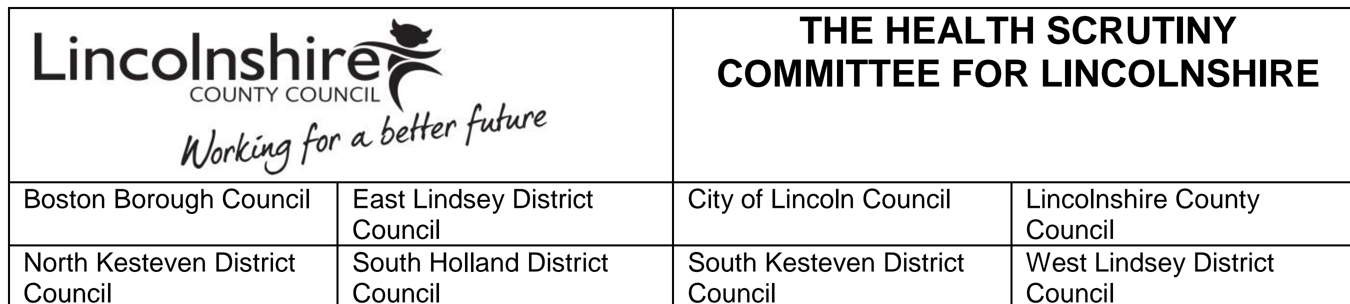

THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

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

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Democratic Services
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In accordance with the powers granted by the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 this will be a virtual meeting.

A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 22 July 2020 at 10.00 am as a Virtual - Online Meeting via Microsoft Teams

Access to the meeting is as follows:

Members of the Health Scrutiny Committee for Lincolnshire and officers supporting the meeting will access the meeting via Microsoft Teams.

Members of the public and the press may access the meeting via the following link: https://lincolnshire.moderngov.co.uk/ieListDocuments.aspx?CId=137&MId=5536&Ver=4
where a live feed will be made available on the day of the meeting.

MEMBERS OF THE COMMITTEE

County Councillors: C S Macey (Chairman), C J T H Brewis (Vice-Chairman), 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), Mrs S Harrison (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
1	**Election of Chairman**	
2	**Election of Vice-Chairman**	
3	**Apologies for Absence/Replacement Members**	

Item	Title	Pages
4	**Declaration of Members' Interest**	
5	**Minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 17 June 2020**	5 - 14
6	**Chairman's Announcements**	15 - 16
7	**Lincolnshire Partnership NHS Foundation Trust: Response to Covid-19** *(To receive a report from Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust, which provides the Committee with some of the response and impact of Covid-19 for patients served by Lincolnshire Partnership NHS Foundation Trust)*	17 - 24
8	**Lincolnshire Partnership NHS Foundation Trust: Child and Adolescent Mental Health Services (CAMHS)** *(To receive a report from Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust, which updates the Committee regarding the impact of the new model of care (interim home treatment team) so far in supporting the needs of Lincolnshire children and young people in the absence of a General Adolescent Unit inpatient facility in the county)*	25 - 36
9	**Lincolnshire Partnership NHS Foundation Trust: Older Adult Home Treatment Service** *(To receive a report from Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust, which provides the Committee with an update on how Lincolnshire Partnership NHS Foundation Trust through its clinical teams is currently testing a new service development to introduce a Home Treatment Team for Older Adults, accessing functional mental health care)*	37 - 40
10	**Integrated Urgent Care in Lincolnshire** *(To consider a report from Lincolnshire Community Health Services NHS Trust on the integrated urgent care in Lincolnshire. Maz Fosh, the Trust's Chief Executive and Tracy Pilcher, Director of Nursing and Deputy Chief Executive, will be in attendance for this item)*	To Follow
11	**Correspondence and Other Developments** *(To receive an update from Simon Evans, Health Scrutiny Officer, which provides the Committee with an update on correspondence received and other developments that have happened since the last meeting; and how these issues will be addressed in the Committee's future work programme)*	41 - 58

Item	Title	Pages
12	**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)*	59 - 68

Debbie Barnes OBE
Chief Executive
14 July 2020

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HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
17 JUNE 2020

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors C J T H Brewis (Vice-Chairman), M T Fido, R J Kendrick, C Matthews, R A Renshaw, M A Whittington and R Wootten.

Lincolnshire District Councils

Councillors S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), Mrs S Harrison (East Lindsey District Council), S Barker-Milan (North Kesteven District Council), Mrs R Kaberry-Brown (South Kesteven District Council) and Mrs A White (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Liz Ball (Interim Chief Nursing Officer, Lincolnshire Clinical Commissioning Group), Katrina Cope (Senior Democratic Services Officer), Maz Fosh (Chief Executive, Lincolnshire Community Health Services NHS Trust), Andy Fox (Public Health Consultant), Andrew Morgan (Chief Executive, United Lincolnshire Hospitals NHS Trust), Tracy Pilcher (Director of Nursing, Lincolnshire Community Health Services NHS Trust), John Turner (Chief Executive, Lincolnshire Clinical Commissioning Group) and Simon Evans (Health Scrutiny Officer).

County Councillors Dr M E Thompson (Executive Support Councillor NHS Liaison and Community Engagement) and Mrs S Woolley (Executive Councillor NHS Liaison and Community Engagement) attended the meeting as observers.

63 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor G Scalese (South Holland District Council).

64 DECLARATIONS OF MEMBERS' INTEREST

There was no declaration of members' interest made at this stage of the meeting.

65 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 19 FEBRUARY 2020

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 19 February 2020 be agreed and signed by the Chairman as a correct record.

66 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 prior to the meeting.

The supplementary announcements included information on the following:

- Finalised Version of page 141 of the agenda pack.
- Differences in the Rates of Coronavirus Infection and Mortality Rates in Lincolnshire Districts.
- Renal Dialysis Services – Opening of Fishtoft Road Site, Boston.

RESOLVED

That the Supplementary Chairman's announcements and the Chairman's announcements as detailed on pages 13 to 17 of the agenda pack be noted.

67 LINCOLNSHIRE NHS RESPONSE TO COVID - 19

The Chairman highlighted to the Committee that this item as detailed on pages 19 to 22 of the report pack related to the NHS's direct response to Covid-19; and that the impact of Covid-19 on other services and plans for the restoration of services would be considered under item 6 of the agenda.

The Chairman advised that there were four contributors for this item: John Turner, Chief Executive, Lincolnshire Clinical Commissioning Group (CCG), Andrew Morgan, Chief Executive, United Lincolnshire Hospitals NHS Trust, Maz Fosh, Chief Executive, Lincolnshire Community Health Services NHS Trust and Tracy Pilcher, Director of Nursing, Lincolnshire Community Health Services NHS Trust.

The Chief Executive of Lincolnshire CCG advised the Committee that the Covid-19 pandemic had presented the biggest challenge to the NHS since its establishment. Thanks were extended to all NHS staff, care workers and support staff in the county for their exceptional work over the last few months. Thanks were also extended to the people of Lincolnshire for adhering to the government guidance, and for their continuing support, through the 'Thursday night appreciation clapping' and the individual notes of support received.

It was noted that Lincolnshire continued to have a low number of covid-19 cases per 100,000 population. It was noted further that the rate for Lincolnshire was 147.9 cases per 100,000 population compared to the England rate of 273.2 and the East Midlands rate of 192.3 per 100,000. It was however highlighted that Lincolnshire had two areas within the county that were above the Lincolnshire average and these were Boston and South Holland, and that the other five areas were beneath the Lincolnshire average.

It was reported that as of 16 June 2020, there had been a total 1,136 positive cases of Covid-19 notified in the Lincolnshire population; that 14 patients were still in hospital; that there had been a total of 140 hospital deaths in ULHT hospitals, a small number in community hospitals and mental health services in the county; and that there had been a total of 302 discharges accumulatively from ULHT hospitals.

The Committee noted that as a result of Covid-19, there had been some key temporary changes to NHS Service provision; these changes were detailed on pages 20 and 21 of the report pack.

The Chief Executive of United Lincolnshire Hospitals Trust confirmed that the incident was being well managed and that Trust had kept emergency care and services available. The Committee noted that the issue of restoration on non Covid-19 services was currently being reviewed; but that this was dependent on whether there was a second wave of Covid-19. The Committee was advised that the Trust had cared for 470 inpatients so far, 42 of which had received intensive care, it was noted that the length of time for intensive care had varied, with one patient having been in intensive care for a total of 81 days. The Committee was advised further out of the 470 inpatients, 318 patients had been able to be discharged.

The Chief Executive for Lincolnshire Community Health Services NHS Trust reported that over 340 patients had received care in the community and that currently three patients were receiving care in community hospitals; and that there had been three deaths in hospitals operated by Lincolnshire Community Health Services.

During discussion, the Committee raised the following points:

- Appreciation was extended for all the work that had being undertaken by the NHS staff, ambulance staff and all supporting services locally and across the country;
- Issues accessing national data - The Committee was advised that the Director of Public Health was having difficulties obtaining data relating to the wider testing scheme, which was known as Pillar 2, but this data was now starting to become available. Confirmation was given that all other data had been readily available and had been shared across the country. It noted that all data received would help Lincolnshire understand the impact of Covid-19 on the population of Lincolnshire;
- Clarification was sought as to how decisions were made. The Committee was advised that on 17 March NHS England had issued clear instructions as to what the immediate response to Covid-19 was required to be (Phase 1); and then on 29 April 2020 a subsequent letter was then received as to what

needed to be done for Phase 2. (It was noted that these letters were in the public domain). It was highlighted that in Lincolnshire the CCG and the Trusts all worked very closely together, and some decisions had also included collaboration with primary care, care homes and home care. It was noted that all decisions taken during Covid-19 had been shared in the first instance. Clarification was provided that each area was responsible for their individual services;

- Clarification was sort as to why on page 20 of the report pack; Grantham Hospital had not been included in the list as a key temporary change in NHS Service provision. The Committee noted that the report related to the response period and was correct at the time the agenda was despatched. It was noted further that all NHS Chief Executives met on a daily basis and reviewed options and decisions. Clarification was given that any inference that changes at Grantham Hospital were permanent was false, the changes proposed by the United Lincolnshire Hospitals NHS Trust Board on Grantham Hospital were temporary and this had been confirmed by the Board at their meeting on 11 June 2020;
- Clarification was sought as to how deaths were recorded, as this appeared to vary from country to country. The Committee was advised that in the UK there had been a move to refine data recording, as there were some inherent challenges. Reassurance was given that the recording system adopted in the UK was one of the best in the world;
- Support provided for staff who were now working at different sites i.e. were at Grantham but were now working at Boston. A further question was asked whether staff had the necessary Personal Protective Equipment (PPE); and whether sickness rates had increased. The Committee was advised that a significant amount of work had been done as a system to provide staff with health and wellbeing support; and this support was also available in primary care and in care homes. Confirmation was given that there had not been any occasions where PPE had run out. The Committee was also advised that staff generally had been flexible and responsive in filling the gaps resulting from staff being on sick leave and having to self-isolate. The Committee was advised for those staff having to work from a different site there was financial support. It was highlighted that any changes had been assessed on the skill level required and confirmation was given that there had been no job loses, and no staff had been furloughed. The Committee noted that a daily dashboard enabled managers to identify how many staff were off as a result Covid-19, and how many were shielding. Information relating to the level of PPE supplies was also available. It was highlighted that any staff redeployed would receive the necessary training. Confirmation was also given that sickness levels had gone down, however, at Pilgrim Hospital, Boston sickness levels were slightly higher than at other sites;
- Current situation in relation to patients being able to obtain routine scans – The Committee was advised that in the absence of specific details of this incident, there had been some delays in diagnostic screening through the managed phase; and that waiting times had lengthened. Confirmation was given that this was one of the services it was hoped would be back working as part of the restoration phase;

- The need to make the best of community support and promoting the need for self-care. The Committee noted that more progress had been made over the last few months with regard to integrated care at a local community level, and this was an area that had been identified in the Long Term Plan;
- How Lincolnshire providers worked with other NHS providers of services to Lincolnshire residents, such as North West Anglia and Northern Lincolnshire and Goole. The Committee was advised that each Trust had received their letter of instruction from NHS England/NHS Improvement and had their own Trust Boards. Confirmation was given that there was good liaison between other NHS providers and that communication was conducted on a regular basis; and that relationships between Trusts were good, as this was fundamental for a county response; and
- A question was asked whether information contain on Page 27, section v, part c of the report pack was still correct, that there were no significant concerns with staff sickness or availability. A further question was asked as to the number of staff unavailable for work through sickness or unavailability. The Committee was advised that currently that there was a low level of sickness leave. At the height of the response 20% of staff had not been available for work; and that this figure was now at 0.1% of staff not being available. The Committee noted further that on 16 June 2020; 323 staff had not been available for work due to sickness and shielding. This was compared to the peak of the response when on 27 April 606 members of staff had not been available; the 7 May 538 members of staff had not been available; and 15 May when 430 staff had not been available. The Committee were reminded that the national objective had been for the NHS to support staff to stay well and stay at work, which was why some staff had been re-deployed and had been assisted by the in-house health and wellbeing provision.

RESOLVED

That the Committee's gratitude be recorded to all NHS staff, key workers and volunteers in Lincolnshire on their response to Covid-19, and for the Committee's condolences to be extended to the families who have lost loved ones.

68 LINCOLNSHIRE NHS - RESTORATION OF SERVICES

The Chairman highlighted to the Committee that information pertaining to this item was shown on pages 23 to 144 of the agenda pack. The Chairman advised also that the Committee should note the correction to page 141 of the agenda pack, which had been covered in the supplementary chairman's announcements considered earlier on the agenda.

The Chairman advised the Committee that there were four contributors present for this item who were: John Turner, Chief Executive, Lincolnshire CCG, Andrew Morgan, Chief Executive, United Lincolnshire Hospitals NHS Trust, Maz Fosh, Chief Executive, Lincolnshire Community Health Services NHS Trust and Tracy Pilcher, Director of Nursing, Lincolnshire Community Health Services NHS Trust.

Attached to the report presented were the following Appendices:

- Appendix A – Report to the Lincolnshire Clinical Commissioning Board (27 May 2020) – NHS response to the Management of Covid-19 Pandemic; and included:
  Appendix 1 - Daily Update Covid-19 – (as at 20/05)
  Appendix 2 - Letter of 29 April from Simon Stevens and Amanda Pritchard 'Second Phase on NHS Response to Covid-19'
  Appendix 3 – Slides – Second Phase Lincolnshire Response
- Appendix B – Report to United Lincolnshire Hospitals NHS Trust Board (2 June 2020) – ULHT Covid-19 Restore Phase Plan- Executive Summary
- Appendix C – Report to United Lincolnshire Hospitals NHS Trust Board (12 June 2020) – temporary Service Changes as a response to Covid-19, including:
  Appendix 1 IPC Assurance Framework
  Appendix 2 Green Site Clinical Model
  Appendix 3 Quality Impact Assessment
  Appendix 4 Equality Impact Assessment

The Committee noted that a copy of the letter of instruction for action for the second phase of the NHS response to Covid-19, as discussed in the previous item was detailed at Appendix 2 on pages 31 to 39 of the report pack. The Committee was advised further that the letter had instructed all NHS local systems and organisations working with regional colleagues to step up on all non-Covid-19 urgent services as soon as possible. Annex A provided a list the services included: urgent & routine surgery & care; cancer; cardiovascular disease; maternity; primary care; community services; mental health & learning disabilities services; and screening and immunisations.

Appendix 3 to the report provided the Committee with details of the Systems Covid-19 Phase 2 Response. Appendix C provided the Committee with details of the Trusts temporary services changes, in response to Covid-19.

The Chief Executive of Lincolnshire Clinical Commissioning Group highlighted that the changes which United Lincolnshire Hospitals NHS Trust (ULHT) had announced in relation to service changes at Grantham Hospital were for a temporary period. Confirmation was given that the ULHT only had authority to make such changes in an emergency, and only for a temporary basis. The Committee was advised that only a CCG could make amendments to service reconfiguration; and only then after a period of public consultation.

The Committee was advised that the CCG supported the position ULHT had taken in respect of Grantham Hospital and that the CCG highlighted they had significant concerns regarding the treatment of cancer patients in Lincolnshire, as patients not receiving operations and other treatments in a timely way. There was recognition of the concerns raised in relation to 'temporary', and reassurance was given that the proposed service changes were for a temporary period to ensure that hundreds of Lincolnshire's patients received the care they needed and that these changes were the best arrangements for the residents of Lincolnshire in the current situation.

During discussion, the following points were raised:

- Clarification was sought that as the proposed changes to Grantham Hospital were planned until the end of March 2021, whether these changes could be classed as temporary; and assurance was sort that any permanent changes proposed would go out to full public consultation. The Committee was reassured that the proposed changes to services at Grantham Hospital were temporary. There was recognition of the frustration of Grantham residents; and that Healthy Conversation had captured those frustrations. However, due to the current Covid-19 situation, changes had been necessary to enable the NHS to get back to dealing with non-Covid-19 patients in a safe environment. The Committee was reassured that any significant change to service provision, would be by the authority of the CCG, and that this would be subject to mandatory public consultation;
- In response to a request for an executive summary, with other documents cited as background papers, the Committee was advised that on this particular occasion it had been felt that the Committee needed to consider all the documentation in their deliberations;
- An explanation was sought concerning when Grantham Hospital would be returning back to its normal status. It was highlighted that at the moment it was not known what would happen over the next six to nine months with Covid-19, but what was apparent was there was need to provide treatment and care for cancer patients. As there were lots of variables, the CCG, ULHT, LCHS and LPFT would be working together to regularly review the situation; and that information concerning restoration would be shared with the Committee as things progressed. The Committee was advised that following an options appraisal, Grantham Hospital had been identified as being the best place to provide non-Covid services (Green Site). The Committee noted that patients attending a green site would be asked to self-isolate for 14 days prior to their planned admission date; and they would then be invited to have a test for Covid-19 a couple of days before their appointment. Reassurance was given that the Urgent Treatment Centre part of the Grantham site would be run separately with different staff and diagnostics. Reassurance was provided that the measures put in place would be temporary; and that this had been the decision of the Board. It was highlighted that work would be starting on how the temporary arrangements would be reversed, but at the moment the NHS was waiting to see if there would be a second wave of Covid-19, if this was the case, then capacity would have to be switched to meet that demand. It was highlighted there was an awareness of the lack of trust from the residents of Grantham, but at the moment due to the unprecedented circumstances, the Trust had to balance the needs of the whole of Lincolnshire against the wishes of the people of Grantham;
- Staff Morale – The Committee noted that a staff survey in October 2019 had highlighted there had been an overall improvement in staff morale. When the proposed changes had been announced, as with any organisation there had been some staff who felt things should not be changed, but there had also been some staff who had been in favour of the changes and had been flexible in their approach to work and this was to be commended. It was noted that

staff had been advised that there would be no job losses; and that they would not be financially impacted;

- Transportation issues for patients accessing services at Grantham Hospital from other parts of Lincolnshire. There was an appreciation that additional transport arrangements would have to be put into place;
- Clarification was sought as to whether ambulatory care would be conducted from the blue part of the Grantham Site. The Committee was advised that it would be part of the blue site and would be kept separate from the green part of the site, just like the Urgent Treatment Centre. The Committee also noted that the rehabilitation unit was due to come in to being during September/October for patients with green status. Confirmation was given that the green site would enable progress to be made in relation to Cancer surgery;
- Reasons for the higher number of Covid-19 cases in Boston; and whether the reason for this might be due to a large number of houses in multiple occupations in deprived areas; and the number of care homes. The Committee was advised that from the data received as detailed on pages 26 to 27 of the report pack, indications could be that the high number had been as a result of urbanisation and deprivation; but this would have to be investigated further when more data was available. In relation to care homes, the Committee was advised that the key correlation between Covid-19 and mortality was age; and that it had been expected to see clusters of mortality in the older age group. The Committee noted that the mortality rates in Lincolnshire care homes were one of the lowest in the country at 10 per 1,000 of the population; and that colleagues in public health would be looking at what happened in Lincolnshire and how that information could help other areas;
- Change to service provision in Alford. It was agreed that this would be looked at outside of the meeting; and
- When consultation on the Acute Services Review would commence. The Committee was advised that due to the current pandemic situation, no date could be given at this current time. However, it was noted the CCG was in contact with NHS England/NHS Improvment regarding authorisation for public consultation; and that the CCG was committed to progressing this matter.

The Chairman extended thanks on behalf of the Committee to the four presenters.

RESOLVED

That the Health Scrutiny Committee for Lincolnshire unanimously agreed to:

1. Welcome the return of 24/7 access to care at Grantham, along with the elective and planned treatment, but that we also put on record the Committee's concerns that the restoration plan will have a significant impact on patients throughout Lincolnshire in terms of travel from their local to other sites, and the downgrading of Grantham A&E.

2. Seek regular updates on the progress of the restoration plan for ULHT, including the impacts on patients travelling to different sites.

3. Record the Committee's view that full public consultation on the Lincolnshire Acute Services Review options should take place as soon as possible and to write to the Rt Hon Matt Hancock MP, Secretary of State for Health and Social Care, expressing the Committee's concerns, which have been raised today, as an indication of the Committee's position for any action in the future.

69 LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

RESOLVED

That the update concerning the Lincolnshire Clinical Commissioning Group be deferred to the next meeting of the Health Scrutiny Committee for Lincolnshire.

70 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.

The Health Scrutiny Officer advised the Committee that as Covid-19 would have an impact on its current work programme, the Committee were invited to agree its priorities for its future work programme based on the proposed 'high', 'medium' and 'low' priority lists as set out on pages 150 to 152 of the report; and to also consider whether any or all of the items identified as 'low' priority should be removed from the Committee's work programme.

Reference was made for the need to have the opportunity to include in work programme emerging issues as a result of Covid-19.

RESOLVED

1. That the priorities for the Committee's future work programme be agreed as being based on the proposed 'high',' medium' and 'low' priority lists as detailed in the report.

2. That all items identified as 'low' priority should be removed from the Committee's work programme.

The meeting closed at 12.40 p.m.

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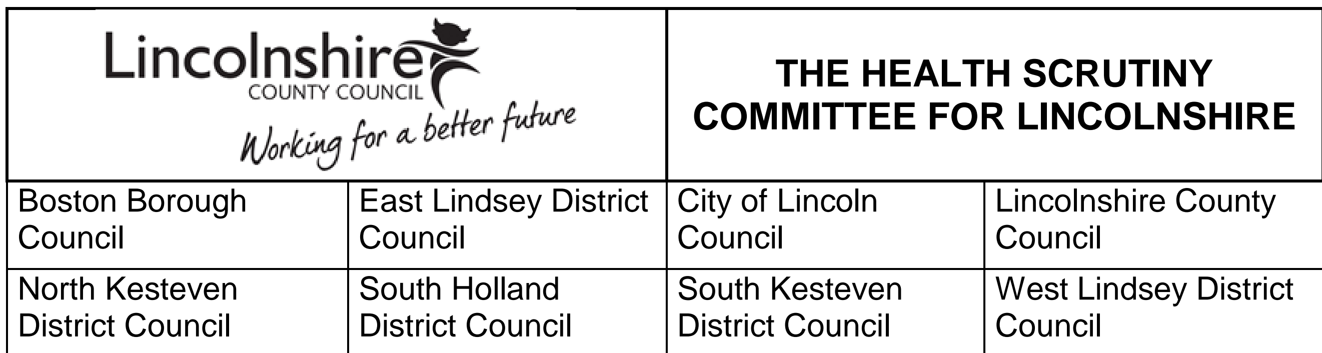


THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE			
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**22 July 2020**
Subject:	**Chairman's Announcements**

1. General Dental Services in Lincolnshire

NHS England / Improvement has issued a letter to stakeholders. From 8 June NHS Dental Services have been allowed to reopen, following their closure for face-to-face consultations in response to the covid-19 pandemic.

Most practices continued to provide virtual or telephone consultations and prescriptions during the closure. Urgent dental care centres were also opened to treat patients with urgent needs. These urgent dental care centres will remain available as general dental services recommence their services.

Enhanced infection control measures include the requirement for each surgery to be left for an hour between patients prior to deep cleaning. All practice staff need to use personal protective equipment (PPE). There should be no additional charges for NHS patients over and above the payments that are normally required.

The advice is to minimise face to face care and in particular to minimise the number of aerosol-generating procedures, such as the use of drills or suction, which include simple procedures such as a scale and polish. Where these procedures cannot be avoided, enhanced PPE is required.

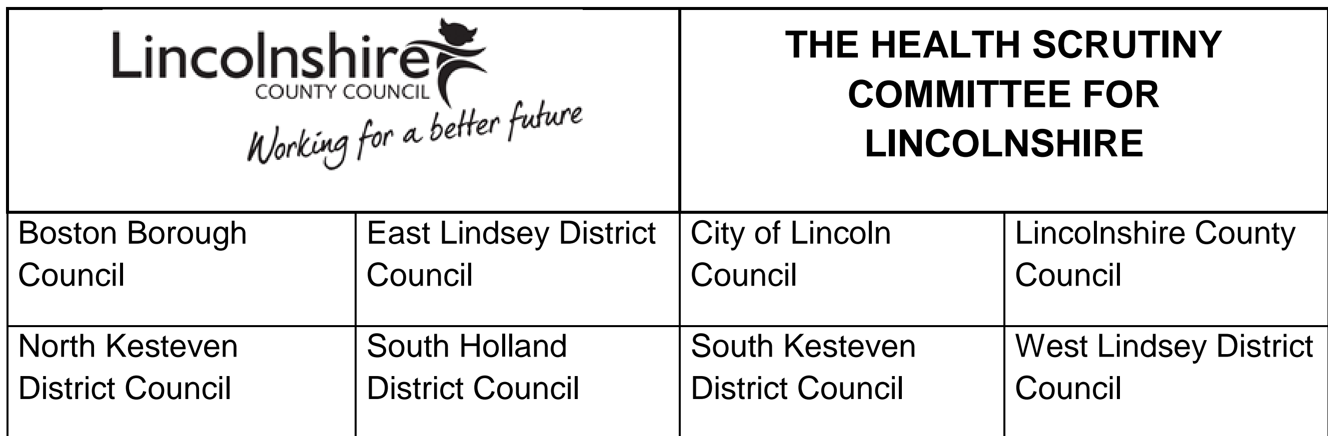
It is unlikely that most practices will be in a position at this stage to offer routine checks up except to the most vulnerable patients.

As of 26 June, information has been received from 36 of the 69 NHS dental practices in Lincolnshire. All 36 of these have confirmed that they were open for non AGP procedures in June. 20 providers plan to be open for AGP procedures in June and a further 12 in July. There are currently seven urgent dental care centres in Lincolnshire providing care for those patients who do not have access to a regular dentist or whose dentist is not yet offering the full range of services.

2. Deputy Chief Dental Officer for England

Dr Jason Wong MBE, who has been a partner at the Maltings Dental Practice in Grantham, has been appointed Deputy Chief Dental Officer for England. Jason will work alongside the Chief Dental Officer, Sara Hurley and the other Deputy Chief Dental Officer, Eric Rooney.

Jason in his role as Chair of the Lincolnshire Local Dental Network Chair has joined colleagues from NHS England in presenting on several occasions to the Health Scrutiny Committee on dental services in Lincolnshire. The Committee is invited to consider whether to send a letter of congratulation to him.



	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 Partnership NHS Foundation Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**22 July 2020**
Subject:	**Lincolnshire Partnership NHS Foundation Trust: Response to Covid-19**

Summary:

This report describes some of the response and impact of Covid-19 for patients served by Lincolnshire Partnership NHS Foundation Trust (LPFT). The Trust's staff have: -

- played a full part in the health and care response to Covid-19 to date;
- changed service delivery to meet patient needs during lockdown;
- seen improvements in the use of "digital first", which we want to continue using;
- ensured delivery of key targets to ensure quality services are provided;
- established staff well-being and support including for BAME staff;
- worked to set up recovery and restoration processes to move to the "new normal"; and
- completed a questionnaire to gauge staff and patient experiences of working during the Covid-19 pandemic.

Managing the situation continues and recovery and restoration plans are in place and being implemented.

Actions Required:

To consider the information presented by Lincolnshire Partnership NHS Foundation Trust on their response to the Covid-19 pandemic.

1. Lincolnshire Partnership NHS Foundation Trust Response and Learning – Covid-19

System Work to Respond to the Pandemic

Lincolnshire Partnership NHS Foundation Trust (LPFT) has worked as part of the wider health and social care system to support the response including: -

- daily touch points between Lincolnshire chief executives and senior leaders;
- shared mutual aid, including local authorities and voluntary sector (PPE, testing, situation reports, communications and staff support);
- Clinical Commissioning Group and Providers working closely on response, restoration and recovery cells (linked to the Local Resilience Forum);
- aligned approach on key areas of workforce, digital, information governance;
- rapid decision making and system collaboration;
- Mental Health, Learning Disability and Autism care high on agenda as one of system priorities; and
- East Midlands Mental Health, Learning Disability and Autism Alliance meeting weekly – mutual aid (e.g. autism assessment, electro-Convulsive Therapy).

Service Transformation to Respond to Pandemic

Services have been adapted to ensure that the organisation remains responsive to our patients whilst respecting the restrictions in place. Some examples of the services changes made are included here: -

CAMHS	Change our teams have put in place
CYP crisis service and home treatment team	CYP moved to an integrated 'hub' model operating from 3 sites – Boston, Grantham and Lincoln Integrated patient offer Makes best use of workforce Builds on excellent working already in place
Out patients	Urgent / essential patients only were seen
Best practice guidance	Issued by our service in North East Lincolnshire, which serves a particularly deprived population

Learning Disability	Change our teams have put in place
Transforming Care	Identified vulnerable groups and developed hospital passport to identify social, communication, interaction needs all in the same time and involve service users and carers
Discharge planning	Worked closely with NHS England and CCG to identify possible discharges of patients and community packages and we have the ability to increase staffing within the LD crisis service to avoid admission
Out patients	Patients being offered different options for accessing care

Older Adult	Change our teams have put in place
Older adult OP	Routine appointments for memory assessment ceased temporarily
Out patients	Urgent / essential patients only being seen
MH Liaison	Operating 24/7 on two acute trust ED sites (Boston and Lincoln)
Older adult IP	Two wards 42 beds transferred to Acute/Primary Care “hot site” as part of system surge planning
Dementia home treatment	New county wide service created following transfer of ward to acute district general above

All Age	Change our teams have put in place
Autism assessment	Ceased temporarily due to impact of COVID-19 on ability to complete a meaningful assessment with clients
Community MH Teams (all ages)	All teams provide telephone contact only for routine appointments Urgent/essential appointments being done face to face Service on a 7 day delivery
Out patients	Urgent / essential patients only being seen
Intensive case management	24/7 open access urgent NHS mental health services

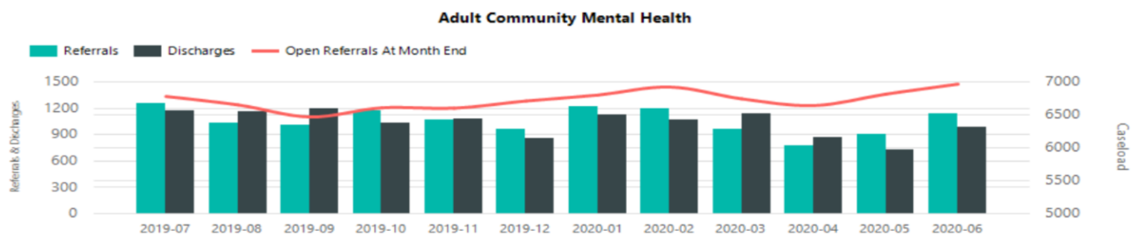
Complex	Change our teams have put in place
Out of area patients	One mothballed inpatient unit currently being explored as possible temporary accommodation unit / DTOCs eliminated
Discharge planning	Policies and procedures revised and enhanced at multi-disciplinary level to free up capacity and support safe discharging of our patients
Rehabilitation	New Community Rehabilitation service commenced on 1st April 2020

Social Assets	Change our teams have put in place
Recovery College	Face to face teaching replaced with online and virtual support
Carers	Daily “virtual call and cuppa” in place as a safe space for discussion and support to carers
MH helpline	Operating 24/7 to provide signposting and support in partnership with Mental Health Matters
Community volunteering	Programme of work underway to partner to create capacity in local market towns rather than centralise it all in urban centres

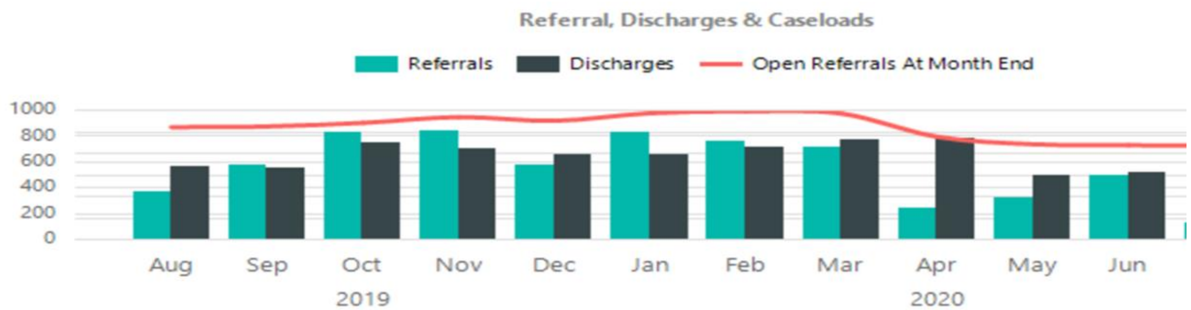
Activity and Performance Statistics During the Pandemic

Levels of patients being referred in to our services reduced during the lockdown period, however the number of people being seen by LPFT services remained the same, with increased contact levels put in place to make sure they were seen.

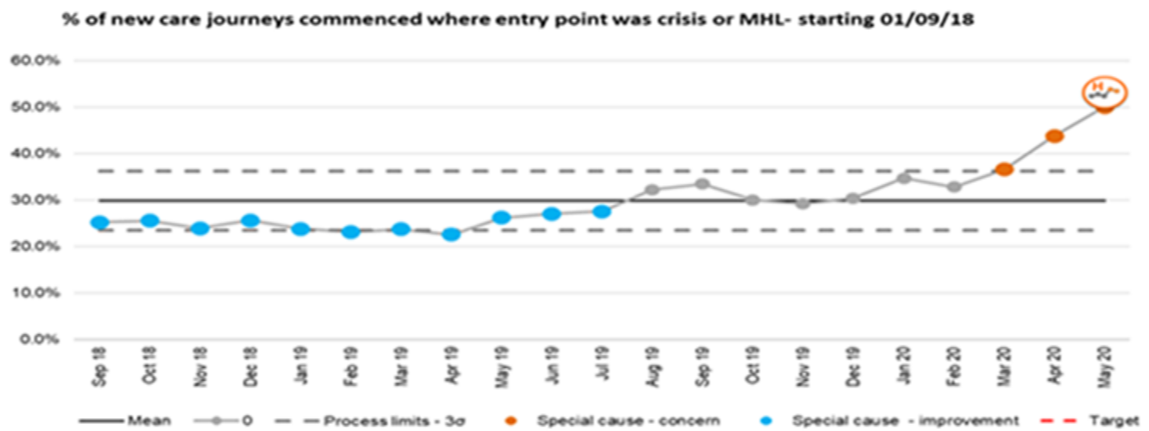
- 71.7% of patients have had an attended direct contact recorded within the last 12 weeks versus 46% from NHS Benchmarking data.



- Child and Adolescent Mental Health Service - significant drop in April all access points

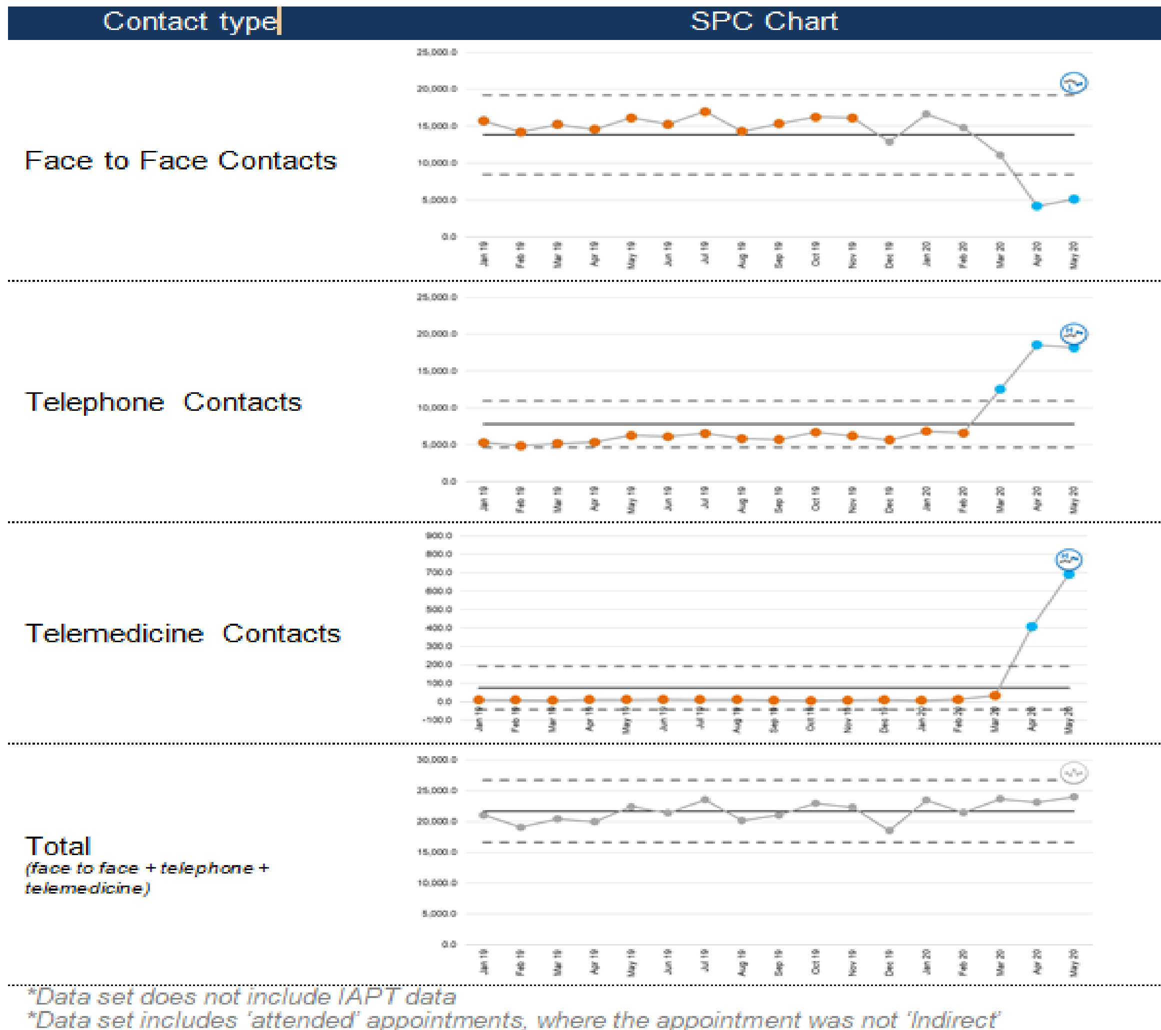


- A&E and acute care referrals – 15% increase in line with NHS Benchmarking figures (13-16%)



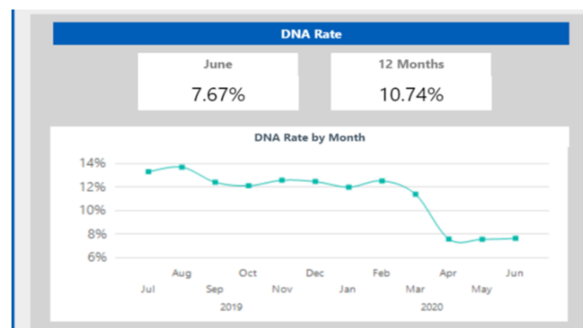
Digital Delivery

The number of people being seen by digital and telephone contacts increased as we changed the model of delivery during the crisis.



Patients who do not attend (DNA)

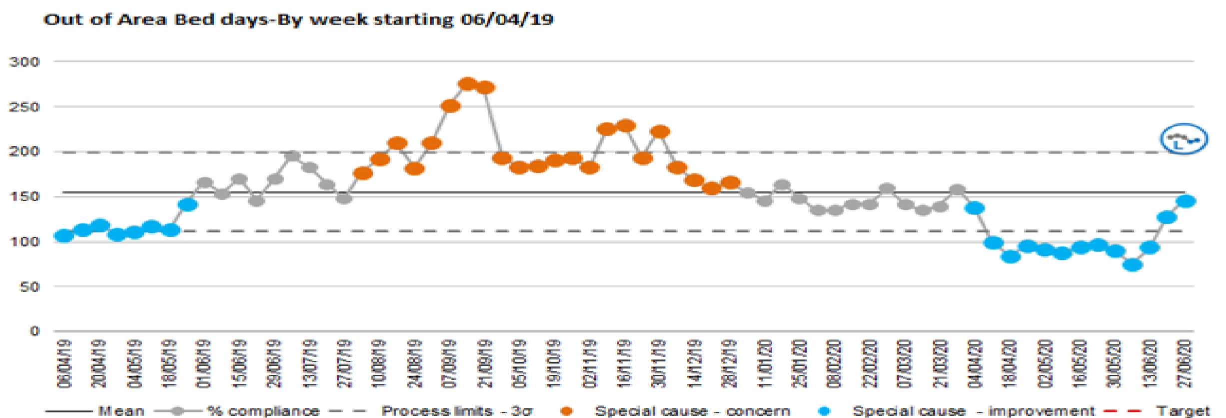
- Significant and sustained drop in DNAs
- LPFT consistently in top 3 users of MS Teams
- Increasing Mental Health Act assessments – indicator of increasing acuity
- Collated feedback on virtual consultations from patients and clinicians – generally positive
- BAME – LPFT Medical Director led Royal College of Psychiatry response to risk assessments.



Out of Area Placements

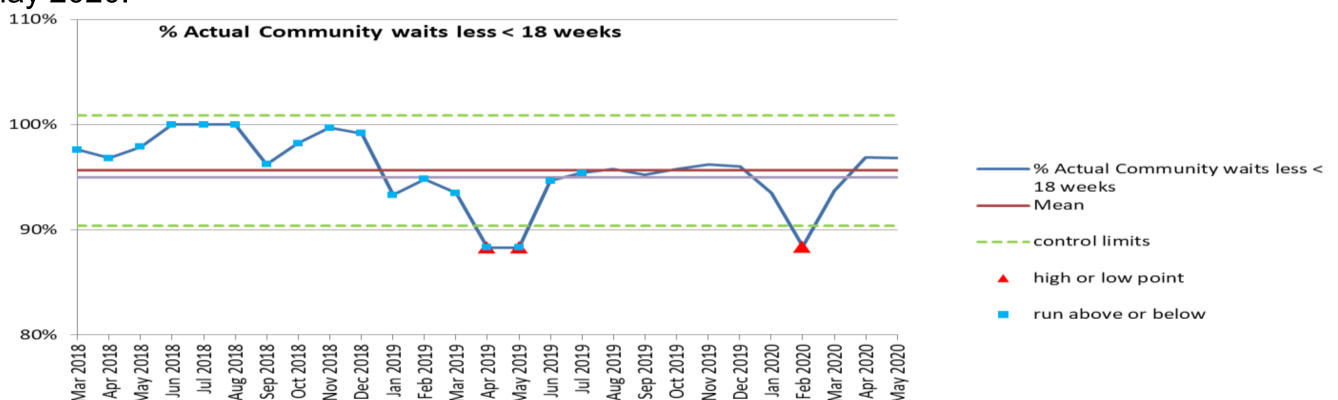
The figures below relate to bed days per week for patients going out of area. We observed a reduction in the number of bed days being used by people having to go out of area. This was despite having to reduce Lincolnshire bed capacity to achieve safe social distancing on our wards.

- 8 acute and 2 Male Psychiatric Intensive Care Unit bed capacity lost due to Infection, Prevention and Control measures



Patients Waiting Times - Community Teams

Patient waits for our community teams have stabilised and improved during March to May 2020.



Staff Wellbeing and Emotional Support

The Trust put in place additional “staff well-being” psychological support services to provide our staff with emotional support. This service was already in place, but was expanded to include a phone support line; more support for staff experiencing domestic abuse and group support for those people requiring it.

A special programme of work has been established, led by the Medical Director, to support the Black, Asian and Minority Ethnic (BAME) workforce.

2. Conclusion

The Trust has: -

- played a full part in the health and care response to Covid-19 to date;
- changed service delivery to meet patient needs during lockdown;
- seen improvements in the use of "digital first", which we want to continue using;
- ensured delivery of key targets to ensure quality services are provided.
- established staff well-being and support including for BAME staff;
- worked to set up recovery and restoration processes to move to the "new normal" way of working; and
- completed a questionnaire to gauge staff and patient experiences of working during the Covid-19 pandemic.

3. Consultation

There are no direct issues for consultation arising from this report.

4. 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 Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust, who can be contacted via jane.marshall3@nhs.net

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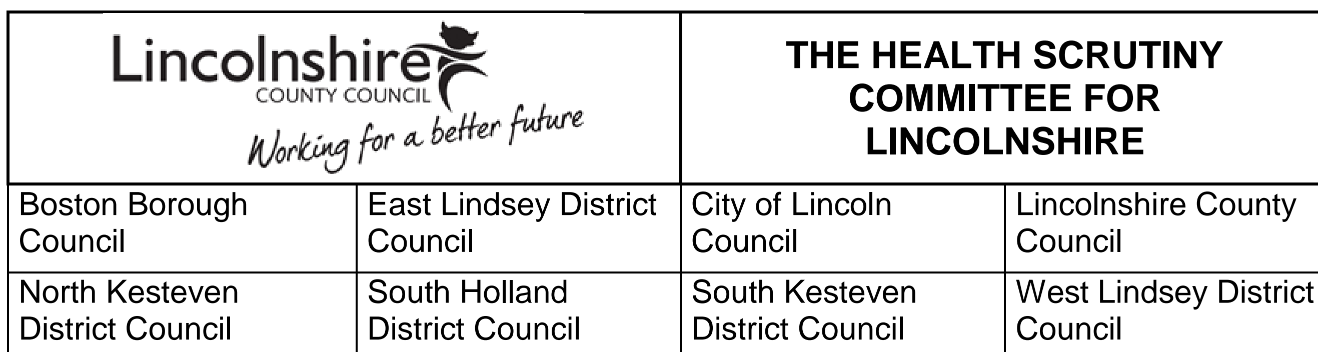
Agenda Item 8



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 Partnership NHS Foundation Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**22 July 2020**
Subject:	**Lincolnshire Partnership NHS Foundation Trust: Child and Adolescent Mental Health Services (CAMHS)**

Summary:

A new model of care was designed as a potential solution to improve Child and Adolescent Mental Health Services (CAMHS) care in Lincolnshire from March 2020. The objective of the new care model was to prevent unnecessary admission to out of area hospital beds and ensure that children and young people were repatriated back into the community in a timely manner where admission occurs.

The Ash Villa CAMHS inpatient unit in Sleaford was suddenly temporarily closed in October 2019 due to lack of medical cover. This temporary closure led to the rapid mobilisation of the planned new model of care interim intensive home treatment team with the service commencing on 4 November 2019, ahead of the planned date of March 2020.

Whilst this is not exclusively for children and young people at risk of admission or actually admitted to General Adolescent Units, this group is the main focus. Non-General Adolescent Unit beds (Specialist Eating Disorders, Psychiatric Intensive Care, Low Secure, Learning Disability beds) are out of scope of the new model of care at this stage.

This report describes the impact of the new model of care (interim home treatment team) so far in supporting the needs of Lincolnshire children and young people in the absence of a General Adolescent Unit inpatient facility in the county.

Actions Required:

To consider the information presented in the report from Lincolnshire Partnership NHS Foundation Trust.

1. Children and Adolescent Mental Health Service (CAMHS)

In line with national policy and working closely with colleagues at Lincolnshire County Council, NHS England and the former South West Lincolnshire Clinical Commissioning Group (CCG), we have been collaborating on a new model of care pilot design for Child and Adolescent Mental Health Services (CAMHS) in Lincolnshire.

This work resulted in a preferred option to move to an intensive home treatment model of care, with a least restrictive, community based service with a reduced number of beds. The plan was to fund this pilot using the investment currently made into the inpatient CAMHS service (provided at Ash Villa in Sleaford (Rauceby) temporarily. Under the new model of care pilot, the vast majority of treatment would be given at home with the family of the young person, improving quality of care. LPFT was working towards implementing this new care model on a trial basis from April 2020 to October 2020 and the Committee requested an update as to how the trial was working. For the first five months of operation, the outcomes of the new model of care have been: -

- Serious incidents are zero.
- Out of area patient admissions were two. There have been two admissions to General Adolescent Units in the five months of 2019/2020 since Ash Villa has been temporarily closed in comparison to 22 in the same time period prior, 20 in the seven months prior and 45 in 2018/2019.
- Of the two admissions to General Adolescent Units since the pilot has been operational between November 2019 and March 2020, one patient travelled to Northampton and one patient had to travel to Bristol.
- The service does everything it can to minimise the number of children and young people who travel out of area for their care as any patient travelling long distances must be avoided if possible.
- There are no children and young people in General Adolescent Units at the time of writing (i.e. no Lincolnshire children and young people out of area).
- There are approximately 2,100 Lincolnshire children in these services at any one time.
- There has been significant reduction in length of stay.
- Occupied bed days are reducing.
- Positive feedback from patients and carers has increased.

Background and Explanation of the Service

Historically inpatient services for Child and Adolescent Mental Health (CAMHS) care have been provided in Ash Villa, Sleaford, a 13 bedded unit for young people requiring inpatient care, commissioned by the NHS England Specialist Commissioning Team. Young people in receipt of care at Ash Villa were aged 13 to 18 years with severe and/or complex mental disorders, including eating disorders. The unit provided support for both males and females with two male and eleven female beds (this was flexed to meet demand).

The end point of the interim pilot of the new care model remains the same – October 2020. After this and following evaluation of the new model impact, a decision will then be made as to whether to continue with the new care model. This decision will include engagement and consultation with the public in line with statutory duties.

Part of this is engagement with NHS England/NHS Improvement and CCG and Lincolnshire County Council colleagues on the process for refining the detail of engagement and consultation.

Timetable	Action
4 Nov 19 to Mar 20	Pilot service running due to temporary closure of Ash Villa
Apr 20 to Oct 20	NHS England approved pilot of new care model runs to completion
Oct 20 onwards	Decision on the future model of care following evaluation of the pilot Engagement and public consultation on the service change in line with statutory duties

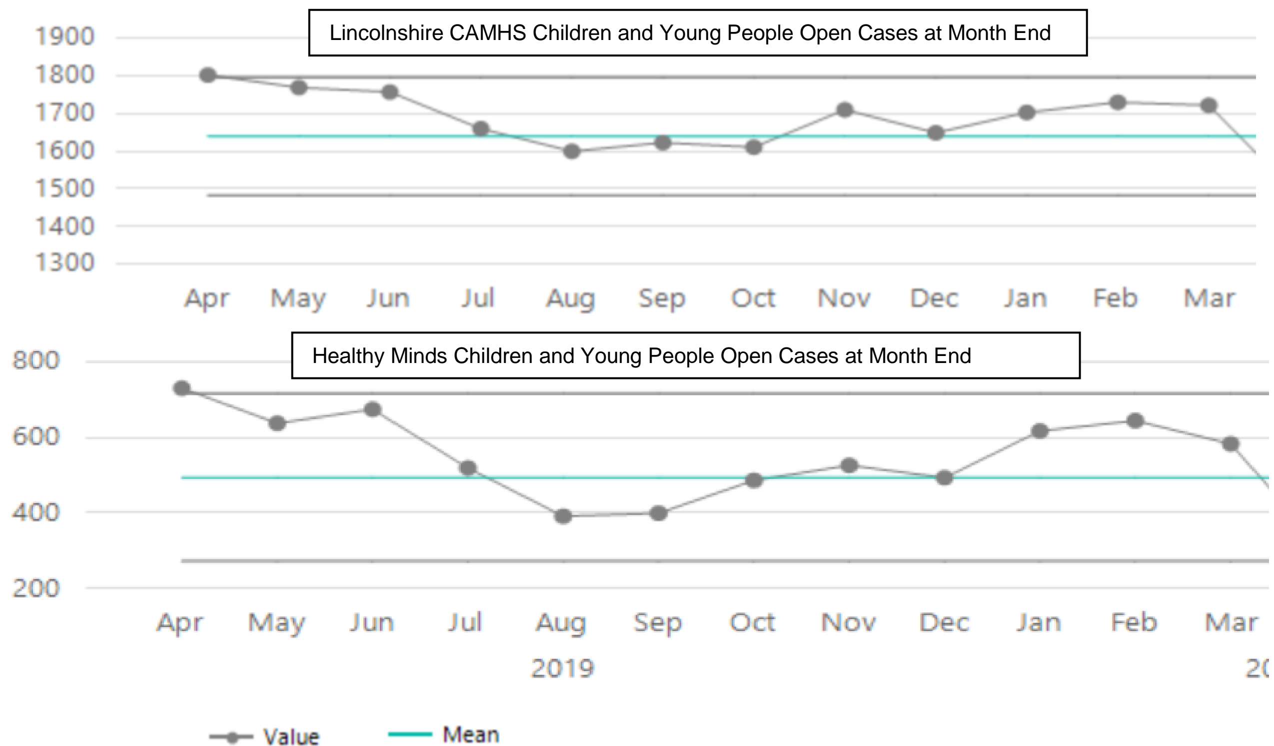
Piloting the New Model of Care – Detailed Findings to Date

The existing CAMHS and Crisis Home Treatment Service (C&HTS) is commissioned by the Lincolnshire Clinical Commissioning Groups. This provides timely response to those meeting the urgent and emergency criteria, and had capacity to provide low intensity home treatment. NHS England commissioned and funded Ash Villa service in the past and supports the new model of care that has temporarily replaced the inpatient service.

The model of delivery is based on service availability seven days a week, from 08:45 to 19:00. Data shows these are the times that children and young people are most likely to require to be seen. The integration of the CCG commissioned and NHSE/I commissioned crisis and enhanced treatment teams enabled seamless transition for those seen in an acute crisis and those who need intensive treatment. This can be at home, school or other places where the child/young person may need support. We have a multidisciplinary (including peer support) team providing care in line with a bio-psycho-social model, and links with wider CAMHS, social care and education colleagues. We can also support physical health care needs and link up with primary care, community and acute hospital colleagues.

When children and young people are admitted to inpatient units, we work with both the unit and the family to ensure as short a length of stay as possible. We attend (either virtually or in person) all ward rounds or Care Programme Approach (CPA) meetings, and we aim to keep the child/young person connected to their family and local community at all times. Everyone admitted has a link worker so inpatient units have a named contact point within the team. On discharge we offer intensive multi-disciplinary support to continue therapeutic interventions, monitor and review medications and safety plans, support physical health and social care needs all with a view to supporting relapse prevention.

For context, Lincolnshire CAMHS has had on average over 1,630 children and young people cases open at the end of every month between April 2019 and March 2020, with Healthy Minds having 490.



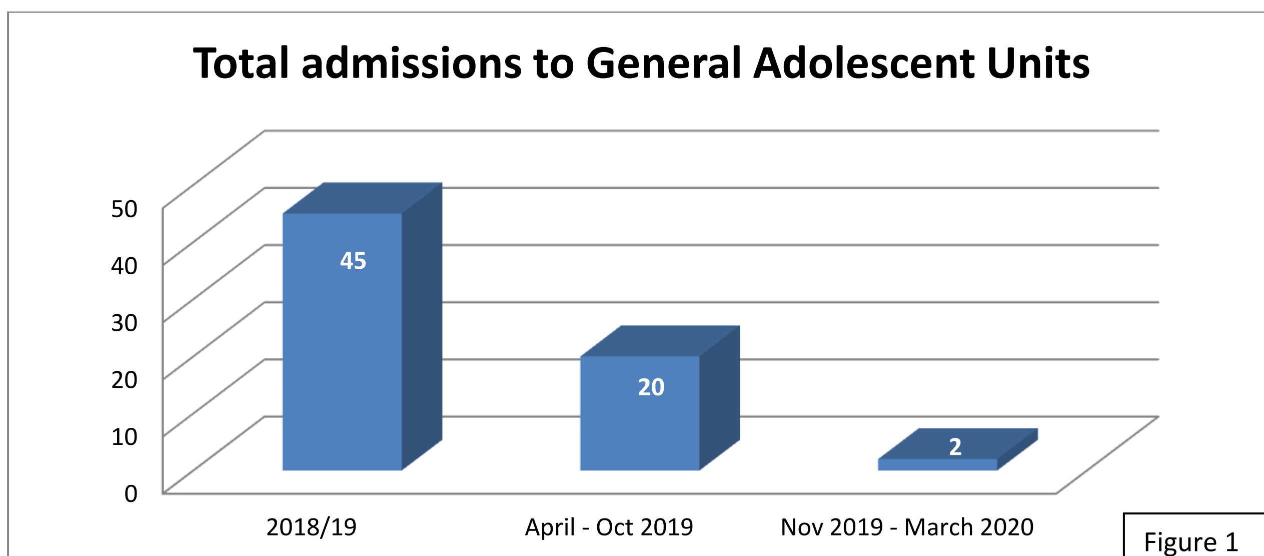


Figure 1

Figure 1 shows admissions for General Adolescent Units for children and young people in Lincolnshire have reduced by 51% between 2018/19 and 2019/2020. Whilst there may have been a minor reduction had Ash Villa not closed, this is clearly a result of providing home treatment with only two admissions between October 2019 and March 2020. By comparison, in October 2018 to March 2019 there were 22 admissions. It is clear fewer children and young people from Lincolnshire are being admitted to General Adolescent Units.

Whilst non-General Adolescent Unit beds (Specialist Eating Disorders), Psychiatric Intensive Care (PICU), Low Secure, Learning Disability (LD) beds) are out of scope for the new model of care, it is also interesting to note the comparative data from the year prior.

Admissions to non-General Adolescent Units by Lincolnshire Children and Young People

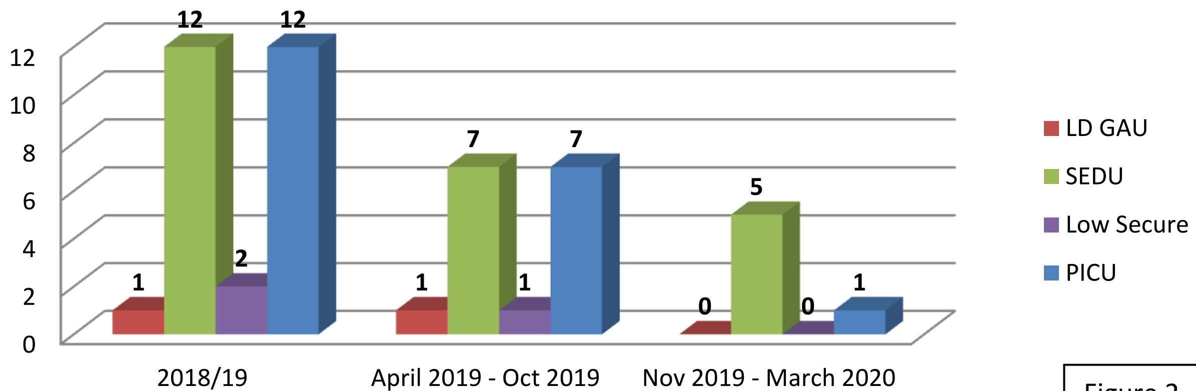


Figure 2

Whilst it is hard to draw definitive conclusions from Figure 2 due to the low associated numbers of admissions, added to the fact that the team has only been functioning for five months, when bed day costs are high, and the impact on children and young people and families of being admitted is significant, it is worth noting that PICU admissions have reduced to one, with zero Learning Disability to General Adolescent Units and to Low Secure admissions. The only area to not see a tangible benefit pro rata from the change in model is Specialist Eating Disorders admissions, and this is therefore an area to consider for service development and commissioning.

Whilst Figure 3 does not show a reduction in occupied bed days pro rata, this is due to the legacy patients who needed to receive inpatient care following the closure of Ash Villa.

However, when viewing the monthly breakdown in Figure 4 is apparent that the service is having a positive impact in reducing bed days over time.

Occupied Bed Days in General Adolescent Units

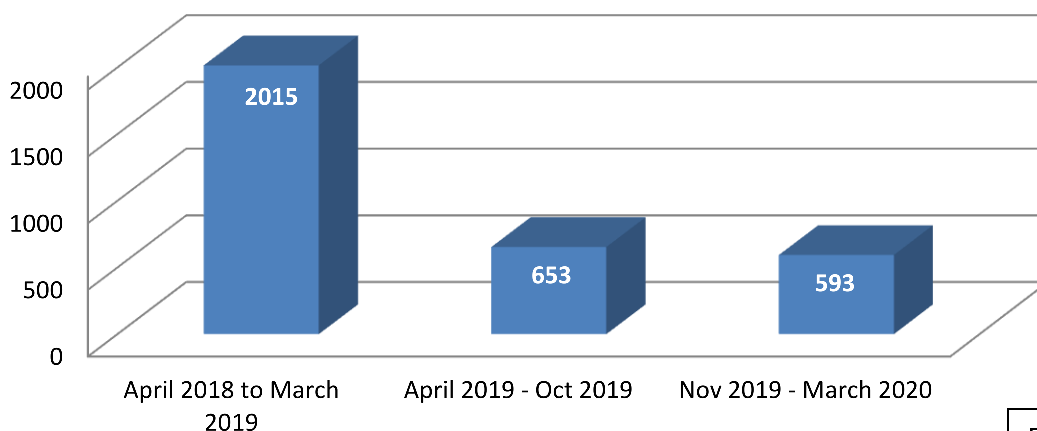
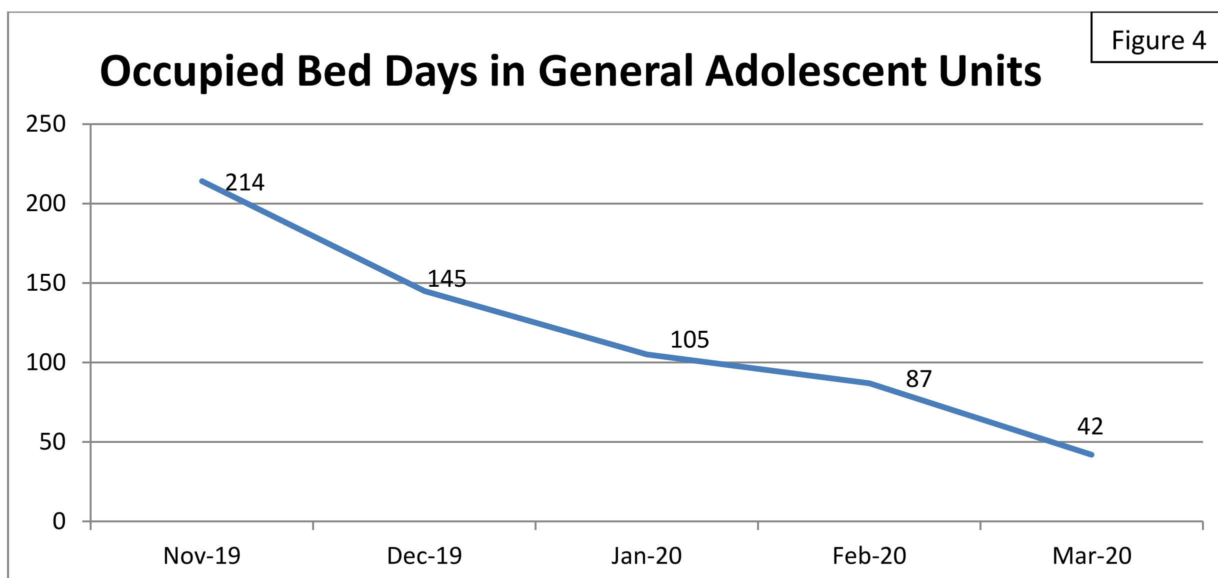


Figure 3



Positively, the median length of stay has significantly reduced, seeing a 60% reduction from the first half of 2018/2019 from 67 to 27 days.

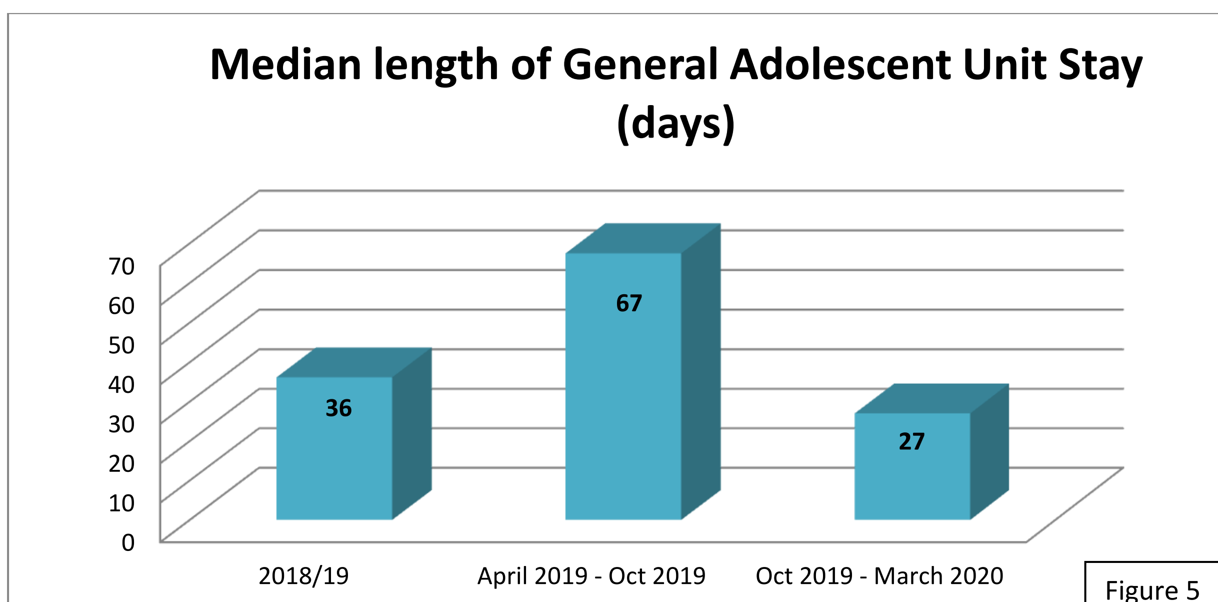
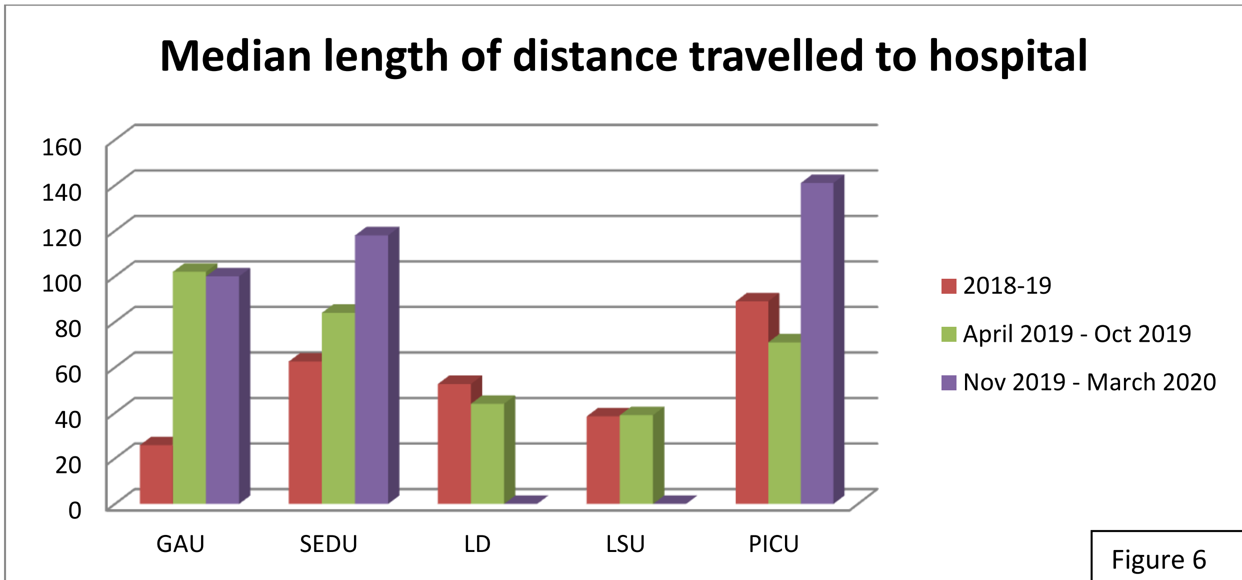
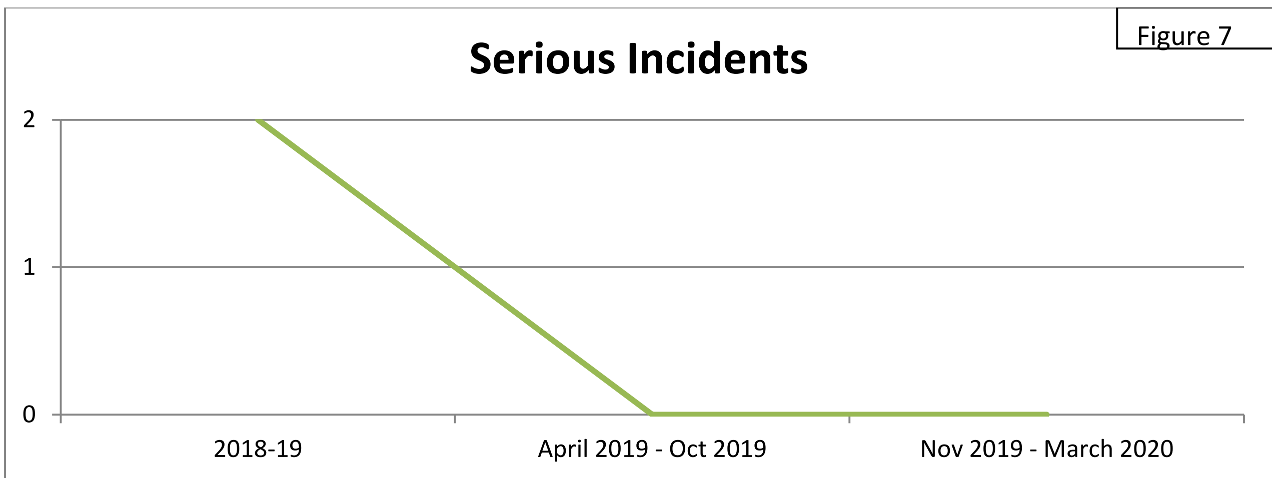


Figure 6 shows two significant increases in distance travelled from home to hospital occurred in Specialist Eating Disorder Units (SEDUs) and Psychiatric Intensive Care Units (PICUs). Distance to General Adolescent Unit increased significantly since 2018/19, but reduced slightly since the April to October period in 2019 when Ash Villa was still open. Distance to General Adolescent Unit for the two patients going of area was further due to bed availability. The new model of care allowed for up to two Lincolnshire children and young people to be out of area at any time. At the time of writing this report, there are no Lincolnshire children and young people in General Adolescent Unit beds. The last person accessing General Adolescent Unit inpatient care did so in Nottingham. The service always aims to provide care as close to home as possible to avoid undue impact on the children and young people's social network, as well the distress caused by being away from home.

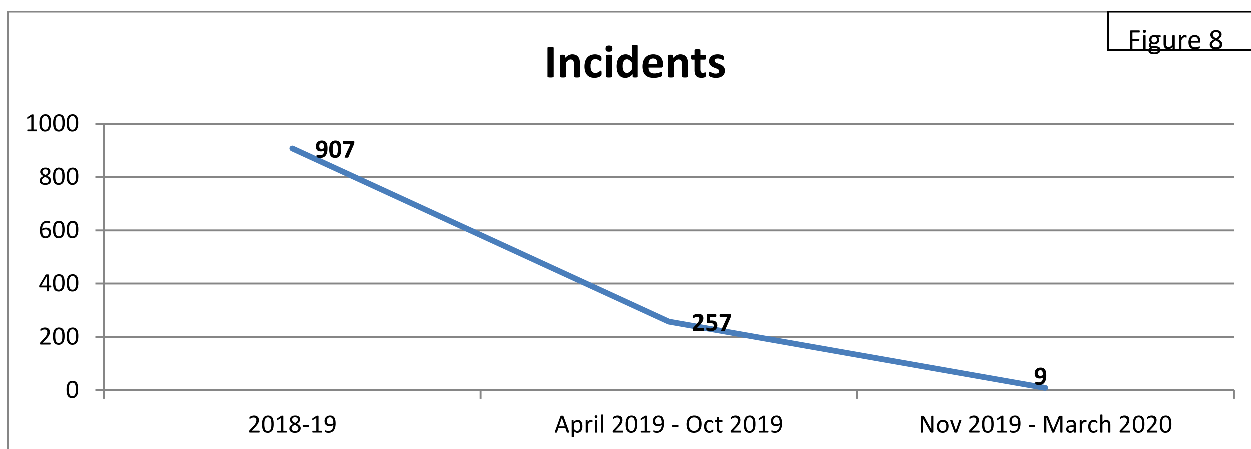


Of the two admissions to General Adolescent Units since the pilot has been operational between November 2019 and March 2020, one patient travelled to Northampton and one patient had to travel to Bristol.

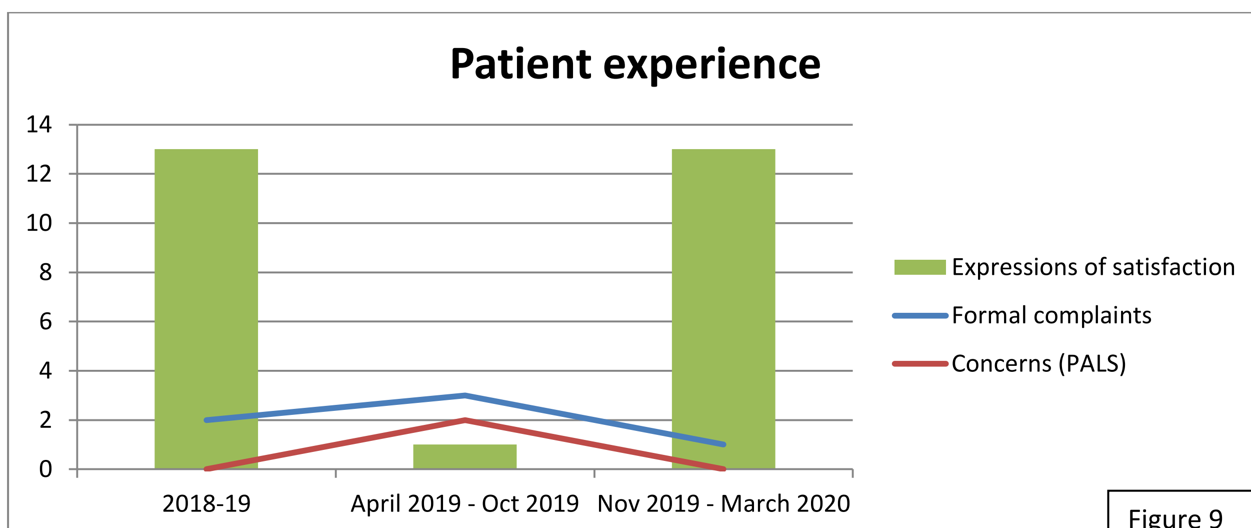
Quality



Serious incidents, usually categorised by unexpected or avoidable significant harm or death, have stayed at zero throughout the entirety of 2019/2020. This is continuously monitored as the service would not be considered effective if there were an increase in serious incidents.



Incidents, classified as either near misses or where low level harm has occurred, have reduced exponentially since closing Ash Villa. This was to be expected. Incidents which have occurred relate predominantly to safeguarding issues.



The new service saw a reduction in complaints and concerns (numbers were low historically) and a greater number of expressions of satisfaction than in whole of 2018/19. Some direct feedback from children and young people and families/carers: -

- Parent very thankful that we offered such an intensive service. They have never experienced this before.
- Mum expressed her thanks that we tried a more intensive approach and again felt the family home was respected by all who visited. She felt young people and the family had been listened to and there was good working with CAMHS Eating Disorder service.
- Family were delighted with the intensive home treatment. The tone and material were right for the young person. This is the first time they felt the care met the young person's needs. Self-harm has reduced and the young people are using the emotional first aid skills learned.
- It was good contact included weekends and that appointments were at home.
- It was difficult seeing different faces.

Figures 10 to 12 are for January to March 2020.

1. feel that people who saw me listened

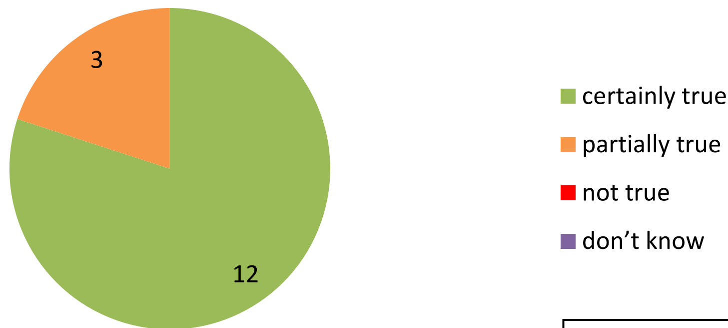


Figure 10

10. overall the help I have received here is good

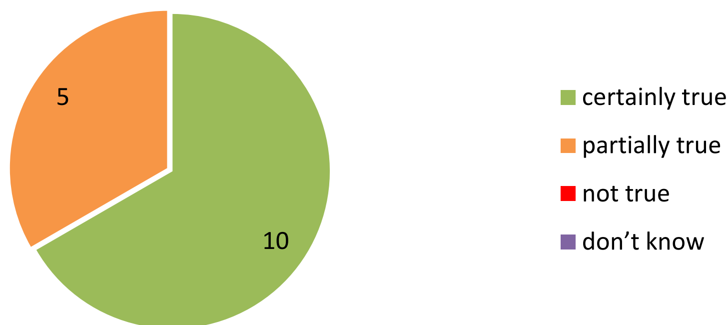


Figure 11

9. If a friend needed this sort of help I would suggest to them to come here

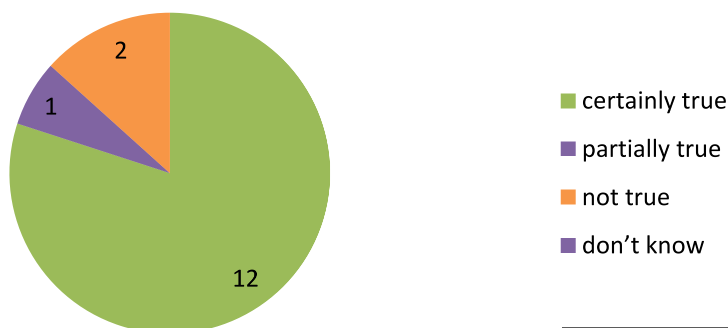


Figure 12

Case Study

Young person was referred to CAMHS crisis and enhanced treatment team following deterioration in mental state which resulted in young person wanting to end their life and driving to a bridge with this in mind. On assessment it was found that the young person was experiencing low mood, low self-esteem, poor motivation and poor sleep hygiene. The young person felt that these were things they would like to work on and so initially the team spent time building rapport and finding out more about the circumstances leading up to reason for referral.

After this the team referred the young person to the team doctor for a medication review and we started to work through emotional first aid with both the young person and their mother. The young person lived in a rural location and due to lack of motivation was isolated from the community and their friends. Discussion was held in team meeting and it was decided that young person could benefit from some graded exposure into the community. This was discussed with the young person who agreed with a care plan of doing daily visits that consisted of either graded exposure or emotional first aid. When using graded exposure as a therapeutic intervention with this young person, staff accompanied the young person on walks, walking the dog or going to a local coffee shop. This worked well for the young person as a way of integrating back into the community and getting the young person out of the house.

On other visits staff used the remainder of the emotional first aid sessions as their therapeutic intervention. The young person felt that the emotional first aid was helping them to regulate their emotions at times of high distress and gave them some coping mechanisms to use when feeling like they wanted to end their life. Throughout the sessions staff used child outcome rating scale and child session rating scale to measure how effective the sessions were for this young person and scores got higher each session.

Toward the end of the young person's interventions their sleep had improved, mood had improved with less frequent thoughts to end their life and the young person and their mother had more skills to cope with any potential deterioration in mental state. The young person reported an improvement in sleep hygiene, motivation, self-esteem and mood. Young person was going out with friends and had some plans for their future which they were not doing and did not have at time of referral.

The young person was successfully discharged back to core practitioner to re-engage with their on-going intervention. Without the ability to provide intensive assessment and home treatment, this young person would have likely required inpatient assessment due to the multifactorial nature of the issues and their clinical risks.

2. Conclusion

This report details the impact of the first five months of operation of the new model of care. Information and updates will be shared with the Committee in line with the Committee's recommendation. For the first five months of operation, the outcomes of the new model of care have been: -

- Serious incidents are zero.

- Out of area patient admissions were two. There have been two admissions to General Adolescent Units in the five months of 2019/2020 since Ash Villa has been temporarily closed in comparison to 22 in the same time period prior, 20 in the seven months prior and 45 in 2018/2019.
- Of the two admissions to General Adolescent Units since the pilot has been operational between November 2019 and March 2020, one patient travelled to Northampton and one patient had to travel to Bristol.
- The service does everything it can to minimise the number of children and young people who travel out of area for their care as any patient travelling long distances must be avoided if possible.
- There are no children and young people in General Adolescent Units at the time of writing (i.e. no Lincolnshire children and young people out of area).
- There are approximately 2,100 Lincolnshire children in these services at any one time.
- There has been significant reduction in length of stay.
- Occupied bed days are reducing.
- Positive feedback from patients and carers has increased.

3. Consultation

There are issues for consultation arising from this report.

4. 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 Jane Marshall, Director of Strategy, Planning and Partnerships, Lincolnshire Partnership NHS Foundation Trust, who can be contacted via jane.marshall3@nhs.net

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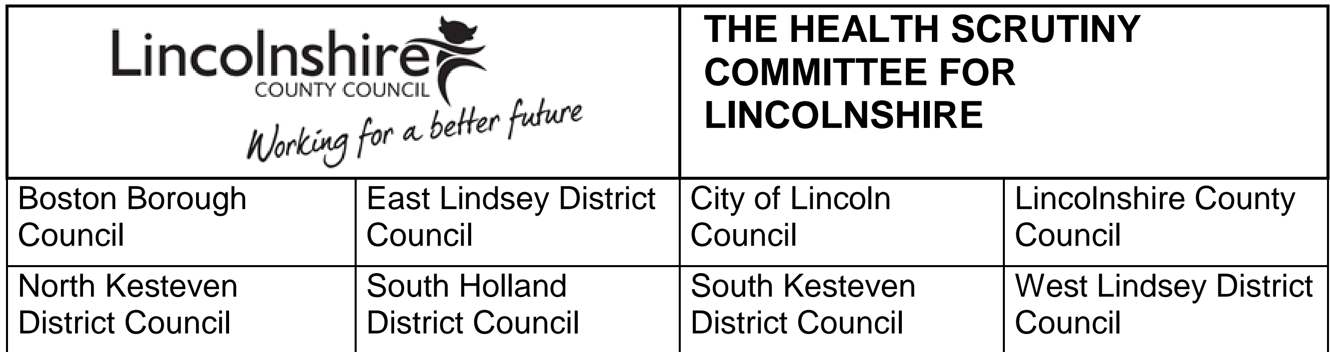


Lincolnshire COUNTY COUNCIL *Working for a better future*		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council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

Open Report on behalf of Lincolnshire Partnership NHS Foundation Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**22 July 2020**
Subject:	**Lincolnshire Partnership NHS Foundation Trust: Older Adult Home Treatment Service**

Summary:

Lincolnshire Partnership NHS Foundation Trust through its clinical teams is currently testing a new service development to introduce a Home Treatment Team for Older Adults, accessing functional mental health care. This service is about providing care, support and treatment into people's own homes rather than in hospital.

This report summarises findings to date on the following: -

- Older Peoples Home Treatment Team (OP-HTT) service impact as an alternative to in-patient care: on in-patient admissions and patients having to travel to out of area placements;
- the impact of OP-HTT service provision on our patient, family and carer experience; and
- an evidence base to support future decision making with regards to the model of care provided – be it in-patient beds or community Home Treatment Team(s).

Actions Required:

To consider the information presented on the Older Adults Home Treatment Service, which is provided by Lincolnshire Partnership NHS Foundation Trust.

Background

The Older Peoples Home Treatment Team (OP-HTT) commenced in October 2018 following reducing (temporarily) the number beds for older people mental health patients (for people with functional illnesses); in order to provide an alternative care option to the previous default service position of acute in-patient admission. This reduced the total wards from four (71 beds) to three (54 beds): with two dementia wards (Manthorpe and Langworth) and one older people mental health for functionally ill patients (Rochford). The bed reductions supported by the provision of the OP-HTT were initially those of Brant Ward, Lincoln (during its period of refurbishment and extension); and following Brant Ward's completion those of Rochford Ward, Boston.

Older People Home Treatment Team (OP-HTT) Outcomes

The OP-HTT has consistently demonstrated high levels of performance across all indicators since it started in October 2018; supporting the premise of service development and delivery as a viable and preferable community based alternative to in-patient care and reducing in and out of county admissions. The outcomes from on-going review over the past 19 months for OP-HTT are outlined below:

1. <u>Admission Avoidance</u>

   Since the commencement of the OP-HTT, of the 394 referrals managed only 28 (7%) of these patients required progression to in-patient admission via OP-HTT. This represents a potential admission avoidance success rate of circa 93% (i.e. circa 366 patients avoided admission).

2. <u>Reduction in Out of Area Patients</u>

   Despite the reduction in beds, during its period of operation the OP-HTT has supported a reduction in all Out of Area (OOA) key metrics: -

   - For the pre-HTT six months April to September 2018 nine patients had to go out of area (an average of 1.3 per month). In comparison, only ten patients have been required to access out of area beds for the following 19 month duration of OP-HTT service provision to date (an average of 0.5 per month).

   - OP-HTT has supported more rapid repatriation of patients back to Lincolnshire when an OOA bed was needed. Before the creation of the OP-HTT the average days out of area for older people was 23 days, compared to average of 14.5 days (a range of five to 26 days) with the team in place.

   - The total older people OOA bed use per month continues to be significantly lower than pre-OP-HTT levels. Prior to OP-HTT, the average was 26 days per calendar month. This compares with a post OP-HTT monthly average of .9 per calendar months, a 70% reduction.

3. Improved Treatment Efficiency

   The duration of treatment for patients using OP-HTT compares favourably to previous and current in-patient care alternatives; with the average time a person is receiving the OP-HTT service being 22.6 days. This is 55% fewer than the current average length of stay for treatment in in-patient care (Brant Ward with an average length of stay of 38.4 days) and 86% less than the average length of stay for Rochford Ward (prior to its temporary closure) at 57.2 days.

4. In-Patient Performance

   Since the commencement of OP-HTT, despite a reduction of total in-patient beds for older people's mental health related needs, improvements in the performance of the remaining 18 beds (Brant Ward) have been evidenced across the following key performance metrics: -

   - *Reduced Average Length of Stay* - Since the introduction of OP-HTT the average length of stay for Older Peoples Mental Health has decreased 17% from 68 days (prior to OA-HTT) to 57.3 days average post OP-HTT provision, at the 15 month review point. Following transfer of the in-patient facility from Rochford Ward to Brant Ward (January to April 2020) the average length of stay has reduced further to a current average length of stay of 38.4 days.

     Overall this represents a 55% reduction in Older Peoples Mental Health inpatient average length of stay since commencement of OP-HTT and a further 39% reduction in average length of stay. since the move back into the newly refurbished Brant Ward.

   - *Reduced Bed Occupancy* - Average bed occupancy (excluding patients on leave) is lower than pre-OP-HTT levels (69.3% compared to 90.5%). This compares favourably to current mental health benchmarking data for 2018/19 for bed occupancy excluding leave (69.3% compared to 86% nationally) and is a good indicator of quality.

5. Improved Patient Wellbeing

   In addition to improved performance metrics, patient experience has also been high, with significant improvements in patient wellbeing evidenced following OP-HTT service use. Based on 160 two-point report (start and end of treatment) Warwickshire Edinburgh Mental Wellbeing Scale (a validated patient-rated measure of general wellbeing) outcome measure returns; scored by the patient both pre and post OP-HTT intervention show an average positive change in wellbeing of +9.7 points. A difference of between 3–5 points between before and after scores is considered meaningful. The self-reported changes represent statistically significant improvements in patient wellbeing by users of the OP-HTT service and are indicative of positive clinical outcomes.

6. Patient Experience

The patient experience of the OP-HTT has been consistently high. Based on the nationally utilised patient experience Friends and Family Test (FTT); the recommendation rate for OP-HTT has remained above 95% positive at all three service review points (based on 203 responses). Within these 95% of responses being recommendations of either extremely likely or likely to recommend the service.

7. Reduced Clinical Incidents

Whilst not a direct like-for-like comparison, a review of recordable clinical incidents for the period before the OP-HTT compared to the period of the OP-HTT show a significant reduction. This indicates a safer service option for this particular patient cohort with admission avoidance reducing exposure to risks associated with hospitalisation.

8. Reduced Medication Use

A review of OP-HTT at six months identified reductions in terms of medication use. Subsequent reviews support initial findings and indicate that the delivery of shorter, well rated clinical interventions were achieved with the use of less psychotropic medications; reducing poly-pharmacy and risk of adverse drug reactions for this patient cohort.

2. Conclusion

The OP-HTT has been in pilot for over 18 months and has proven to be successful across all performance, financial and quality indicators. A process of consultation (or targeted engagement) is now required in order to consider the Home Treatment Team model as a permanent arrangement taking into account staff, carer, patients and stakeholder views.

3. Consultation

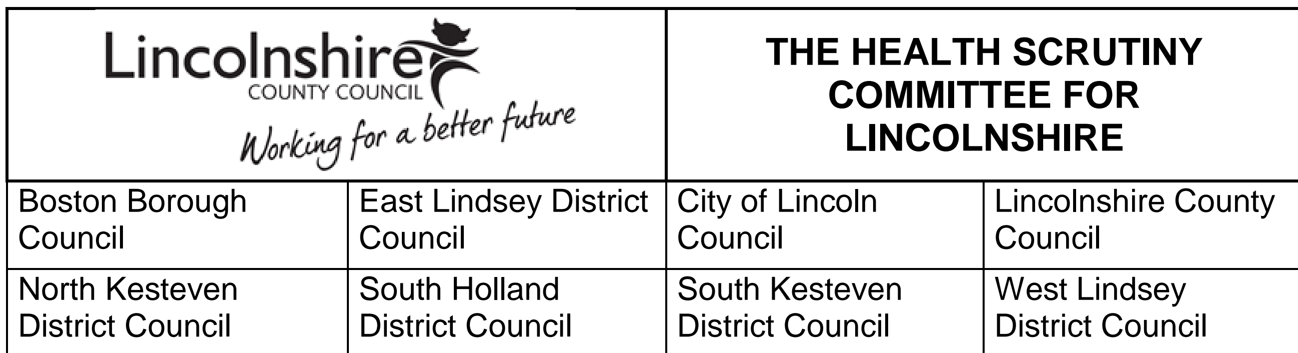
There are issues for consultation arising from this report.

4. 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 Jane Marshall, Director of Strategy, Planning and Partnerships, Lincolnshire Partnership NHS Foundation Trust, who can be contacted via
jane.marshall3@nhs.net

Agenda Item 11



		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:	**22 July 2020**
Subject:	**Correspondence and Other Developments**

Summary

At the last meeting of the Committee, following consideration of plans for the restoration of NHS services in Lincolnshire, it was agreed that a letter would be sent by the Chairman to the Secretary of State for Health and Social Care. This letter was despatched on 23 June 2020 and is attached at Appendix A to this report.

This report advises the Committee of the two resolutions passed by Lincolnshire County Council and South Kesteven District Council, which relate to the plans for NHS services in Lincolnshire, in particular the impact on services at Grantham and District Hospital. The letters arising from the Lincolnshire County Council resolution are attached at Appendices B and C to this report.

The Committee is requested to consider how the issues raised by the above resolutions and correspondence will be addressed in its future work programme.

Actions Required

(1) To note that following the Committee's decision on 17 June 2020, a letter was sent to the Secretary of State for Health and Social Care on 23 June 2020 (Appendix A).

(2) To note the resolutions passed by Lincolnshire County Council (26 June 2020) and South Kesteven District Council (1 July 2020) on NHS services in Lincolnshire, in particular those services at Grantham and District Hospital.

(3) To note that United Lincolnshire Hospitals NHS Trust is due to provide an update to the Committee on 16 September 2020 on progress with its restoration plan.

(4) To note that Lincolnshire Clinical Commissioning Group has been requested to report on the *Healthy Conversation 2019* engagement exercise and an update on the Lincolnshire Long Term Plan to the Committee on 16 September 2020.

1. Background

Restoration of NHS Services

On 29 April 2020, Sir Simon Stevens, NHS Chief Executive, and Amanda Pritchard, NHS Chief Operating Officer, wrote to all local NHS Chief Executives, setting out the second phase of the response to covid-19, where the focus was on restoring NHS services. The letter emphasised urgent action so that cancer treatment; routine and urgent surgery; the treatment of cardiovascular disease, heart attacks and stroke; maternity services; community health services; primary care; and mental health, learning disability and autism services could all be stepped up, to address the issues of patients not being able to, or not wishing to, access these services during the peak of the pandemic. On 11 June 2020, in accordance with NHS guidance, United Lincolnshire Hospitals NHS Trust (ULHT) approved its restoration plan, with a number of changes to the places where services would normally be accessed.

The restoration phase is expected to continue until August 2020 and will be followed by the recovery phase, which is expected to continue until 31 March 2021.

Healthy Conversation 2019 Engagement Exercise

Between March and October 2019, the *Healthy Conversation 2019* engagement exercise took place, with the Committee making initial comments on a range of services, in advance of the expected public consultation.

2. Health Scrutiny Committee Consideration – 17 June 2020

This Committee considered the plan from United Lincolnshire Hospitals NHS Trust for restoring NHS services on 17 June 2020 and unanimously agreed to:

1. ***welcome the return of 24/7 access to care at Grantham, along with the elective and planned treatment, but to also put on record the Committee's concerns that the restoration plan will have a significant impact on patients throughout Lincolnshire in terms of travel from their local to other sites, and the downgrading of Grantham A&E;***

2. ***seek regular updates on the progress of the restoration plan for United Lincolnshire Hospitals NHS Trust, including the impacts on patients travelling to different sites; and***

3. ***record the Committee's view that full public consultation on the Lincolnshire Acute Services Review options should take place as soon as possible and to write to the Rt Hon Matt Hancock MP, Secretary of State for Health and Social Care, expressing the Committee's concerns, which have been raised today, as an indication of the Committee's position for any action in the future.***

The letter arising from the above was despatched on 23 June 2020 to the Secretary of State for Health and Social Care (Appendix A) and any response will be reported.

4. Local Authority Resolutions

In addition, Lincolnshire County Council and South Kesteven District Council have passed resolutions on NHS services.

<u>Lincolnshire County Council Resolution – 26 June 2020</u>

On 26 June 2020, Lincolnshire County Council passed the following motion:

"It is now nearly four years since Grantham Hospital A&E was closed overnight as a temporary measure. Councillors, campaign groups and residents across Lincolnshire have marched on several rallies, delivered petitions to Downing Street and, have attended board meetings to call on ULHT and the South West Lincolnshire CCG to re-open Grantham Hospital 24/7 for emergency treatment.

"On Thursday 11th June the Trust board of the United Lincolnshire Hospitals NHS Trust (ULHT) approved a plan to turn the A&E department into a 24 hour walk in urgent treatment centre from June 22 as a temporary measure in order to create a "green site" that is Covid-19 free to deal with elective cases. Whilst this Council understands the potential operational and infection prevention control benefits of attempting to provide a clean 'green' site for the care of patients without coronavirus, we have significant concerns about a potential future downgrading of the site and stopping all unplanned admissions meaning that residents of Grantham and the surrounding area will have to travel to access in patient care.

"In addition, in August 2019, Pilgrim Hospital received news of a funding boost of £21.5 million by the Prime Minister Boris Johnson to upgrade Accident and Emergency and improve the Urgent treatment facilities This funding was intended to improve patient wait times and the flow of patients in and out of the department, allowing patients needing emergency treatment to be seen and treated quicker. This investment is welcomed and whilst we recognise the challenges facing the Trust due to Covid-19, Council would oppose any downgrading of emergency and urgent facilities at Pilgrim Hospital in light of this investment.

"This Council therefore calls on the Leader of Lincolnshire County Council, Councillor Martin Hill, OBE, to write to John Turner, Accountable Officer Lincolnshire CCG and Andrew Morgan, Chief Executive, United Lincolnshire Hospital Trust to:

1. ***express disappointment that residents of Grantham and the surrounding area will need to travel excessive distances to access unplanned in patient care and asks for written assurance on what transport support will be available for patients and their families;***

2. ***seek written assurance that the closure of the medical beds is a temporary change and asks when the medical inpatient beds will be re-instated with the required medical cover as is currently provided;***

3. ***seek written assurance that the investment at Pilgrim Hospital will not result in any down grading of facilities for emergency or urgent care; and***

4. ***seek written assurance that consultation to achieve substantial changes in line with the Healthy Conversation is undertaken as soon as possible."***

The letters arising from this resolution were despatched by the Leader of Lincolnshire County Council on 6 July 2020, and any responses will be reported to the Committee.

South Kesteven District Council Resolution – 1 July 2020

On 1 July 2020, South Kesteven District Council passed the following motion:

"Preamble: Without a fully functioning local district and general hospital with an accident and emergency department; the cost is not only financial the risk to people's lives is increased; their pain, suffering and anxiety extended.

"Following this Emergency Full Council meeting, this Council calls on the Leader of the Council, Councillor Kelham Cooke, to:

1. ***Write to Andrew Morgan, Chief Executive of United Lincolnshire Hospitals NHS Trust, John Turner, Chief Officer of NHS Lincolnshire CCG, and Sir Simon Stevens, Chief Executive of NHS England, to express this Council's grave concerns that the temporary closure of Grantham Hospital A&E and loss of medical beds at Grantham Hospital may become permanent from 31 March 2021.***

2. ***Write to Councillor Carl Macey, the Chairman of the Lincolnshire Health Scrutiny Committee, to inform him of this Council's grave concerns that the temporary closure of Grantham Hospital A&E and loss of medical beds at Grantham Hospital may become permanent from 31 March 2021.***

3. ***We call for the full restoration of Grantham and District Hospital with a full Grade 1 accident and emergency unit providing full resuscitation and patient stabilisation.***

4. ***We also write to the Rt Hon Matt Hancock, Secretary of State for Health and Social Care, to reverse the changes to downgrade Grantham Hospital.***

5. ***We also call for the Secretary of State for Health and Social Care to amend the Health Care Act, so in future local authorities have fair representation on the decision-making bodies affecting the health services in their communities.***

6. ***To call on the United Lincolnshire Hospitals NHS Trust to ensure onsite facilities to enable people from all communities to access video facilities to support remote consultation."***

Any correspondence arising from the above resolution, which becomes available, will be shared with the Committee.

5. Future Committee Activity

Impacts of United Lincolnshire Hospitals NHS Trust Restoration Plan

The Committee is requested to note that a progress report from United Lincolnshire Hospitals NHS Trust on its restoration plan is for consideration by the Committee on 16 September 2020.

Healthy Conversation / NHS Lincolnshire Long Term Plan

The *Healthy Conversation 2019* engagement exercise was launched in March 2019, as a forerunner to full public consultation. The Committee responded to each element of *Healthy Conversation 2019*. Progress with the next steps has been delayed because of covid-19. The Lincolnshire Clinical Commissioning Group has been requested to report on the *Healthy Conversation 2019* engagement exercise and also provide an update on the Lincolnshire Long Term Plan to the Committee on 16 September 2020. This could include plans for consultation on four elements of the Lincolnshire acute services review, subject to the appropriate approvals from NHS England / NHS Improvement. The four elements are: -

- Urgent and Emergency Care
- Medical Services / Acute Medicine (Grantham)
- Stroke Services
- Trauma and Orthopaedics

6. Consultation

This is not a direct consultation item. However, full public consultation is expected at a future date on elements of the Lincolnshire Acute Services Review.

7. Conclusion

The Committee is requested to note correspondence arising from the various resolutions, together with the items proposed for the next meeting of the Committee on 16 September 2020 and consider any further action at this stage.

8. Appendices

The following documents are appended to this report.

Appendix A	Letter from Councillor Carl Macey, Chairman of the Health Scrutiny Committee for Lincolnshire, to Matt Hancock, MP, the Secretary of State for Health and Social Care – 23 June 2020
Appendix B	Letter from Councillor Martin Hill OBE, Leader of Lincolnshire County Council to Andrew Morgan, Chief Executive, United Lincolnshire Hospitals NHS Trust – 6 July 2020
Appendix C	Letter from Councillor Martin Hill OBE, Leader of Lincolnshire County Council to John Turner, Chief Executive, NHS Lincolnshire Clinical Commissioning Group – 6 July 2020

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 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk

APPENDIX A

County Offices, Newland,
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The Rt Hon Matt Hancock, MP
The Secretary of State for Health and Social Care
Department of Health
39 Victoria Street
London
SW1H 0EU

County Offices
Newland
Lincoln
LN1 1YL

23 June 2020

Dear Secretary of State

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
RESTORATION OF NHS SERVICES

The Health Scrutiny Committee for Lincolnshire has considered plans from Lincolnshire CCG and its main acute hospital provider, United Lincolnshire Hospitals NHS Trust (ULHT), for the restoration of NHS services in line with the letter issued by Sir Simon Stevens and Amanda Pritchard on 29 April 2020. A summary of the plans, based on a ULHT Board paper from 11 June 2020, is attached to this letter.

ULHT will be using one of its three main hospitals sites, Grantham and District Hospital, mainly as a 'green' site, to treat more elective and cancer patients, who will be 'screened' to ensure they are free from covid-19. The additional patients will be diverted from ULHT's other two main hospitals in Boston and Lincoln. However, as a result of the plans, Grantham A&E (a type 3 A&E) has converted to an urgent treatment centre, which is open on a 24/7 walk-in basis for 'unscreened' patients. This means for residents in Grantham and the surrounding area the nearest A&E is in Lincoln, which can be as much as two hours from Grantham when using public transport.

In addition to the impact on people in Grantham and the surrounding area, patients from other parts of Lincolnshire, a large rural county, will be expected to travel to Grantham for their planned treatment. Using public transport for these journeys will be particularly challenging for patients in some parts of Lincolnshire. For example, patients from Mablethorpe, on the east coast of Lincolnshire, would need approximately four hours for a one way journey to Grantham Hospital on public transport. This clearly underlines the importance of the local non-emergency patient transport service.

The Committee welcomes the return of 24/7 walk-in access to care at Grantham, along with the elective and planned treatments. However, the Committee wishes to put on record its concerns that the restoration plan will require patients throughout Lincolnshire to travel to and from other hospitals, instead of their local one. The Committee also views the conversion of Grantham A&E to an urgent treatment centre as a downgrading of services.

The Committee will be seeking regular updates on the progress of the restoration plan from the local NHS, including the impact on patients of travelling from all parts of Lincolnshire to hospitals other than their local one. The Committee is also committed to continuing a dialogue with both Lincolnshire CCG and ULHT.

The Committee has been advised that the changes in the restoration plan are temporary and full consultation will take place on any proposals for permanent change, as part of the Lincolnshire acute services review. However, Grantham's A&E has been closed between 6pm and 8am since August 2016. This closure has notionally been on a temporary basis, but a closure of four years cannot be construed as temporary and has caused significant unease and disruption for the residents of Grantham and the surrounding area.

The Committee has put on record its gratitude for the efforts of the NHS in Lincolnshire, other key workers and volunteers, and accepts that the challenges of the pandemic for the NHS and society as a whole will continue for some time yet. However, on the Lincolnshire restoration plan, I would therefore ask you to support the Committee's view that full public consultation on the Lincolnshire acute services review options should take place as soon as possible. I would also ask that you urge NHS England / Improvement to facilitate the NHS in Lincolnshire to undertake the consultation as soon as possible.

Yours sincerely,

Councillor Carl Macey
Chairman of the Health Scrutiny Committee for Lincolnshire
(Email: CllrC.Macey@lincolnshire.gov.uk)

EXTRACTS FROM UNITED LINCOLNSHIRE HOSPITALS NHS TRUST BOARD

11 JUNE 2020

Set out below are extracts from the paper submitted to the United Lincolnshire Hospitals NHS Trust (ULHT) Board on 11 June 2020, which summarise the main changes from ULHT's restoration plan.

Trust Service Configuration

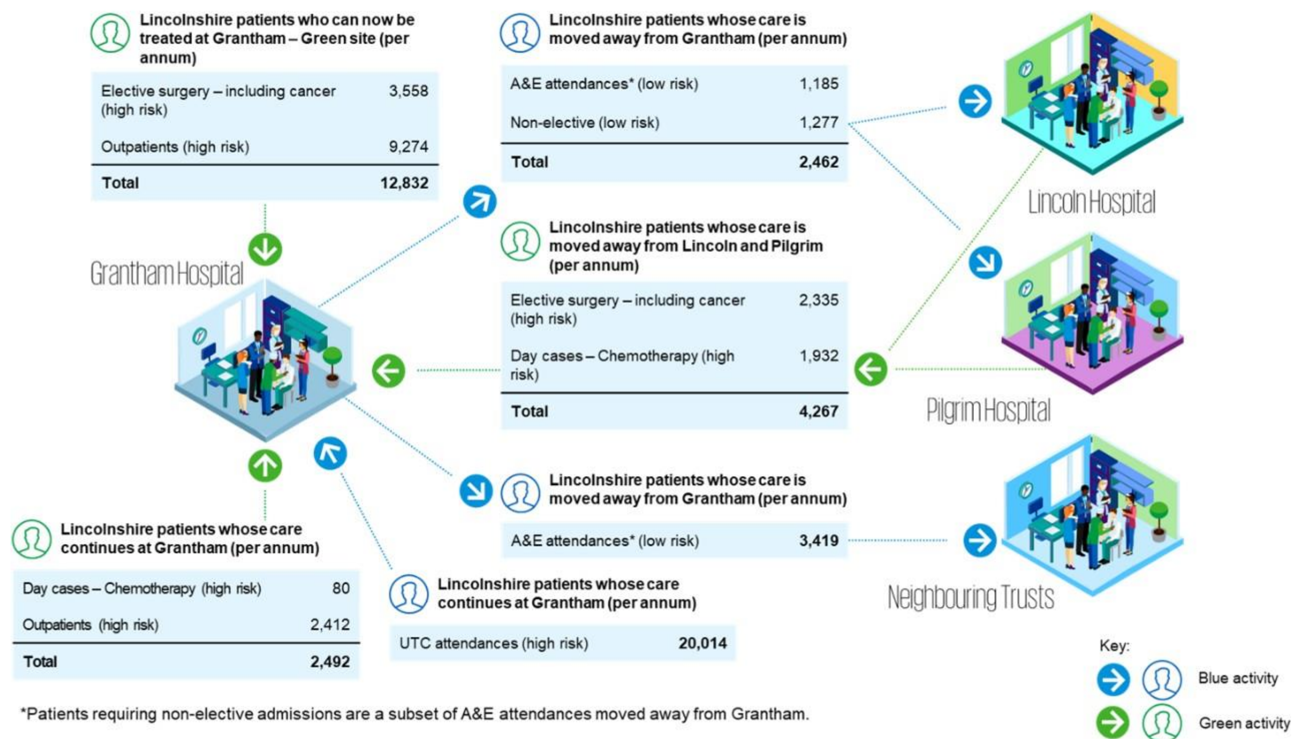
This temporary service change is part of the Trust's broader response to covid-19 and part of a holistic approach to Restore and Recovery phases.

A summary of re-configuration required by site is provided below:

Site	High level summary	Changes required from the existing reconfiguration
Lincoln	Blue site with Green pathway for Critical Care Surgery, Radiotherapy and Cardiac Surgery Only	Cease operating on all other cases other than critical care surgery.
Pilgrim	Blue site with Green pathway for Critical Care Surgery Only	Cease operating on all other cases other than critical care surgery.
Grantham	Substantially Green site with all services being devoted to elective/cancer care. Increase capacity. Isolated Blue UTC service.	Increase elective care beds and theatre capacity for cancer. Remove medical admissions and transfer to blue sites. Convert A&E to Urgent Treatment Centre ('UTC') and make physical estate changes to isolate from the rest of site. UTC isolation can be done in a way that removes staff/patient movement between Blue and Green areas Level 1 unit although does not offer critical care can accommodate more surgical capacity that no other Green site has.
Louth	Green site once work has completed with NHS property services	Restart all ULHT services once physical changes have been made to support safe restart.
BMI Lincoln Hospital	Green site limited to elective services. Ophthalmology initially then orthopaedics.	Reopen as currently closed to support staffing at other sites
Boston Ramsay Hospital	Green site limited to elective services. TBC	Reopen as currently closed to support staffing at other sites

Green Site Model – Likely Patient Impact

A summary of the patient impact of the Green site model is provided below:



The numbers described in the above infographic are representative of known modelling assumptions at the point of production of this report. Throughout Covid-19 pandemic both emergency and planned demand for services have changed much more than normal seasonal variation and as such whilst this has been considered it does reduce the accuracy of future forecasts.

Green site – Elective and diagnostic activity – Likely patient impact

Overall, the Green site at Grantham will positively impact the population of Lincolnshire. The case for change evidenced the requirement to temporarily reconfigure services to address the impact on patients as a result of the covid-19 surge.

The following details how the drivers for change are addressed:

Cancer Performance

The volume of patients treated with cancer surgery pre-covid-19 was 35 per week.

For a short period during the latter two weeks of April 2020, cancer surgery was stopped whilst the necessary preparation was undertaken to create discrete green and blue pathways. Since the beginning of May, with the introduction of green and blue pathways cancer surgery has increased from nil to 22 per week, however, further increases are restricted due to green pathway capacity at Lincoln and Pilgrim.

The introduction of the green site at Grantham, this will give ULHT the capacity– in addition to the existing green pathways – to exceed the previous pre-covid-19 level and deliver cancer surgery for all of Lincolnshire – reducing waiting times and improving patient outcomes.

The Green site at Grantham will support delivery of all cancer surgical activity for patients across Lincolnshire that require Level 1 post-operative critical care. Within 2-3 weeks there will be no waiting list for cancer surgery.

That would be the case for the majority of patients needing surgery for breast, gynaecology, ENT/OMF and urology malignancies.

Patients needing high dependency and critical care post-operatively will continue to be operated on at Lincoln and Pilgrim through their Green pathways, as they are at present.

Chemotherapy will continue at Grantham and, as such, 80 haematology patients and oncology patients will receive treatment. Chemotherapy will also include patients from Lincoln and Pilgrim. As such, 1,932 haematology patients and oncology patients will move from Lincoln and Pilgrim to safely receive treatment at Grantham.

Planned Elective

Planned elective surgery has ceased, resulting in significantly increased waiting times. The introduction of a Green site at Grantham will enable planned elective surgery to resume in the Restore phase and maintain the waiting list level ensuring that there is no further deterioration of waiting times.

The number of patients receiving elective surgery for the following specialities at Grantham; colorectal, urology, gynaecology, and cancer minor OPD procedures in dermatology and ENT/ oral Maxillofacial, will increase by over 3,500 patients per annum with Grantham as a Green site.

In addition, the number of patients receiving outpatients care can increase by over 9,000 patients per annum with Grantham as a Green site.

The proposal provides a benefit to all patient groups in an innovative way through providing the ability to continue with elective care in a controlled environment, to stabilise, and avoid the patient waiting list for elective treatments growing whilst we manage the covid-19 situation.

To mitigate the impact of the extra travel requirement on patients, particularly those on the East Coast, ULHT is working with its partners to provide effective transport solutions. This is not expected to be a constraint on the deliverability of the model given recent experience in the Manage phase of response to covid-19 pandemic.

Theatre capacity – The theatre capacity available in the Restore phase will only support cancer surgery and limited non-cancer elective surgery. The limited non-cancer surgery capacity will be sufficient to prevent further increase in waiting lists. More theatre capacity will be required to significantly reduce waiting lists.

Urgent Diagnostics

The introduction of a Green site model at Grantham will enable urgent diagnostics to increase in a low risk environment where all patients including those who may be vulnerable or susceptible to infection can receive the necessary tests. The capacity will ensure that patients will receive diagnostics in a timely manner, preventing further deterioration of waiting times and reducing the risk of delay in diagnosis.

The Green site model will support the majority of diagnostics required for cancer patients and urgent elective patients, whilst adhering to the Infection Prevention and Control design principles.

Endoscopy – Endoscopy procedures are aerosol generating and current guidance is impacting on service capacity due to IPC controls and cleaning time required between patients. Current endoscopy capacity is reduced by 70% of normal activity and is focused on cancer and urgent work.

The demand management pathways for upper GI and lower GI introduced during the Manage phase are proving successful. Patients are currently scheduled for barium/CT CAP scans in the first instance and results are reviewed by a senior clinician to determine whether patients still require an endoscopy procedure. This will continue in the Restore phase.

Modelling indicates that the Green site will support endoscopy procedures for all cancer patients, whilst adhering to the IPC design principles, based on twelve-hour sessions running seven days a week.

Additional capacity is likely to be required, as due to IPC considerations the number of endoscopies performed cannot rapidly return to the pre-covid-19 level. As such, in the recovery phase, Louth will be operationalised as a Green endoscopy pathway. It is also possible that the Independent sector capacity can be utilised as needed.

Grantham – Blue – Urgent Treatment Centre – Likely Patient impact

The conversion from an A&E to a UTC at Grantham will impact the population of Lincolnshire.

Lincolnshire patients whose care is moved away from Grantham (per annum)

The majority of patients (over 20,000 attendances per annum who attended the A&E) will be able to attend the UTC and will benefit from the increase in opening hours from 8pm to 6.30pm to a 24/7 walk-in service.

Nevertheless, 4,603 patients (12 per day) who attend Grantham A&E (19% of total attendances) will be treated at other hospitals as a result of the reduction of NEWS score – of these, 1,184 patients (3 per day), will be treated at Lincoln and Pilgrim and 3,419 patients (9 per day) will be treated at other neighbouring Trusts.

In addition, 1,560 patients (4 per day) of the 4,603 patients who will be treated at other sites will require admission at these other sites. Of these 401 patients (1 per day) will be admitted and treated at Lincoln and Pilgrim and 1,159 patients (3 per day) will be admitted and treated at other neighbouring Trusts.

Transfers from Grantham as a result of A&E to UTC conversion and withdrawal of medical beds at Grantham

Some patients who attend the UTC will require admission and will be transferred to a different site, as the UTC would not support direct emergency admission to Grantham hospital. Due to the provision of the Ambulatory Care Unit, fewer patients will require transfer to another hospital site than without.

In total, 874 patients (3 per day) will be required to transfer to other sites, the majority of whom will be transferred to other ULHT sites. This represents an additional 20 patient transfers, as 854 patients were already transferred to other ULHT sites in April 2019 to March 2020 under existing protocols.

Re-routed admission from multiple non-A&E routes as a result of a withdrawal of medical beds at Grantham

A total of 1,198 admissions (3 a day) were made to medical beds at Grantham from multiple non-A&E routes between April 2019 and March 2020.

As medical beds will be withdrawn at Grantham, 476 patients will be treated at the Ambulatory Care Unit (largely GP referrals) and 772 patients will be re-routed and admitted at Lincoln. As previously described in this report, these volumes describe previous years' referral models pre-covid-19 and as such may be overstated.

Equality impact assessment and quality impact assessment have been completed and support this configuration.

Addressing the Case for Change

There will be no medical bed admissions at Grantham to adhere to IPC principles, and as such it would not be possible to have an A&E in the proposed configuration. Nevertheless, converting the A&E to a UTC maintains urgent care for the Grantham population which allows for colocation of a green site and urgent care.

Out of hours (OOH) services at Grantham hospital will continue to operate as part of the Blue – UTC footprint, and therefore patient pathways that involve accessing the existing OOH will be unaffected by changes.

APPENDIX B

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(Sent via email)

Cllr Martin Hill OBE
Leader
Lincolnshire County Council
cllrm.hill@lincolnshire.gov.uk

Mr Andrew Morgan
Chief Executive
United Lincolnshire Hospitals NHS Trust

Andrew.morgan@ulh.nhs.uk

6 July 2020

Dear Andrew

Emergency and Urgent Care in Lincolnshire

You will recall that I wrote to you in February of this year, following the County Council's approval of a motion on the future of emergency and urgent care at Grantham and District Hospital. The recent decision of the NHS in Lincolnshire to convert Grantham into a 'green' site; to discontinue medical beds at Grantham; and to convert Grantham A&E into an urgent treatment centre has again led to a motion being passed by the County Council on emergency and urgent care in Lincolnshire. I am thus writing to you to set out the contents of the County Council's motion.

The Council has serious concerns on the NHS's decision to turn Grantham A&E into an urgent treatment centre on a 'temporary' basis, although I acknowledge that the 24/7 walk-in arrangement represents a small amount of progress. I hope you appreciate that people in Grantham are sceptical when the term 'temporary' is used, as it is now nearly four years since Grantham A&E was closed overnight as a 'temporary' measure. Since August 2016, there have been continuous campaigns to re-open Grantham Hospital 24/7 for emergency treatment, with the closure raised at a national level by local Members of Parliament, senior members of the County Council, and the Council's Health Scrutiny Committee.

The operational and infection prevention and control benefits of a 'green' site at Grantham for the care of patients across Lincolnshire without covid-19 are understood. However, six patients per day have been admitted to the medical beds at Grantham and the Council has serious concerns that the withdrawal of all these beds represents a further downgrading of services. Furthermore, the Council is not convinced that all the medical beds at Grantham have to be closed, particularly as both Lincoln and Pilgrim will be operating as part 'green' and part 'blue' sites. The Council would like

confirmation when these medical beds (either partially or in full) will be re-instated with the required medical cover.

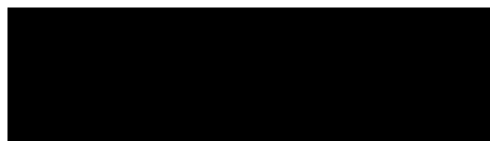
Whilst the Grantham patients requiring a medical admission will have to be admitted to either Lincoln or Pilgrim, a significant number of patients from other parts of Lincolnshire will be travelling to Grantham for their elective treatment. The Council is concerned that Lincolnshire residents will need to travel excessive distances to access their health care. I would like to see a written assurance on what transport support will be available for patients and their families.

In addition, in August 2019, ULHT was allocated capital funding of £21.5 million by the Prime Minister to upgrade accident, emergency and urgent treatment facilities at Pilgrim Hospital. This funding, which is intended to improve patient flow in and out of the emergency department, is of course welcomed. Whilst the Council recognises the challenges facing ULHT owing to covid-19, the County Council would oppose any downgrading of emergency and urgent facilities at Pilgrim Hospital in the light of this investment. Accordingly, the Council would like to see detailed plans for the use of the £21.5 million investment at Pilgrim and to receive a written assurance that this investment will not result in any downgrading of facilities for emergency or urgent care on that site.

As you know, the *Healthy Conversation 2019* engagement exercise concluded in October 2019 and a report on it was published in March 2020. I understand that the next stage is that full public consultation should take place as part of the Lincolnshire's Lincolnshire NHS Long Term Plan, including the acute services review. The Council would like to receive an assurance that consultation to achieve substantial changes in line with the *Healthy Conversation 2019* is undertaken as soon as possible.

I share the disappointment expressed by many members of the County Council over the way these plans have been brought forward, with very short notice given to the people of Grantham, as well as the rest of Lincolnshire, and the apparent lack of consultation with the affected staff.

Yours sincerely



Councillor Martin Hill, OBE
Leader, Lincolnshire County Council

CC - Mr John Turner, Chief Executive, NHS Lincolnshire Clinical Commissioning Group

APPENDIX C

County Offices, Newland,
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(Sent via email)

Cllr Martin Hill OBE
Leader
Lincolnshire County Council
cllrm.hill@lincolnshire.gov.uk

Mr John Turner
Chief Executive
NHS Lincolnshire Clinical Commissioning Group

Johnturner19@nhs.net

6 July 2020

Dear John

Emergency and Urgent Care in Lincolnshire

You will recall that I wrote to you in February of this year, following the County Council's approval of a motion on the future of emergency and urgent care at Grantham and District Hospital. The recent decision of the NHS in Lincolnshire to convert Grantham into a 'green' site; to discontinue medical beds at Grantham; and to convert Grantham A&E into an urgent treatment centre has again led to a motion being passed by the County Council on emergency and urgent care in Lincolnshire. I am thus writing to you to set out the contents of the County Council's motion.

The Council has serious concerns on the NHS's decision to turn Grantham A&E into an urgent treatment centre on a 'temporary' basis, although I acknowledge that the 24/7 walk-in arrangement represents a small amount of progress. I hope you appreciate that people in Grantham are sceptical when the term 'temporary' is used, as it is now nearly four years since Grantham A&E was closed overnight as a 'temporary' measure. Since August 2016, there have been continuous campaigns to re-open Grantham Hospital 24/7 for emergency treatment, with the closure raised at a national level by local Members of Parliament, senior members of the County Council, and the Council's Health Scrutiny Committee.

The operational and infection prevention and control benefits of a 'green' site at Grantham for the care of patients across Lincolnshire without covid-19 are understood. However, six patients per day have been admitted to the medical beds at Grantham and the Council has serious concerns that the withdrawal of all these beds represents a further downgrading of services. Furthermore, the Council is not convinced that all the medical beds at Grantham have to be closed, particularly as both Lincoln and Pilgrim

will be operating as part 'green' and part 'blue' sites. The Council would like confirmation when these medical beds (either partially or in full) will be re-instated with the required medical cover.

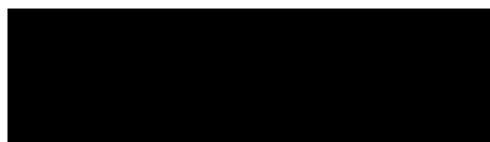
Whilst the Grantham patients requiring a medical admission will have to be admitted to either Lincoln or Pilgrim, a significant number of patients from other parts of Lincolnshire will be travelling to Grantham for their elective treatment. The Council is concerned that Lincolnshire residents will need to travel excessive distances to access their health care. I would like to see a written assurance on what transport support will be available for patients and their families.

In addition, in August 2019, ULHT was allocated capital funding of £21.5 million by the Prime Minister to upgrade accident, emergency and urgent treatment facilities at Pilgrim Hospital. This funding, which is intended to improve patient flow in and out of the emergency department, is of course welcomed. Whilst the Council recognises the challenges facing ULHT owing to covid-19, the County Council would oppose any downgrading of emergency and urgent facilities at Pilgrim Hospital in the light of this investment. Accordingly, the Council would like to see detailed plans for the use of the £21.5 million investment at Pilgrim and to receive a written assurance that this investment will not result in any downgrading of facilities for emergency or urgent care on that site.

As you know, the *Healthy Conversation 2019* engagement exercise concluded in October 2019 and a report on it was published in March 2020. I understand that the next stage is that full public consultation should take place as part of the Lincolnshire's Lincolnshire NHS Long Term Plan, including the acute services review. The Council would like to receive an assurance that consultation to achieve substantial changes in line with the *Healthy Conversation 2019* is undertaken as soon as possible.

I share the disappointment expressed by many members of the County Council over the way these plans have been brought forward, with very short notice given to the people of Grantham, as well as the rest of Lincolnshire, and the apparent lack of consultation with the affected staff.

Yours sincerely



Councillor Martin Hill, OBE
Leader, Lincolnshire County Council

CC - Mr Andrew Morgan, Chief Executive, United Lincolnshire Hospitals NHS Trust

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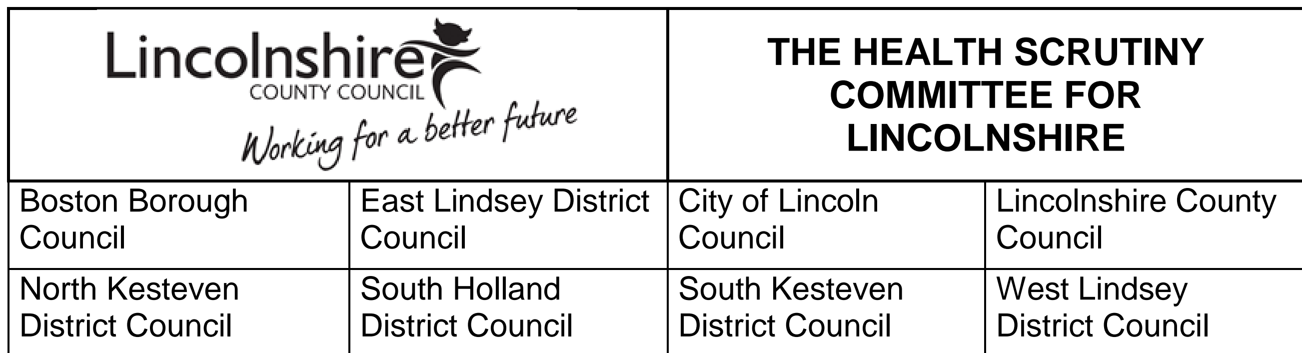

Lincolnshire County Council – Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council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

Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**22 July 2020**
Subject:	**Health Scrutiny Committee for Lincolnshire - Work Programme**

Summary

This report sets out the Committee's work programme. At the Committee's last meeting on 17 June 2020, items in the Committee's work programme were categorised as 'high', 'medium' and 'low' priority and it was agreed that the items categorised as 'low' priority would be removed from the programme.

Following the Committee's prioritisation, items are now planned for the September and October meetings.

The report also includes a schedule of the items previously considered by the Committee since 2017.

Actions Required

To consider and comment on the Committee's work programme.

1. Background

At each meeting, the Committee is given an opportunity to review its forthcoming work programme. Typically, at each meeting three to four substantive items are considered, although fewer items may be considered if they are substantial in content.

2. Today's Work Programme

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

22 July 2020 – 10 am	
Item	*Contributor*
Lincolnshire Partnership NHS Foundation Trust – Response to Covid-19	Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust
Lincolnshire Partnership NHS Foundation Trust: Child and Adolescent Mental Health Services	
Lincolnshire Partnership NHS Foundation Trust: Older Adult Home Treatment Service	
Integrated Urgent Care in Lincolnshire	Maz Fosh, Chief Executive, Lincolnshire Community Health Services NHS Trust Tracy Pilcher, Director of Nursing and Deputy Chief Executive, Lincolnshire Community Health Services NHS Trust
Correspondence and Developments	Simon Evans, Health Scrutiny Officer

3. Future Work Programme

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

16 September 2020 – 10 am	
Item	*Contributor*
United Lincolnshire Hospitals NHS Trust – Restoration Plan Update	Mark Brassington, Deputy Chief Executive, United Lincolnshire Hospitals NHS Trust Simon Evans, Chief Operating Officer United Lincolnshire Hospitals NHS Trust
Final Report on *Healthy Conversation* / NHS Long Term Plan Local Delivery Plan Update	John Turner, Chief Executive, Lincolnshire Clinical Commissioning Group Pete Burnett, Interim Sustainability and Transformation Partnership Programme Director
Lincolnshire Clinical Commissioning Group introduction	John Turner, Chief Executive, Lincolnshire Clinical Commissioning Group

14 October 2020 – 10 am	
Item	*Contributor*
Community Pain Management Service	To be confirmed.
Non-Emergency Patient Transport Service	To be confirmed.

Remaining meetings in 2020 are scheduled on 11 November and 16 December.

Categorisation of Items

On 17 June 2020, the Committee categorised its items as follows: -

High Priority Items
Restoring NHS Services After Covid-19
Final Report on *Healthy Conversation* / NHS Long Term Plan Local Delivery Plan
Lincolnshire Acute Services Review – Initial Consultation Elements: - ➢ Medical Services / Acute Medicine (Grantham and District Hospital) ➢ Stroke Services ➢ Trauma and Orthopaedic Services ➢ Urgent and Emergency Care Services
Lincolnshire Acute Services Review – Consultation Elements Requiring Capital Funding: - ➢ Breast Services ➢ General Surgery Services ➢ Haematology and Oncology Services ➢ Women's and Children's Services
Non-Emergency Patient Transport
National Rehabilitation Centre Programme: Developments in the East Midlands
Older Adult Mental Health Services
Child and Adolescent Mental Health Services - Community Intensive Home Treatment Service

Medium Priority Items
Item
United Lincolnshire Hospitals NHS Trust (ULHT) – Action in Response to Care Quality Commission (CQC)
East Midlands Ambulance Service (EMAS) Update
Undiagnosed High Blood Pressure and High Cholesterol
Musculoskeletal Problems

Medium Priority Items
Cardiovascular Disease
Integrated Urgent Care in Lincolnshire (Provided by Lincolnshire Community Health Services NHS Trust)
Louth County Hospital Inpatient Beds
Community Pain Management Services Update
Primary Care Networks / New GP Contracts

4. Previous Committee Activity

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

5. Conclusion

The Committee's work programme for the coming meetings is set out above. The Committee is invited to highlight any additional scrutiny activity which could be included for consideration in the work programme.

5. **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 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk

APPENDIX A

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

	2017						2018											2019									2020							
KEY ✓ Substantive Item α Chairman's Announcement Planned Item	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	22 Jan	19 Feb	17 June	22 July	16 Sept	14 Oct	11 Nov	16 Dec
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	220	244	245	265								
Cancer Care																																		
General Provision																✓										✓								
CT and MRI Scanners																											α							
Performance																										α								
Head and Neck Cancers														α					α				α											
Care Quality Commission																																		
General																			α										α					
Children's Social Care																								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						✓	✓							
Community Pharmacy			α																															
Dental Services							✓		α								α	α		✓						α	✓		α	α				
Elections – Impact																			α								α							
Falls Service																											α							

KEY
- ✓ Substantive Item
- α Chairman's Announcement
- Planned Item

	2017						2018											2019									2020							
	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	22 Jan	19 Feb	17 June	22 July	16 Sept	14 Oct	11 Nov	16 Dec
GPs and Primary Care:																																		
Boston – The Sidings																					α													
Cleveland Health Centre Gainsborough																							α											
Crossroads Medical Practice, N Hykeham																											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																															
Online Triage Systems																													α					
Out of Hours Service														α																				
Skellingthorpe Health Centre																						α	α	✓		α								
Sleaford Medical Group									α																									
Spalding GP Provision														α																				
Grantham Minor Injuries Service												α	✓	α																				
Health and Wellbeing Board:																																		
Annual Report												α																						
Joint Health and Wellbeing Strategy		✓						✓																										
Pharmaceutical Needs Assessment					✓		✓																											
Health Scrutiny Committee Role	✓																																	
Healthwatch Lincolnshire											α		α		α									α										
Lincolnshire Community Health Services NHS Trust																																		
Big Conversation																								α										
Care Quality Commission													α		α																			
Healthcare Awards																								α										
Integrated Urgent Care																														✓				
Louth Inpatient Care																																		
Learning Disability Specialist Care				✓									✓																					

	2017						2018											2019									2020							
KEY: ✓ Substantive Item; α Chairman's Announcement; Planned Item (green)	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	22 Jan	19 Feb	17 June	22 July	16 Sept	14 Oct	11 Nov	16 Dec
Lincolnshire Sustainability & Transformation Partnership / Healthy Conversation 2019																																		
General / Strategic Items				✓			✓				α	✓	α	✓			✓		✓	✓		✓		α	✓									
Breast Services																							✓											
Covid-19 Response																													✓					
Covid-19 Restoration of Services																													✓					
General Surgery																									✓	α								
GP Forward View										✓																								
Grantham Acute Medicine																									✓									
Haematology																										✓								
Integrated Community Care										✓						✓										✓								
Mental Health								✓							✓	α								✓		α								
NHS Long Term Plan																α	✓	✓	✓					α		α								
Oncology																										✓								
Operational Efficiency									✓																									
Stroke Services																							✓											
Trauma and Orthopaedics																									✓	α								
Urgent and Emergency Care									✓							✓						✓					α							
Women and Children Services																							✓											
Lincolnshire Partnership NHS Foundation Trust:																																		
General Update / CQC		✓																α																
CAMHS																											✓			✓				
Covid-19 Response																														✓				
Older Adults Services																					✓						✓			✓				
Psychiatric Clinical Decisions Unit							α																											
LIVES																											α							
Lincolnshire Pharmaceutical Needs Assessment																													α					
Lincolnshire Reablement & Assessment Service																	α																	
Louth County Hospital														α	✓		α									α								

	2017						2018											2019									2020							
KEY ✓ Substantive Item α Chairman's Announcement Planned Item	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	22 Jan	19 Feb	17 June	22 July	16 Sept	14 Oct	11 Nov	16 Dec
NHS Debt Write-Off																													α					
NHS Test and Trace																													α					
National Rehabilitation Programme																												✓						
Northern Lincolnshire and Goole NHS Foundation Trust			α												α			α																
North West Anglia NHS Foundation Trust							✓									α				✓							α							
Organisational Developments:																																		
Annual Reports 2019-20																										α								
CCG Joint Working / Merger													✓	α				α			α	✓					α							
Integrated Care Provider Contract														α	✓																			
National Centre for Rural Care													α					α																
NHSE and NHSI Joint Working												α						α								α								
Lincoln Medical School			α														α								α	α								
Patient Transport:																																		
Ambulance Commissioning			✓																															
East Midlands Ambulance Service			✓		α					✓	α	α	α	✓		α	α				✓					✓								
Non-Emergency Patient Transport						✓	α	✓	✓	✓		✓	α	✓	α	α	✓	✓	✓	✓			✓				α	✓	α					
Sleaford Ambulance & Fire Station											α		α																					
Pharmaceutical Needs Assessment																																		
Public Health:																																		
Child Obesity												α	α																					
Director of Public Health Report												✓															✓							
Immunisation					✓																													
Influenza Vaccination Programme																	α																	
Renal Dialysis Services														✓								α					α		α					
Quality Accounts	✓								✓											✓		α	α					✓	α					
St Barnabas Hospice																											α							
Skegness Hospital																										α								

KEY

- ✓ Substantive Item
- α Chairman's Announcement
- Planned Item

	2017						2018											2019									2020							
	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	22 Jan	19 Feb	17 June	22 July	16 Sept	14 Oct	11 Nov	16 Dec
United Lincolnshire Hospitals NHS Trust:																																		
A&E Funding		α																																
Introduction	✓																																	
Care Quality Commission		✓										α	α	✓				✓	α	✓				✓			✓							
Children/Young People Services											✓	✓	✓	✓		✓	α	✓		✓				✓				✓						
Covid-19 Restoration of Services																													✓					
Financial Special Measures			α		✓					✓																								
Five Year Strategy																						α												
Grantham A&E			✓				✓	α						α	α	α		✓	✓		α					✓								
Orthopaedics and Trauma												α		α					α															
Smoke Free Policy																											α							
Stroke Services																		α																
Winter Resilience					α	✓	α	α			✓				✓										✓									

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