Health Scrutiny Committee for Lincolnshire – Wednesday 17 December 2025

Members will be interested to hear that I was the only District Council representative present!!

At the meeting we said goodbye to Sarah Jane Mills who has looked after Primary Care provision for the Integrated Care Board very successfully for many years but is now one of the casualties of the integration of Lincolnshire into the Nottinghamshire, Derbyshire and Lincolnshire ICB with the loss of half the present staff! Her 34 year career in the NHS has seen her run Louth County Hospital and St Barnabas Hospice to the benefit of local communities. I passed on thanks for all the work she has carried out supporting the people of East Lindsey, she will be missed.

NHS Dental Services

This team previously reported to the committee in February this year and since then the service has seen improvements. To take you back, when the Dental Contract was altered in the time of Tony Blair there was a mass exodus of dentists from the NHS as the rates offered did not cover their costs. Since then finding an NHS Dentists has been challenging, particularly in East Lindsey and Boston. In Lincolnshire in 2025 25.84 percent of the total population in the county are accessing NHS Dental care, which is slightly lower than the national average of 26.51percent. The Lincolnshire ICB is monitoring these figures to give them a clear picture of patient demand and population access to NHS Dental Care but from graphs it is clear that East Lindsey struggles. But the professionals felt there was encouraging data and no contracts had stopped during 2025.

Nationally there is a target of 700,000 urgent appointments, which boils down to 12,000 in Lincolnshire, that is an extra 34 percent extra appointments. COVID badly affected children attending at a dental surgery, particularly 10 and 11 year olds ,and children living in the most deprived areas were twice as likely to have tooth decay. Five-year-olds surveyed in 2022 living in the most deprived areas were almost three times as likely to have experienced tooth decay so in Lincolnshire there has been a scheme to teach little ones how to clean their teeth and provided them with toothbrushes and toothpaste to make sure they do! There is a Lincolnshire Dental Strategy with a plan of action for the next couple of years to achieve improvements.

There are four key pillars to build on - Access, Prevention, Strengthening the integration of oral health and Workforce. The health inequalities suffered in this area compound other poor health conditions for our residents - there is a link with diabetes, rheumatic arthritis and dementia. Dentists now provide blood pressure tests in their surgery and this has picked up a number of people needing help! The old idea of six monthly attendance is no longer accepted as best practice and patients are now invited to attend according to their personal needs. There is a Community Dental Service in the county for people with complex problems but this is not a self referral service. I asked specifically about how East Lindsey in particular is affected by the lack of this NHS service and was told that the rural area and the coast really do struggle.

There is a tendency for staff to stay near where they trained so the news that there is going to be a Lincolnshire Institute of Dental and Oral Health (LIDOH) opening soon is very welcome - the advert for a Vice Dean of this Institute has recently gone out. Initially the University intends to focus on training Dental Therapists but in time it is hoped that there will be training for the whole dental team. Hopefully this will encourage people to our area because we are presently "a dental desert" despite golden hello's being offered to bring professionals to what Kerry Hulme, who leads on dentistry for the county, describes as "a hidden gem". The key to the future has got to be the revision of the dental contract and Wes Streeting has undertaken to complete this by the end of this parliament. For those who remember the days of the school dentists, these were abolished about 25 years ago on the grounds that parents were relying on the service rather than finding their offspring their own practice.

The screening committee of the NHS recently reviewed this and concluded it would not be effective to bring this service back. Orthodontics have also been reviewed in the county and extra services have been commissioned to bring down waiting lists with an expression of interest exercise taking place last month. This will provide 265 case starts.

*Data Review of Dental Inequalities in Lincolnshire is available on the county council Health Scrutiny Committee website

GP Provision in Lincolnshire

Work continues to resolve the situation at Spilsby but matters are stabilised whilst a long-term arrangement is established. Access to surgeries has seen changes over recent weeks with the move to get rid of the 8am scramble for appointments. GPs are now required to keep on-line consultation tools open from 8am to 6.30pm for non-urgent appointment requests, medication queries and admin requests. Local GPs have worked hard to meet this objective and now 84 percent of practices are fully compliant with this requirement.

Patients are now provided with call back and queue position information, call routing, upfront information and signposting and call recording. There are now live dashboards that enable practices to react quickly when demand increases. This also allows for more flexible working which provides resilience. A bypass feature of the scheme enables services such as the ambulance or hospital to bypass the queueing systems and speak to the practice teams quicker.
The Resident Doctors' strike had started on the morning of the committee and more doctors' action could follow from GPs. They are adamant it will be a last resort and so far they have avoided taking action, but in real terms the GP contract funding remains about 20 percent below where it was in 2016. It would need to increase by another £40 per patient to bring this service back to the baseline but even more is needed to enhance and develop general practice. The government has put £1.1 billion into the GP contract for this year which they state is an 8.9 percent uplift, the highest in a decade. But local GPs report this is closer to 4.8 percent when adjusted for inflation and that does not take into account increases in National Insurance etc.

Things are changing in the world of Primary Care with the advent of Neighbourhood Teams, enhancing the work of the Primary Care Networks. These will streamline access to care, provide more personalised care with more complex needs and help people to stay well for longer. I asked what the implication of these proposed changes might be for us locally given the intention to implement the integration of all GP practices to provide joined up health and social care for their community. In Louth we have a lot of spare space at the County Hospital, and it would make sense, given ample parking, to transfer the two practices to this site to serve the growing town. Mrs Mills agreed this was logical but complex. The capital investment at a time when the NHS was struggling would make any such scheme out of reach and that is without the next challenge of complicated ownership of NHS property. Practice ratings in Lincolnshire show that of the 81 county practices, 71 are classed as good, one is outstanding, 8 require improvement. Happily none are classed as inadequate. The Lincolnshire Integrated Care Board works closely with practices requiring improvement.

Section 106 was discussed at some length but members were warned that the rules are quite rigid. Monies have to be for capital funding and probably only cover about 12 percent of the cost of any scheme. Also this funding only comes into play when certain targets are reached e.g. the first 100 houses are occupied. So it is not as effective as might be imagined!

Lincolnshire Workforce Update

There are presently over 40,000 individuals employed by the NHS throughout Lincolnshire and this number is expected to rise by 3100 by March 2026! Since the last visit to Health Scrutiny there have been a number of significant announcements made by the government impacting on the sector, ranging from increases to National Insurance, apprenticeships and initiatives such as Get Britain Working, Connect to Work and the NHS Widening Access Demonstrators Programme. Latterly V level qualifications have taken over from BTEC, all of which present challenges as well as opportunities. Back in March there were proposals designed to reform the size and shape of the frontline to deliver for patients, including the abolition of NHS England and cutting ICB staffing by 50 percent. Efforts were actively made to minimise the effects of the strike action but admissions have increased at hospitals because of the flu virus.

The NHS has had to be mindful that their staff are not immune from falling ill with flu too and nearly half the staff have had flu injections - and in the hospital sector it was over half had the preventative jabs. There has been a reduction in sickness levels but the flu has seen a spike in the numbers unfortunately. The level has been reduced to 5.4 percent from 6.7 percent before programmes were introduced. This is being closely monitored. Vacancies have been controlled closely and there has been a move to reduce the agency and bank staff being employed and there is a focus on productivity now. It is hoped to reduce the reliance on bank and agency to zero by 2030. There is now an active move to grow our own staff and the Health and Education Partnership concentrates on getting people into health-based careers.

Recruitment from abroad is no longer happening. Local recruitment is particularly focused on employing more staff in all areas of the NHS from the coastal area, particularly under 25s and over 55s. There is a focus on training new staff by using Oliver McGowan Training, a government mandated scheme ensuring safer, more informed care and reducing health inequalities through tiered e-learning and face to face sessions co-delivered with people with lived experience. It supports, in particular, people with learning difficulties and autism. Employment will see changes with the introduction of the 10 Year Health Plan when the emphasis moves to care in the community. Lincoln Medical School celebrated its first cohort of 73 graduates in July 2024 and it is hoped that more dentists will be encouraged to stay locally after training at the Lincolnshire Institute for Dental and Oral Health which will open next year with 30 students in its first year.

Humber Acute Services Review

Members will remember that this reorganisation has been rumbling on for over a year now. There has been quite a lot of disquiet in the northwest of the county about a number of services going from Scunthorpe Hospital, which has a large maintenance backlog to deal with, to Grimsby. To recap the proposals, seek the following: Emergency Surgery in Orthopaedics, Trauma and Acute Surgery will be centralised t Grimsby, Urology will continue at Scunthorpe, Ear Nose and Throat Services will be consolidated at Grimsby whilst Ophthalmology transfer to Hull Royal Infirmary. Gynaecology, Cardiology, Respiratory and Gastroenterology are all consolidated at Grimsby too, whilst paediatric overnight; inpatient care will remain at both Scunthorpe and Grimsby. Lincolnshire Health Scrutiny had asked back in July 2024 for the Minister to be asked to review the changes and North Lincolnshire Council also expressed concerns. As a result of these requests implementing change was paused and the latest news is that the Minister has decided to leave a final decision to the Northern Lincolnshire and Goole NHS Trust after receiving the Humber and North Yorkshire ICB's instructions on how it wants to see changes implemented. This will take place in late January early next year. When the team from this Trust attend Health Scrutiny there are a lot of issues to bring up concerning care provided for our local residents!

Current Engagement Exercises

1. Experience of Care (on-going) The Lincolnshire ICB seeks views on experience of care in communities large and small, both good and bad as well as areas where it is thought services might be improved.
2. Continuing Healthcare (open until January 12) to look at NHS funded healthcare. The stress is on healthcare and does not include daily help with services such as washing and cooking. It is usually provided in a patient's own home or in a residential setting.