Public Document Pack

Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Direct Dialling: 01522 552104

E-Mail: katrina.cope@lincolnshire.gov.uk

Democratic Services
Lincolnshire County Council
County Offices
Newland
Lincoln LN1 1YL

A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 12 June 2019 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL

MEMBERS OF THE COMMITTEE

County Councillors: C S Macey (Chairman), C J T H Brewis, M T Fido, R J Kendrick, C Matthews, R A Renshaw, M A Whittington and R Wootten

District Councillors: S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), H Matthews (East Lindsey District Council), S Barker-Milan (North Kesteven District Council), G P Scalese (South Holland District Council), Mrs R Kaberry-Brown (South Kesteven District Council) and Mrs A White (West Lindsey District Council)

Healthwatch Lincolnshire: Dr B Wookey

AGENDA

Item	Title	Pages
7	**Women's and Children's Services - Case for Change and Emerging Options** *(To receive a report from the Lincolnshire Sustainability and Transformation Partnership, which sets out the Case for Change for Women's and Children's Services and the proposed options for future services as set out within the Acute Services Review and the feedback to date from Healthy Conversation 2019. Tracy Pilcher, Director of Nursing, Allied Health Professionals and Operations, Lincolnshire Community Health Services NHS Trust and Penny Snowden, Deputy Chief Nurse, United Lincolnshire Hospitals NHS Trust will be in attendance for this item)*	21 - 32
8	**Breast Services - Case for Change and Emerging Options** *(To receive a report from the Lincolnshire Sustainability and Transformation Partnership, which sets out the Case for Change for Breast Services and the proposed options for future services as set out within the Acute Services Review and the feedback to date from the Healthy Conversation 2019. Mr Jibril Jibril, Consultant Surgeon and Head of Service, United Lincolnshire Hospitals NHS Trust and Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group will be in attendance for this item)*	33 - 42
9	**Stroke Services - Case for Change and Emerging Options** *(To receive a report from the Lincolnshire Sustainability and Transformation Partnership, which sets out the Case for Change for Stroke Services and the proposed options for future services as set out within the Acute Services Review and the feedback to date from the Healthy Conversation 2019. Dr Abdul Elmarimi, Consultant in Stroke Medicine, United Lincolnshire Hospitals NHS Trust and Dr Richard Andrew, Consultant Cardiologist, United Lincolnshire Hospitals NHS Trust will be in attendance for this item)*	43 - 56
LUNCH 1.00PM TO 2.00PM		
10	**Non-Emergency Patient Transport Service - Update** *(To receive a report from the NHS Lincolnshire West Clinical Commissioning Group, which provides the Committee with an update on the Non-Emergency Patient Transport Service. Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group will be in attendance for this item)*	57 - 62
11	**Health Scrutiny Committee for Lincolnshire - Work Programme** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comment on its work programme)*	63 - 70

Debbie Barnes OBE
Head of Paid Service
4 June 2019

Lincolnshire COUNTY COUNCIL
Working for a better future

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
15 MAY 2019

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors M T Fido, R J Kendrick, C Matthews, R A Renshaw, R Wootten, B Bilton and L Wootten.

Lincolnshire District Councils

Councillors T Boston (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)) and P Howitt-Cowan (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Dr Dave Baker (GP Chair, South West Lincolnshire Clinical Commissioning Group), Katrina Cope (Senior Democratic Services Officer), Ruth Cumbers (Urgent Care Programme Director, Lincolnshire East CCG), Simon Evans (Health Scrutiny Officer), Wendy Martin (Executive Lead Nurse and Midwife Quality and Governance, Lincolnshire West CCG), Tony McGinty (Interim Director of Public Health), John Turner (Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership), Charley Blyth (Director of Communications and Engagement, Lincolnshire Sustainability & Transformation Partnership) and Dr Yvonne Owen (Medical Director, Lincolnshire Community Health Services NHS Trust).

County Councillor Dr M E Thompson (Executive Support Councillor for NHS Liaison & Community Engagement) attended the meeting as an observer.

106 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors K Cook, M A Whittington and Mrs R Kaberry-Brown (South Kesteven District Council).

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, had appointed Councillor L Wootten to replace Councillor M A Whittington for this meeting only.

An apology for absence was also received from Councillor Mrs S Woolley (Executive Councillor for NHS Liaison & Community Engagement).

107 DECLARATIONS OF MEMBERS' INTEREST

No members' interest were declared at this stage of the meeting.

108 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 17 APRIL 2019

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 17 April 2019 be agreed and signed by the Chairman as a correct record.

109 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the Supplementary Chairman's announcements circulated at the meeting.

The Supplementary Chairman's announcements made reference to the Renal Dialysis Services; United Lincolnshire Hospitals NHS Trust – Members' Forum – 9 May 2019; Membership of the Committee and Training for New Members; and the Quality Accounts Working Group.

During a short discussion, members highlighted the following:

- The ULHT Member Forums – Councillor R Wootten agreed to send notes from the meeting he had attended to the Health Scrutiny Officer to circulate to members of the Committee; and
- The possible closure of the Skellingthorpe Health Centre – Reassurance was given that this matter would be monitored and would receive further consideration by the Committee. The Committee was advised that the matter was due to be considered by the Lincolnshire West Clinical Commissioning Group Primary Care Commissioning Committee on Friday 17 May 2019.

RESOLVED

That the Chairman's Announcements presented as part of the agenda on pages 13 and 14; and the supplementary announcements circulated at the meeting be noted.

110 LINCOLNSHIRE NHS HEALTHY CONVERSATION 2019 - GENERAL PROGRESS UPDATE

The Chairman welcomed to the meeting John Turner, Senior Responsible Officer, Lincolnshire Sustainability & Transformation Partnership (LSTP) and Charley Blyth, Director of Communications and Engagement LSTP.

The Senior Responsible Officer LSTP reminded the Committee that the Healthy Conversation 2019 campaign had gone live on 5 March 2019. The Committee was advised that during March 2019 four engagement events had been held at Boston, Louth, Skegness and Grantham and that these events had been attended by 233 people. Details of the main themes and issues raised at these events were shown on pages 20 and 21 of the report. It was highlighted that a further five events were planned and that these would be held at Sleaford, Gainsborough, Lincoln, Stamford and Spalding (a schedule of dates for these meeting was shown on page 21 of the report). It was highlighted that further waves of county-wide engagement activities were being planned, and that details of these were still being finalised.

The Committee noted that in addition to the public events work was also on-going on with The People Partnership to help obtain the views of hard to reach groups.

Page 19 of the report provided the Committee with an info graphic which captured the volume of activity up to the end of April 2019. It was highlighted that a monthly version of the information had been published on the website for the public to view.

Appendix A to the report provided details relating to the media coverage in the days following the 'Press Call'.

It was reported that a communication and engagement plan was in place as Healthy Conversation 2019 progressed into the autumn, which incorporated key learning from the first stage of activity. This feedback included: having more partners present at the engagement events, such as EMAS; promoting positive healthy lifestyle activities; and the need to develop and promote good news stories which focussed more on the patient point of view.

In conclusion, the Committee noted that the Healthy Conversation 2019 so far had been successful and had been an effective platform, at which key stakeholders had been able to share feedback with Lincolnshire's NHS.

The Committee was advised that the priorities moving forward were:-

- To ensure that the importance of prevention and self-care, community care, and mental health remained highlighted throughout the campaign;
- To engage with a broader and deeper section of Lincolnshire's public to ensure delivery of a fully representative engagement piece; and
- To provide evidence regarding the impact of public feedback upon continued transformation planning.

The Committee was advised that a further update would be provided later in the year.

During discussion, the Committee raised the following points:-

- One member enquired how many people were in the engagement team and what their budget for the exercise was. The Committee was advised that there was no additional team, as skilled professionals within the organisation were giving their time to make the events happen; and that this was in addition to their day job. It was noted further that staff with varied skill sets had also helped in delivery of the events;
- The need to ensure that more was being done concerning prevention. Reassurance was given that work was on-going;
- How to persuade members of the public to turn up at the engagement events and have their say. The Committee was advised that work was on-going with The People Partnership to help make contact with hard to reach groups. There was also acceptance that some of the general public did not realise how important their feedback was as they were not currently users of the service. Reassurance was given that the Communication team were looking at using different ways of getting the messages out to the wider public. It was noted that some of the feedback from earlier events had been that people had really appreciated the opportunity to engage with staff and to feel that their views were being listen to; and it was hoped that this would continue. There was an acknowledgment that there was more to do to improve participation and that all would be done that could be done to make sure that people were made more aware;
- One member felt that the publishing of feedback should be left until the end of the engagement events. The Committee was advised that publishing information on a weekly basis provided the public with a free flow of information, which was the intention of Healthy Conversation;
- One member expressed disappointment to the lack of attendance by different nationalities at the recent event held in Grantham. Confirmation was given that there had not been a big turnout, but reassurance was given that work was on-going to improve participation across all groups;
- The need to take into consideration the impact of loneliness as part of wellbeing. Reassurance was given that the issue of loneliness was being looked at as part of prevention and self-care; and that NHS partners and communities all had a role to play;
- The need to ensure that the public realised the difference between engagement and pre-consultation; and to ensure that the public were aware that at this stage no final decisions had been made; and that there was an opportunity for the public to have influence locally. Clarification was given that currently the engagement sessions were two way and that members of the public continued to experience it in that way; the engagement process provided the opportunity to build a relationship with the public by being open and listening to what they had to say. It was noted that when the consultation process commenced, it would be made clear that this was different from the engagement process;
- Some concern was expressed that there needed to be better information flow, as some messages that had been sent out had been out of context and had

been contradictory. It was highlighted that if issues were raised these would be included in the Question and Answer section of the website; so that communities received continuous feedback on items as they arose;

- The need to ensure all partners would be included in the development of the preventative activities. Reassurance was given that all partners had been involved and that there was a range of actions allocated to partners; and that these activities would be promoted to the general public; and that this work was continuing alongside the Healthy Conversation 2019;
- One member suggested that the 'You Said, We Did' section of the Healthy Conversation website should be easier to find and that it should include responses to the issues and questions raised from the engagement exercise. The Committee was reassured that the information had been uploaded and that officers had checked before attending the meeting. The Committee was advised that in some instances a response had been required from a clinical expert, but reassurance was given that everyone had now received a response; and
- A question was raised as to whether areas of concern raised by residents on pages 20 and 21 of the report had been responded to, as there was nowhere in the report which indicated that this had happened, or whether the responses were being tracked. A request was made for the feedback information to be shared with the Committee. The Committee was advised that this information was available and would be shared.

The Committee welcomed the update.

RESOLVED

1. That the progress made on delivering of the Healthy Conversation 2019 campaign be noted and that a further general update be received at the 18 September 2019 meeting.

2. That a copy of the responses made to members of the public as part of the Healthy Conversation 2019 exercise, including how the comments made by the public are helping to shape future plans, be received by the Committee.

3. That the Healthy Conversation 2019 website be improved so the 'You Said, We Did' section provides more information, as well as being made more accessible.

111 CLINICAL COMMISSIONING GROUPS - DEVELOPING MANAGEMENT ARRANGEMENTS

The Committee gave consideration to a report from John Turner, Accountable Officer, Clinical Commissioning Groups, which enabled the Committee to consider the developing management and staffing arrangements for the four clinical commissioning groups in Lincolnshire.

The Committee noted that John Turner had been successfully recruited to the post of Accountable Officer for the four Clinical Commissioning Groups, from 1 April 2019.

The Accountable Officer advised the Committee that a single combined executive had been created from the existing executive; and that the team were meeting on a weekly basis. It was also noted that staff from both the Lincoln and Sleaford sites were being brought together.

The Committee was advised that it was the right time for joint management arrangements as CCGs were required to reduce their administration costs by 20% by April 2020. It was highlighted there was still lots or work to be done to become an Integrated Care System by April 2021.

The Committee welcomed the proposed changes and requested a further update for April 2020.

RESOLVED

> That the update on the Clinical Commissioning Groups development of Management Arrangements be received, and that a further progress report be received at the 22 April 2020 meeting.

112 HEALTHY CONVERSATION 2019 - URGENT AND EMERGENCY CARE

The Chairman welcomed to the meeting the following representatives from the Lincolnshire Sustainability and Transformation Partnership:-

- Dr David Baker, Chair, South West Lincolnshire Clinical Group;
- Dr Yvonne Owen, Medical Director, Lincolnshire Community Health Services NHS Trust;
- Ruth Cumbers, Urgent Care Programme Director, Lincolnshire Sustainability and Transformation Partnership; and
- John Turner, Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership.

The Committee was reminded of its decision from the 20 March 2019 meeting to focus over the coming months on items from the Healthy Conversation 2019.

The report presented provided the Committee with the national and local context regarding the vision and strategy to deliver an effective and accessible Urgent and Emergency Care System in Lincolnshire. It was noted that it had been estimated that between 1.5 and 3 million people nationally who arrived at A & E each year could have had their needs addressed elsewhere, for instance by contacting NHS111, visiting a local pharmacy or by visiting their GP.

Attached at Appendix A to the report was a copy of the Healthy Conversation 2019 leaflet; and Appendix B provided details relating to Accident and Emergency Department Classification.

The Committee was advised of the milestones for Urgent and Emergency Care in the Long Term Plan. Page 27 of the report provided details as what all hospitals with a major A & E department would provide.

The Committee was advised of the role of the Urgent Care Treatment Centres (UTCs); that the centres would be typically GP led; and that the development of UTCs was a logical step, as they would reduce duplication of provision, confusion and simplify access for members of the public, and provide a more consistent approach across the county. It was noted that the centres would be accessible at least twelve hours a day 365 days a year offering appointments that could be booked through NHS111, or via GP referral. It was noted further that the Urgent Treatment Centres had been designed to ease pressure on hospitals to allow Emergency Departments to treat the most serious cases, and that the UTCs would be staffed by multi-disciplinary teams of doctors, nurses, therapists and other professionals, with at least one person being trained in advanced life support for adults and children.

It was highlighted there had been a dedicated section in the Healthy Conversation 2019 on urgent and emergency care, including a description 'as is' and proposed 'to be'. Appendix A to the report provided the Committee with details of what was currently available in Lincolnshire; and like the rest of England what was proposed to simplify urgent and emergency care with the introduction of Urgent Treatment Centres and GP Extended Access Hubs.

The Committee was advised that the main concerns raised so far by the public were: transport to services for patients and family; NHS 111 and its effectiveness; East Midlands Ambulance Service; and issues of overburden on Lincoln County Hospital. Some of the comments raised from the events were shown on pages 30 to 32 of the report.

It was reported that a workforce model was being developed for the future delivery of Urgent Care, which involved getting the right skill mix, location of services and recruitment. The Committee noted that there was still a national and countywide shortage of NHS staff and that locally, providers and commissioners, in partnership, were responsible and would be working to make the expectations a reality.

During discussion, the Committee raised the following comments:-

- That the future of Grantham had still not been determined; and the need for 24/7 cover at Grantham. The Committee was advised that an emerging option for Grantham was to have 24/7 access to urgent care through the introduction of an Urgent Treatment Centre; and that the emerging option suggested that in the out of hours period, access would be made through NHS111 for the reasons of patient safety. It was highlighted that all feedback would be considered when assessing how the service could best be accessed. One member provided the Committee with a personal account of why the provision of an A & E at Grantham was so important. A further question was asked as to whether resuscitation would be available. Confirmation was given that resuscitation provision would be available at a UTC;

- The need to make sure that every effort was made to engage the difficult to reach groups across the county. Reassurance was given that every avenue was being explored to reach as many people as possible. The Committee was advised that awareness training had been provided to the Butlins Holiday Centre in Ingoldmells. This had involved the inclusion of a 'Z card' within the Butlins welcome pack. As a result of this action, the Committee was advised there had been a reduction in the number of ambulance calls to the site from 144 in 2017; to 24 in 2018. There was however, an acceptance that there was still more education on raising awareness on what the public should do when they needed urgent care;
- The need for better information flow; and for the information to be timed better, to coincide with what was current, and to be accurate;
- Some members welcomed the update and offered support to the principle of the Urgent Treatment Centres; but still felt there was some work to be done to sort out specific local issues that had not been resolved;
- Page 33 – The potential rise in workforce costs of 5%. The Committee noted that Lincolnshire had challenges financially; and that it would continue to be challenging, and that was why it was very important to get the design of the service and the quality of care right, which would then have an impact on the finances;
- The inability of members of the general public to get a GP appointment. It was highlighted to the Committee that there was an underutilisation of the GP service; if the NHS111 service was used out of hours there were appointments available elsewhere. Confirmation was given that there would be a publicity campaign to help give the public confidence in the NHS111 service. It was also noted that there was further education needed regarding accessing GPs, as sometimes patients were able to be seen by other professionals. It was accepted that there was a need to ensure that the public understood what was planned, and the facilities offered by a UTC, the NHS111 system and GPs;
- Clarity concerning access to medical records. Confirmation was given that clinicians had access to patients records;
- A question was asked as to how formal consultation might work for urgent treatment centres, for example urgent treatment centres in Boston and Lincoln were in effect a requirement, whereas, in Louth and Skegness, 24/7 urgent treatment centres were proposed in place of 24/7 urgent care centres. The Committee was advised that normally consultation would be carried out when there were plans for significant service changes; whereas other changes might just be an enhancement of existing services. It was concluded that a view would be taken, which would be based on law and guidance, and also influenced by a common sense approach;
- Whether lessons had been learnt from the implementation of urgent treatment centres in other areas. The Committee was advised that it was too early to gain intelligence from formal analysis; as it was the patient experience and expectation that would inform the findings. As the implementation of integrated care had been nationally mandated, it was crucial to get the right care, at the right time, in the right place. Confirmation was given that speaking to neighbouring authorities had been undertaken and would continue; and

more education of the public would improve the level of views on the services provided;

- Page 30 – A question was asked as to why UTC opening hours would be determined following public engagement as this was causing concern to those areas who currently had a 24/7 walk in service. The Committee was advised that there was no intention to reduce the existing opening hours of urgent care centres in Louth and Skegness;
- One member queried that page 29 of the report stated that Grantham would be returned to 24/7; and that access to services overnight would be via a booked appointment. A question was asked as to why the proposal for Grantham had not included a 24/7 walk in service. The Committee was advised that there would be a 24/7 service, just how it was to be delivered had not yet been agreed;
- Some concern was expressed that the report did not provide the Committee with the responses or answers to the questions that had been raised; and that no evidence had been provided to show how the responses received were going to help shape future plans;
- A question was asked relating to a previous capital funding bid for new UTCs, including expanded resuscitation at Pilgrim and Lincoln hospitals, and whether a further bid would be made; or whether there was a plan B, if no capital funding was received. The Committee was advised that an application would be made for more capital money as part of 'Wave Five'. The Committee was advised further that every effort would be made to deliver the project, if no capital funding was awarded;
- Clarification was sought as to what services were currently offered at Grantham as an A & E, in comparison to what was being offered as a UTC. The Committee was guided to the current designation of Grantham A & E as detailed in the report on page 30; and to the designation of urgent treatment centres as detailed on pages 27 and 28 of the report. It was noted that there was very little difference between the two services; and an 'exclusions protocol' was in place for Grantham A & E, listing conditions which could not be treated there; and
- A question asked as to how the proposals linked into neighbouring STP areas; and whether there was any expected impact on urgent/emergency care patient flows. Clarification was given that some patients would be expected to access emergency and urgent care outside Lincolnshire, but there was also some unexpected flow of patients outside Lincolnshire as a result of patient choice. The Committee also noted that it was proposed that North and North East Lincolnshire were going to adopt the same ASAPLincs website and app, so that patients received a consistent service. It was also noted that 70% of patients in the south of the county used services outside of Lincolnshire; and that more would be done to encourage more use of Lincolnshire services, where this was appropriate.

The Chairman on behalf of the Committee extended thanks to the representatives for their presentation and responses to questions; and for the open and frank way in which they had been delivered.

RESOLVED

1. That the Healthy Conversation 2019 – Urgent and Emergency Care report presented, be noted.

2. That the Chairman be authorised to make a written response to the urgent and emergency care strand of Healthy Conversation 2019 on the basis of the Committee's discussion and to request evidence of the responses made to the public, with examples of how this has or is influencing the plans moving forward.

113 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which enabled the Committee to consider and comment on the content of its work programme, to ensure scrutiny activity was focussed where it could be of greatest benefit.

The Committee gave consideration to the work programme as detailed on pages 44 to 46 of the report presented.

The Chairman invited members of the Committee to volunteer for the Quality Accounts Working Group due to take place on 23 May 2019 at 10.00am. The Health Scrutiny Officer agreed to circulate details relating to the working group to volunteers following the meeting.

RESOLVED

That the work programme presented be agreed subject to the inclusion of the items highlighted in minute numbers: 110(2) and 111.

The meeting closed at 12.10 p.m.

Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**12 June 2019**
Subject:	**Chairman's Announcements**

1. Head and Neck Cancer Services

Head and neck cancer services are a specialised serviced, commissioned by NHS England. Head and neck cancers are rare and account for only 3% of all cancers, and the primary form of treatment is surgery, which usually takes place at a specialist centre. Across the east midlands, 600 patients are treated by surgery each year. Currently there are four specialist centres in the east midlands: Derby, Leicester, Northampton and Nottingham.

On 12 September 2018, I reported to the Committee that NHS England was considering developing proposals to reduce the number of specialist centres in the east midlands to maintain a safe and sustainable workforce. Following an informal meeting of health overview and scrutiny chairmen on 11 September 2018, NHS England agreed that it would attend each health overview and scrutiny committee separately to present its proposals, if requested to do so.

On 30 January 2019, NHS England advised that the four surgical centres had been asked to develop 'network options'.

On 23 May 2019, NHS England advised that the East Midlands Cancer Alliance would support a project to develop 'network options' and all four surgical centres had given their commitment “to be a nationally/internationally recognised network of excellence for head and neck cancer, delivering excellent care and outcomes”.

There is an intention that by 31 October 2019 a preferred option would be prepared for the Programme Board, which, if supported, would then need to be agreed by NHS England.

NHS England advises that a network approach for head and neck cancer services would focus on how services work together, rather than where they are delivered. As most head and neck cancer services would continue on each site, it is unlikely there will be a need for formal consultation. However, NHS England states there will be additional clinical engagement to build on that already done and will continue to listen to patients about these services.

2. Skellingthorpe Health Centre

The Skellingthorpe Health Centre is a branch of the Glebe Medical Practice, which is based in Saxilby. The total number of patients registered at the Glebe Medical Practice, including the Skellingthorpe Health Centre, stands at 8,139 (May 2019). The Skellingthorpe Health Centre currently opens between 8am and 1pm, Monday to Thursday. The Saxilby site is open Monday to Friday, 8am – 6.30pm.

A formal application from the Glebe Medical Practice on the closure of the Skellingthorpe Health Centre was approved by Lincolnshire West Clinical Commissioning Group's Primary Care Commissioning Committee on 17 May. Formal public consultation began on 3 June and will continue until 2 August.

Patients at the surgery have been sent a letter and encouraged to complete a survey - https://www.surveymonkey.co.uk/r/K7ML52V - or attend any of the following drop in events:

- Monday 24th June 6pm – 8pm — Skellingthorpe Community Centre
- Thursday 27th June 12pm – 2pm — Saxilby Church Hall
- Friday 28th June 10am -12pm — Skellingthorpe Community Centre
- Monday 1st July 2pm – 4pm — Skellingthorpe Community Centre
- Wednesday 3rd July 6pm – 8pm — Saxilby Church Hall

The Committee will be considering an item on the consultation, including making arrangements for a response to the CCG at its next meeting on 10 July.

3. Cleveland GP Surgery, Gainsborough

On 29 May 2019, services at the Cleveland GP Surgery in Gainsborough were suspended by the Care Quality Commission (CQC). Lincolnshire West Clinical Commissioning Group (CCG) stated that the suspension was as a result of immediate concerns identified by the CQC and the CCG following recent visits to the practice.

On 30 May 2019, the CQC lifted the suspension and the GP surgery was re-opened, following assurances from the CCG, NHS England and NHS Improvement. Services at the surgery will continue to be monitored closely.

Lincolnshire West CCG has also stated that it is supporting the practice and remains committed to ensuring services continue to be offered from this site, and that patients receive safe care.

Cleveland GP Surgery has 12,946 registered patients (May 2019). The most recent inspection report from the CQC, published on 22 January 2019, rated the practice as 'requires improvement' overall. This followed a previous rating from the CQC of 'inadequate' in May 2018. Prior to this, in January 2017, the practice absorbed approximately 3,700 patients following the closure of Gainsborough's Pottergate Surgery.

If any further details become available, they will be reported to the Committee.

4. Grantham A&E Exclusion Criteria and Proposals for Exclusion Criteria at Grantham Urgent Treatment Centre

In accordance with the Committee's decision on 15 May (Minute 112), I wrote to the Lincolnshire Sustainability and Transformation Partnership (STP) setting out the Committee's initial views in response to the STP's engagement on the Urgent and Emergency Care strand of *Healthy Conversation 2019*.

One of the issues raised by this Committee was a request for a list of those services currently provided at Grantham A&E, and a list of proposed services for the Grantham Urgent Treatment Centre. The response of the STP on this matter has been received and is attached at Appendix A to this report.

As stated in the letter from the STP, the proposed list of 'additional exclusion criteria' proposed for the Grantham Urgent Treatment Centre is draft at this stage.

5. United Lincolnshire Hospitals NHS Trust – Interim Chief Executive

On 23 May 2019, United Lincolnshire Hospitals NHS Trust (ULHT) announced that it had appointed Andrew Morgan as its interim Chief Executive with effect from 1 July 2019. This interim appointment will continue until 31 March 2020. ULHT's current Chief Executive, Jan Sobieraj, is due to retire at the end of June 2019.

There had been an extensive national recruitment campaign to appoint a successor in a permanent role, but no appointment had been made. The Chair of ULHT, Elaine Baylis, together with NHS England and NHS Improvement has worked on developing these interim arrangements.

Andrew Morgan is currently the Chief Executive of Lincolnshire Community Health Services NHS Trust (LCHS) and during his time with ULHT he will step down from this role. Alternative management arrangements will be made for the leadership of LCHS.

6. Quality Accounts Working Group

The Quality Accounts Working Group met on 23 May 2019 and reviewed the draft Quality Accounts of the East Midlands Ambulance Services NHS Trust and United Lincolnshire Hospitals NHS Trust. Following this statements were prepared and sent to the two providers on 28 May.

APPENDIX A

Lincolnshire Sustainability and Transformation Partnership

Lincolnshire Sustainability and Transformation Partnership
Suite 2, Wyvern House
Kesteven Street
Lincoln
LN5 7LH

Email: STP@LincolnshireEastCCG.nhs.uk
Telephone: 01522 307315

Cllr C Macey
Chair – Lincolnshire Health Scrutiny Committee
Lincolnshire County Council
County Offices
Newland
Lincoln LN1 1YL

30 May 2019

Dear Carl,

Ref: Health Scrutiny Committee – Grantham Hospital Exclusion Protocol

I am writing further to the discussion at the Health Scrutiny Committee on Wednesday 15th May regarding the Urgent & Emergency Care item. At the meeting you requested a list of those conditions for which patients are currently able to attend the Grantham A&E Department, but which potentially would not be able to under the emerging option of an Urgent Treatment Centre at the hospital.

To assist the Committee's consideration of this matter I have attached two appendices to this letter:

i. Appendix 1 – is the exclusion protocol which is currently in place and operational at Grantham.

ii. Appendix 2 – is a draft list of potential additional patient conditions which would potentially not be seen at Grantham under the UTC emerging option. I would like to emphasise the following points:

a) This is draft. It has been developed by our senior medical staff but has not yet been finalised or signed off, so should not be seen as a final document

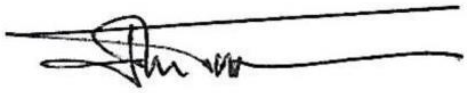
b) Senior medical staff have advised that the current exclusion criteria are kept under regular review, and that best clinical practice indicates that there is a clinical case for some of these conditions to be added to the current A&E exclusion criteria, regardless of the UTC option

c) Our position in relation to the emerging option of establishing a 24/7 Urgent Treatment Centre at Grantham is that the vast majority of patients who currently might attend Grantham A&E would be able to attend the UTC for their care. Our clinicians estimate that the draft additional patient conditions would affect approximately 1% of current total patient attendances at Grantham.

d) Our senior doctors have emphasised that the condition of each patient is individual, and that it is the professional role of our staff to assess the unique circumstances of each patient's presentation and manage or arrange for that patient's care accordingly.

I hope that this is helpful to you and the Committee. If you require any further information, please do not hesitate to get back to me.

Yours sincerely



John Turner
Chief Officer, Lincolnshire CCGs (East, South, South West and West)
SRO Lincolnshire STP

APPENDIX I

GRANTHAM AND DISTRICT HOSPITAL A&E AND EAU EXCLUSION PROTOCOL

Ambulances/GPs SHOULD NOT bring / send these patients to Grantham and District Hospital A&E Department & Emergency Assessment Unit

- Fast Positive Stroke / high risk transient ischemic attack (TIA),
- ST-Elevation Myocardial Infarction (STEMI)Suspected Acute coronary syndrome (ACS) - Ongoing ischaemic chest pain with 1mm ST depression in more than one limb lead or in two or more consecutive chest leads
- Significant bradycardia < 40bpm, 2nd or 3rd degree AV block, Ventricular tachycardia
- Gastro-intestinal haemorrhage (fresh blood or melaena).
- Severe abdominal pain and acute abdomen (refer patient directly to Lincoln County.)
- A female of childbearing age with lower abdominal pain
- A male with testicular pain
- A patient with suspected abdominal aortic aneurysm (**AAA**) or ischaemic limb needs admission to the on-call Vascular Unit (Pilgrim Hospital)
- All obstetric and Gynaecological patients
- Neutropenic sepsis
- Patients requiring dialysis
- Patients with renal transplants
- Ophthalmological emergencies e.g. acute glaucoma, trauma
- All Major trauma is excluded from this site in line with the East Midlands Trauma Network Triage Tool, including all suspected femoral fractures.
- Fractures/ dislocations with evidence of distal neurovascular compromise. See over page for trauma that can be treated on the Grantham Hospital site

Paediatric Exclusions

Ambulances/GPs SHOULD NOT bring / send these patients to Grantham and District Hospital A&E department, and Emergency Assessment Unit

- Children requiring Paediatric assessment / Review
- Children with severe Breathing difficulties
- Children with severe asthma
- Children with Severe Bronchiolitis
- Children with biphasic stridor
- Children with Severe Croup
- Children with Diabetic ketoacidosis (DKA)
- Children with Status epilepsy
- Children who have self-harmed
- Children requiring Mental health assessment

Trauma that can be treated on the site

Trauma involving just the peripheral skeleton MAY still be brought to Grantham A&E. For example:

- All suspected shoulder, arm, wrist and hand fractures
- All suspected tibial, ankle and foot fractures
- All suspected joint dislocations, shoulder, elbow, wrist, hip, knee, ankle
- All suspected peripheral soft tissue injuries, sprains, strains, lacerations, haematomas
- All hand injuries (may require subsequent transfer after assessment)
- Children's suspected fractures- If confined to one area and child is haemodynamically stable (may require subsequent transfer after assessment)

Review date : September 2019

APPENDIX 2

EMERGING OPTION FOR GRANTHAM URGENT TREATMENT CENTRE – POTENTIAL ADDITIONAL EXCLUSION CRITERIA

(This is draft work in progress and requires further consideration by senior medical staff)

- A patient requiring immediate airway management and/ or resuscitation
- Suspected acute heart failure in non-frail patient
- Confirmed Non-ST-elevation myocardial infarction (NSTEMI) - Once diagnosis made transfer to Lincoln Hospital
- Post cardiac arrest
- Reduced conscious level (not alert) – Glasgow Coma Score <13 in non-frail patient
- Status epilepticus
- National Early Warning Score (NEWS) ≥ 7 in non-frail patient
- Acute respiratory distress with an oxygen saturation <91% on room air unless the patient has known significant chronic lung disease in non-frail patient
- Children requiring immediate airway management and/or resuscitation

Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Sustainability and Transformation Partnership

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**12 June 2019**
Subject:	**Women's and Children's Services - Case for Change and Emerging Options**

Summary:

The paper sets out the Case for Change for Women's and Children's services and the proposed options for future services as set out within the Acute Services Review and the feedback to date from the Healthy Conversation 2019.

This paper sets out the key areas of action and success for both the Lincolnshire Better Births Programme and the Children and Young People's Transformation Programme; both aimed at supporting implementation of the Case for Change.

Actions Required:

Committee members are asked to note and comment on the report.

1. Background

1.1 What is Healthy Conversation 2019?

On 5 March 2019, the NHS across Lincolnshire launched its Healthy Conversation 2019. It is an open engagement exercise which will shape how the NHS in Lincolnshire takes health and the health service forward in Lincolnshire in the years ahead. It is a chance for everyone to learn more about the NHS's current thinking on the future of NHS services and is a way to get meaningful feedback from the public, their representatives, NHS partners and staff about what future services may

look like. It is planned that *Healthy Conversation 2019* will run into the autumn, with a wide range of engagement events and discussions across the county.

It is important to remember that this stage is not a public consultation – this engagement exercise will help shape the options for a full public consultation, without which no permanent changes can be made to services.

1.2 Case for Change for Women's and Children's Services

There are a wide range of services across acute and community settings including obstetrics (maternity care), neonatal (care of premature or sick babies), paediatric (care of children) and gynaecology (care for women and girls, especially related to the reproductive system).

Currently all these hospital services are delivered in both Lincoln and Pilgrim Hospitals. We have a Local Neonatal Unit (LNU) at Lincoln Hospital and a Special Care Baby Unit (SCBU) at Pilgrim Hospital. Babies born pre 29-weeks are currently treated out of county. Women in Lincolnshire have a choice of giving birth at home or in a consultant-led obstetrics unit at these two hospitals. Midwife services are available in the community and at home.

1.3 Why do we need to change?

As has been widely discussed in the public domain, we have significant hospital staffing issues, particularly at Pilgrim Hospital where we have a long-term issue recruiting middle grade doctors; we currently have one out of six in permanent employment and sometimes no temporary staff can be recruited. This issue is mirrored in nurse staffing with insufficient sick trained children's nurses available to meet demand.

A shortage of medical and nursing staff also means a reduced ability to support junior doctors, because we are not able to provide the support and training that they need.

This has resulted in heavy reliance on agency staff, leaving the service fragile and subject to temporary changes.

Since August 2018 because of these issues, we have introduced temporary changes for safety reasons which are:

- closure of the paediatric in-patient beds and the opening of a paediatric assessment ward at Pilgrim Hospital with any child requiring a non-elective admission needing to stay over 23 hours or have planned elective care being treated at Lincoln Hospital; and
- any babies born pre 34-weeks at Pilgrim Hospital being transferred to our Lincoln Hospital site, where we have more staff equipped to handle their needs.

1.4 What are The 'Emerging Options'?

There are two emerging options.

The first emerging option is to have the following services at the two hospital sites:

At Pilgrim Hospital

- To continue with a consultant led obstetric service with the addition of a co-located midwife-led unit
- The Boston special care baby unit currently cares for babies born from 34 weeks, this is the interim position. Prior to August 2018, it cared for babies from 30 weeks. In the preferred emerging option, Boston special baby care unit will care for babies from 32 weeks.
- To have a short stay paediatric assessment ward for children needing up to 23 hours of care
- To have low acuity paediatric in-patient beds overnight
- To have paediatric day case surgery.

At Lincoln Hospital

- To continue with a consultant led obstetric service with the addition of a co-located midwife-led unit
- To continue with a neonatal unit caring for babies born from 27 weeks
- To have a short stay paediatric assessment ward
- To have paediatric in-patient beds
- To have paediatric day case and planned surgery.
- We would wish to keep the gynaecology services the same as now on both Lincoln and Pilgrim Hospital sites with our clinicians
- Working as one team across these two sites.

This first option is currently the NHS's preferred emerging option.

The second emerging option is to have consultant obstetric, neonatal and paediatric services at Lincoln Hospital and a midwife-led unit and short stay paediatric assessment ward at Pilgrim Hospital.

In this option both hospitals will have a midwifery-led units, at Lincoln this would be co-located to the consultant led unit, at Pilgrim this would be a stand-alone midwifery led unit.

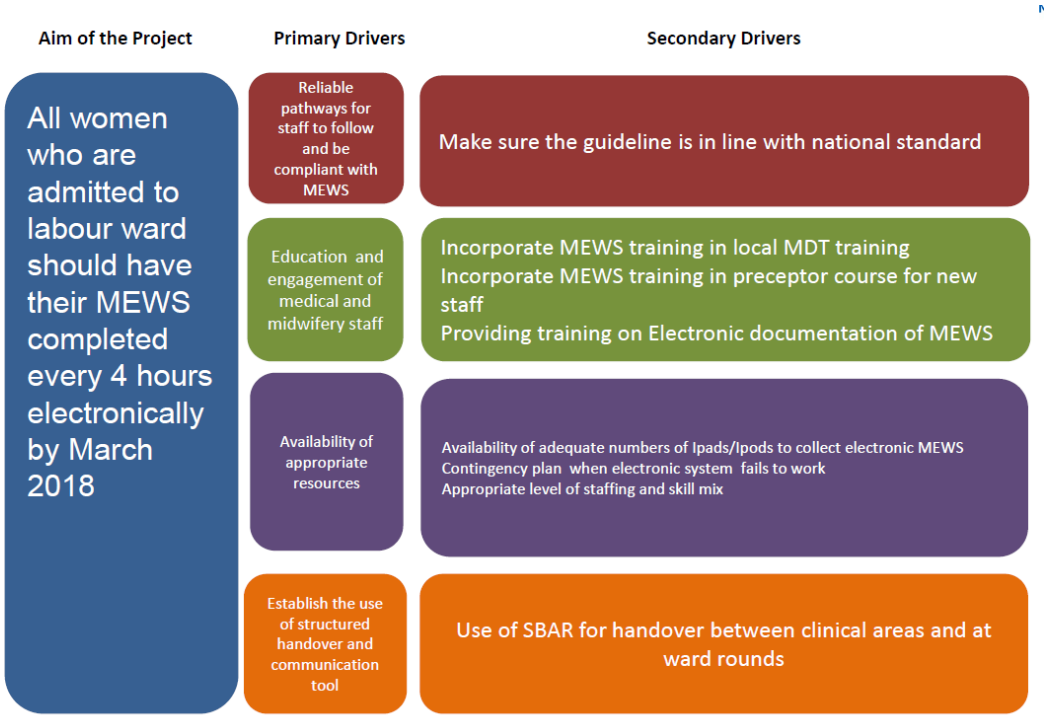
This option is not the NHS's preferred option. The preferred option is to maintain two consultant led services at both Lincoln and Pilgrim, this is the preferred emerging option as this would ensure that fewer children, pregnant women and their families would need to travel for care

2.0 Current Actions and Activities

The following are the key activities that are currently taking place across Lincolnshire to support the development and transformation of this set of services:

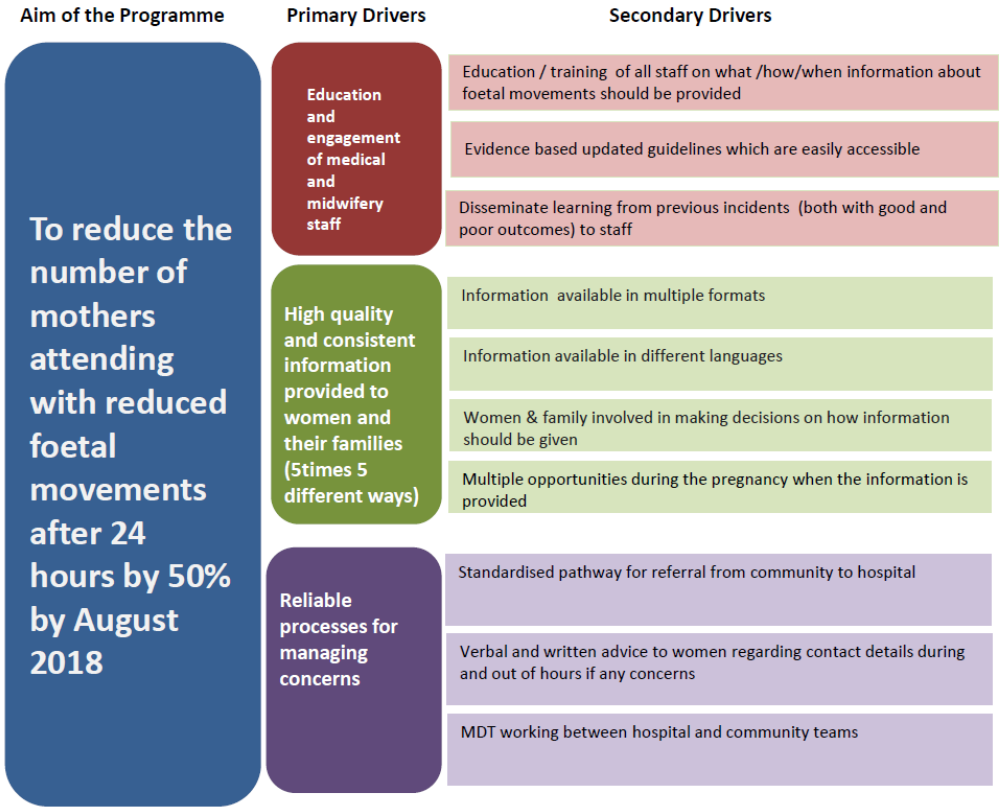
2.1 Improving Safety in Maternity Services

The Lincolnshire Better Births, Public Health and United Lincolnshire Hospitals NHS Trust (ULHT) have been working together to improve safety which has involved ULHT being involved in the Wave One of the NHS Improvement Safety Collaborative. As a result of this initiative the project team implemented electronic Modified Early Warning Score (MEWS) scoring system to ensure rapid detection of either mother or babies that deteriorated in condition during labour. The full project plan is outlined below



The project team succeeded in implementing electronic MEWS with midwives using I-PADS to document the observations. Improvements were made over 2017/2018 in the Postpartum haemorrhage rates over 2 Litres (2.06 to 1.5%).

The team have also been working to implement a reduction foetal movements project as outlined below: -



As part of the Safety Work stream, ULHT maternity service has implemented the Saving Lives Care Bundle, which brings four elements of care together to reduce still birth rates:

1. Reducing smoking in pregnancy
2. Risk assessment and surveillance for foetal growth restriction
3. Raising awareness of reduced foetal movement
4. Effective foetal monitoring during labour

2.2 Improving Personalised Care and Choice

Women's maternity care should be personalised to their needs and those of her baby and family. Every woman should therefore have access to information to make informed decisions and access support centred on their individual needs and circumstances. Integral to delivering this ambition across Lincolnshire was the development of community hubs which has enabled women and families to access care closer to home, in the community from their midwife and from a range of other services, particularly for antenatal and postnatal care.

The Local Maternity System have been working in collaboration with the local authority in developing and implementing the community hub model across Lincolnshire, there are now six community hubs operating in the following locations: Boston, Grantham, Lincoln, Mablethorpe, Skegness and Spalding, with another two in the planning stages. These sites were chosen as they were considered to be some of the county's most deprived communities.

The table below outlines the additional services that were implemented as part of the community hub programme

Additional Services Being Delivered at the Community Hubs

Pre-existing Services	Additional Services
• **Baby Massage** • **Breastfeeding Support**	• **Addiction Action** • **Citizen's Advice Service – Boston** • **Early Years** • **Health Visiting** • **Midwifery – antenatal and postnatal** • **Smoking Cessation** • **Voluntary Services for Debt and English Language Support** • **Weight Management**

2.3 Development of Continuity of Carer

A key development in maternity care is the ambition that women should have continuity of the person looking after them during their maternity journey, before, during and after the birth. This continuity of care and relationship between caregiver and receiver has been shown to lead to better outcomes and safety for the woman and baby as well as offering a more positive and personal experience. In Lincolnshire the first Continuity of Carer team, COCOS (Continuity of Carer Offers Outstanding Support) in Gainsborough was officially launched on the 30 April 2019, although the team had formed earlier in the year, and had started to work on delivering continuity of care for women. In Lincolnshire we achieved 14.6% of women were booked onto a continuity of carer pathway by the end of March 2019, and work is now ongoing to develop more teams across the County to support the delivery of 35% by the end of March 2020, to ensure women across Lincolnshire receive the benefits of continuity of care.

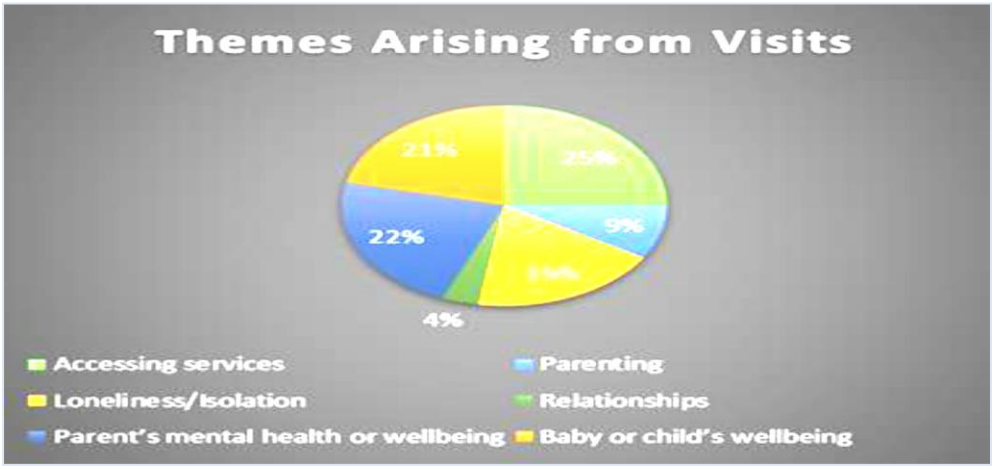
2.4 Improving Mental Health Services

Mental health problems are relatively common at a time of significant change in life. Depression and anxiety affect 15-20% of women in the first year after childbirth, but about half of all cases of perinatal depression and anxiety go undetected. Almost one in five women said that they had not been asked about their emotional and mental health state at the time of booking, or about past mental health problems and family history. Many of those with mental health problems that are detected do not receive evidence-based treatment. The latest confidential enquiry into maternal death highlights the continuing trend of too little too late for women with mental health issues during and after birth.

In recognition of these factors there is a national programme which is focused on improving mental health services for women and their families. Lincolnshire Partnership Foundation Trust (LPFT) applied for and was successful for Wave 2 National Perinatal Mental Health Funding which has enabled Lincolnshire to offer a multi-professional service for women with high perinatal mental health needs, which was launched in December 2018.

To meet women with low mental health needs, Lincolnshire Better Births have been working in partnership with National Childbirth Trust in the Grantham area as part of their national project Birth and Beyond Community Supporters (BBCS), a peer support programme delivered by volunteers and targeted at parents in more diverse, vulnerable populations – those at greater risk of isolation. The project in Lincolnshire is looking specifically at the Lincolnshire area, we are tackling rurality, so the volunteers will be focused on getting out into the villages to meet up with mums who are feeling isolated.

Key themes arising so far are show in the graph below



2.5 Improving New Born Care Services

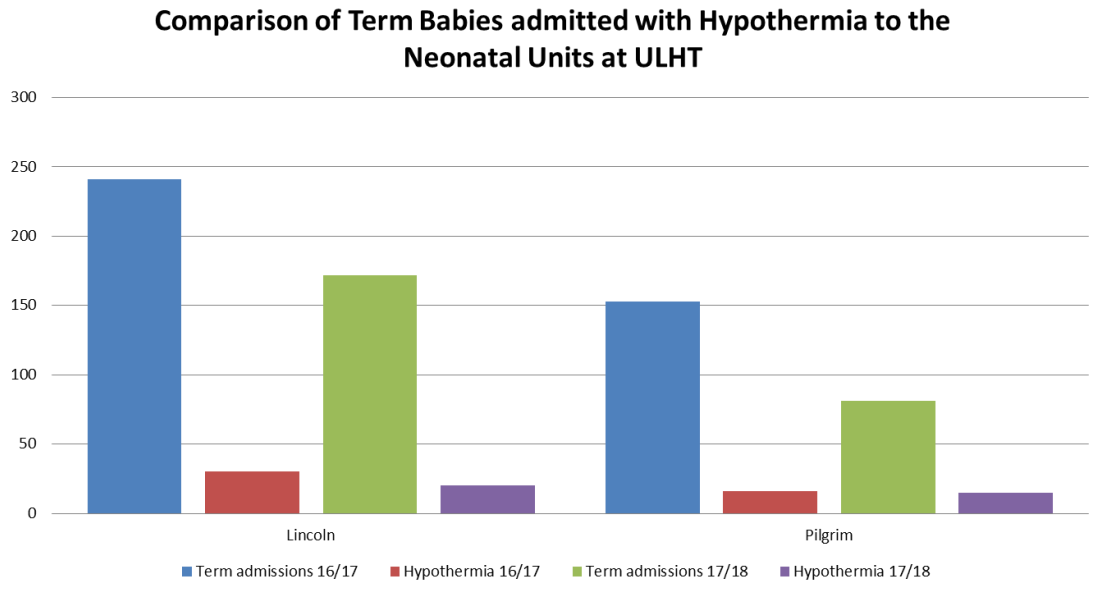
There is overwhelming evidence that separation of mother and baby so soon after birth interrupts the normal bonding process, which can have a profound and lasting effect on maternal mental health, breastfeeding, long-term morbidity for mother and child. This makes preventing separation, except for compelling medical reason, an essential practice in maternity services and an ethical responsibility for healthcare professionals.

NHS improvement have identified that over 20% of admissions of full term babies to neonatal units could be avoided through providing services and staffing models that keep mother and baby together. Additionally, NHS Improvement through review of patient safety reports, neonatal hospital admission data and litigation claims data, four areas of significant potential harm to babies have identified that could be avoidable which are:

- Respiratory conditions
- Hypoglycaemia
- Jaundice
- Asphyxia (perinatal hypoxia-ischaemia)

The Better Births team have an experienced neonatal nurse leading this work stream. Together with the Neonatal Team at ULHT, focus has been on reducing term admissions. To reduce unnecessary admissions, ULHT have implemented a multidisciplinary (MDT) local reviews as a useful starting point for understanding why

a term baby was been admitted to the neonatal unit and for identifying service improvements. The MDT reviews are undertaken on all unexpected term admissions to a neonatal unit for medical care and are reported through the internal governance processes. Over a 12 month period, the number of admissions has reduced with Lincoln term monthly admissions has reduced from 29 to 12 and at Pilgrim Hospital, the admissions have reduced from 14 to 9. The graph below shows this reduction by site with a focus on hypothermia



This has been achieved through a return to basics, so reviewing temperatures of labour ward rooms, hat on babies and in different colours to denote risk factors. Reviews are also being undertaken on babies experiencing hypoxic ischaemic encephalopathy.

Listening events have been undertaken with a parent champion in place who will be a neonatal voice and link with maternity voices. Following that engagement, named health visitors are now in place, perinatal mental health services are also engaged and services are being reviewed so that they are more responsive to the needs of the neonatal mother though creating a neonatal hub. The Better Births Website now includes Neonatal Services which will be expanded over the next couple of months.

2.6 Co-Producing Improvements in Care

A fundamental aspect of the transformation programme is the ensuring service changes are co-produced with users of the services, the programme has established a very strong maternity voices partnership which has also developed a neonatal branch to reflect the different needs of this group of families, this is an area again that Lincolnshire is leading nationally. At each transformation board meeting, a women's story is shared with the group, there is also a full programme of stories on the transformation web pages.

3 Developments in Children and Young People's Services

Within the NHS Long Term Plan states that there will be a Children and Young People's transformation programme, which is anticipated to be aligned to the Maternity Transformation Programme and the Critical Care Review. In order to pre-empt the need to establish such a programme locally work has already commenced.

3.1 Development of the Children's Health Strategy

To underpin the Lincolnshire Sustainability and Transformation Partnership Transformation Programme, a local strategy has been drafted following consultation with a wide range of stakeholders including children and families.

A stakeholder day was held in November 2018 with the vision, priorities and outcomes agreed as outlined below which summarises the plan on a page. All seven priorities have underpinning work plans reporting to the system Children and Young People Transformation Programme Board and up to Women's and Children's Board; thus providing system level governance oversight.

The Plan on a Page		
Vision **To improve the health and wellbeing of children and young people in Lincolnshire and to reduce health inequalities through:** • a focus on early intervention and prevention (including children with mental health conditions) • integrated delivery and commissioning with specialist care capacity supporting children in Neighbourhood Teams ; • Prevention of avoidable admissions for children, including those with mental health problems and; • Sustainable hospital services that are configured to deliver optimum quality and safety standards		
Principle 1 Health Care that is responsive to the needs of children and young people	Principle 2 Services that are accessible , respectful and engage children and young people	Principle 3 Workforce that is safe, effective and makes the best use of resource
Outcomes	Outcomes	Outcomes
Health Needs are assessed in a holistic way and vulnerable children and young people are identified	There are a choice of personalised high quality services, where and when needed, free at the point of access	The right staff with the right skills, provide care in the right place
Children and young people's health needs are responded to and they are supported to make informed decisions	Children, young people and their families are supported to navigate health services	Workforce plans are based on population need and the best available evidence
Children and young people and their families are supported to make choices about their health and wellbeing	Children, young people and their families are respected and have a positive experience when accessing health care	Children and young people have their safety, health and wellbeing addressed through coordinated integrated workforce provision

Priorities	1: Developing the neighbourhood team model for children and young peoples' health care
	2: Developing new pathways of care which focus on prevention and early intervention
	3: Developing skills, knowledge and capacity in primary and community care- Making Every Contact Count
	4: Developing services to promote care at home for children with long term conditions and non-acute illness
	6: Preventing avoidable admissions for children who are mild to moderately acutely unwell, including those with mental ill health
	7: Developing inpatient care for acute and planned admissions
Enablers	Governance and accountability
	Partnership working to promote integration and deliver person centred care
	Developing a confident and skilled workforce
	Digital health information services and systems

3.2 Paediatric Assessment Unit, Pilgrim Hospital

In March 2018, United Lincolnshire Hospitals NHS Trust highlighted the fragility of the paediatric Service given the medical and nursing workforce challenges the organisation was experiencing. In response to this, and to try and ensure that there was local access to a paediatric service at Pilgrim Hospital a new model was developed which resulted in the temporary change of service model at Pilgrim which is the Paediatric Assessment Unit. The service was implemented in August 2018 and to date the clinical team have assessed and treated 1,869 children, of which 203 have been transferred primarily to Lincoln County Hospital (150 Children) and 53 to a range of other hospitals including 21 children who required regional care (this is normal practice and not as a result of the new model). In addition to the numbers,

the new model has led to a reduction in length of stay from 43 hours to 7.5 hours. No serious incidents have been reported.

This model of care, also supports the delivery of the neonatal unit at Pilgrim, the unit age that is could take babies from was changed from 30 to 34 weeks to reflect the change in workforce force model. In the longer term model developed for Pilgrim it is proposed that this age range is changed to 32 weeks, this would also fit with the national recommendations for neonatal services.

3.3 Rapid Response Physiotherapy Service

As part of the development of different service models for caring for children with complex conditions, a new specialist service has been developed to support disabled children with respiratory conditions which will help treat their needs. The service has been developed with Lincolnshire Community Health Services NHS Trust (LCHS) and is referred to as the Children's Rapid Response Respiratory Physiotherapy service,

The service provides specialist assessment, treatment and management of children with complex physical disabilities who have additional respiratory problems. Working in the community the service aims to reduce hospital admissions for these children. It is made up of two parts – a preventative service including specialist respiratory physiotherapy assessment – and rapid response to children when they are acutely unwell with a chest infection.

This new service, which started in February 2019, helps to reduce hospital admissions for these children by managing them in the community and at home where they have all their specialist equipment when they become acutely unwell with chest infections. In the first three months of operation the rapid response service has avoided children going into hospital with acute chest infections on 15 separate occasions as well as helping to reduce pressure on A&E with a further 51 attendances prevented. 39 routine G.P. / Consultant Paediatrician appointments have also been avoided.

4. Feedback from the Healthy Conversation Sessions

To date there has been little direct feedback regarding the emerging options for Women and Children's services set out at the beginning of this report, despite the relatively high response rate to our events and surveys from Boston and the surrounding areas.

At the Boston session there was a request for more regular information and up-dates regarding the changes to the Paediatric service to ensure local families were aware of what was happening.

As a result of this ULHT hold regular events and circulate frequent updates on their website and on social media with regards to the temporary service currently in place at Boston. This engagement exercise is ongoing.

5. Consultation

This is not a formal consultation item. However, the Committee may wish to submit initial comments on the case for change and the emerging options to the Lincolnshire Sustainability and Transformation Partnership.

6. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

The health and wellbeing of both women and children are embedded within the broader joint health and wellbeing strategy.

7. Conclusion

This report has been provided to the Health Scrutiny Committee to detail the work currently being undertaken to develop and improve maternity, neonatal and children and young people's services in Lincolnshire. In relation to the building future models of care across Lincolnshire, the emergent models of care have been shared as part of the healthy conversation 2019 programme.

8. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Tracy Pilcher Director of Nursing, AHPs and Operations, Lincolnshire Community Health Services SRO LMS Lincolnshire, who can be contacted on: 01522 308824, or email at Tracy.Pilcher@lincs-chs.nhs.uk

Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Sustainability and Transformation Partnership

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**12 June 2019**
Subject:	**Breast Services - Case for Change and Emerging Options**

Summary:

The report describes the national and local context regarding the vision and strategy that will deliver an effective and accessible Breast Service for patients in Lincolnshire.

The paper sets out the Case for Change for Breast services and the proposed options for future services as set out within the Acute Services Review and the feedback to date from the Healthy Conversation 2019.

Actions Required:

Committee members are asked to note and comment on the report.

1. Background

1.1 What is Healthy Conversation 2019?

On 5 March 2019, the NHS across Lincolnshire launched its Healthy Conversation 2019. It is an open engagement exercise which will shape how the NHS in Lincolnshire takes health and the health service forward in Lincolnshire in the years ahead. It is a chance for everyone to learn more about the NHS's current thinking on the future of NHS services and is a way to get meaningful feedback from the public, their representatives, NHS partners and staff about what future services may

look like. It is planned that 'Healthy Conversation 2019' will run into the autumn, with a wide range of engagement events and discussions across the county.

It is important to remember that this stage is not a public consultation – this engagement exercise will help shape the options for a full public consultation, without which no permanent changes can be made to services.

1.2 Background for Breast Cancer

Breast care includes a number of services, including breast screening, family history clinics, but the most significant volume of activity in the United Lincolnshire Hospitals NHS Trust (ULHT) breast care service comes via referrals from GPs for patients they suspect may have cancer, or who have symptoms that need to be seen by a specialist breast care team.

The ONS (Office of National Statistics) advises that a total of 46,109 new diagnoses of breast cancer were made in England during 2017. These are summarised in the table below by geographic area.

	North East	North West	Yorkshire & Humber	East Midlands	West Midlands	East	London	South East	South West	Total
Males	22	40	37	28	36	33	30	57	36	319
Females	2289	5970	4338	4047	4741	5249	5727	8139	5290	45790
Total	2311	6010	4375	4075	4777	5282	5757	8196	5326	46109

The NHS England waiting times annual report for 2017/18 advises the following waiting times performance for patients accessing the breast cancer pathway in England between April 2017 and March 2018;

	Number of Patients	Performance	National Standard
2 Week Wait - Suspected Breast Cancer Referrals	347,323	95.4%	93%
2 Week Wait Symptomatic Breast Referrals	193,937	92.8%	93%
31 Day First Treatment Performance	46,271	98.4%	96%
62 Day Performance (Diagnosis & Treatment)	22,687	93.7%	85%

The national clinical guidelines for the management of breast cancer (published December 2016) state the following:

"*Patients should only be seen by medical and clinical practitioners with a special interest in breast disease. Wherever possible, a non-operative breast cancer diagnosis should be achieved by triple assessment. This triple assessment should include clinical and radiological assessment followed by core biopsy and / or fine needle aspiration (FNA). Core biopsy is preferable due to the additional information it*

can provide. However, it is recognised that there may be circumstances where only an FNA is possible. Where possible, clinical assessment and imaging should be completed before needle core biopsy".

Best practice is to complete the triple assessment process during one visit to the hospital or diagnostic centre for the patient. This is sometimes referred to as a "*one stop*" clinic.

2. Breast Cancer Statistics for Lincolnshire

ULHT is one of the largest breast services in the UK in terms of total number of breast cancers treated by the service per year. Breast services are currently spread across ULHT sites with the majority of activity serviced at Lincoln.

The service made a £1.36m financial loss in 2017/18. This is due to a high use of locum and agency staff

The table below shows the number of patients and average waiting time performance against the national standard for patients accessing the ULHT breast service between April 2017 and March 2018.

	Number of Patients	**Performance**	**National Standard**
2 Week Wait - Suspected Breast Cancer Referrals	3407	81.8%	93%
2 Week Wait Symptomatic Breast Referrals	1649	77.6%	93%
31 Day First Treatment Performance	568	99%	96%
62 Day Performance (Diagnosis & Treatment)	228	94.2%	85%

In addition to the above, the table below gives the performance for the three month period of November 2018 to January 2019 inclusive.

	National standard	**Number of patients**	**Nov 2018**	**Dec 2018**	**Jan 2019**
2 Week Wait - Suspected Breast Cancer Referrals	93%	861	62.6%	72.0%	5.5%
2 Week Wait Symptomatic Breast Referrals	93%	230	56.2%	87.0%	18.4%
31 Day First Treatment Performance	96%	139	100%	100%	100%
62 Day Performance (Diagnosis & Treatment)	85%	50	86.4%	92.3%	86.7%

The most recent performance shown in the table above shows that for the three months; November 2018 to January 2019, performance against the 2-week wait standards has deteriorated, whilst the activity levels remain consistent when compared against 2017/18. Patients diagnosed with breast cancer are however, being treated within the national 62 and 31 day waiting times standard, but it is the patients who are being referred into the service that are waiting too long to be seen and receive their diagnosis.

ULHT has been monitoring performance carefully following the deterioration in performance, and has taken mitigating action to improve performance against the 2-week wait standard, and this is proving to be successful, however, it is not a sustainable solution.

The table below shows breast referrals for Lincolnshire patients referred to and seen by other providers during 2018/19.

Breast Referrals and Number of Diagnosed Patients - 2018/19

Provider	Referrals for Suspected Breast Cancer	Number of referrals resulting in Cancer	% Diagnosed	Percentage of Referrals seen within 2 Weeks
North West Anglia (Peterborough)	1,626	101	6.2%	88%
Nottingham University Hosps.	552	32	5.8%	99%
Northern Lincolnshire & Goole	495	22	4.4%	95%
Doncaster and Bassetlaw	208	10	4.8%	94%
Queen Elizabeth Hospitals (Kings Lynn)	207	11	5.3%	92%
Sherwood Hospitals (Newark / Mansfield)	128	1	0.8%	97%
Leicester University Hosps.	10	2	20.0%	81%
Other (<=5)	33	2	6.1%	n/a
Total	**3,259**	**181**	**5.6%**	**87%**

2WW position is that for referrals from Apr 18 to March 19

3. National Context

The NHS Long Term Plan was published in January 2019. The plan states that Cancer survival is the highest it's ever been and thousands more people now survive cancer every year. For patients diagnosed in 2015, one year survival was 72% – over 11 percentage points higher than in 2000. Despite this progress, one of the biggest actions the NHS can take to improve cancer survival is to diagnose cancer earlier. Patients diagnosed early, at stages 1 and 2, have the best chance of curative treatment and long-term survival.

The key highlights in the long term plan for suspected and diagnosed cancer patients, which includes patients with breast cancer, are as follows:

- **We will begin introducing a new faster diagnosis standard from 2020 to ensure most patients receive a definitive diagnosis or ruling out of cancer within 28 days of referral from a GP or from screening.** For people diagnosed with cancer, it will mean they can begin their treatment earlier. For those who aren't, this will put their minds at rest more quickly at a very stressful time. To support the delivery of the new standard, we will align our Cancer Alliances with STP and ICS (Integrated Care System) footprints and NHS

England and NHS Improvement regions. They will implement a new timed diagnostic pathway for specific cancers, building on the timed pathways already being introduced in lung, colorectal and prostate cancer. Data collection for all patients will start in 2019, with full monitoring against the standard beginning in April 2020, and performance ramping up as additional diagnostic capacity comes online.

- **By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.** This will be delivered in line with the NHS Comprehensive Model for Personalised Care. This will empower people to manage their care and the impact of their cancer, and maximise the potential of digital and community-based support. Over the next three years every patient with cancer will get a full assessment of their needs, an individual care plan and information and support for their wider health and wellbeing. All patients, including those with secondary cancers, will have access to the right expertise and support, including a Clinical Nurse Specialist or other support worker

- **After treatment, patients will move to a follow-up pathway that suits their needs, and ensures they can get rapid access to clinical support where they are worried that their cancer may have recurred.** This stratified follow-up approach will be established in all trusts for breast cancer in 2019, for prostate and colorectal cancers in 2020 and for other cancers where clinically appropriate by 2023. From 2019, we will begin to introduce an innovative quality of life metric – the first on this scale in the world – to track and respond to the long-term impact of cancer.

Milestones in the NHS Long Term Plan that will impact on breast cancers

- In 2020 a new faster diagnosis standard for cancer will begin to be introduced so that patients receive a definitive diagnosis or ruling out of cancer within 28 days.
- By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.
- By 2023, stratified, follow-up pathways for people who are worried their cancer may have recurred. These will be in place for all clinically appropriate

4. The Strategy for Breast Services in Lincolnshire

The strategy for Lincolnshire breast services has been developed using the clinical guidelines for breast screening, diagnosing and treating breast cancer, together with the recommendations put forward in the NHS Long Term plan.

4.1 Current Service Provision

Breast outpatient, diagnostic & treatment services are currently delivered as follows:

Lincoln Hospital	Pilgrim Hospital	Grantham Hospital
Non-elective care Elective care Day-case care Outpatient services	Non-elective care Elective care Day-case care Outpatient services	Very limited service due to capacity constraints. Was providing the same services as at Lincoln and Pilgrim, but now can only provide limited nurse-led follow up appointments.

Breast screening services are provided as follows: -

Lincoln Hospital	Pilgrim Hospital	Grantham Hospital	County wide
Static screening service at the hospital	Static screening service at the hospital	Static screening service at the hospital	Mobile screening units operate across the county

4.2 Case for change

There is a strong case for changing the way in which breast care services are delivered in Lincolnshire. The number of patients being seen by the service has increased significantly and the ULHT breast service is one of the largest in the country.

The model of care across the ULHT hospital sites is inconsistent and does not always comply with the clinical guidelines. The reason for this is primarily due to the lack of breast radiologists and wider workforce issues. The shortage of breast radiologists is a national issue.

ULHT are working hard to develop a workforce model that introduces a new “skill mix” so that this issue can be addressed, for example by training breast mammographers to perform more extensive clinical work. However, this takes time and investment. It is not a quick solution to the current issues.

In summary, the case for change is as follows: -

- A significant increase in demand (9% per annum)
- There is a lack of breast radiologists and this is a barrier limiting service delivery, emphasised by a national shortage
- The service is now having to train breast mammographers to do breast radiology work with no realistic possibility of recruiting breast radiologists under the current service model

- Nursing workforce issues, particularly around recruitment and retention of clinical nurse specialists
- Lack of standardisation of models of care between the hospital sites, we have shone a light on clinical practice with the aim to do better
- Lack of a multidisciplinary team assessment model and joined up treatment for patients
- Unable to achieve and sustain performance against the 2-week wait cancer performance standards, which means that patients referred into the service are waiting too long to be seen and diagnosed.

5. Emerging options for the future

There are two emerging options:

- Option 1: Consolidate the majority of breast services onto the Grantham Hospital site
- Option 2: Consolidate the majority of breast services onto the Lincoln Hospital site

Following an extensive evaluation of the revised short list of options for the services covered within the scope of the Acute Services Review, including workshops with a wide range of stakeholders, including members of the public, a preferred option for the future provision of acute services provided by ULHT was identified that best meets the agreed design principles. The change proposal for breast services under this NHS preferred option is as follows:

- Lincoln Hospital to become a centre of excellence providing all first outpatient appointments (including the triple assessment appointment – consultation/imaging/ biopsy) and day case and elective surgical procedures.
- Screening mammography, follow-up outpatients and community support will stay the same and continue to be provided locally. Mobile screening will also continue as it currently does.
- For those patients who require a call back for further assessment following their screening appointment, the assessment will take place at the centre of excellence at the Lincoln Hospital.

It should be noted that oncological treatment for breast cancer e.g. chemotherapy and radiotherapy would continue as it does currently, with day case chemotherapy available at Lincoln and Pilgrim Hospitals, and across the county using the mobile chemotherapy unit. Provision of Radiotherapy remains unchanged and would continue to be delivered at the Lincoln Hospital.

This proposed option would address the following speciality issues, by:

- establishing a centre of excellence and seeks to standardise models of care;
- improving multidisciplinary team assessment models and services ability to align delivery with NICE [the National Institute for Health and Care Excellence] guidelines regarding implementing a one stop diagnostic service; and

- improving workforce sustainability by aiding recruitment and bringing together resources (especially Breast Radiologists).

5.1 Impact to patients in the preferred option

If the option of consolidating the majority of breast care services at Lincoln Hospital were to proceed, modelling of patients who would be displaced to an alternative provider of breast services closer to where the patient lives, indicates that 1,151 patients per annum would be displaced from the current ULHT Breast Service.

This equates to 22.7% of the current referrals into ULHT for suspected breast cancer, and symptomatic breast issues.

6. Financial Investment Required

Investment would be required to expand the breast unit at the Lincoln Hospital; the capital funding required is estimated at £4.7m. At this point in time, the funding source has not been identified, but work continues to identify these funds.

7. Themes and Issues Raised During the Healthy Conversations 2019

The following question was raised during the Healthy Conversations 2019; the response that has been provided is also included;

Q - In the 1990's Boston was the European epi-centre for the worst breast cancer rates. I would imagine that figures for the area are still high - have these been taken into account when deciding to 'centralise' them in Lincoln? Moving services to Lincoln will cause implications for transport - public transport is very poor. I would like to know what the correct figures are, compared to other parts of the country and county.

A - When the emerging options were shaped senior clinicians looked at a substantial amount of data, including county breast cancer rates. We think that a centre of excellence approach would work well in Lincolnshire, and has already proven so in rural Cornwall. We think this will help us address the quality of care issues and shortage of specialist staff. In practice this emerging option would mean that all follow-up outpatient appointments and routine breast mammography screening services would continue to be available across the county as they are now.

Breast cancer data is available to all at this site, (at CCG level):
https://www.cancerdata.nhs.uk/dashboard#?tab=Overview

We fully appreciate how crucial transport is so that patients can access NHS services, therefore we are working closely with Lincolnshire County Council on a joint transport strategy to improve public transport and look at other viable options to supplement patient travel. We have worked to a principle of the most regular care requirements remaining close to home, such as routine screens in cancer care for example. It is when care needs become more complex and specialised that we introduce further travel; we have heard from Lincolnshire's public that the right care, first time is the priority, even if that means further travel. A large consideration for our clinicians as they review services is how to best spend NHS funding, including

whether we divert some of our funds away from care in order to supplement patients' travel, and we would welcome your continued input into this consideration.

We are also working on digital solutions so where possible, we can prevent the need for travel and for example a face to face consultation could happen by the internet. Please see our technology and information section:

https://www.lincolnshire.nhs.uk/healthy-conversation/what-conversation-about/information-technology-it

8. Consultation

This is not a formal consultation item. However, the Committee may wish to submit initial comments on the case for change and the emerging options to the Lincolnshire Sustainability and Transformation Partnership.

9. Conclusion

The Healthy Conversation 2019 campaign has delivered a recognisable and effective platform to enable our key stakeholder groups to share feedback with Lincolnshire's NHS.

Breast cancer priorities continue to be to achieve the 2-week wait Constitutional standard.

10. Background Papers

The following documents were used to inform this report:

- NHS Long Term Plan published January 2019
- NHS England Clinical guidelines or the management of breast cancer, published December 2016

This report was written by: Julie Pipes, Assistant Director of Clinical Strategy & Transformation at ULHT Julie.pipes@ulh.nhs.uk

This page is intentionally left blank

Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Sustainability and Transformation Partnership

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**12 June 2019**
Subject:	**Stroke Services – Case for Change and Emerging Options**

Summary:

The report describes the national and local context regarding the vision and strategy that will deliver an effective and accessible service for patients with a suspected and/or diagnosed Stroke.

The paper sets out the Case for Change for Stroke services and the proposed options for future services as set out within the Acute Services Review and the feedback to date from the Healthy Conversation 2019.

Actions Required:

Committee members are asked to note and comment on the report.

1. Background

1.1 What is Healthy Conversation 2019?

On 5 March 2019, the NHS across Lincolnshire launched its Healthy Conversation 2019. It is an open engagement exercise which will shape how the NHS in Lincolnshire takes health and the health service forward in Lincolnshire in the years ahead. It is a chance for everyone to learn more about the NHS's current thinking on the future of NHS services and is a way to get meaningful feedback from the public, their representatives, NHS partners and staff about what future services may look like. It is planned that 'Healthy Conversation

2019' will run into the autumn, with a wide range of engagement events and discussions across the county.

It is important to remember that this stage is not a public consultation – this engagement exercise will help shape the options for a full public consultation, without which no permanent changes can be made to services.

1.2. Background for Stroke

There are over 100,000 people per annum who suffer a stroke in the UK each year, around one stroke every five minutes. Stroke survivors are at greatest risk of having another stroke in the first 30 days of having a stroke. Around one in four stroke survivors will experience another stroke within five years. Stroke is the third commonest cause of death and the most common cause of complex disability in the UK. A stroke can occur at any age, a quarter of stroke deaths occur in under 65 year olds. Around 80% of strokes are attributable to high blood pressure, smoking, obesity, poor diet and lack of exercise.

2. What is a stroke?

A stroke is a blood clot or a bleed in the brain and can lead to permanent neurological damage, complications and sometimes death.

The long-term problems caused by stroke can include:

- Paralysis
- Loss of feeling and sensation
- Speech impairment
- Tiredness
- Depression
- Anxiousness
- Visual problems
- Difficulty with swallowing
- Memory problems
- Mood swings
- Lack of concentration

There are different types of strokes, depending on whether the disruption in blood flow resulted from a blockage or a burst in a blood vessel:

- ***Ischaemic stroke***: the blood vessels in the brain are blocked by a clot or have become too narrow for blood to get through. The reduction in blood flow causes brain cells in the area to die from lack of oxygen. This is what happens in 80% of all strokes.

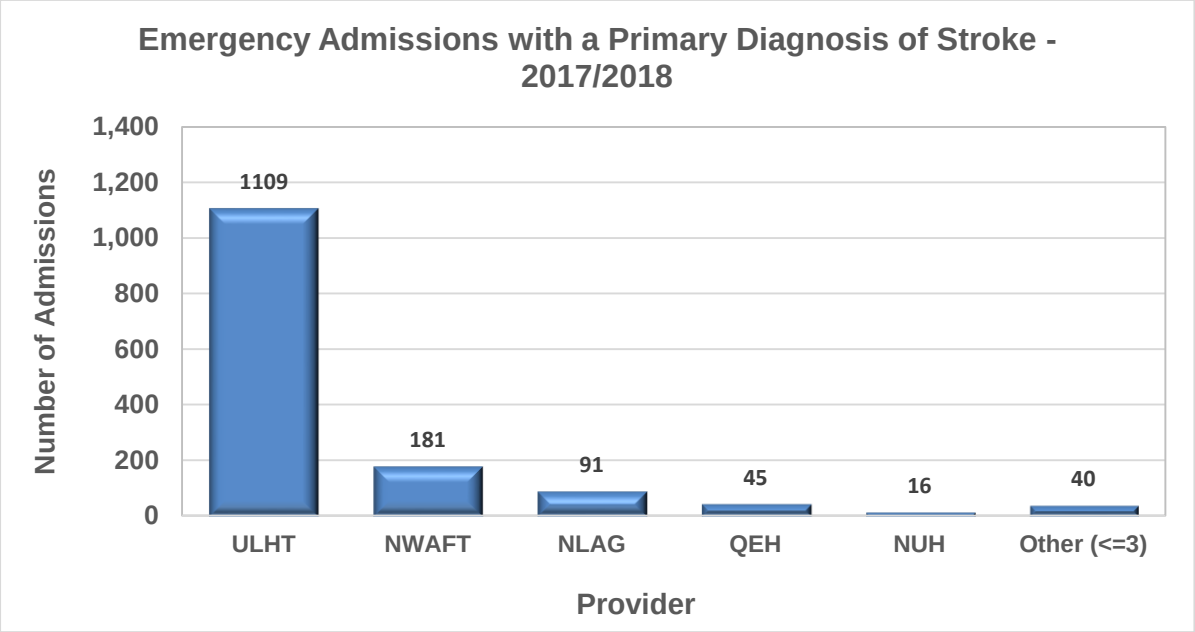
- ***Haemorrhagic stroke***: the blood vessel bursts, rather than being blocked. This results in blood leaking into the brain and causing damage.

- ***Subarachnoid haemorrhage***: there is bleeding into the area around the brain known as the subarachnoid space. This is usually due to a burst aneurysm, which is a weakness in the blood vessel wall.

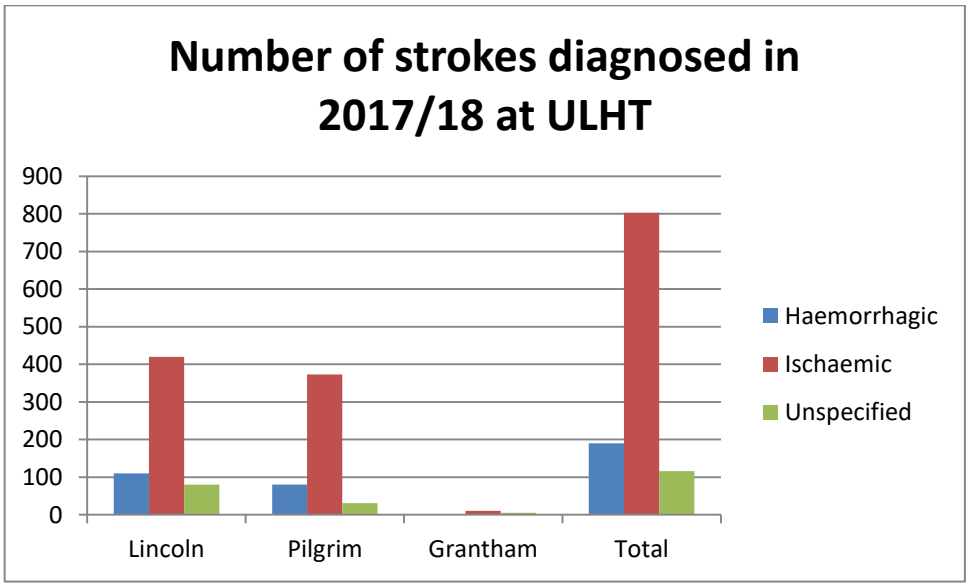
Sometimes, a person will have a transient ischaemic attack (TIA) or a 'mini-stroke'. This is caused by a temporary disruption in the blood supply to part of the brain. The individual usually makes a quick recovery, but a TIA must be taken seriously as it can increase the likelihood of a stroke in the future.

3. Stroke statistics for Lincolnshire

The chart below shows the total number of stroke admissions during 2017/18 for all providers for the Lincolnshire population.



The chart below shows the number of strokes, by type of stroke that were diagnosed at United Lincolnshire Hospitals NHS Trust (ULHT) hospitals for the 2017/18 year (April 2017 to end of March 2018).



Rates of death from Stroke for people under 75 years old per 100,000 population between 2013 -15 were lower for Lincolnshire (12.6%) compared with East Midlands (13.0%) or England (13.6%).

The prevalence of stroke (all ages) in 2014/15 was higher in Lincolnshire (2.2%) compared with both East Midlands (1.8%) and England (1.7%). Stroke rates have risen slightly since 2012 -13 in each Lincolnshire CCG, excepting South West Lincolnshire, which has remained constant.

Deaths from stroke for over 75's per 100,000 population are the highest in Lincolnshire West CCG (632.9) and lowest in South West Lincolnshire CCG (542.2).

The rate of stroke is expected to increase, rising to 3.1% of the Lincolnshire population living with the consequences of stroke by 2020.

4. National Context

The NHS Long Term Plan was published in January 2019 and explains that there is strong evidence that hyper acute interventions such as brain scanning and thrombolysis are best delivered as part of a networked 24/7 service. Areas that have centralised **hyper-acute stroke care** into a smaller number of well-equipped and staffed hospitals have seen the greatest improvements.

This means a reduction in the number of stroke-receiving units, and an increase in the number of patients receiving high-quality specialist care. Integrated Stroke Delivery Networks (ISDNs) involving relevant agencies including ambulance services through to early supported discharge will ensure that all stroke units will, over the next five years, meet the NHS seven-day standards for stroke care and the National Clinical Guidelines for Stroke.

Mechanical thrombectomy and clot-busting treatment (thrombolysis) can significantly reduce the severity of disability caused by a stroke. These treatments carefully remove a blood clot from the blood vessel causing an interruption to the brain's blood supply, or use drugs to dissolve the clot. ISDNs will support STPs and ICSs (Integrated Care Systems) to reconfigure stroke services into specialist centres, improve the use of thrombolysis and further roll out mechanical thrombectomy. This will ensure 90 percent of **stroke patients receive care on a specialist stroke unit** and that all patients who could benefit from thrombolysis (about 20 percent) receive it, up from just over half of eligible patients now.

Expanding mechanical thrombectomy – from 1% to 10% of stroke patients – will allow 1,600 more people to be independent after their stroke each year in England. This combination of specialist stroke care, thrombolysis and thrombectomy would result in the NHS having the best performance in Europe for people with stroke. Mechanical Thrombectomy is not provided in Lincolnshire. It is an NHSE decision to provide Mechanical Thrombectomy in specialised tertiary centres only at the current time. The nearest tertiary centre that provides this service is in Nottingham (Nottingham University Hospitals NHS Trust).

Lincolnshire patients are referred to Nottingham if Mechanical Thrombectomy is prescribed.

National support for the scaling of technology will assist the expansion of life-changing treatments to more patients. This includes the use of CT perfusion scans to assess the reversibility of brain damage, improved access to MRI scanning and the potential use of artificial intelligence interpretation of CT and MRI scans to support clinical decisions regarding suitability for thrombolysis and thrombectomy. Interoperable information systems supported by telehealth will aid more timely transfer of information between providers, enabling more effective hyper-acute pathways and improving access to and intensity of rehabilitation

The NHS will work with Health Education England to modernise the stroke workforce with a focus on cross-specialty and in some cases cross-profession accreditation of particular 'competencies'. This will include work with the medical Royal Colleges and specialty societies to develop a new credentialing programme for hospital consultants from a variety of relevant disciplines who will be trained to offer mechanical thrombectomy.

Implementation and further development of higher intensity care models for stroke rehabilitation are expected to show significant savings that can be reinvested in improved patient care. This includes reductions in hospital admissions and ongoing healthcare provision. Out of hospital, more integrated and higher intensity rehabilitation for people recovering from stroke, delivered in partnership with voluntary organisations including the Stroke Association, will support improved outcomes to six months and beyond. The existing national stroke audit (SSNAP) provides high quality information on the acute and inpatient rehabilitation care of stroke patients to improve stroke services. An update to SSNAP will provide a comprehensive dataset that meets the needs of clinicians, commissioners and patients by describing the quality of care provided for stroke patients from symptom onset through to rehabilitation and ongoing care.

Milestones for Stroke care set out in the NHS Long Term Plan include:

- In 2019 we will, working with the Royal Colleges, pilot a new credentialing programme for hospital consultants to be trained to offer mechanical thrombectomy.

- By 2020 we will begin improved post-hospital stroke rehabilitation models, with full roll-out over the period of this Long Term Plan.

- By 2022 we will deliver a ten-fold increase in the proportion of patients who receive a thrombectomy after a stroke so that each year 1,600 more people will be independent after their stroke.

- By 2025 we will have amongst the best performance in Europe for delivering thrombolysis to all patients who could benefit.

5. The Lincolnshire Strategy for Stroke Services

5.1 Inpatient Care at ULHT

Current Model of Stroke Care within Lincolnshire

- In-patient, hyper-acute (day 0 – 3 of the pathway) and acute stroke services (Day 3- to discharge) offered at both the Lincoln and Pilgrim Hospitals

- Grantham Hospital does not provide hyper-acute or stroke services. There is provision at Grantham for patients, living in the Grantham area or other, to have rehabilitation care following their stay on the stroke unit at either Lincoln or at Pilgrim.

- The annual volume of activity for each stroke unit places each site on the borderline of a minimal critical mass recommended to deliver a sustainable service able to deliver standards, best outcomes and maintain workforce. Growth in incidence at 1.8 per cent per annum over the next five years is unlikely to change this position

- In line with the NHS England's Stroke services: configuration decision support guide (2015) and the wider evidence base key drivers of reconfiguration include: the need to right size in order to deliver safe service; improving thrombolysis: time to treatment; ensuring services in rural areas achieve a positive balance between volumes, travel times and financial viability

Workforce: Current position

The table below shows the recommended number of medical posts at each of the hospital sites to deliver stroke services, taken from the National Clinical Guidelines for the provision of stroke services, together with the current number of staff currently in post. This highlights the heavy reliance on agency and locum medical staff at both the Lincoln and Pilgrim hospital sites.

Site	Medical Staff	Recom-mended Number of Medical Staff	Substantive Doctors In-post	Agency and Locum	Other
Lincoln	Consultants	6.0	2.0	1.0	1.0 (middle grade acting up)
	Middle Grade Doctors	0	0	0	0

Site	Medical Staff	Recom-mended Number of Medical Staff	Substantive Doctors In-post	Agency and Locum	Other
Pilgrim	Consultants	6.0	0	3.0	1.0 (fixed term retiring Dec 2019) and 2 Agency Locum
	Middle Grade Doctors	0	0	0	
Grantham	Consultants	0.5	0.5	0	0
	Middle Grade Doctors	0	0	0	0

Case for change

Clinical standards and performance standards are not consistently being met, and there are significant workforce gaps against clinical guidelines for staffing levels, and this has been the case for a number of years. This is explained further below:

Lack of Compliance with Clinical Standards and Guidelines	Lack of Sustainable and Resilient Working Patterns
• Performance against stroke national audit programme (SSNAP) requires further improvement on both Hyper-acute Stroke Units (HASU) in Lincoln and Pilgrim. • Performance against standards linked to best practice tariff not being achieved at Lincoln • Stroke service at Lincoln not achieving two of the four 7-day service priority standards	• There are only 2 substantive consultants in post across Lincoln and Pilgrim vs. national guidelines which recommend 6 WTEs per hyper-acute stroke unit: a 10 WTE gap at ULHT to meet guidelines. • Substantive recruitment has not been achievable in last 2-3 years • 37.9% gap in Pilgrim nursing workforce

6. Emerging Options for the Future

There are two emerging options:

1. **Centre of Excellence – Stroke services at Lincoln Hospital. This is the preferred option**

2. **Stroke services continue at both hospitals with a combined stroke rota**

The preferred option for Stroke services has been developed based on the national clinical guidelines for stroke care published by the Royal College of Physicians fifth edition, 2016. It also reflects the key message and recommendations for stroke care as set out in the NHS Long Term plan published in January 2019. The preferred option would see:

- Consolidation of hyper-acute stroke (day 0-3) and acute stroke services (day 3-7) at the Lincoln Hospital to align with the vision for the Lincoln Hospital site accommodating the "hubs" for specialised services

- Delivery of a much enhanced community-based stroke rehabilitation service with the aim to reduce the length of time patients stay in the acute hospital. The aim is to discharge patients by day 7 (average), with a step change to average of day 10 in the first instance

- Activity movement: all non-elective activity transferred from Pilgrim to Lincoln Hospital.

The second option of continuing stroke services at both hospitals with a combined stroke rota is less likely to be as successful at delivering stroke services that meet the national standards and guidelines for stroke services, and delivery of 7-day stroke services.

Workforce: Future position for the preferred option of establishing a centre of excellence on the Lincoln site.

It is highly likely that recruitment to a centre of excellence for stroke services will be more successful with improved retention of staff, thus providing a sustainable clinical service for the future.

The medical workforce model for the acute hospital service in the preferred option is reflected in the table below.

	WTE Funded Establishment
Lincoln	
Consultants	***6.5***
Middle Grade Doctors	***3.0***

In summary, the preferred option of consolidating stroke services at the Lincoln hospital aims to:

- **Consolidate the total number of medical staff that are currently in post to the Lincoln site, with all positions to be substantively filled**

Aim to address: heavy reliance on agency and locum staff; current vacancy rate of 13% medical staff and 36% nursing staff at Pilgrim; and support the changed nursing skill mix, especially around filling band 5 nursing vacancies.

Discharge patient by day 7, but step change move to day 10 from current average of 14.

6.1 Impact to patients in the preferred option

The impact to all potential stroke patients across Lincolnshire has been considered in evaluating the preferred option. One of the concerns that is being raised during the *Healthy Conversation 2019* is the potential impact on travelling times to the Lincoln Hospital site for all patients across the county.

This has been considered, and if the Stroke unit at Pilgrim did close, the majority of patients would be displaced to the Lincoln Hospital site meeting the recommended guidelines for diagnosis and treatment.

In summary, the impact of the preferred option to patients within the scope of Lincolnshire CCGs is as follows:

1. Displaced patients from Pilgrim Hospital with suspected stroke (includes mimics) = 773
   a. Of this 773, a total of 484 patients will have a diagnosis of stroke

2. 378 of the total of 773 patients will come to Lincoln Hospital
   a. Of this 378, a total of 236 patients will have a diagnosis of stroke
   b. Of this 378, a total of 152 patients will either be admitted with other medical symptoms or will be discharged from A&E.

3. 395 of the 773 will be displaced out of county as follows:
   a. 387 to North West Anglia NHS Foundation Trust (Peterborough City Hospital)
   b. 8 to Queen Elizabeth's Hospital, King's Lynn (5 out of this 8 will have a stroke diagnosis).

4. Out of the total of 387 patients displaced to North West Anglia NHS Foundation Trust a total of 241 patients will have a diagnosis of stroke.
   a. A total of 146 patients will either be admitted with other medical symptoms or will be discharged from A&E.

<u>Patients currently coming to Pilgrim Hospital from CCGs outside of Lincolnshire</u>

Pilgrim currently has around 6 diagnosed stroke patients per year from this category. If these patients were walk in patients, they would be blue lighted

across to Lincoln is the assumption, as these are likely to be people on holiday in Lincolnshire from outside of the county.

7. Development of a Single Assisted Discharge Service for Stroke

To enable the proposed hyper-acute/acute stroke service to be established and deliver the improvement in outcomes required, then an excellent rehabilitation service for Stroke survivors is essential.

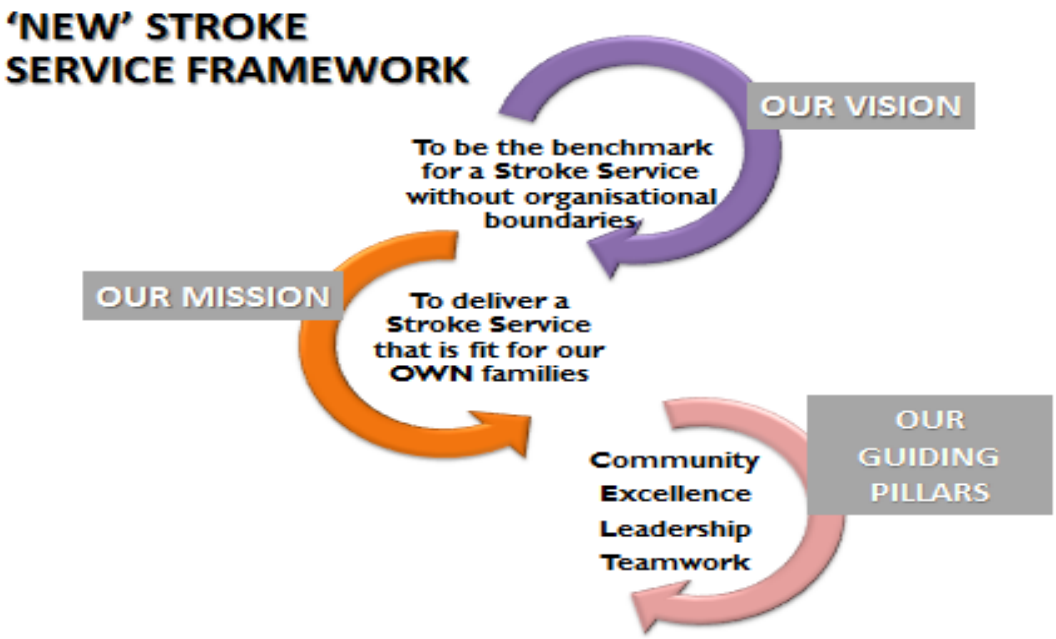
Work has been taking place between the stroke teams in United Lincolnshire Hospitals Trust, Lincolnshire Community Health Services, Stroke Association and Adult Social Care to develop a 'single team' approach that will ensure colleagues work together to deliver effective stroke rehabilitation across the County and that rehabilitation will adopt the 'home first' principle.

It should be noted that the existing Assisted Discharge Stroke Service (ADSS) has performed well since being commissioned in 2011, on average supporting between 50 & 60% of stroke survivors to leave the Stroke Units in a timely way. However, it is clear that there are patients who do not fall within the current criteria for the ADSS service who would and should benefit from the support available in order to leave hospital more quickly with the appropriate level of care.

Since the beginning of the year a range of activities have taken place to support this development, namely:

- Senior Leaders Workshop - Vision, Mission and Guiding Principles
- Over 56 members of staff attended two Collaborative Workforce Workshops – 'One Team' Values and co-creation of new ways of working
- Stakeholder mapping and engagement which is ongoing
- Patient involvement plan. Patient experience is being captured via:
    - Patients sharing their stories (positive and negative) with Lincolnshire Community Health Services (LCHS) staff
    - Patients sharing their experience of the current pathway with Healthwatch Lincolnshire colleagues
- Workforce and financial modelling to support a case for change that will shift activity from acute to community care.
- Joint staff meetings where positive changes were discussed and agreed including:
    - ADSS Therapist will spend time on the Stroke Unit (Lincoln) linking with the team to identify the patients who require the ADSS service.
    - ULHT colleagues to complete referral paperwork earlier to ensure patients are assessed by the ADSS team as soon as possible to enable pro-active planning for discharge.
- 25 April 2019 a third collaborative workforce workshop was held with a focus on 'one team' mapping out the patient journey, sharing case studies, identifying barriers to improving care and areas of duplication.
- Final planning is now taking place to enable 'testing' of the changes agreed, initially at Lincoln County Hospital.

The following schematic shows the proposed service Framework to be adopted and the values and principles agreed at the two staff workshops in March.



It is expected that by the end of March 2020, the average length of stay in hospital will have reduced from approximately 14 days to 10 days, with an aspiration that an average length of stay of 7 days will be achieved in line with best practice.

8. Themes and issues raised during the Healthy Conversations 2019

The main concerns raised about stroke in the public engagement events have been about the travel times across the county, specifically from the Boston and Skegness areas and about the response times of ambulances. The question below represents the multiple questions about being treated rapidly after suffering a stroke, and the response has been included.

Q - The Golden Hour is not achievable from some parts of the county?

A - We have spoken to our clinical experts in great detail around their proposed recommendations for stroke services. The 'golden hour' refers to a 60 minute period from door to needle for the 15% of all stroke patients who require thrombolysis (this treatment option is only for acute ischemic stroke). Out of this 20% of stroke patients that receive thrombolysis, one third will benefit from the treatment (5%). Our clinicians believe their recommendations for stroke services will improve care and outcomes for the overwhelming majority of patients (95%). Every patient who uses the county's stroke service will benefit from a fully staffed centre of excellence delivering exceptional care for improved outcomes and subsequently better aftercare.

'You said, we did' – published on the Healthy Conversation website

You said...

- 'Golden Hour' not achievable from some parts of the county
- Consideration of population needed by locality before determining locations of service
- No mention of step down / rehabilitation
- Ambulance response times are poor – assurance needed

Suggestions from the public included:

- Scope how to link mental health support and stroke community rehab

We did (our response)...

The 'Golden Hour' refers to the door to needle time, i.e. from the patient arriving in hospital to administering the thrombolysis treatment. It is a target and has no clinical significance to outcome. The sooner the treatment is given, the better the chance of a better outcome for those who are going to benefit from the treatment, not everybody can have this treatment as it depends on the type of stroke.

The 4.5 hour time limit in the clinical guidance refers to the time within which we can administer the thrombolysis treatment within the current licence. It is more relevant to clinical practice, but it starts from the time of onset of stroke symptoms, or from when the last time the patient was seen well.

We are working closely with East Midlands Ambulance Service (EMAS) throughout the process to ensure ambulance response times are meeting targets and patients are transported safely and in appropriate timeframes. For example, being able to reduce the amount of handover time at A&E will reduce pressure on EMAS so they can spend more time on the road caring for patients.

Linking mental health and stroke community rehab is a good suggestion. Alongside the Acute Services Review we are also working on Integrated Community Care (ICC) which is aligned to the NHS Long Term Plan. This programme of work focuses upon care in the community, mental health and many other areas. We are taking committed steps towards integrating services and will report back on this progress as ICC develops.

9. Consultation

This is not a formal consultation item. However, the Committee may wish to submit initial comments on the case for change and the emerging options to the Lincolnshire Sustainability and Transformation Partnership.

10. Conclusion

The *Healthy Conversation 2019* campaign has delivered a recognisable and effective platform to enable our key stakeholder groups to share feedback with Lincolnshire's NHS.

Stroke priorities continue to be to achieve the stroke standards consistently and to recruit to the Stroke Consultant posts.

11. Background Papers

The following documents were used to inform this report:

- NHS Long Term Plan published January 2019
- Royal College of Medicine guidelines for stroke care, fifth edition, published 2016

This report was written by Julie Pipes, Assistant Director of Clinical Strategy & Transformation at ULHT Julie.pipes@ulh.nhs.uk
and
Carol Cottingham, STP Director Service Redesign
carol.cottingham@lincolnshirewestccg.nhs.uk

This page is intentionally left blank

Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of NHS Lincolnshire West Clinical Commissioning Group

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**12 June 2019**
Subject:	**Non-Emergency Patient Transport Service – Update**

Summary:

This report provides an update from Lincolnshire West Clinical Commissioning Group (CCG) on the Non-Emergency Patient Transport Service. This report follows previous reports to the Committee from the CCG and separate reports to the Committee from Thames Ambulance Service Limited (TASL), who are the contracted provider for this service.

Since the date of the previous update provided to the Committee by the CCG in March 2019, and following representations by TASL to the Care Quality Commission (CQC) following publication of their report in relation to their inspection of the TASL service in October 2018, the CQC has started a programme of further inspection visits to TASL and are expected to publish a further report in the late summer of 2019.

Whilst there has been some month on month improvement in achievement of Key Performance Indicators (KPIs), performance remains below acceptable levels and too many journeys have been subject to unacceptably late or no arrival. Very recent changes in processes at TASL point to the potential for improvement but we have been here before and it remains to be seen whether these changes will have the required impact.

Actions Required:

The Health Scrutiny Committee is asked to consider and note the content of this report.

1. Background

Lincolnshire West Clinical Commissioning Group (LWCCG) is the lead commissioner for non-emergency patient transport services (NEPTS) on behalf of the four Lincolnshire CCGs. Thames Ambulance Service Limited (TASL) took over as contracted provider for the non-emergency patient transport service in Lincolnshire on 1 July 2017 following a competitive tender process.

The Committee has received a number of reports from the CCG since the start of the contract. The Committee passed a vote of 'no confidence' in TASL in December 2017 and in December 2018 wrote to the CCG requesting the CCG seriously consider a managed and strategic exit from the contract with TASL, as soon as possible. The CCG has discussed with the Committee its view that there would be an unacceptable level of risk of giving notice to exit the contract and moving to a new provider and this remains the view of the CCG.

The CQC report published following CQC inspection of the service in October 2018 rated TASL as 'inadequate' for Safe, Effective, Responsive and Well Led; and rated TASL as 'good' for Caring. This is in line with the CCG's own assessments. Following publication of the CQC report TASL requested the CQC to re-inspect their service and CQC have started to visit TASL sites with recent visits to the Lincoln call and control centre and Grantham site. It is understood that the CQC will publish a further report in the late summer of 2019. The CCG issued to TASL a Contract Performance Notice in relation to the CQC report on the grounds that TASL has failed to deliver the Fundamental Standards of Care.

2. Lincolnshire West CCG Commentary

A summary of the activity and KPI performance position for the contract for the period to April 2019 is included as Appendix A to this report. For April 2019, TASL achieved the contracted level of performance for 1 out 12 KPIs (call handling) and delivered month on month improvement for 7 KPIs. Performance for fast track journeys was much improved in April at 81.8% following unacceptable performance in March of 50.0% against the target of 100%. Month on month changes (+/-) were relatively small for 7 out of the remaining 11 KPIs.

Despite some month on month improvement in KPI performance, there are still far too many instances reported of patients having to wait too long after their booked time for transport to arrive and too many instances of transport not arriving at all. Lincolnshire Hospitals have reported recent improvement in contact with TASL managers to resolve operational issues when these arise but the continued problems with crew availability and poor planning and control has often led to TASL have to play 'catch up' for discharges late into the evening. TASL has recently made a number of changes to planning and control and although some crews have reported some slight improvement to the CCG, at the date of writing this report it is too early to say whether these changes will result in sustained improvement.

In addition to their directly employed crews, TASL use a number of third party providers who are sub-contracted by TASL to supplement employed crew capacity for journeys including renal and out of county journeys. In response to a request from the Committee an additional table has been included in Appendix A which summarises comparative performance for April 2019 in total and for in-house directly employed crews for 10 of the

12 KPIs. This shows that 7 KPIs have slightly higher performance recorded for the in house only resource, 1 has no difference and 2 have slightly lower performance i.e. TASL in-house crews in general have slightly stronger performance than third party providers. The reasons for this are multi-factorial and are likely to be the nature of the locations and type of journeys undertaken by the 3rd parties. The Committee should note that third party information has not previously been routinely collected by the CCG and is subject to further validation. The Committee should also note that third party resources are expected to continue to be engaged by TASL as this capacity provides flexibility to respond to fluctuations in demand and in in-house capacity.

In addition to the third party capacity engaged by TASL, the CCG continues to commission third party capacity outside of the TASL contract to support discharges at the hospitals in Lincoln and Boston. This service is a same day service and fully meets the same day KPIs (KPI 3a and 3b) for all journeys.

Work continues with other CCGs that commission TASL and NHS England to co-ordinate oversight of TASL's action plan to the findings of the CQC report. TASL's mitigation of actions required by the CQC in relation to journeys for children and bariatric patients remain in place pending confirmation by CQC that TASL have demonstrated they can directly provide these journeys.

3. Conclusion

The CCG continues to closely monitor delivery of this contract. Despite some month on month improvement in KPI performance there still are too many delays and failures caused by poor planning and gaps in resourcing.

Assessment of risk of termination of the contract remains as previously reported and it is not intended to give notice to exit the contract at this time. The Committee is asked to note that exit of the contract remains under consideration and the CCG may give notice at a future date.

4. Consultation

This is not a consultation item.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Activity and KPI summary

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Tim Fowler, Director of Commissioning and Contracting, Lincolnshire West CCG, who can be contacted on: Tel 01522 513355 xtn 5534 or by email Tim.Fowler@lincolnshirewestccg.nhs.uk

Appendix A

Activity and Performance against Key Performance Indicators – July 2017 to January 2019

Table 1: Activity Summary

	Jul 17 to Sep 17	Oct 17 to Dec 17	Jan 18 to Mar 18	Apr 18 to Jun 18	Jul 18 to Sep 18	Oct 18 to Dec 18	Jan 19 to Mar 19	Apr 19 to Jun 19
Patients	34,105	32,949	31,339	34,144	33,136	32,843	31,223	9,725
Escorts Medical	2,274	2,425	2,221	2,552	2,296	2,755	2,228	647
Escorts Relative	4,163	3,694	2,783	3,167	3,503	2,833	3,049	986
Total	40,542	39,068	36,343	39,863	38,935	38,431	36,500	11,358
Plan	48,792	48,029	48,030	47,268	39,730	39,109	39,109	12,416
Variance	8,250	8,961	11,687	7,405	795	678	2,609	1,058
Aborts	2,627	2,730	2,909	2,123	2,816	2,879	2,725	805
Cancelled	11,000	7,441	7,693	6,874	7,722	8,962	8,447	2,644
ECJs	1,145	1,181	1,116	1,459	1,546	898	197	404

Table 2: KPI Performance Summary

KPI	Description	Contract Target	Latest Performance (Apr 2019)	Change on previous month	Better / Worse than previous Month	Number of Occasions KPI has been achieved since start of Contract (22 months)	Best Achievement Since Contract Start	Average Achievement Since Contract Start
KPI 1	Calls answered within 60 seconds	80%	87.7%	7.6%	Better	5	88.3%	63.9%
KPI 2	Journeys cancelled by provider	0.50%	1.29%	0.4%	Worse	5	0.2%	1.0%
KPI 3a	Same day journeys collected within 150 mins	95%	81.3%	6.9%	Better	0	93.3%	81.6%
KPI 3b	Same day journeys collected within 180mins	100%	85.7%	4.5%	Better	0	95.5%	85.4%
KPI 4a	Renal patients collected within 30 mins	95%	83.8%	2.3%	Better	0	83.8%	71.5%
KPI 4b	Non-Renal patients collected within 60 mins	95%	68.8%	-2.7%	Worse	0	82.0%	73.9%
KPI 4c	All patients collected within 80 mins	100%	81.3%	-2.0%	Worse	0	88.9%	81.7%
KPI 5	Fast track journeys collected within 60 mins	100%	81.8%	31.8%	Better	1	100.0%	76.5%
KPI 6a	Renal patients to arrive no more than 30 mins early	95%	61.1%	-1.3%	Worse	0	70.9%	56.7%
KPI 6b	Patients to arrive no more than 60 mins early	95%	68.9%	-0.1%	Worse	0	75.3%	69.1%
KPI 7	Journeys to arrive on time	85%	80.0%	0.5%	Better	0	83.8%	77.4%
KPI 8	Patients time on vehicle to be less than 60 mins	85%	80.1%	2.5%	Better	0	80.1%	73.3%

Whilst all KPIs were originally developed to measure delivery of the contract in line with the specification, experience of comments received by the CCG from patients indicate that some KPIs will have more impact on patients than others. For ease of reference the KPIs that from comments received have greater impact on patients have been highlighted in the table.

Table 3: Comparative performance for April 2019 in total and for in-house directly employed crews

KPI		TASL Peformance including 3rd Party providers	TASL Peformance from directly employed crews	Comment
KPI 1	Calls answered within 60 seconds	N/A		
KPI 2	Journeys cancelled by provider	1.29%	Not recorded	
KPI 3a	Same day journeys collected within 150mins	81.3%	81.6%	Performance from directly employed crews is higher
KPI 3b	Same day journeys collected within 180mins	85.7%	85.7%	Same
KPI 4a	Renal patients collected within 30 mins	83.8%	82.9%	Performance from directly employed crews is lower
KPI 4b	Non-Renal patients collected within 60 mins	68.8%	69.7%	Performance from directly employed crews is higher
KPI 4c	All patients collected within 80 mins	81.3%	81.5%	Performance from directly employed crews is higher
KPI 5	Fast track journeys collected within 60 mins	81.8%	92.9%	Performance from directly employed crews is higher
KPI 6a	Renal patients to arrive no more than 30 mins early	61.1%	61.8%	Performance from directly employed crews is higher
KPI 6b	Patients to arrive no more than 60 mins early	68.9%	70.0%	Performance from directly employed crews is higher
KPI 7	Journeys to arrive on time	80.0%	80.4%	Performance from directly employed crews is higher
KPI 8	Patients time on vehicle to be less than 60 mins	80.1%	79.2%	Performance from directly employed crews is lower

Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**12 June 2019**
Subject:	**Health Scrutiny Committee for Lincolnshire - Work Programme**

Summary:

This item enables the Committee to consider and comment on the content of its work programme, which is reviewed at each meeting of the Committee. The Committee may wish to highlight items that could be included for consideration in the work programme.

As is clear from this report, the main focus for the Committee in the coming months is consideration of cases for change and emerging options, published as part of the *Healthy Conversation 2019* engagement exercise. *Healthy Conversation 2019* was launched in March 2019 as by the NHS in Lincolnshire and will continue into the autumn of this year. This focus on cases for change and emerging options was agreed by the Committee on 20 March 2019.

Actions Required:

(1) To note the content of the work programme, with the focus on the cases for change and the emerging options, published as part of the *Healthy Conversation 2019* engagement exercise.

(2) To review, consider and comment on the work programme set out in the report.

1. Today's Work Programme

The items listed for today's meeting are set out below: -

12 June 2019 – 10 am	
Item	*Contributor*
Women's and Children's Services: Case for Change and Emerging Options	Tracy Pilcher, Director of Nursing, Allied Health Professionals and Operations, Lincolnshire Community Health Services NHS Trust Penny Snowden, Deputy Chief Nurse, United Lincolnshire Hospitals NHS Trust
Breast Services: Case for Change and Emerging Options	Mr Jibril Jibril, Consultant Surgeon and Head of Service, United Lincolnshire Hospitals NHS Trust Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group
Stroke Services: Case for Change and Emerging Options	Dr Abdul Elmarimi, Consultant in Stroke Medicine, United Lincolnshire Hospitals NHS Trust Dr Richard Andrews, Consultant Cardiologist, United Lincolnshire Hospitals NHS Trust
Non-Emergency Patient Transport	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group

2. Future Work Programme

This item enables the Committee to consider and comment on the content of its future work programme, which is reviewed at each meeting of the Committee. The Committee is encouraged to highlight items that could be included for consideration in its work programme.

<u>Healthy Conversation 2019</u>

The main focus for the Committee in the coming months is the consideration of the cases for change and emerging options, which have been published as part of the *Healthy Conversation 2019* engagement exercise. This was launched by the NHS in Lincolnshire in March 2019 and will continue into the autumn.

The NHS in Lincolnshire is keen that clinicians present these cases for change and emerging options to the Committee, together with senior NHS managers. As a result, some of the future items on cases for change and emerging options may be subject to change, depending on clinician availability.

The Committee is also due to receive general updates on the Healthy Conversation 2019, with the next one due in September.

Role of the Committee

The Committee's role at this stage is to provide initial comments on the emerging options, without prejudging its response to the formal consultation.

Planned items for the Health Scrutiny Committee for Lincolnshire are set out below:

10 July 2019 – 10 am	
Item	*Contributor*
Mental Health: Case for Change and Emerging Options	Representatives from the Lincolnshire Sustainability and Transformation Partnership
United Lincolnshire Hospitals NHS Trust: Women and Children's Services Update	Senior Management Representatives from United Lincolnshire Hospitals NHS Trust
United Lincolnshire Hospitals NHS Trust: Care Quality Commission Update	Senior Management Representatives from United Lincolnshire Hospitals NHS Trust
General Practice – Access and Demand	Dr Kieran Sharrock, Medical Director, Lincolnshire Local Medical Committee
Glebe Medical Practice: Consultation on Proposal to Close Skellingthorpe Health Centre	To be advised.

18 September 2019 – 10 am	
Item	*Contributor*
East Midlands Ambulance Service NHS Trust - Lincolnshire Division Update	Mike Naylor, Director of Finance, East Midlands Ambulance Service NHS Trust Sue Cousland, General Manager – Lincolnshire Division - East Midlands Ambulance Service NHS Trust
Healthy Conservation 2019: General Update	John Turner, Senior Responsible Officer Lincolnshire Sustainability and Transformation Partnership
General Surgery / Trauma and Orthopaedics / Grantham Acute Medicine: Cases for Change and Emerging Options	Representatives from the Lincolnshire Sustainability and Transformation Partnership

18 September 2019 – 10 am	
Item	*Contributor*
Winter Resilience – Review of 2018-19 and Plans for 2019-20	Dr Yvonne Owen, Medical Director, Lincolnshire Community Health Services NHS Trust Ruth Cumbers, Urgent Care Programme Director, Lincolnshire Sustainability and Transformation Partnership

16 October 2019 – 10 am	
Item	*Contributor*
Integrated Community Care: Case for Change and Emerging Options	Representatives from the Lincolnshire Sustainability and Transformation Partnership
Haematology and Oncology Case for Change and Emerging Options	Representatives from the Lincolnshire Sustainability and Transformation Partnership
Delivery of the NHS England National Cancer Strategy in Lincolnshire - Update	To be advised

Items to be Programmed

- NHS Long Term Plan – Local Delivery Plan
- Developer and Planning Contributions for NHS Provision
- CCG Role in Prevention
- Lincolnshire Sustainability and Transformation Plan / Acute Services Review – Formal Consultation Elements

3. Previous Committee Activity

Appendix A to the report sets out the previous work undertaken by the Committee in a table format.

4. Conclusion

The Committee's work programme for the coming year is set out above. The Committee is invited to review, consider and comment on the work programme and highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 01522 553607 or by e-mail at Simon.Evans@lincolnshire.gov.uk

APPENDIX A

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE: AT-A-GLANCE WORK PROGRAMME

KEY
✓ Substantive Item
α Chairman's Announcement
Planned Item

	2017						2018											2019								
	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct
Meeting Length - Minutes	170	225	185	170	205	230	276	280	270	230	244	233	188	280	160	275	185	200	150	265	130	130				
Cancer Care																										
General Provision																✓										
Head and Neck Cancers														α					α				α			
Care Quality Commission																										
General																			α							
Clinical Commissioning Groups																										
Annual Assessment														α												
Lincolnshire East																✓										
Lincolnshire West															✓											
South Lincolnshire																	✓									
South West Lincolnshire																	✓									
Community Maternity Hubs								α																		
Community Pain Management												α								α						
Dental Services							✓		α								α	α		✓						
GPs and Primary Care:																										
Boston – The Sidings																					α					
Cleveland Health Centre Gainsborough																							α			
Extended GP Opening Hours								α			α				α											
GP Provision Overall			α		α																					
Lincoln GP Surgeries		α		α																						
Lincoln Walk-in Centre		✓	α	✓		✓		✓			✓															
Louth GP Surgeries		α	α																							
Out of Hours Service														α												
Skellingthorpe Health Centre																						α	α			
Sleaford Medical Group									α																	
Spalding GP Provision														α												
Grantham Minor Injuries Service												α	✓	α												

KEY
✓ Substantive Item
α Chairman's Announcement
Planned Item

	2017						2018											2019								
	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct
Health and Wellbeing Board:																										
Annual Report												α														
Joint Health and Wellbeing Strategy		✓						✓																		
Pharmaceutical Needs Assessment					✓		✓																			
Health Scrutiny Committee Role	✓																									
Healthwatch Lincolnshire											α		α		α											
Lincolnshire Community Health Services NHS Trust																										
Care Quality Commission													α		α											
Learning Disability Specialist Care				✓									✓													
Lincolnshire Sustainability & Transformation Partnership / Healthy Conversation 2019																										
General / Strategic Items				✓			✓				α	✓	α	✓			✓		✓	✓		✓				
Breast Services																							✓			
General Surgery																										
GP Forward View										✓																
Grantham Acute Medicine																										
Haematology																										
Integrated Community Care										✓						✓										
Mental Health								✓							✓	α										
NHS Long Term Plan																α	✓	✓	✓							
Oncology																										
Operational Efficiency									✓																	
Stroke Services																							✓			
Trauma and Orthopaedics																										
Urgent and Emergency Care									✓							✓						✓		α		
Women and Children Services																							✓			
Lincolnshire Partnership NHS Foundation Trust:																										
General Update / CQC		✓																α								
Older Adults Services																					✓					
Psychiatric Clinical Decisions Unit							α																			
Lincolnshire Reablement & Assessment Service																	α									

KEY
✓ Substantive Item
α Chairman's Announcement
Planned Item

	2017						2018											2019								
	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct
Local Government Elections																			α							
Louth County Hospital														α	✓		α									
Northern Lincolnshire and Goole NHS Foundation Trust			α												α			α								
North West Anglia NHS Foundation Trust							✓									α				✓						
Organisational Developments:																										
CCG Joint Working Arrangements													✓	α				α			α	✓				
Integrated Care Provider Contract														α	✓											
National Centre for Rural Care													α					α								
NHSE and NHSI Joint Working												α						α								
Lincoln Medical School			α														α									
Patient Transport:																										
Ambulance Commissioning			✓																							
East Midlands Ambulance Service			✓		α					✓	α	α	α	✓		α	α				✓					
Non-Emergency Patient Transport						✓	α	✓	✓	✓		✓	α	✓	α	α	✓	✓	✓	✓			✓			
Sleaford Ambulance & Fire Station											α		α													
Public Health:																										
Child Obesity												α	α													
Director of Public Health Report												✓														
Immunisation					✓																					
Influenza Vaccination Programme																	α									
Pharmacy			α																							
Renal Dialysis Services														✓								α				
Quality Accounts	✓								✓											✓		α	α			

KEY

✓ Substantive Item

α Chairman's Announcement

Planned Item

	2017						2018											2019								
	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct
United Lincolnshire Hospitals NHS Trust:																										
A&E Funding		α																								
Introduction	✓																									
Care Quality Commission		✓										α	α	✓				✓	α	✓						
Children/Young People Services											✓	✓	✓	✓		✓	α	✓		✓						
Financial Special Measures			α		✓					✓																
Five Year Strategy																						α				
Grantham A&E			✓				✓	α						α	α	α		✓	✓		α					
Orthopaedics and Trauma												α		α					α							
Stroke Services																		α								
Winter Resilience					α	✓	α	α			✓				✓											