Minutes of a meeting of the **PERFORMANCE MONITORING PANEL** held in the Meeting Room 1, Council Offices, Priory Road, Spalding, on Tuesday, 23 January 2024 at 6.30 pm.

PRESENT

B Alcock (Chairman)
M D Booth (Vice-Chairman)

P Barnes	L J Eldridge	G P Scalese
A C Beal	M Geaney	D J Wilkinson
N Chapman	S Hutchinson	A R Woolf
S Chauhan	J L Reynolds	

In Attendance: The Assistant Director - Strategic Growth and Development, the Assistant Director - Wellbeing and Community Leadership, the Homelessness Reduction Manager, the Strategic and Operational Property Manager, the Director of Primary Care and Community and Social Value - Lincolnshire Integrated Care Board, the Director for Health Inequalities, Prevention and Regional Collaboration - Lincolnshire Integrated Care Board, and the Democratic Services Officer.

Apologies for absence were received from or on behalf of Councillors C J T H Brewis, A Harrison and S-A Slade

Action By

47 MINUTES

AGREED:

That the minutes of the 15 November 2023 Performance Monitoring Panel meeting be signed by the Chairman as a correct record.

48 ACTIONS

Consideration was given to the actions which arose at the 15 November 2023 Performance Monitoring Panel meeting, and the tracking of outstanding actions.

AGREED:

That the responses to actions be noted.

49 DECLARATION OF INTERESTS.

There were none.

50 QUESTIONS ASKED UNDER STANDING ORDER 6

There were none.

51 TRACKING OF RECOMMENDATIONS

There were none.

52 ITEMS REFERRED FROM THE POLICY DEVELOPMENT PANEL.

At their meeting held on 12 December 2023, Policy Development Panel members had indicated that future performance monitoring of the Sustainable Products Policy be referred to the Performance Monitoring Panel. The minutes of that meeting were included in the agenda pack of the current meeting.

The Performance Monitoring Panel Chairman referred to the Sustainable Products Policy Action Plan, which was agreed at the 14 March 2023 Performance Monitoring Panel meeting, and of the progress summary which was presented to the Panel at the current meeting.

Members considered the information and agreed that a performance update report be presented to the Performance Monitoring Panel in six months' time.

AGREED:

That a performance update in respect of the Sustainable Products Policy be presented to the Performance Monitoring Panel in six months' time.

53 KEY DECISION PLAN

Consideration was given to the Key Decision Plan dated 22 December 2023.

AGREED:

That the Key Decision Plan be noted.

54 PRIMARY HEALTH CARE PROVISION

Following a request by the Performance Monitoring Panel, Sarah-Jane Mills, Director of Primary Care and Community and Social

Value for the Lincolnshire Integrated Care Board (ICB); and Sandra Williamson, Director for Health Inequalities, Prevention and Regional Collaboration for the Lincolnshire Integrated Care Board, were in attendance to provide information relating to Primary Health Care provision and Patient Strategy, and to answer members' questions.

The Chairman confirmed the background for the attendance request which had stemmed from the desire of members to obtain a better understanding of service level provision expectations, in order to be better equipped to answer residents' questions. The following areas were stated as being of particular interest:

- The inter-relationship between the National Health Service and Primary Care;
- How service level agreements were set; and
- The level of autonomy given to General Practice (GP) surgeries in respect of delivery.

A presentation which detailed the following information was delivered to members at the meeting, and appended to the minutes:

<u>In respect of General Practice</u>:

- Commissioning;
- Integrated Care Board Governance;
- Contracts;
- Accountability;
- Access;
- Primary Care Access Recovery Plan – Lincolnshire;
- Appointments – same day;
- Appointments – within two weeks; and
- Appointments – by type;

<u>In respect of Dental Services:</u>

- Access to NHS dental services;
- Lincolnshire Dental Strategy; and
- Lincolnshire Dental Strategy workstream examples.

Members considered the presentation and update from the ICB representatives and made the following comments:

- Members thanked the two ICB representatives for their attendance at the meeting and for the informative and interesting presentation.

- Members queried whether the delivery of dental services in smaller towns and villages was to be reviewed.
  - The Director for Health Inequalities, Prevention and Regional Collaboration responded that:

        - Initiatives were in place across the whole of Lincolnshire relating to the retention of dental services and access improvement; and
        - A significant procurement programme was being developed for 2024/25 to target areas of most need;
    - The Director of Primary Care and Community and Social Value added that:
        - The rural nature of Lincolnshire necessitated regular service access reviews which considered the provision of both 'centre-based' and 'mobile' services; and
        - This was an area of ongoing development.

- Members asked how the general public could provide feedback regarding the delivery of primary health care services.
    - The Director of Primary Care and Community and Social Value responded that:
        - Primary Care Service providers had mechanisms for direct feedback at the point of provision, such as at dental and GP surgeries;
        - Feedback could be sent directly to both the ICB and Healthwatch via their respective websites; relevant links would be forwarded to members after the meeting;
        - Service development feedback could be given through attendance at engagement events, such as patient participation groups, surveys, and focus groups; and
        - When applicable, direct feedback may be invited by the Care Quality Commission (CQC).

- Members were encouraged that services were not reliant solely on digital provision. Many residents cited a preference for in-person engagement and not everyone had the technical skills or facilities to access health care provision digitally.
    - The Director of Primary Care and Community and Social Value acknowledged the differing patient access needs and that a balanced approach regarding the access of services was required. In addition, those who did engage digitally, positively impacted the capacity of surgeries to provide an in-person service for those who preferred traditional engagement methods.

- Members relayed the following observations regarding the access of services:
    - During the GP appointment booking process, patients were often triaged, by front-line staff, to varying professional streams, such as paramedics and/or GPs. Members queried the level of training undertaken by surgery receptionists in order to ensure the most appropriate clinical referral, and consequently, best patient outcome;
    - Members questioned whether the recruitment, retention, and therefore the availability of professionals to service appointments for residents of South Holland, had been impacted by the wider issue of 'finance'. Were the financial incentives sufficient to attract doctors and dentists to the area?; and
    - Regarding funding, members understood that a National Health Service dental surgery based in Spalding was in the process of transferring to private surgery status as a mitigation for insufficient NHS funding.
        - The Director of Primary Care and Community and Social Value responded that:
            - Receptionists were trained as 'care navigators' to signpost patients to appropriate clinicians;
            - A greater range of clinicians worked in surgeries however a GP was always on duty should a referral beyond the expertise of the clinician be required; and
            - NHS contract funding was set at a national level within which contracts were required to operate. In areas of rurality and high health inequalities, there was acknowledgement that additional investment was often required to provide improved access.
    - The Director for Health Inequalities, Prevention and Regional Collaboration added that:
        - The current Dental Contract had been in place since 2006 and remunerated through a 'units of activity' system which did not contemporarily meet the needs of dental professionals. Under the Dental National Contract Reform, consideration would be given to inequalities and how a future dental

contract could utilise flexible commissioning to improve access and prevention.

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- Members referred to the presentation which highlighted the importance of dental health upon overall physical health. Some dental surgeries had not initiated invitations for routine dental check-ups, however patients were subsequently removed from accessing their services due to the lapse of time between appointments. Would this approach be improved so that access to treatment was not denied?
    - The Director for Health Inequalities, Prevention and Regional Collaboration responded that:
        - Unlike GP surgeries, dental surgeries were not required to have/keep a registered patient list;
        - Most dental practices operated a recall system which was determined by the needs and circumstances of individuals; the implementation of the appropriate recall system needed to be in place; and
        - Future development may include wider health services being offered at dental surgeries.
            - The Director of Primary Care and Community and Social Value added that the GP recall service operated more proficiently due to investment in the wider use of digital technology which had been support-funded by the ICB.

- Members relayed problems experienced by residents regarding the booking of appointments:
    - When attempting to book an appointment by phone, long call-waiting times were not realistic for people with early deadline-driven commitments. Likewise, availability for ‘call-backs’, and therefore appointment opportunities, were often missed;
    - Digital appointment booking solutions were required however the NHS App functionality was poor and its data did not connect with GP systems. GP contracts needed to include a requirement for improvements in respect of the digital booking of appointments and ordering of repeat prescriptions; and
    - Members asked whether a Lincolnshire NHS App could be developed locally.
        - The Director of Primary Care and Community and Social Value responded that:

- The ICB team was aware that the nationally developed NHS App required functionality improvements and that work in this area was ongoing;
- The ICB priority for 2024 was the transition of GP phone systems to digital cloud-based technology, however this would be followed by a focus on improvements to digital access;
- Through the Primary Care Access Recovery Plan, the ICB would ensure that GP surgeries had the correct linkage in place to utilise the NHS App;
- National and local support would be available to assist surgeries with the digital transition and implementation;
- In respect of a Lincolnshire based NHS App:
  - The ICB had funded some digital developments for Lincolnshire, such as the facility for surgeries to send mass texts, however anticipated NHS App developments would incorporate such services in due course; and
  - Many South Holland residents utilised hospitals outside of the county, such as Peterborough City Hospital, which would not be included in a specific Lincolnshire NHS App. A benefit of the development of the national NHS App included access to the wider NHS system.

- Members noted the extended services (to be) offered by surgeries however stated that a focus was required on the provision of core services, and highlighted the following issues:
  - Some surgeries prioritised telephone appointments over in-person appointments however some symptoms were not easily articulated by individuals and a professional visual diagnosis was needed. The securing of a face-to-face appointment needed to be made easier; and
  - One surgery in the district did not open for a full five

days in any one week.

- The Director of Primary Care and Community and Social Value responded that:
  - Member feedback regarding 'access' was not consistent with ICB expectations and information regarding the issue would be sought;
  - Telephone appointments worked well in some cases, such as routine repeat prescriptions, however the clinician was required to establish the most appropriate appointment type;
  - An increase in demand for GP appointments had challenged the types of clinical approaches taken for episodic and continuity of care needs; and
  - The Primary Care Recovery Plan aimed to improve general access.

- Members acknowledged the status of GP surgeries as 'separate businesses', and asked to what extent additional services provided a financial benefit to surgeries compared to the provision of core services.
  - The Director of Primary Care and Community and Social Value responded that:
    - The finance funding model was complex, for example: whilst provision of extended services fell within the national contract, others which enhanced patient experience, were commissioned by the ICB; and
    - The subject warranted a separate session if requested by members.

- Members expressed disappointment with the 24 per cent overall access to NHS dentists and queried both the national figure and associated target.
  - The Director for Health Inequalities, Prevention and Regional Collaboration stated that:
    - Dental service access within Lincolnshire at 24.26 per cent was higher than the national average however the ambition was for this to be improved;
    - No targets were in place but this would be reviewed as part of the health needs analysis; and
    - The national dental access percentage figures would be relayed to members outside

of the meeting.

- Members were pleased that 14 new dentists had been recruited for Lincolnshire but relayed experiences of difficulties in the sourcing dentists for people with learning disabilities.
    - The Director for Health Inequalities, Prevention and Regional Collaboration would seek further information from the member outside of the meeting.

- Members referred to the additional services being/to be delivered by pharmacies and expressed concern that pharmacies were already overstretched. The loss of two pharmacies in Spalding had increased pressure with prescription fulfilment taking up to 10 days. Were there any plans to improve this situation?
    - The Director of Primary Care and Community and Social Value responded that:
        - The Primary Care Access Recovery Plan included the development of Community Pharmacy as part of the solution;
        - The development of Community Pharmacy represented new investment which had been welcomed by pharmacies to invigorate their services. Almost 100 per cent of pharmacies in Lincolnshire had agreed to take on the extended services; and
        - Lincolnshire planned to develop a Pharmacy Community Strategy aimed at workforce development.

- Members had been made aware of a new national NHS Health and Lifestyle survey, the results of which would be fed into the development of the cloud-based system. Could information regarding this be provided?
    - The ICB representatives would investigate and forward details to members after the meeting.

- Members referred to the housebuilding growth in the district and stated that the size of surgery facilities had fallen behind the increased need to service the population. Some surgeries had been unable to accommodate the requisite number of GPs at surgery premises and this had led to a greater preponderance of telephone consultations. Members asked whether any capital investment was planned for surgeries to address the issue.
    - The Director of Primary Care and Community and Social Value responded that:

- A survey of GP estates had recently been undertaken which had established both the current position and that of current and future needs;
- Funds had previously been accessed through the Estates Transformation Technology Fund (ETTF) for Primary Care developments however this funding stream was no longer available;
- Where surgery expansion was required as a result of housing growth, conditions could be placed upon the developer to provide funds to expand local services (Section 106) and drawndown where conditions were met; and
- The ICB representatives would investigate whether any wider funding opportunities were available and circulate these findings to the panel.

- Members expressed concern if Section 106 funds represented the sole source of potential capital investment for surgeries. Members requested to be advised of the total value of Lincolnshire Section 106 funds that were currently held.
    - The Director of Primary Care and Community and Social Value responded that the information would be circulated to members after the meeting.

- Members relayed difficulties in securing a car park space at hospitals which had led to late arrivals or missed appointments.

- Members relayed incidents of scam calls that requested that patients attend appointments which, due to the personal health information disclosed, appeared genuine.
    - The Director of Primary Care and Community and Social Value expressed concern of this report and would investigate the issue.

AGREED:

Following consideration of the presentation by the Performance Monitoring Panel:

a) That the ICB presentation be noted by the Panel; and

b) That the comments of the Panel be noted by the ICB representatives.

55 ATTENDANCE BY THE HOMELESSNESS REDUCTION MANAGER

Following presentation of the 2023/2024 Q2 Performance Report to the Performance Monitoring Panel on 15 November 2023, the Homelessness Reduction Manager attended to answer members' questions.

The Homelessness Reduction Manager gave the following overview of the role of the homelessness service:

- To work with people who presented themselves to the team, including;
    - Residents who experienced difficulties with housing such as those coming to the end of a current situation where early intervention was key; or where individuals were already in a homeless situation; and
    - Residents who anticipated problems in the near future where general advice could be given; and
- Partnership working with Change4Lincs in liaison with the Rough Sleeper Team.

An update on requested data trends was presented to the Panel, which included that:

- 86 assessments had been undertaken, 31 of which were in Prevention, and 53 in Relief;
- The trends fluctuated seasonally with greater approaches made in the winter months and school holiday periods; and
- Identified trends reflected how the service operated.

Members thanked the Homelessness Reduction Manager for his attendance and the following comments were made:

- Members asked whether it was known whether those presenting as homeless were from outside of the district; was such information monitored; and was the provision of a hostel being considered.
    - The Homelessness Reduction Manager responded that:
        - The team established whether those presenting as homeless were SHDC residents, and this information was monitored ;
        - The obligations of the Council were limited to those with a local connection or where a person was fleeing certain situations, such as domestic abuse;
        - Where a local connection was not

established, a person would be referred back to their origin local authority who were obliged to accept the case within ten days;
        - A hostel arrangement was being explored to improve the local situation; and
        - Assistance was refused by some homeless people and officers needed to be aware of individual circumstances when dealing with complex cases.
    - The Assistant Director – Wellbeing and Community Leadership added that:
        - Complex homelessness cases which related to a range of serious health and addiction issues posed challenges across the whole S&ELCP area; Lincolnshire County Council had statutory responsibilities for some of the issues;
        - S&ELCP officers understood their areas and the individuals they were working with and actively collaborated with key partners for funding applications when these were identified; and
        - Whilst the establishment of a hostel would involve significant financial cost, this option was being explored in the partnership sub-region, in liaison with a network of partners, as part of a whole system, multi-agency approach.

- Members stated that rough sleepers needed urgent shelter and that the multi-agency approach presented barriers to immediate assistance. Consequentially, such cases presented at overstretched services such as the NHS, social care, and police.
    - The Homelessness Reduction Manager stated that the team was required to operate within a legal framework. Research needed to take place on a case-by-case basis in order to best support the individual going forward and prevent a cycle of homelessness; and
    - The Assistant Director – Wellbeing and Community Leadership responded that rather being a drain on resources, the person-centric and multi-agency approach was aimed at reducing pressure on services, such as repeat crisis hospital admissions.

- Members asked for an outline of action taken when a rough sleeper was identified at night.

- The Homelessness Reduction Manager responded that:
  - The Outreach Team executed a 'person-centric' approach which aimed to build rapport with individuals and endeavoured to establish the circumstances of the homeless situation;
  - Individuals would be given actions and advice in order to find a solution for their situation;
  - A Priority Needs Assessment would be undertaken and depending on the circumstances, accommodation may be offered that night; and
  - Severe Weather Emergency Protocol (SWEP) applied during a forecasted period of three or more consecutive nights with a minimum temperature of zero degrees.

- Members stated that individuals should be encouraged to seek help prior to being made homeless and utilise services such as the Citizens Advice Bureau.

- Members asked for details of involvement form the Lighthouse Church.
  - The Homelessness Reduction Manager responded that the Lighthouse Church provided much support in co-operation with the Council, including arrangements to house rough sleepers during SWEP.

- Members asked whether sufficient physical and financial resources were available to deal with the increased need.
  - The Homelessness Reduction Manager responded that:
    - The Council had received funding which ensured that sufficient support resources were in place; further funding would be sought according to need; and
    - This was monitored to ensure that the right resources were in place where needed.
  - The Assistant Director – Wellbeing and Community Leadership added that:
    - Rough Sleeper outreach resources were contracted out as required;
    - In-house resources were sufficient and the team worked efficiently and effectively adapting to both legislative and economic changes;

        - A Homelessness Prevention Grant and further top-up grant had been received from central government; and
        - Resources from additional schemes, such as the Local Authority Housing Scheme had been obtained, which included temporary accommodation opportunities.

- Members queried whether the outreach team patrolled the district 24 hours a day, or if their work was informed by public reports.
    - The Homelessness Reduction Manager responded that:
        - The Homelessness team collated details from direct phone calls or information submitted via 'Streetlink', as published on the 'Housing Advice and Homelessness' page of the SHDC website;
        - The team utilised the 'What3Words' App to locate rough sleeping activity with accuracy; and
        - Outreach patrol routes were planned to incorporate known rough sleeping areas across the whole district.

- Members asked whether private landlords were willing to assist those in receipt of Housing Benefit.
    - The Homelessness Reduction Manager responded that:
        - A stigma prevailed in this area however an Accommodation Officer had been introduced within the team to work with landlords in the temporary accommodation and private rented sector which aimed to build relationships and increase understanding;
        - The aim was for a resident to be in a position to support a home for the longer term and much work was undertaken with a resident, to ensure affordability, prior to any discharge of local authority duty and referral to the private rental sector;
        - There was a mixed approach as to whether Housing Benefit was paid direct to a private landlord or the resident.

- Members asked for the level of increase in respect of rough sleeping and homelessness within the last year.
    - The Homelessness Reduction Manager responded

that:

- A slight increase in 'approaches' had occurred; and
- There was an upward trend in rough sleeping. The Rough Sleeper Count, undertaken in November every year, had seen an increase for South Holland from 7 to 10, and in Lincolnshire overall from 42 to 66.

- Members asked for the amount spent on temporary accommodation.
  - The Homelessness Reduction Manager responded that:
    - Spend per case depended on the number of people within a particular family group that needed to be housed; and
    - The 2023/2024 budget was set at £500,000, however for 2024/2025, this would be reduced to £350,000. Nightly accommodation costs were expensive, and options were being pursued so that the service could be delivered within the reduced budget.

- Members asked that the criteria assessment for rough sleepers be circulated to members of the panel.
  - The Homelessness Reduction Manager responded that this would be delivered as part of workshop for members.

- Members received requests for support from members of the public and asked for clarification of the best route for people to take if they anticipated homelessness.
  - The Homelessness Reduction Manager responded that:
    - Where support was requested directly to members, information should be forwarded to the homelessness inbox with contact details of the individual(s) concerned so that contact could be sought;
    - Individuals could call the council offices directly;
    - A link to the contact details for the Homelessness team was published on the council website;
    - In addition, Housing Advice Hubs were being set up in order to assist with prevention of homelessness - the first of which was anticipated to take place at the South Holland

Centre in March 2024; and
- The communication channels would be circulated to members.

- The Assistant Director – Wellbeing and Community Leadership concluded with a strong message for anyone who anticipated homelessness to contact the council at the earliest possible opportunity so that prevention support could be offered.

AGREED:

That the update be noted.

56 REVIEW OF IMPLEMENTED PLANNING DECISIONS

Consideration was given to the report of the Head of Planning which updated the Performance Monitoring Panel of the Review of Implemented Planning Decisions Tour, subsequent to being presented to the Planning Committee.

The Chairman introduced the report, on behalf of the Principal Planning Officer, and stated that the contents had been accepted by the Planning Committee at its meeting on 10 January 2024.

Members considered the report and made the following comments:

- Members noted the upcoming 'five-year' period of the current Local Plan and asked that comments from the Review of Implemented Planning Decisions exercise be considered as and when the Local Plan was to be reviewed.

- Members queried the action to be taken as a result of the exercise and stated that recurring issues persisted with issues, such as the placement of meter boxes, which previous recommendations had attempted to address. In this regard, members requested that a comment be sent to Planning Officers which requested that all recommendations throughout the report be taken into consideration for future planning applications.

AGREED:

Following presentation of the report to the Performance Monitoring Panel subsequent to presentation of the report to the

Planning Committee:

a) That the contents of the report be noted;

b) That the comments of the Panel be noted by Planning Officers;

c) That the Review of Implemented Planning Decisions occurred every two years, in place of the current process which occurred annually; and

d) That for future Review of Implemented Planning Decision Tours, invitations be extended to include members of the Planning Committee.

57 PERFORMANCE MONITORING PANEL WORK PROGRAMME

Consideration was given to the report of the Assistance Director – Governance which set out the Work Programme of the Performance Monitoring Panel and requested items for consideration
for inclusion.

The Democratic Services Officer introduced the report, and the following main points were highlighted:

- Scheduled meetings of the Panel and respective expected items were outlined at Appendix A; this included a meeting of the Joint Performance Monitoring Panel and Policy Development Panel on 25 January 2024 to scrutinise the 2024/2025 budget; and
- Appendix B detailed the Task Groups of the Panel.

The Chairman stated that:

- It was his understanding that a Business Plan had been produced for the South Holland Centre. Since members of the South Holland Centre Task Group had been drawn from both the Performance Monitoring Panel and the Policy Development Panel, it had been suggested that a Special joint meeting be arranged for scrutiny of the Business Plan; and
- Arrangements for the Special joint meeting would be circulated to members of both panels in due course. As a result, the South Holland Centre Task Group update, scheduled for the 19 March 2024 Performance Monitoring Panel meeting, was to be removed from the Work Programme.

AGREED:

That the content of the report be noted.

58 SIR HALLEY STEWART PLAYING FIELD TASK GROUP (UPDATE ON PROGRESS OF RECOMMENDATIONS)

Consideration was given to the verbal update of the Strategic Operational and Property Manager which updated the Panel on progress made towards the Sir Halley Stewart Playing Field Task Group recommendations.

The Strategic Operational and Property Manager presented the following verbal update to the Panel:

- Following legal advice, an agreement had been made at the Full Council meeting held on 26 July 2023, to seek a suitable tenant for at least seven years in respect of the Sir Halley Stewart Playing Field;
- The lease would include a fully ratified contract which included stated terms from the 1951 deeds, in accordance with Charity Commission requirements;
- Since July 2023, negotiations had taken place with an interested party;
- Subsequent to a meeting in October 2023, the interest party was keen to secure the lease, ideally before the end of March 2024; and
- 'Heads of Terms' had been produced and would be subject to agreement at Full Council.

Members considered the update and made the following comments:

- Members queried whether more than one interested party had been forthcoming?
    - The Strategic Operational and Property Manager responded that two interested parties had come forward initially but that circumstances had changed.

AGREED:

That the verbal update be noted.

59 ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT

There were none.

60 EXCLUSION OF THE PRESS AND PUBLIC

Under section 100A (4) of the Local Government Act 1972, the press and public were excluded from the meeting for the following items of business on the grounds that they involved the likely disclosure of exempt information as defined in Paragraphs 2, 3 and 4 of Part 1 of Schedule 12A of the Act.

61 SIR HALLEY STEWART PLAYING FIELD TASK GROUP (UPDATE ON PROGRESS OF RECOMMENDATIONS)

The consideration of exempt information was not required.

62 RESTRICTED MINUTE

Members considered the exempt minute from the 15 November 2023 Performance Monitoring Panel meeting.

No comments were made.

AGREED:

That the exempt minute from the 15 November 2023 Performance Monitoring Panel meeting be signed as a correct record.

(The meeting ended at 8.50 pm)

(End of minutes)

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Primary Care Performance & Access

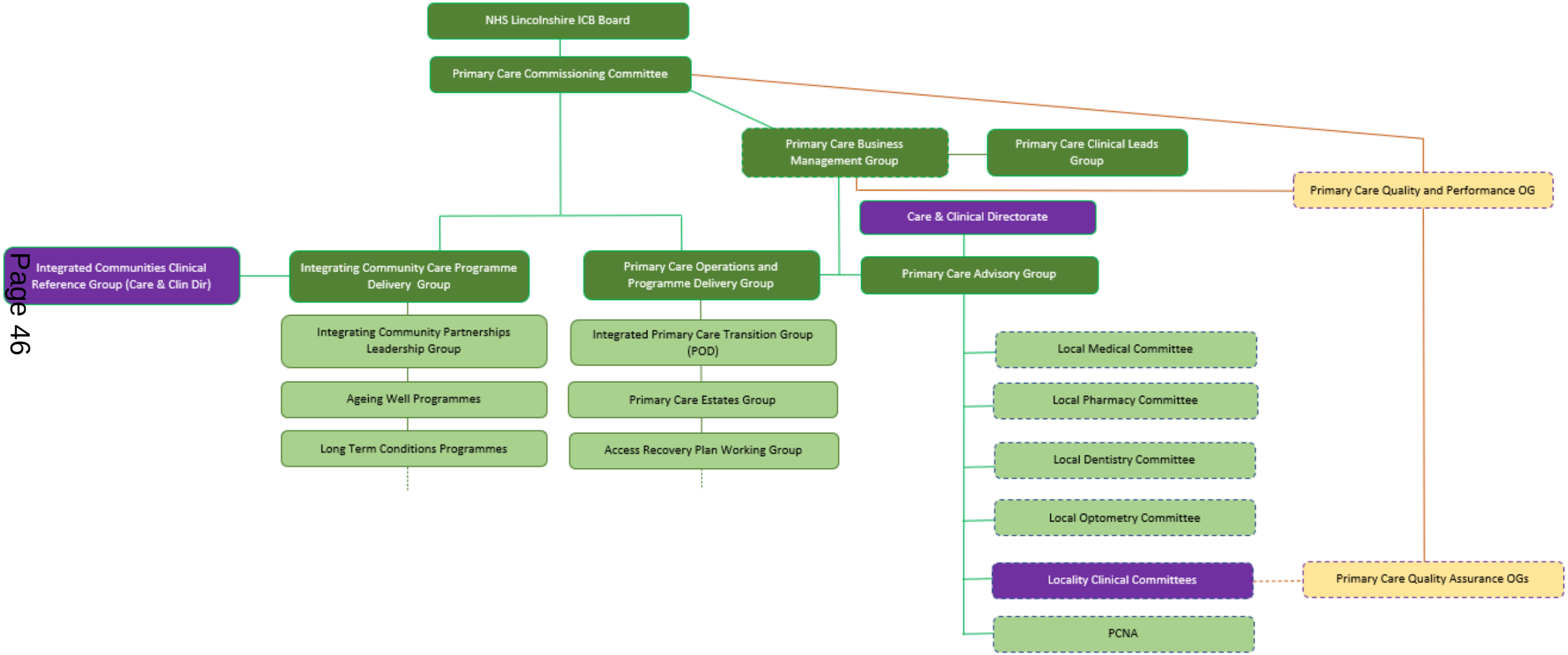
Update to the SHDC Performance Monitoring Panel 23rd January 2024

NHS Lincolnshire Integrated Care Board

General practice commissioning

- NHS England (NHSE) holds overall accountability for commissioning and funding primary care services in England.
- The Heath and Care Act 2022 established Integrated Care Boards (ICB) – ICBs have taken on delegated functions for primary care commissioning and planning.
- ICBs assume responsibility for primary care commissioning in that area and provide assurance to NHSE that those functions are being discharged safely, effectively and in line with legislation.
- NHS Lincolnshire ICB has a Primary Care Commissioning Committee which oversees primary care commissioning in the County and report to the ICB's Board.

General practice - ICB Governance



General practice contracts

- There are three types of General Practice contract:
  - *General Medical Services*– the standard contract, agreed nationally
  - *Primary Medical Services* agreements – as above but negotiated and agreed locally with a practice or practices
  - *Alternative Provider Medical Services* – allow more flexibility and can be used commission non-core services
- GP Practices usually provide other services which attract additional funding – these may be through local or national commissioning arrangements and may not be mandated - e.g. phlebotomy (taking blood samples), carrying out annual health checks for people with a learning disability, providing covid booster vaccinations.
- Primary Care Networks also receive funding to provide additional services through federations or lead GP practices - e.g. provision of enhanced access appointments outside core hours

GP accountability

- GP practices are accountable to the commissioner for delivery of their contract
- A range of performance data is available to commissioners e.g.
  - appointment and access data
  - prescribing data
  - QOF delivery
  - patient complaints and satisfaction surveys
- The ICB reviews and monitors GP practice service delivery and supports improvements where required
- The Care Quality Commission is the independent regulator and inspects GP practices against a defined framework

GP access

- Access to GP practices is a national priority – NHSE published the Primary Care Access Recovery Plan in May 2023.
- Key objectives for the plan are:
  - To tackle the 8am rush
  - People know what will happen following their contact
- Delivery of the plan is through a joint effort between GP practices, Primary Care Networks (PCN), ICBs and NHSE
  - ICBs are required to produce a Primary Care System Level Access Improvement Plan and report on delivery
  - PCNs are required to produce an Access Improvement Plan for their practices – PCN access funding is subject to delivery of the plan

Governance and support workstreams are designed to support the key focus areas of the plan:

NHS England

Areas to support recovery and deliver the ambitions.

1	**Empower**	• Improving NHS App functionality	• Increasing self-referral pathways	• Expanding community pharmacy	
2	**Implement new Practice Access approach**	• Roll-out of digital telephony	• Easier digital access to help tackle 8am rush	• Care navigation and continuity	• Rapid assessment and response
3	**Build capacity**	• Growing multi-disciplinary teams	• More new doctors	• Retention and return of experienced GPs	• Priority of primary care in new housing developments
4	**Cut bureaucracy**	• Improving the primary-secondary care interface	• Building on the 'Bureaucracy Busting Concordat'	• Reducing IIF indicators and freeing up resources	

Primary Care Access Recovery Plan - Lincolnshire

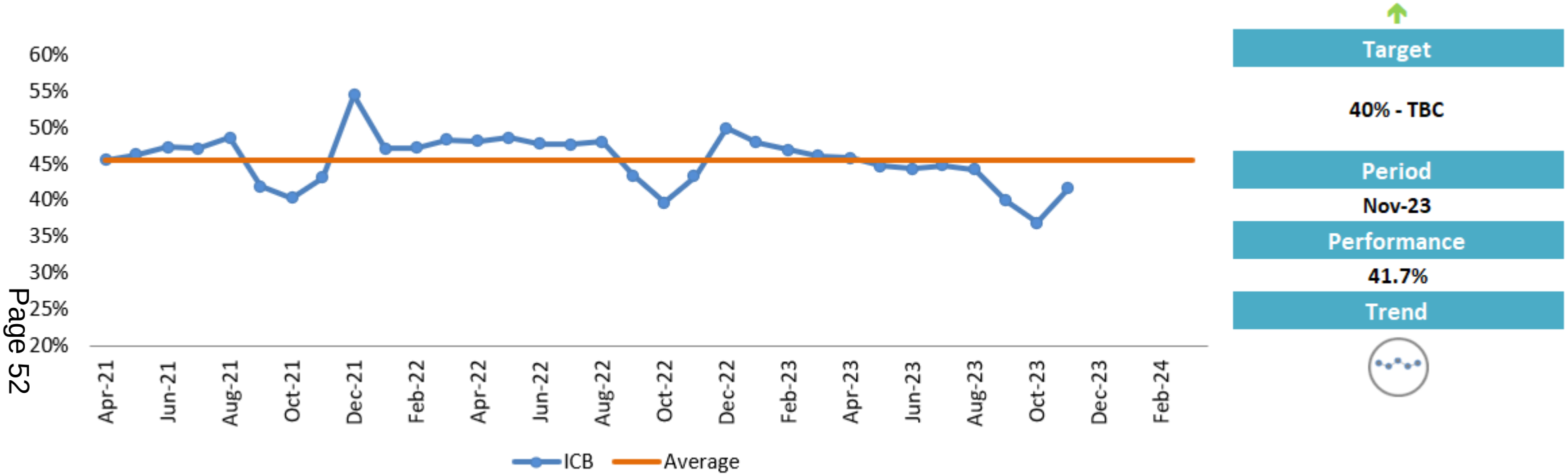
The ICB is working with GP practices and PCNs to improve access:

- Practice websites are more accessible
- Practices offer online appointment booking and cancellation
- Practices will move to digital telephone systems by April 2024 – this will improve phone access and introduce improved call waiting and call back
- Practices have online consultation systems – the ICB will continue to work with Lincolnshire County Council and other groups to support people to make use of online access
- Practices are being supported through the GP Improvement Programme to identify areas of good practice and to address issues
- PCNs continue to recruit additional workforce (£20m available for Lincolnshire)

The ICB is working with PCNs on developing estates strategies to provide space for services and workforce into the future.

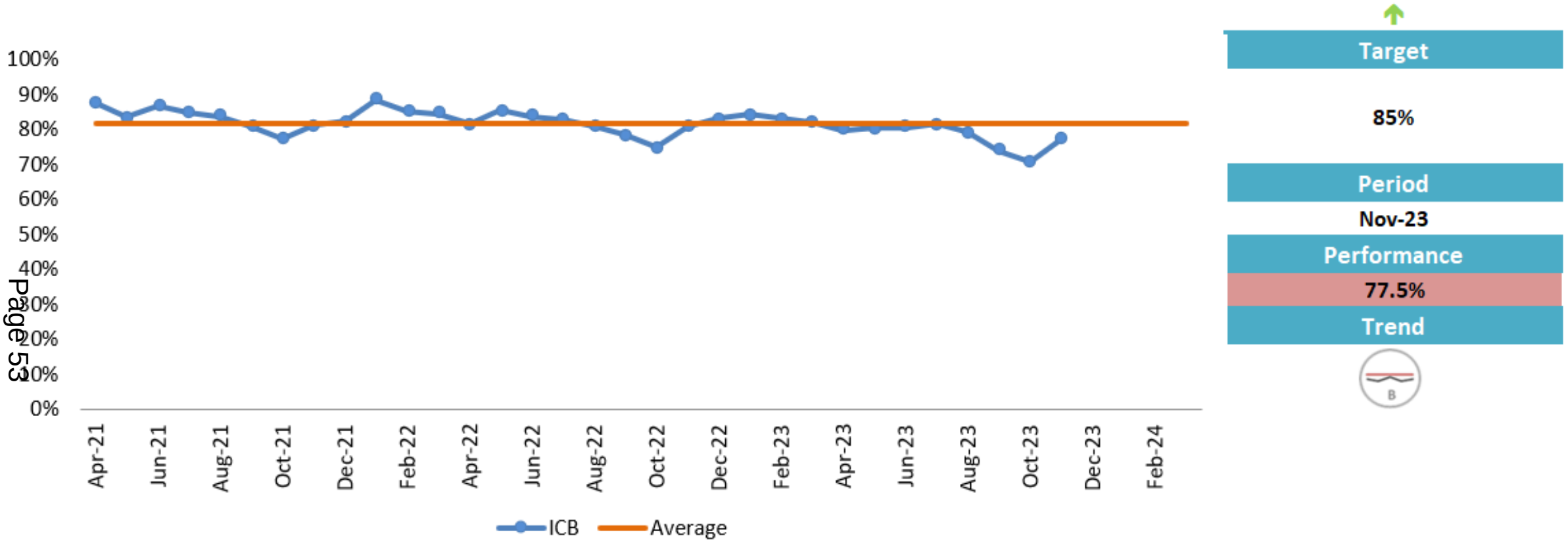
Work is ongoing with GP practices to address current estates issues.

GP appointments – same day



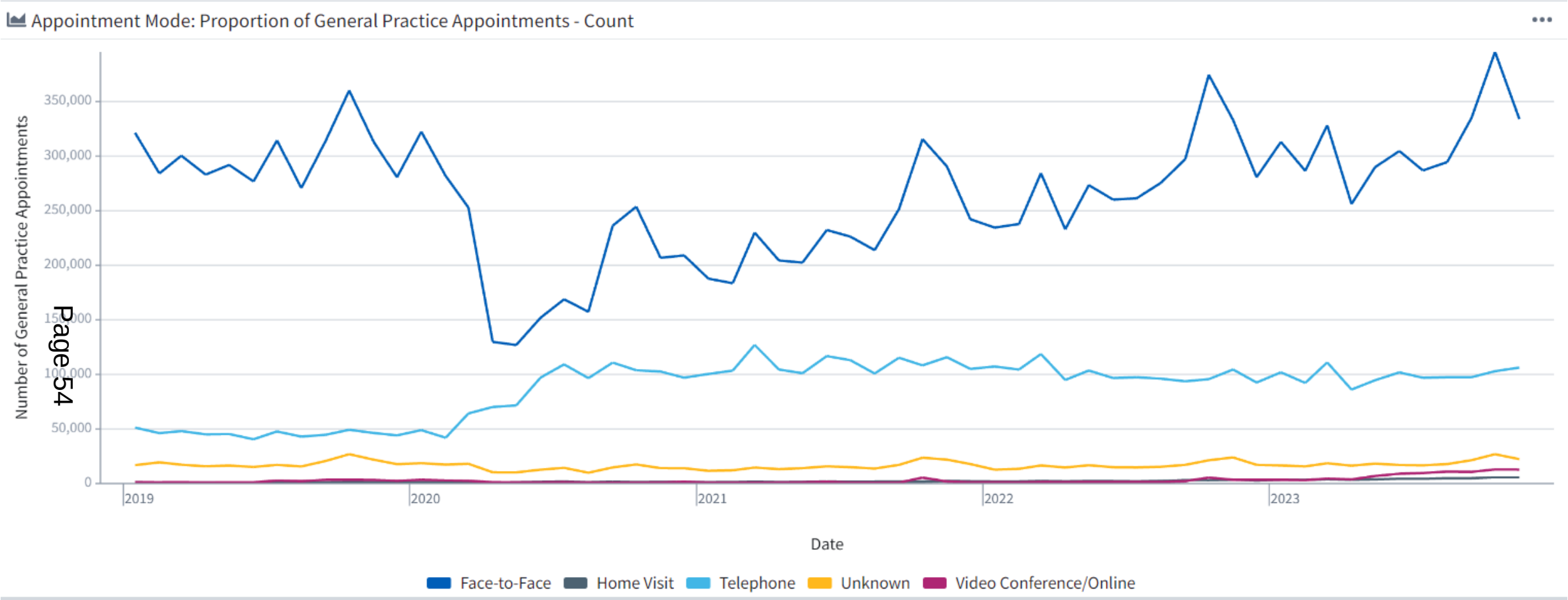
- The 40% target is purely indicative at this point and based on current guidance from NHSE regional team. The actual target will be confirmed in due course.
- The percentage of same day appointments dip around October of each year – this is linked to vaccination programme delivery (flu and covid booster)

GP appointments – within two weeks



- Lincolnshire GP practices are delivering more appointments – 122% compared to 2019

GP appointments – by type

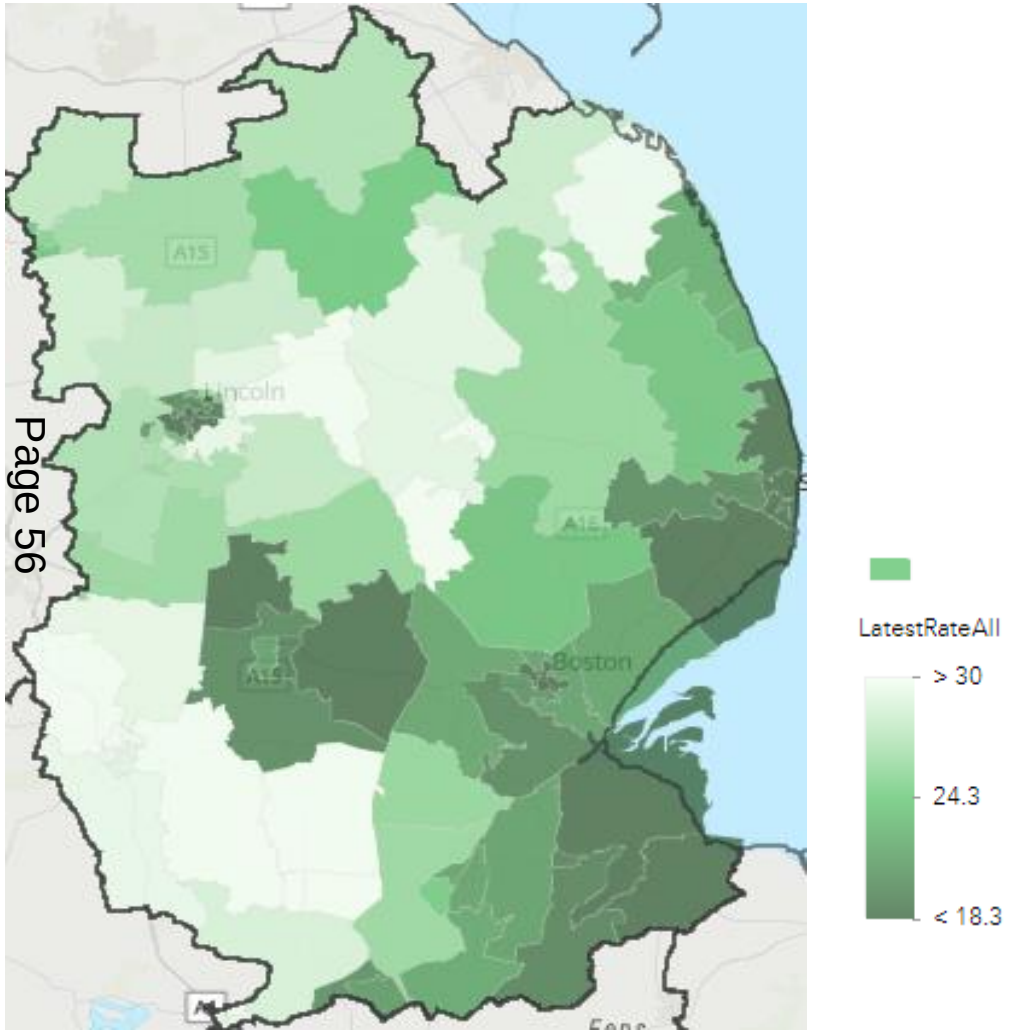


- Lincolnshire GP practices are delivering more appointments – 122% compared to 2019
- The number of face-to-face appointments in Lincolnshire is comparable to pre-pandemic with more phone consultations

Dental update

NHS Lincolnshire Integrated Care Board

Access to NHS Dental Services



Group	Pop. Accessing NHS Dentistry	Total Pop.	Access Rate	Comparison to National Average
All	186,429	768,402	24.26%	higher
Adults	133,970	624,133	21.5%	higher
0-17	52,505	144,269	36.4%	higher

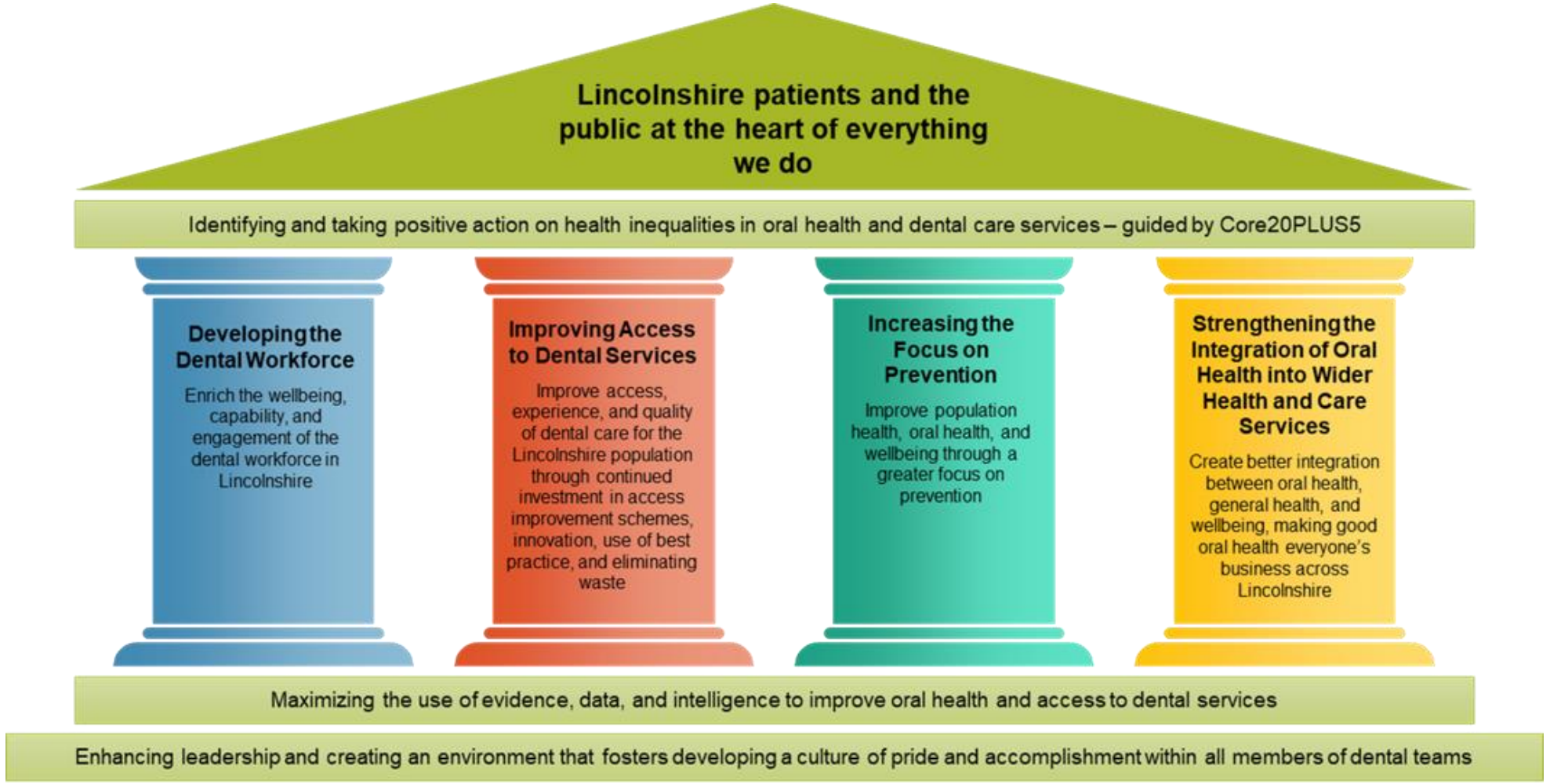
Access data- ICB: Lincolnshire ICB (QJM)
Latest dental access data from NHS BSA- **July-December 2022.**
Latest population data from ONS- **Mid year 2021**

Number of Dental Practices in the South Holland area is 6, 5 General Dental Services and 1 Specialist Orthodontic Practice. Extended/out of hours cover is provided by an 8-8 NHS dental practice located in Spalding. This is an NHS dental service which provides access to patients from 8am to 8pm every single day of the year (365 days) and provides both routine and urgent dental care.
Current performance for General Dental Services –
60.78% UDA delivery as of December 2023. Currently performing lower than Lincolnshire average
There have been no recent terminations (handbacks) or contract reductions
No specific quality concerns for the South Holland area

Steps being taken to improve NHS dentistry provision

- A **dental strategy** was created for Lincolnshire to provide a framework for the ICB and its partners to support action over the next 3 years. Within the strategy is a wide programme of work covering 4 themes aimed at improving oral health and dental services through a ‘whole system’ approach
- **Oral Health Needs Assessment (OHNA)** for Lincolnshire to be completed by Dental Public Health Consultant March 2024.
- Stakeholder engagement and consultation will be undertaken on the proposed **commissioning intentions**.
- **A procurement programme is being developed for 2024/25**,
- In the **interim** to prioritise and support schemes which provide additional NHS dental access and reduce waiting lists.

Lincolnshire Dental Strategy



Lincolnshire Dental Strategy – Workstream examples

- To retain the existing workforce and explore with Partners both locally and nationally how to develop and grow our workforce in Lincolnshire in the short/medium and long term.

    - **short term –** recruitment incentives to support local workforce / capacity constraints such as the Golden Hello
    - **medium/long term -** the development and establishment of a Centre of Dental Development in Lincolnshire to co-ordinate and lead on increasing the number of people training in Lincolnshire, recognising that training in an area increases a person's likelihood of them then going on to work in that location.
    - Maximising the skills of the whole dental workforce to the full potential and appreciating the skills and talents of all members within dental team to deliver high-quality dental care.

- Improving access to NHS Dentistry, which is timely and appropriate

    - Identifying local populations with the greatest needs can be further supported to access dental services. Example identifying the need for additional new services such as mobile dental services for those from severe multiple disadvantaged groups.
    - Monitoring of and adherence to personalised recall intervals