

Agenda Item 4

		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:	14 November 2018
Subject:	Chairman's Announcements

1. **East Midlands Ambulance Service – Stakeholder Briefing - Winter Resilience and Special Operations**

On 23 November 2018, the East Midlands Ambulance Service (EMAS) NHS Trust published its winter resilience plan, which is available in full at the following link:

[Winter resilience - Strategic briefing for stakeholders and partners, which highlights our strategic approach to winter 2018 - 2019](#)

EMAS is forecasting that the number of incidents in December and January 2018-2019 (forecast to be around 151,700 incidents) is expected to be 3.2% higher than the same period in 2017-2018 (147,062 incidents). EMAS has stated that expected higher-than-normal occupancy rates of acute and community hospital beds and nursing home places will put pressure on hospital systems. In turn, this will impact on ambulance handover times with current analysis showing handover times in January 2019 will be five minutes higher than in November 2018, highlighting the need to continue joint working.

From 1 December, EMAS has stated that it would be operating as if a 'rising tide business continuity incident' has been declared. Key features of this include: -

- The regional operations management team will be the single point of contact (internal and external) for any winter challenges.
- Communication and engagement with private providers, patient transport services, volunteers and first responders will help co-ordinate and support action.
- Private transport services will be used to help support extra discharges from acute hospitals.

2. Influenza Vaccination Programme 2018-2019

On 19 November 2018, NHS England re-launched its campaign to encourage the uptake of the 2018-19 influenza vaccine. There are three types of vaccine available this year from the NHS (free of charge for the eligible groups below):

- (1) adjuvanted trivalent flu vaccine (which protects against three strains of flu) for people aged 65 and over – adjuvants are substances which help to strengthen and lengthen the immune response to the vaccine.
- (2) quadrivalent flu vaccine (which protects against four strains of flu) for:
 - pregnant women,
 - adults aged 18-64 with long term conditions, and
 - health care staff.
- (3) a live quadrivalent vaccine (which protects against four strains of flu), administered as a nasal spray to:
 - children aged 2-3,
 - children in reception and years 1-5 of primary school, and
 - all children aged 2-17 with a long term condition.

Nationally, the NHS is offering a record 8.5 million doses of the vaccine for people aged 65 and over. However, the one UK-licensed manufacturer of this vaccine, predicted difficulties in producing sufficient quantity of the vaccine for the start of the flu season. The result is that GPs and community pharmacies across the country were advised in March 2018 that they would receive their orders of this vaccine in three deliveries: 40% in September; 20% in October; and 40% by early November. A decision was taken nationally that the benefits of a more effective vaccine were worth some disruption to the normal vaccination programme. As GP practices have been aware the delivery of the vaccine would be phased, they have had time to amend their usual approach to their flu vaccination programme. The expectation is that for the 2019-20 season vaccines will be available in early autumn as is traditionally the case.

As a result of the phased deliveries not everyone aged 65 and over has been able to get their influenza vaccine as early as usual. In addition, some GP practices under-ordered initially and have had to increase their orders. NHS England has authorised the GPs and pharmacies to move stock around to avoid shortages. CCGs in Lincolnshire are collating information on the transfer of vaccine between GP practices.

Influenza does not tend to be a problem until at least December, and often not until January, so there is still an opportunity for patients to receive the vaccine prior to the period when influenza poses the greatest risk.

The view nationally is that a lot of the supply problems are due to some GP practices not following the guidance on the phased deliveries of the vaccine.

There are no problems with the supply of the other two vaccines, (2) and (3) above.

3. Louth County Hospital In-Patient Services

Announcement by Lincolnshire East CCG on 27 November

On 27 November 2018, Lincolnshire East Clinical Commissioning Group confirmed that it had revised its proposed model of care for in-patient services at Louth County Hospital, following feedback from local people, as follows:

- Carlton Ward would provide 20 beds for the following care pathways:
 - assessment and recovery;
 - rehabilitation and re-ablement;
 - palliative care, including symptom control, and end of life care; and
 - admission avoidance including access pathways for primary and community care and the East Midlands Ambulance Service.

- Manby Ward would reopen as a Frailty Assessment Unit, with a focus on eight beds for short-term management and assessment, providing short term care for patients up to 72 hours, with treatment and care planning underpinned by a revised Frailty Assessment, Stabilisation and Treatment pathway. The CCG is also looking at developing a day case service on the unit, focusing on ambulatory care services. A gym will support assessment of mobility and development of a personalised therapy plan.

- Manby Ward may also host members of the Neighbourhood Team and be part of Integrated Neighbourhood Working. This model shifts the focus from wholly hospital-based care to a true community care model which will support the Home First programme. Co-location with the Neighbourhood Team will give access to a range of specialisms including primary care, specialist continence, respiratory and heart failure nurses, mental health teams, pharmacist and potentially a geriatrician. It will also provide access to a range of non-clinical services including the third sector.

Lincolnshire East CCG has stated that together with Lincolnshire Community Health Services NHS Trust it will now focus on implementing the revised model of care, which will be evaluated after twelve months. Lincolnshire East CCG has also stated that the benefits of the new model will mean that patients can remain closer to home, with access to a range of services not necessarily available previously.

Response to the Statement from the Health Scrutiny Committee

On 17 October 2018, the Health Scrutiny Committee for Lincolnshire approved its statement on the engagement exercise undertaken by Lincolnshire East Clinical Commissioning Group on the future of Louth County Hospital In-patient Services.

The Committee's statement was sent to Dr Baird, Chair of Lincolnshire East Clinical Commissioning Group, on 18 October. On 20 November 2018, Dr Baird replied to the Health Scrutiny Committee's statement. Attached at Appendix A are the Committee's statement and the response of the CCG.

4. Lincolnshire Assessment and Reablement Service

The Lincolnshire Assessment and Reablement Service provides care for people who need support to regain their independence when they leave hospital. The service, provided by Allied Healthcare since 2015, is commissioned by Lincolnshire County Council to provide care over a four week period to support people with their care needs and their ability to access the community. The Care Quality Commission issued a notice on 5 November 2018 raising concerns about the ability of Allied Healthcare to continue operating after 14 December 2018.

Lincolnshire County Council has secured Libertas, a home care provider, to provide alternative provision to service users who were previously engaged with Allied Healthcare.

Libertas has stated that all Allied Healthcare employees will be able transfer from Allied Healthcare and intend that the transition will lead to as little disruption as possible. Clients will continue to receive support and care as usual. Both Libertas and Lincolnshire County Council are all working hard, and in partnership, to ensure a safe, effective and controlled transfer of the service.

APPENDIX A

RESPONSE OF LINCOLNSHIRE EAST CLINICAL COMMISSIONING GROUP TO HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

On 17 October 2018, the Health Scrutiny Committee for Lincolnshire approved its response to the engagement exercise undertaken by the CCG. A letter was sent by the Chairman, Councillor Carl Macey, to Dr Stephen Baird, Chair of Lincolnshire East CCG on 18 October 2018, setting out the Committee's views.

On 20 November 2018, Dr Baird replied to the Health Scrutiny Committee's statement. The first part of Dr Baird's letter stated:

Thank you for your letter dated 18 October 2018, re engagement around inpatient services at County Hospital, Louth. I would like to express our thanks to the Health Overview Scrutiny Committee for its support and consideration of our proposal, particularly its understanding of the benefits we have described as part of Option 2. As commissioners we always want the best care for our patients, more specifically we want evidence-based care that will support the best possible outcomes, including for the people of Louth and the surrounding area.

We have noted:

- The Committee's preference for Option 2, based on the information we have so far presented;
- The Committee's acceptance that the reduction in beds that took place in June 2017 was for fire safety reasons and done on a temporary basis;
- The Committee would like to see evidence that supports the rationale for a permanent reduction in beds from 50 to 20, in order for it to be fully assured;
- The Committee's support for developments at County Hospital, Louth, that aim to ensure "people have the right support to stay safely at home or are not unnecessarily admitted or re-admitted" and that the Committee would like assurance that GP practices and community health services are able to provide the required health care and support to patients when they are discharged;
- The Committee's thoughts around consultation and engagement, the difference between the two, and its desire to see public events planned and fixed at the time any consultation or engagement begins to avoid confusion;
- The Committee's request that we restate our commitment to the continuation of (other) important services in Louth;
- That the Committee is aware of NHS England's drive to create a network of urgent treatment centres and that no definite plans have been developed in Lincolnshire, but that the Committee would expect to see an urgent treatment centre established at County Hospital, Louth, on a 24/7 basis;
- The Committee's request that we respond to the views of East Lindsey District Council and Louth Town Council as part of our engagement with the local community;
- The Committee's support for any new build to replace the existing buildings in Louth (County Hospital, Louth), assuming the required level of capital

funding is made available, and that such changes to County Hospital, Louth, would be subject to full public consultation

I have provided responses below to each of the areas raised in your letter.

The remainder of Dr Baird's letter responded to the Committee's specific statements on:

- In-patient Options
- Arrangements for the Engagement Period
- Other Services
- Louth Urgent Care Centre
- Views of East Lindsey District Council and Louth Town Council
- Future Provision
- Conclusion

For ease of reference, the Committee's statement and CCG's response are set out in the following tables.

Inpatient Options

Health Scrutiny Committee Statement	<p>At this stage, the Health Scrutiny Committee for Lincolnshire is recording its preference for Option 2. This is based on the information so far presented by Lincolnshire East CCG.</p> <p>The Committee accepts that the reduction from 50 beds that took place in June 2017 was for fire safety reasons and understands that was made on a temporary basis. As Option 2 includes a proposal for 20 beds (16 beds, plus 4 four flexible beds), the Committee would like to see the evidence that supports the rationale for a permanent reduction from 50 beds to 20 beds. For example, is the rationale based on the level of patient need, or is it for fire safety or staffing capacity reasons? With this additional information the Committee would be fully assured that Option 2 is the better choice. The Committee recommends that this additional information is made available in a report.</p> <p>The Committee notes the developments at Louth County Hospital aim to ensure that "people have the right support to stay safely at home or are not unnecessarily admitted or re-admitted". The Committee supports this approach but would like assurance that the GP practices and community health services are able to provide the required health care and support to patients when they are discharged. This applies not only to Louth, but to the surrounding towns and villages, such as Alford, Mablethorpe, Saltfleet and Sutton on Sea. The Committee formally requests that the CCG make this information available.</p>
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<p>Lincolnshire East CCG Response</p>	<p>I note the Committee's preference for Option 2. In terms of the rationale for a reduction from 50 beds to 20 beds, following on from the decision on 15th June 2017 to temporarily reduce the number of beds due to fire safety concerns, the CCG felt it appropriate to review the provision of beds in the context of the Sustainability and Transformation Partnership's (STP) aim to develop services closer to home and to have a stronger 'Home First' approach.</p> <p>I also note the Committee's support for people being able to stay safely at home and to not be unnecessarily admitted or to be re-admitted. Winter 2017/18 was managed successfully with 16 beds in operation, and saw a circa 50% reduction in the average length of stay, which has a number of added benefits including fewer hospital acquired infections and patients being able to return to their own home and stay there for longer.</p> <p>During last winter, different models of care were used by Lincolnshire Community Health Services NHS Trust (LCHS) at Lincoln County Hospital with the introduction of Digby ward to provide intensive, short term support to patients transitioning between Lincoln County and returning home. We have used this experience to develop the model for the Manby ward, moving to an increased day assessment unit and enhanced rehabilitation under Option 2 to offer a more person-centred approach to managing frailty and long term conditions. This could also help to promote wider integration of health and care, including the voluntary sector. In addition, there is evidence to show that admitting frail older people to hospital can lead to a decline in their physical ability, as well as the risk of picking up a hospital-acquired infection, which can result in serious complications or even death.</p>
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Arrangements for the Engagement Period

<p>Health Scrutiny Committee Statement</p>	<p>The Health Scrutiny Committee for Lincolnshire notes that the CCG has stressed that it has undertaken an engagement exercise rather than a consultation. The Committee understands that the NHS has a particular definition of consultation, which differentiates it from engagement with the public. Even so, good practice principles ought to be applied to a period of engagement as much as a consultation period.</p> <p>The engagement period was launched on 6 September with an initial closing date of 10 October. The dates for the engagement events were not available at the time of the launch on 6 September, and were subsequently arranged for 2 October (Louth) and 16 October (Skegness, subsequently changed to Mablethorpe). The Committee assumes that as one of these events was arranged to take place after the initial closing date, the closing date was changed to 19 October. The Committee understands that the venue was</p>
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	<p>changed from Skegness to Mablethorpe as Louth County Hospital has more patients from Mablethorpe than Skegness.</p> <p>The Committee would like to see public events planned and fixed at the time that any consultation or engagement period begins. This would avoid any confusion and enable more members of the public to be involved with the engagement process. The Committee would like to have seen appropriately detailed evidence and supporting information issued with any engagement. The Committee believes that a period of full consultation could address the Committee's concerns, which have been set out above.</p>
Lincolnshire East CCG Response	<p>We have carried out a series of public engagement events over the last few weeks, in order to talk to people about our proposals for Manby and Carlton Wards, and we can assure you that we have applied good practice to this engagement as we would to a consultation exercise.</p> <p>In addition to the events we have organised in Louth and Mablethorpe, we have also attended two events organised by Louth Town Council, and a third organised by Victoria Atkins MP, and we have accepted an invitation to a public meeting with Fighting4Louth. The venue for one of the events we organised was changed to Mablethorpe at the suggestion of Victoria Atkins, and we did extend the closing date to 19 October as a result of this. It would have been preferable from our point of view to have been able to confirm details of all the events from the outset, but felt the rationale presented for the switch to Mablethorpe was sufficiently compelling.</p> <p>The Mablethorpe event was strongly supportive of a focus on community care improvement, and is likely to represent that those living outside of Louth are less focused on bricks and mortar, which to many of them is distant, and more on the quality and proximity to them of the care they need.</p> <p>Members of the Committee were invited and would have been most welcome to have attended any of the events we were involved with. I can confirm that we did make a pack of information available to attendees at each of the events the CCG organised.</p> <p>I note your belief that a full consultation could address the Committee's concerns and we will take this into consideration when evaluating the feedback from the engagement events. Without a legal definition of 'substantial development of variation' for proposed service changes, we have ensured that our engagement fulfils our duty to involve patients, public and stakeholders when making any changes to services. Our robust engagement process to gather the views of the public, staff and yourselves (the Committee) included a range of methods, such as online and paper surveys, promoting it locally and via social media, and holding a number of public events</p>

	<p>as well as attending those requested by local groups and committees. Our engagement process has followed the same approach we would have undertaken if we had undertaken a formal consultation and the proposed changes were assured against the Government's four tests – strong patient and public engagement, consistency with current and prospective need for patient choice, a clear clinical evidence base, and support for proposals from clinical commissioners – as well as the test introduced in 2017 regarding bed closures.</p>
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Other Services

<p>Health Scrutiny Committee Statement</p>	<p>The Health Scrutiny Committee for Lincolnshire notes that there are several other services provided at Louth County Hospital. For example, Lincolnshire Community Health Services provides the out of hours service and the 24/7 urgent care centre; and United Lincolnshire Hospitals NHS Trust provides a range of outpatient services, as well as day case surgery. As stated by Lincolnshire East CCG, Louth County Hospital is well used and liked by local people and clinicians. For the avoidance of doubt in the local community, the Committee would urge Lincolnshire East CCG to restate its commitment repeatedly to the continuation of these important services in Louth.</p>
<p>Lincolnshire East CCG Response</p>	<p>We are looking to enhance the services on site at County Hospital, Louth, with Integrated Neighbourhood Working, and therefore we need to move away from the concept that a bed is a service. This is a difficult concept to portray to the public; however, it is something we need to start a conversation about.</p> <p>The Committee rightly notes the range of services provided at County Hospital, Louth, by LCHS, United Lincolnshire NHS Hospitals Trust (ULHT), and Northern Lincolnshire and Goole NHS Foundation Trust (NLAG), as well as the fact that the hospital is well used and liked by local people and clinicians. As you know, we have a positive for the future of County Hospital, Louth, focusing on providing lasting security for Louth as a centre for innovative healthcare for local people, and we will take every opportunity to restate this commitment.</p>

Louth Urgent Care Centre

Health Scrutiny Committee Statement	Although not part of the inpatient survey, the Health Scrutiny Committee for Lincolnshire is aware of NHS England's drive to create a network of urgent treatment centres across the country, in accordance with a national specification. So far, the Committee understands that no definite plans have been developed in Lincolnshire, but would expect to see an urgent treatment centre established at Louth County Hospital, which in the Committee's view should operate 24/7, rather than open between 8am and 8pm as set out in the national guidance.
Lincolnshire East CCG Response	As the Committee notes, no definite plans have been developed in Lincolnshire as part of NHS England's drive to create a network of urgent treatment centres. We note the Committee's expectation that any such facility should be established at County Hospital, Louth, on a 24/7 basis.

Views of East Lindsey District Council and Louth Town Council:

Health Scrutiny Committee Statement	Both East Lindsey District Council and Louth Town Council have put on record their views about Louth County Hospital. The Health Scrutiny Committee for Lincolnshire requests that the CCG responds to these views as part of its engagement with the local community.
Lincolnshire East CCG Response	We are aware of the views of both East Lindsey District Council and Louth Town Council. As stated previously in this letter, we have attended two public events organised by Louth Town Council, which afforded us the opportunity to engage with town councillors.

Future Provision

Health Scrutiny Committee Statement	The Lincolnshire Sustainability and Transformation Plan (published in December 2016) referred to a proposal for between £25 million and £35 million of capital funding to support the remodelling of Louth County Hospital, including additional clinical services. Assuming this level of capital funding is made available, plans for any new build to replace the existing buildings in Louth would be supported. The Health Scrutiny Committee expects such substantial changes to Louth County Hospital to be subject to full public consultation.
Lincolnshire East CCG Response	I note your support for any new build to replace the existing buildings at County Hospital, Louth. A significant piece of work is ongoing looking at future provision, which will take into account a multitude of factors, particularly population modelling, and we would be happy to report to the Committee at the appropriate time. In the meantime I think it is important to re-emphasise the CCG's commitment to Louth as a centre for innovative healthcare for local people.

Conclusion

Health Scrutiny Committee Statement	<p>The Health Scrutiny Committee for Lincolnshire requests that Lincolnshire East CCG provides information on the rationale for the selection of the number of beds in Option 2; and assurances that GP and community health services in Louth and the surrounding area are capable of providing the right care and support to assist patients in their homes. The Committee invites representatives from Lincolnshire East CCG to attend the Committee when the results of the engagement exercise are made available. At that point the Committee can advise whether consultation would be necessary.</p>
Lincolnshire East CCG Response	<p>We note the Committee's request that we provide further information on the rationale around bed numbers in Option 2, as well as assurances that GP and community health services in Louth and surrounding area are capable of providing the right care and support to assist patients in their homes.</p> <p>We would be pleased to attend a future meeting of the Health Overview Scrutiny Committee once the results of the engagement exercise are available.</p>

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