



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
16 SEPTEMBER 2020**

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, R Wootten and L Wootten.

Lincolnshire District Councils

Councillors S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), Mrs S Harrison (East Lindsey District Council) and Mrs A White (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Mark Brassington (Director of Improvement and Integration and Deputy Chief Executive, United Lincolnshire Hospitals NHS Trust), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Chief Operating Officer, United Lincolnshire Hospitals NHS Trust), Simon Evans (Health Scrutiny Officer) and John Turner (Chief Executive, Lincolnshire Clinical Commissioning Group).

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

14 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors S Barker-Milan (North Kesteven District Council), Mrs R Kayberry-Brown (South Kesteven District Council), C S Macey (Chairman – Lincolnshire County Council) and G Scalese (South Holland District Council).

The Committee noted that Councillor L Wootten (South Kesteven District Council) had replaced Councillor Mrs R Kayberry-Brown (South Kesteven District Council) for this meeting only.

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

Councillor C J T H Brewis (Vice-Chairman) was in the chair.

15 DECLARATIONS OF MEMBERS' INTEREST

There were no declarations of members' interest made at this stage of the meeting.

**16 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE MEETING HELD ON 22 JULY 2020****RESOLVED**

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 22 July 2020 be agreed and signed by the Chairman as a correct record.

17 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Vice-Chairman brought to the Committee's attention the supplementary announcements circulated prior to the meeting.

The supplementary announcements provided information on the following items:

- Response of Edward Argar, MP, Minister of State for Health, to the Chairman's letter of 23 June 2020; and
- Information on the Proposed Closure of the Woolsthorpe Surgery; and Annual Reports and Accounts 2019/20 and Annual Meetings.

Some members of the Committee expressed their concern and dismay to the response of Edward Argar, MP, Minister of State for Health to the Chairman's letter of 23 June 2020.

RESOLVED

That the Supplementary Chairman's announcements and the Chairman's announcements as detailed on pages 17 to 25 of the report be noted.

18 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - COVID-19 UPDATE

The Committee was advised that item 5 could be found on pages 27 to 70 of the report pack.

The Vice-Chairman invited Mark Brassington, Director of Improvement and Integration and Deputy Chief Executive, United Lincolnshire Hospitals NHS Trust (ULHT) and Simon Evans, Chief Operating Officer, ULHT to present the report to the Committee.

At the 17 June 2020 meeting, the Committee had requested a further update from (ULHT) on the progress made on restoration and recovery following the acute phase of the Covid-19 pandemic.

Detailed at Appendix A to the report was a copy of a report to United Lincolnshire Hospitals Trust Board of Directors (1 September 2020) – ULHT Covid-19 recovery Phase Update – Progress Summary; and Appendix B provided a copy of a report to the United Lincolnshire Hospitals NHS Trust Board of Directors (7 July 2020) – ULHT Covid -19 Restore Phase Update – Progress Summary.

The Committee was advised that since 1 August 2020, the Trust was in Phase 3 - Recovery. Details of targets set for the recovery of capacity levels were shown within the report. The Committee noted Phase three planning had been split into 3 high levels, which were accelerating the return to near-normal levels of non-Covid health services; preparing for winter pressures, alongside continuing vigilance in light of further probable spikes; and taking into account lessons learnt from the first Covid peaks.

It was noted that the Trust's response to diagnostic recovery had been positive, with particular progress being made in endoscopy and radiology. The Committee also noted that planned care waiting lists had continued to plateau after a period of decrease in the Restore Phase.

It was reported that cancer recovery had been positive. It was noted that the Trust had met its objectives of reducing patients waiting times; the objective more than 62 days for treatment had been reduced by 20% by the 21 August 2020. However, it was highlighted that patients waiting more than 103 days objective had not been met, but significant progress had been made in reducing the waiting list by more than 60%.

It was highlighted that the Grantham 'green' site model continued to deliver an important part of the restoration of services as both cancer and planned care waiting lists had been reduced. The Committee was advised that the Trust had conducted 680 operations for vulnerable patients to date. It was also highlighted that some patients were still reluctant to return to access services, as they were not confident of their personal safety.

The Committee noted that the Trust had only had 14 days when there had been zero Covid-19 patients.

The Chief Operating Officer provided the Committee with an update on the progress made in restoring services to pre-Covid levels, full details of the Trusts Restore Phase response was contained within Appendix B to the report.

During discussion, the Committee raised the following points:

- Congratulations were extended to the Trust and their team for all their hard work in reducing the cancer waiting list;
- Clarification was sought as to when the Grantham 'green' site would revert back to being a UTC (A&E). The Committee was advised that the provision was for a time limited period; and that the Trust Board would be meeting in October to review the impact of the 'green' site arrangement.

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- Clarification was also sought as to when it was hoped to restore medical beds to Grantham Hospital. The Committee was advised that all facets of the changes made as at the Grantham site would be reviewed, and restoring medical beds would form part of that review;
- Reassurance was sought as to whether the Trust was prepared for returning to a level four situation. The Committee was advised that level 4 preparedness had already started;
- Covid-19 testing for staff, including critical staff. The Committee was advised that staff at ULHT were tested as part of 'Pillar 1', which unlike the 'Pillar 2' community-focused testing, was not experiencing delays in the return of test results;
- When research trials would be re-commencing. The Committee noted that some trials had been stopped however, two large scale projects were now up and running; and
- New ways of working and the need for enhanced data and digital provision across health trusts. The Committee noted that all systems had to develop a local people plan to ensure that staff were kept healthy, offered flexible working; that inequalities were addressed; that new ways of working were adopted, which made use of people's skills and experience; and that the Trust grows its own workforce; taking into consideration workforce planning and transformation. There was recognition that digitally the Trust had struggled, mainly due to the financial costs of an electronic patient record system. It was noted that some money had been assigned to start the process. It was however noted further that Covid-19 had provided the opportunity for the Trust to deliver its services in different ways. It was reported that 60% of outpatients appointments had been delivered digitally, or by telephone; and that this would be continued to provide a better service.

The Vice-Chairman extended thanks on behalf of the Committee for the optimistic update.

RESOLVED

1. That support be extended for the Trust's restoration and recovery to date of diagnostic, cancer treatment and planned care.
2. That the intention for a full review of the Grantham Hospital 'green' site, which was due to be considered by United Lincolnshire Hospitals NHS Trust Board on 6 October 2020, be noted.
3. That a report be received from the United Lincolnshire Hospitals NHS Trust at the 14 October 2020 meeting, on its review of the Grantham Hospital 'green' site
4. That a further general update on Lincolnshire Hospitals NHS Trust on its recovery from Covid-19 be received at its 16 December 2020 meeting.

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The Vice-Chairman welcomed John Turner, Chief Executive, Lincolnshire Clinical Commissioning Group to the meeting and invited him to present the report to the Committee.

The item as detailed on pages 71-178 of the agenda report pack enabled the Committee to consider the final report on the Healthy Conversation 2019 engagement exercise; and to receive a progress update on the next steps to be taken by local NHS in developing plans for public consultation relating to elements of the Lincolnshire Acute Services Review.

It was reported that the Healthy Conversation 2019 engagement had identified some key messages from the people of Lincolnshire. A copy of the final report was attached at Appendix B, together with five further supporting appendices:

- B1 - Purpose and Activities;
- B2 - Engagement Feedback;
- B3 - Workshop Frequently Asked Questions;
- B4 - Acute Services Review Survey Report;
- B5 - The People's Partnership Acute Services Review - Engagement with; and
- Hidden and Hard to Reach Communities (Executive Summary).

A summary of the Committee's response relating to engagement was detailed on pages 73 and 74 of the report pack.

Also, detailed at Appendix A to report was a copy of the Health Scrutiny Committee for Lincolnshire – Responses to Specific Topics in the Healthy Conversation 2019 Engagement Exercise (pages 76 to 86 of the report pack).

The Committee was reminded that the Healthy Conversation 2019 engagement exercise had been launched in March 2019 and had concluded on 31 October 2019. Healthy Conversation 2019 had enabled the NHS in Lincolnshire to have open engagement with residents of Lincolnshire to help shape how health care was taken forward in Lincolnshire. The overarching campaign messages had been that the NHS needed to continue to change, improve quality and attract staff in order to be fit for purpose and for the future; and to review the way residents use its services.

The Committee noted that all feedback received from the Healthy Conversation 2019 engagement exercise had helped shape the Long Term Plan (LTP) for the NHS in Lincolnshire.

Recognition was expressed that the whole process had taken a long time, but there had been external factors that had impacted on the process, not least the Covid-19 pandemic. Confirmation was given that joint working was continuing with partners and the care home sector in light of Covid-19, and that it was hoped to refresh the Lincolnshire LTP over the next six months; and that it was hoped to publish the LTP in the spring of 2021.

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The Committee was advised that consultation on the following four elements of the acute services review would take place first as they did not require significant capital funding:

- Medical Services / Acute Medicine (Grantham and District Hospital);
- Stroke Services;
- Trauma and Orthopaedic Services (Centre of excellence); and
- Urgent and Emergency Care Services.

The Committee noted that the remaining elements of the acute services review requiring significant capital funding, consultation would take place when funding was available:

- Breast Services;
- General Surgery Services;
- Haematology and Oncology Services; and
- Women's and Children's Services.

Reassurance was also given to the Committee that the temporary changes currently in operation at Grantham Hospital were temporary, and that any re-configuration of services at Grantham Hospital would be subject to a consultation exercise, which the CCG would be responsible for.

The Committee was advised that the CCG was progressing with the Pre-Consultation Business Case with NHS England/Improvement (NHSE/I). The Committee was advised further that no further progress could be made until a determination had been made by NHSE/I; and as such, no definitive timescale could be given for when the process would move into public consultation stage.

During discussion, the Committee raised the following points:

- Whether residents' views had been taken into consideration. Reassurance was given that the views of residents had been collated from the exercise and were reflected in the report;
- The Healthy Conversation 2019 engagement exercise, whether it actually reflected the views of the residents of Lincolnshire, as the response only reflected the views of a minority of residents. The Committee noted that the exercise had been conducted for a six month period, and that it had been published as a countywide exercise. Reassurance was given that the team had worked hard to capture the view of residents, including Grantham residents. It highlighted that the CCG was unable to consult publicly until it had received confirmation from NHSE/I that they were able to do so. Acknowledgement was given to the frustration of Grantham residents. Some members stressed that Grantham Hospital needed to be returned to being an A & E. A question raised was whether there were plans to build a new hospital for Grantham on another site. The Committee noted that this was not part of the NHS plan at the moment, nor was it the NHS policy plan. It was

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highlighted that there were no proposals to move services from the current site;

- Some support was extended for the report; and to the extensive engagement that had taken place;
- Some concern was expressed relating to the development of secondary care. The Committee was advised that capital funding was short in the NHS; and that was why a decision had been made to progress with four elements of the acute services review, as they did not require significant capital funding;
- The need to re-engage residents in the process. One member suggested that a mailshot should be delivered to all resident in Lincolnshire for the public consultation exercise. The Committee was advised that the need to update the public was valid and be timed and linked into the launch of the public consultation. On a more general note, the Committee noted that a public announcement campaign encouraging residents to take care of themselves; who they should contact should they require a GP, or have an urgent care concern. Reference was made to the 'Talk Before You Walk' initiative; and the need for encouraging residents to have the flu vaccination;
- Digital appointments – It was reported that GPs in Lincolnshire were being encouraged to work digitally where they can and that this was being supported by NHSE/I. One member advised that there needed to be a balance between face to face and digital appointments. Also, it was highlighted that some patients were having difficulty accessing a GP by the new processes. One member highlighted a particular issue with contacting a GP surgery and it was agreed that this would be looked at outside of the meeting. The Chief Executive of Lincolnshire CCG welcomed the feedback and agreed to look into the matter further;
- Some concern was expressed as to what plan was currently being worked on. It was reported that the LTP had been updated in the autumn of 2019 from feedback from the Healthy Conversation 2019, and advice and support from partners. It was highlighted that a lot of the content was relevant, but some areas needed refreshing and this was currently in the process of being done with health care partners;
- The need to encourage people to be more responsible for themselves and their health, which would then ultimately help to save NHS time. Particular reference was made to smoking, drinking and healthy eating. The Committee noted that GPs in their role continually strived to encourage individuals to look after themselves. The Committee noted that there were various public health initiatives in place to tackle the issues raised; and that the Lincolnshire Health and Wellbeing Board were also involved in promoting health and wellbeing in Lincolnshire. Particular reference was made for the need for more to be done to reduce obesity in Lincolnshire;
- Services available for those with mental health issues. The Committee noted that a lot work had been done by Lincolnshire Partnership Foundation Trust (LPFT) regarding mental health issues in Lincolnshire. The Committee was advised that a mental health liaison service operated alongside A & E Departments; and that crisis mental health teams were available to people across the county. It was suggested that further information could be obtained from LPFT regarding this matter;

- Role of Primary Care Networks and Neighbourhood Teams. It was noted that there were lots of services and different ways of working in place within a Primary Care Network. The Networks provided structure and funding for services to be developed locally in response to the needs of the patients they serve. The Networks also worked very closely with Neighbourhood Teams on a local integrated level;
- Concern was expressed on the delays attributed with the public consultation, which was having a negative impact with members of the public, leaving them frustrated and confused; and
- One member enquired as to why it had been difficult to recruit staff to work at Pilgrim Hospital, Boston. The Committee was advised that the assessment of the hospital and evidence submitted was that the hospital did not provide as much training as some others. It was noted that ULHT were looking to address this matter. It was highlighted that there was a shortage of NHS staff nationally, as well as in Lincolnshire. It was suggested that having exit interviews might highlight the positives and negatives of working for the NHS, and that it was an issue that needed to be solved for Pilgrim Hospital, Boston.

In conclusion, the Committee agreed that the item should be considered by the Committee again in three months' time.

RESOLVED

1. That the Committee's concerns over reach and methods of the Healthy Conversation 2019 engagement exercise be reiterated.
2. That an update report be received on Healthy Conversation 2019 and Next Steps at the 16 December 2020 meeting; and then quarterly thereafter.

20 LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

The Chairman invited John Turner, Chief Executive, Lincolnshire Clinical Commissioning Group (LCCG) to provide the Committee with an update on the new Clinical Commissioning Group arrangements in Lincolnshire.

The Committee was advised that the new CCG for Lincolnshire had been established with effect from 1 April 2020. It was noted that the merger of the four former CCGs into a new Lincolnshire CCG had not directly affected front line service provision. It was noted further that CCGs were responsible for the commissioning of most health services, including mental health services, urgent and emergency care, elective hospital services and community care.

The Committee noted that the CCG Board (formally referred to as the governing body) comprised of:

- The Chair
- The Chief Executive
- Director of Finance

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- Director of Nursing
- Secondary Care Doctor
- Seven Non-Executive Directors
- Four Locality Clinical Leads; and
- Two Primary Care Leads '

It was highlighted that the new organisation had a budget of £1.3 billion; and that as one CCG, its boundaries were consistent with those of the County Council.

The Committee was advised that the Lincolnshire CCG's goal was to ensure that everyone living in Lincolnshire had the best possible health and wellbeing they could, and that this would be achieved by working alongside other health care partners.

The Committee was advised to do this, the vision was to deliver the ambitions identified in the NHS Long Term Plan, working with partners both in local and district councils, partners across the voluntary sector; and the people of Lincolnshire, to improve the quality and experience of services to enable the population of Lincolnshire to live happier and healthy lives; and to reduce the health inequalities that currently existed across the county.

Particular reference was made to the stronger working relationships that existed with partners in Lincolnshire, and that these had become more evident over the last few months.

During discussion, the Committee raised the following points:

- Support was expressed for the new arrangement of four CCGs into one CCG. The Committee was advised that the one CCG, with four localities, would recognise the different needs across Lincolnshire and that the differences played a major part when providing services. It was felt that the current structure put Lincolnshire in the best place to do the best for the people it served. The Committee also noted that one CCG was in a stronger position representing NHS in Lincolnshire, where previously, this had been more difficult. The Committee noted further that the Chief Executive had a weekly conversation with the Midlands Regional Director, and that these conversations were constructive, as there was a will for the Lincolnshire NHS to succeed;
- Budget – How much of the £1.3 billion budget went to Provider Trusts in the county and how much of the budget went out of county. The Committee was advised that these figures were not to hand. It was highlighted that lots of residents chose to go out of county for their treatment, and that there was virtually no flow into the county to offset that. The Committee was reminded that the CCG had a duty to support care where patients wished to receive it. It was hoped that an Elective Centre of Excellence at Grantham would help encourage residents to remain in Lincolnshire for their care. The Committee was advised that a request would be made to the Finance Director, to see if the figures requested could be provided for the Committee; and
- The need for better communication from GP surgeries with the general public.

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The Vice-Chairman extended his thanks to the Chief Executive of Lincolnshire CCG for his presentation.

RESOLVED

That the formal establishment of the Lincolnshire Clinical Commissioning Group with effect for 1 April 2020 be noted.

21 CONSULTATION ON NHS REHABILITATION CENTRE, STANFORD HALL ESTATE NEAR LOUGHBOROUGH

The Vice-Chairman invited Simon Evans, Health Scrutiny Officer to present this item to the Committee.

On 19 February 2020, the Committee had agreed to engage in the consultation on the proposed NHS Rehabilitation Centre on the Stanford Hall estate, near Loughborough.

A draft response to the consultation had been circulated to all members of the Committee by email. The Committee was advised that a further comment had been added for Q12 to the effect that 'The Committee would like to highlight the importance of mental health assessment at least three times a week, as stated in the consultation document'

The Committee extended their thanks to Simon Evans for his clear response document.

RESOLVED

That the draft response to the consultation with the added comment shown above be approved as the Health Scrutiny Committee for Lincolnshire's response to the consultation on NHS Rehabilitation Centre, Stanford Hall Estate, Near Loughborough.

22 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Vice-Chairman invited Simon Evans, Health Scrutiny Officer to introduce the item to the Committee as detailed on pages 203 to 210 of the report pack.

The Committee noted that there was an addition to the work programme:

- GP Appointments: Face to Face and Virtual.

The Committee also discussed items from the Chairman's Announcements item earlier in the agenda, these included:

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- Ash Villa – The Committee noted that Ash Villa was re-opening as acute inpatient unit for women;
- Proposed Closure of the Woolsthorpe Surgery – The electoral division Councillor requested a copy of the consultation paper. The Health Scrutiny Officer advised that there was going to be a public meeting via Teams and that he would forward on details to the said member;
- Response from Edward Argar, MP, Minister of State for Health, dated 14 September 2020, to the Chairman's letter of the 23 June 2020. The Committee agreed to record its dismay and request that the Chairman respond to Edward Argar, MP, Minister of State for Health, seeking clarification of the role of NHS England/Improvement in local decision making; and that copies of the said letter should also be sent to all local MP's.

RESOLVED

1. That the work programme presented be received subject to the item listed above.
2. That a response letter be sent on behalf the Committee to Edward Argar, MP, Secretary of State for Health, seeking clarification of the role of NHS England/Improvement in local NHS decision-making, and that a copy of the said letter should be sent to all local MP's.
3. That details relating to the public meeting regarding the Woolsthorpe Surgery be passed on to the electoral division Councillor by the Health Scrutiny Officer.

The meeting closed at 1.12 pm