has been identified in the response which is also available online.

The next meeting will be held on 24 January 2024.