

WEST LINDSEY DISTRICT COUNCIL

MINUTES of the Meeting of the Overview and Scrutiny Committee held in the Council Chamber - The Guildhall on 24 June 2025 commencing at 6.30 pm.

Present: Councillor Jacob Flear (Vice-Chairman) and Councillor Moira Westley (Vice-Chairman)
Councillor Emma Bailey
Councillor John Barrett
Councillor Jeanette McGhee
Councillor Peter Morris
Councillor Lynda Mullally
Councillor Maureen Palmer
Councillor Roger Pilgrim

In Attendance:
Nova Roberts Director of Change Management, ICT & Regulatory Services
Ele Snow Senior Democratic and Civic Officer
Molly Spencer Democratic & Civic Officer
Professor Derek Ward Director of Public Health – Lincolnshire County Council

Apologies: Councillor Paul Howitt-Cowan
Councillor Trevor Bridgwood
Councillor Frazer Brown
Councillor Karen Carless
Councillor Liz Clews

Membership: Councillor Jeanette McGhee was appointed substitute for Councillor Trevor Bridgwood

1 MINUTES OF THE PREVIOUS MEETING

On being put to the vote it was

RESOLVED that the Minutes of the Meeting of the Overview and Scrutiny Committee held on Tuesday 15 April 2025 be confirmed and signed as a correct record.

2 MEMBERS' DECLARATIONS OF INTEREST

There were no declarations of interest made.

3 MATTERS ARISING SCHEDULE

The Democratic and Civic Officer provided an update on several matters arising items previously raised by the Committee. Firstly, that the status of the Police and Crime Commissioner Invitation had been updated to black. As previously reported, an invitation had already been extended to the Police and Crime Commissioner (PCC). Members were reminded that the PCC had indicated they would contact the Leader of the Council directly. The Leader would then liaise with Members as appropriate. No further developments were reported at this time.

The status of the matters arising related to the Local Resilience Forum Presentation had also been updated to black. Members were advised that the Local Resilience Forum (LRF) presentation would now be incorporated into the Committee's work plan. Ian Reed had confirmed his willingness to support the session, and arrangements would be made for the LRF to present towards the end of the civic year.

The last status update was in relation to the Health Scrutiny Committee Update it was reported that the status of this item had been updated to black. Future updates from the Health Scrutiny Committee would now be included as a standing quarterly item within West Lindsey District Council's Monthly Members' Newsletter.

A query was raised regarding the matters arising relating to the battery storage legislation. It was noted that the date field within this section had been left blank. Clarification was sought as to whether any developments were currently in progress. It was further observed that an increase in battery storage applications was anticipated, and it was considered important that Members be made aware of the relevant legislation and associated risks.

In response, it was confirmed by the Senior Democratic and Civic Officer that the Committee was awaiting the release of the relevant legislation from Central Government. It was advised that, once the legislation had been confirmed and formally shared with local authorities, a presentation would be arranged to outline the updated provisions and their implications for local authorities in the context of processing related applications.

A query was raised regarding the Police and Crime Commissioner (PCC). It was observed that the PCC appeared unwilling to attend the Committee in person and instead intended to communicate via written correspondence directed to the Leader of the Council. Clarification was sought as to whether this was the correct interpretation.

In response, it was confirmed by the Senior Democratic and Civic Officer that it was standard practice for the PCC to extend an invitation to the Leader of the Council, who would then determine whether to accept or decline. It was further advised that the invitation for the PCC to attend the Overview and Scrutiny Committee would be superseded by the broader offer extended to all councillors. It was noted that such sessions were typically held in a closed session format.

With no further comments or questions, the Matters Arising Schedule was **DULY NOTED**.

4 PRESENTATION ITEM - PUBLIC HEALTH ANNUAL REPORT 2024

A presentation was delivered by Professor Derek Ward, Director of Public Health, outlining key findings from the 2023/24 Annual Report. It was explained that Lincolnshire's ageing

population and rising complexity of health conditions had placed increasing pressure on a system that had not significantly evolved since 1948.

It was reported that health inequalities remained pronounced, particularly in rural and coastal areas. A mismatch was identified between service provision and population need, with a standardised care model failing to reflect local deprivation and demographic variation.

Spending patterns were highlighted, with over £2.5 billion allocated annually to health and care in Lincolnshire. Despite this, it was stated that outcomes remained unsatisfactory, and a shift towards prevention, community-based care, and digital solutions was recommended.

Examples of effective models from other regions and countries were shared, including digital care pathways and community health workers. It was suggested that these could improve outcomes and reduce costs if adapted locally.

The need for integrated, person-centred care and a reformed workforce approach was emphasised. The need for a broader public dialogue to clarify expectations and responsibilities in health and care was acknowledged. Professor Ward concluded his presentation and was thanked by the Chairman. Members were then invited to comment and ask questions.

Clarification was sought on the extent to which the proposals represented new approaches, with reference made to existing integrated neighbourhood teams, community-based services, and the challenges of accessing clinical care. Concerns were expressed regarding the capacity of primary care services, particularly in relation to routine procedures such as blood testing, and the potential for digital solutions to address these issues.

It was noted that while the report emphasised prevention and community engagement, Members highlighted the importance of ensuring adequate clinical access and the effective use of existing local resources. Suggestions were made regarding workforce recruitment, capacity sharing across primary care networks, and the need to address operational inefficiencies in local service delivery.

Professor Ward responded by acknowledging the validity of the concerns raised and reiterated the importance of system-wide integration, simplification of service structures, and the need to create capacity through more efficient models of care.

Further comments were raised by Members regarding historical proposals for community-based care models, such as community wards, which had previously been discussed but not implemented. Reference was made to ongoing challenges in GP recruitment, with anecdotal evidence suggesting that newly qualified doctors were increasingly seeking opportunities outside the UK.

It was reiterated that the Director of Public Health held no direct authority over NHS operations, including GP recruitment or service commissioning. However, it was stated that the report aimed to present evidence-based recommendations for improving health outcomes in Lincolnshire, recognising the limitations of current service models.

It was further noted that clinical access alone would not resolve all health challenges, and that wider determinants such as housing, employment, and social support played a critical

role in individual wellbeing. The importance of a holistic approach to care was emphasised, with the view that both clinical and non-clinical factors must be addressed in tandem.

Additional comments were raised by Members regarding the importance of public education in navigating healthcare services. It was suggested that greater awareness was needed to help individuals understand when clinical intervention was necessary and when alternative support might be more appropriate.

Observations were made regarding the use of international models, with reference to countries such as Cuba, where early screening and community-based care had been implemented successfully. It was noted that such approaches could be particularly beneficial in rural areas, where access to multi-disciplinary teams remained limited. Concerns were expressed about the lack of continuity in GP services, particularly in areas reliant on locum provision, which was seen to undermine patient confidence and delay early intervention.

The issue of women's healthcare was also raised, with specific reference to inconsistent access to support for premenopausal, perimenopausal, and postmenopausal women. It was noted that this gap in provision contributed to wider health issues, including mental health and obesity, and that clearer, more consistent care pathways were needed.

Further comments were made regarding the lack of specialist provision for women's health in Lincolnshire. It was noted that the county did not currently have a dedicated women's health centre, and that conditions such as endometriosis were often poorly recognised and inadequately treated within primary care. The absence of local specialist services was reported to have led some residents to seek care outside the county. The importance of addressing this gap was emphasised by Members.

In response, Professor Ward acknowledged the importance of continuity of care for individuals with complex needs and reiterated the need to create capacity within the system by ensuring that clinical time was directed appropriately. It was noted that while GP recruitment remained a challenge, alternative models of care delivery could be explored. The significance of women's health was also recognised, and reference was made to the national Women's Health Strategy. It was suggested that such considerations should be embedded within broader health planning, given that women represented the majority of Lincolnshire's population.

Visiting Members raised further points in relation to the long-term impact of COVID-19, with specific reference to individuals experiencing long term COVID related health conditions and the associated delays in accessing specialist care. It was noted that such cases continued to place pressure on the health system, and a query was raised regarding how these needs were being addressed.

In response, it was confirmed that while the current report focused on system-wide reform rather than specific conditions, a previous Director of Public Health report authored by Professor Ward in 2022 had addressed the impact of COVID-19, with particular emphasis on children and young people. It was acknowledged that long COVID clinics and pathways had since been established, though significant waiting times remained.

Reflections were also shared on historical models of community-based care, including the role of multi-skilled practitioners who had previously provided integrated support across

health and social care. It was suggested that the system had become increasingly specialised over time, and that a return to more generalist, person-centred care could offer benefits. Professor Ward agreed that a rebalancing of the workforce towards generalist roles in community and primary care would be beneficial.

With no further comments, the Chairman thanked Professor Ward for his presentation and acknowledged the contributions made by Members and brought the item to a close.

5 OVERVIEW & SCRUTINY COMMITTEE - OPERATING METHODOLOGY

The Senior Democratic and Civic Officer introduced the report, advising that the Committee was asked to re-approve its operating methodology for the forthcoming civic year. It was confirmed that no amendments had been proposed at the Annual Council Meeting on 12 May 2025, and the document was presented in its current form for formal approval.

With no comments or questions, and upon being proposed, seconded and voted upon, it was

RESOLVED that the Operating Methodology Report and Appendices be approved for the implementation throughout the 2025/26 Civic Year.

6 FORWARD PLAN

With no comments or questions, the forward plan was **DULY NOTED**.

7 COMMITTEE WORKPLAN

The Democratic and Civic Officer introduced the Committee Workplan, explaining that the item was presented for noting. It was confirmed that the list of pending items and areas of work had been carried forward from the previous civic year and would be used to inform the scheduling of future agendas. Members were also advised that a standing invitation remained in place for Everyone Active to return and provide their usual update, with the confirmed date to be added to the work plan in due course.

With no further comments or questions, the Workplan was **DULY NOTED**.

The meeting concluded at 7.34 pm.

Chairman