



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
15 DECEMBER 2021**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors L Wootten (Vice-Chairman), M G Allan, R J Cleaver, S R Parkin, T J N Smith, Dr M E Thompson and R Wootten.

Lincolnshire District Councils

Councillors S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), Mrs L Hagues (North Kesteven District Council) and Mrs A White (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Katrina Cope (Senior Democratic Services Officer) and Simon Evans (Health Scrutiny Officer).

The following representatives joined the meeting remotely, via Teams.

Dr Dave Baker (South West Lincolnshire Locality Clinical Lead, Lincolnshire Clinical Commissioning Group), Charley Blyth (Director of Communications and Engagement, Lincolnshire Sustainability & Transformation Partnership), Peter Burnett (System Strategy and Planning Director, Lincolnshire NHS), , Steven Courtney (Partnership and Stakeholder Engagement Manager), Lindsay Cunningham (Associate Director Communications and Engagement), Claire Hansen (Programme Director - Interim Clinical Plan), Ivan McConnell (Programme Director), Dr Yvonne Owen (Medical Director, Lincolnshire Community Health Services NHS Trust) and Kalundaivel Sakhivel (Consultant and Clinical Lead Trauma and Orthopaedic Surgery, United Lincolnshire Hospitals NHS Trust).

County Councillor C Matthews (Executive Support Councillor NHS Liaison, Community Engagement, Registration and Coroners) attended the meeting as an observer.

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Apologies for absence were received from Councillors S Harrison (East Lindsey District Council), R Kayberry-Brown (South Kesteven District Council) and G Scalese (South Holland District Council).

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, had appointed Councillor T J N Smith to permanently replace Councillor R P H Reid on the Committee.

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

51 DECLARATIONS OF MEMBERS' INTEREST

No declarations of members' interest were made at this stage of the proceedings.

52 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 10 NOVEMBER 2021

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 10 November 2021 be agreed and signed by the Chairman as a correct record, subject to two typographical errors being amended (page 13, minute 48(1) should read 'be noted' and page 14, Minute number 49 should read 'Patient Transport').

53 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcement circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on 14 December 2021. The supplementary announcements referred to:

- Covid-19 update;
- The Lincolnshire Community Diagnostic Centres: Phase 1 Survey; and
- A list of NHS services provided at Louth County Hospital.

RESOLVED

That the Supplementary Chairman's announcements circulated on 14 December 2021 and the Chairman's announcement as detailed on pages 15 – 39 of the report pack be noted.

54 LINCOLNSHIRE ACUTE SERVICES REVIEW - ORTHOPAEDIC SURGERY

The Chairman invited Mr Vel Sakthivel, Consultant in Trauma and Orthopaedic Surgeon and Peter Burnett, System Strategy and Planning Director, Lincolnshire NHS, to remotely, present the item to the Committee.

Appendix A to the report detailed an extract (pages 22-26) from Lincolnshire NHS Public Consultation Document – Relating to Four of Lincolnshire’s NHS Services – Orthopaedic Surgery; and Appendix B provided a copy of Chapter 9 of the Pre-Consultation Business Case for the Lincolnshire Acute Services Review for the Committee to consider.

Page 43 of the report pack provided details of orthopaedic services before and after August 2018, when the service had become part of the national orthopaedic pilot which looked at how service quality and patient outcomes could be improved.

The Committee noted that the challenges pre-pilot had included: a lack of ‘protected’ planned orthopaedic surgery beds across United Lincolnshire Hospitals NHS Trust; that around 28 patients each month had their planned orthopaedic surgery cancelled on the day of their surgery, due to a lack of available beds; failure to consistently meet nationally set referral to treatment time targets; that the service had high doctor and nurse vacancies; that over 3,000 patients from Lincolnshire each year received a planned orthopaedic procedure in the private sector (funded by the NHS), much of which took place outside of Lincolnshire.

The Committee noted that the proposal for change (which reflected the pilot arrangements) was to develop a ‘centre of excellence’ in Lincolnshire for planned orthopaedic surgery at Grantham and District Hospital, and a dedicated day case centre at County Hospital Louth, which would mean Grantham and District Hospital would not provide unplanned orthopaedic surgery. Lincoln County Hospital and Pilgrim Hospital, Boston would continue to provide unplanned orthopaedic surgery and some planned surgery for high-risk patients with multiple health problems. Details of the anticipated change for patients were shown on page 45 of the report.

It was noted that there had been on-going engagement with the public and details of the consistent themes raised in relation to orthopaedic surgery were highlighted on page 45 of the report and included: acknowledgement of the current situation with regard to the number of cancelled operations and the number of people choosing to go out of county for treatment; the principles for separating planned and un-planned care; further information regarding where any unplanned/planned sites would be located; concerns regarding the distances needed to be travelled, with transport infrastructure and rurality being identified as major challenges; the need to improve ‘step down’ care and integrate more closely with social care and being able to work within existing resources.

It was highlighted that the overarching theme from the patient experience was that patients had been impressed and happy with the level of care and treatment received from all staff involved.

Details of the evaluation of the pilot pre-Covid had identified that there had been a reduction in waiting times for planned orthopaedic surgery, the number of cancellations on

the day of planned orthopaedic surgery had reduced; the average length of stay had reduced from 2.9 days to 2.3 days across the Trust and from 2.7 to 1.7 days at Grantham and District Hospital; the Trust had performed better in terms of length of stay and time patients stayed in hospital compared to other hospitals; better overall patient experience; the number of patients going to the private sector for planned orthopaedic surgery, funded by the local NHS had reduced and the pilot workforce model had successfully removed the need for temporary staff to cover vacancies; and the service was now more attractive to junior doctors which supported the longer sustainability of the service.

In conclusion, it was highlighted that the success of the pilot had meant that more patients were choosing to go to Grantham and District Hospital for their surgery treatment.

During consideration of this item, the Committee raised some of the following points:

- Some concern was raised with regarding to the staffing numbers for the increased number of beds at Grantham and District Hospital. The Committee was advised that there were enough staff to deal with the current bed situation;
- Travelling distances for patients. Some concern was expressed on the travelling time for patients on the east coast; and that transport provision was not consistent for the elderly population on the coast. It was reported that travelling distances had been taken into consideration for the pilot; and that to date, the Trust had not received any complaints regarding travelling distances and that staff had been commended by patients for the quality of service they had received. The Committee noted that the service patients had received at Grantham & District Hospital had meant that operations were being done quicker, and there had been fewer cancellations; and that patient stay time had been reduced. Reassurance was given that the issue of travelling time had been considered and that the threshold for this had been agreed by the local health system. It was also highlighted that some patients qualified for patient transport. The Committee was further reassured that if a patient was to have mobility issues, then transport would be provided, ensuring that the right vehicle was provided after surgery, and that transport would also be provided for the carer;
- Discharge of patients. Some concern was expressed regarding the timing of when a person was discharged; whether a day case patients time would be extended; and who was clinically responsible for the patient after they were discharged. Reassurance was given that a patient would not be discharged if it was not clinically safe to do so and that various factors were always taken into consideration prior to the discharge of a patient, such as safety implications, social implications, travelling etc. The Committee was advised that following discharge, a patient would be contacted by a senior nurse to check if they had any issues and that the patient remained the responsibility of the department/surgeon who operated on the patient. It was confirmed that a patient having had their operation at Grantham and District Hospital would be able to have their follow up appointments at County Hospital Louth. It was noted that the number of patients who had chosen to go out of county for their surgery was around 55%. It was noted further that aim of the Trust was to improve its status and encourage patients to have their surgery back in county, and to offer elective surgery to patients from neighbouring health areas. The benefit of

the pilot had shown both the length of stay and the number of cancellations had been reduced. Reassurance was given that the care and welfare of the patient had improved significantly and that the backlog of patients because of the pandemic was not as high as in neighbouring health authorities. Some members commended the local NHS for its continued work on reducing the backlog. The Committee noted that Healthwatch had been reassured by the changes;

- The reluctance of some patients to approach primary care with their orthopaedic issues and whether this would cause more complex cases as a result. The Committee was advised of a new NHS England/Improvement initiative for patient care in the community;
- The confirmation of funding for the two new laminar theatres. The Committee was advised that there had been extra theatre capacity at Grantham Hospital, as it had been a green site and that the theatres had been used for speciality operations. Also, due to seven day working arrangements the extra theatre capacity was needed to catch up on elective orthopaedic surgery; and
- If the additional beds and the extra 2.5 theatre space (Out of scope of the current business case) did not progress, whether this would affect the plan of repatriation of patients from private or neighbouring trusts. The Committee was advised that it would influence the proposal, but it was hoped the situation would not arise. It was highlighted that there were funds available to implement the four proposals in the Lincolnshire Acute Services Review and that the proposal was to make the pilot for orthopaedic surgery arrangements permanent.

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

RESOLVED

1. That the details presented on the Lincolnshire Acute Services Review of Orthopaedic Surgery be noted.
2. That the Committee's initial findings on the proposal be recorded for consideration by the Committee's working group.

55 LINCOLNSHIRE ACUTE SERVICES REVIEW ACUTE MEDICAL BEDS AT GRANTHAM AND DISTRICT HOSPITAL

The Committee considered a report, which provided details on the Lincolnshire Acute Services Review - Acute Medical Beds at Grantham and District Hospital.

The Chairman invited Dr Dave Baker, South West Lincolnshire Locality Lead, Lincolnshire Clinical Commissioning Group, Dr Yvonne Owen, Medical Director, Lincolnshire Community Health Services NHS Trust, Pete Burnett, System Strategy and Planning Director and Charley Blyth, Director of Communications and Engagement, Lincolnshire Clinical Commissioning Group, to remotely present the item to the Committee.

Appended to the report at Appendix A was an extract (Pages 32-36) from the Lincolnshire Public Consultation Document – Relating to Four of Lincolnshire’s NHS Services – Acute Medical Beds at Grantham and District Hospital; and Appendix B provided a copy of Chapter 11 of the Pre-Consultation Business Case for the Lincolnshire Acute Services Review for the Committee to consider.

The Committee was advised of the current service provision and how it was currently organised; the challenges and opportunities for acute medical beds at Grantham and District Hospital; engagement feedback received; and details of the preferred community/acute medical beds at Grantham and District Hospital, in place of the current acute medical beds. The integrated community/acute beds would be delivered through a partnership model between a community health care provider and United Lincolnshire Hospitals NHS Trust. It was highlighted that the care of patients would still be led by consultants and their team of doctors, practitioners, therapists, and nursing staff. The positive impacts of the proposal would ensure that acute medical bed provision continued to be delivered at Grantham and District Hospital and that the service would be delivered in a more sustainable way. It was noted that 90% of patients currently cared for in the acute medical beds at Grantham Hospital would continue, and that the proposal would deliver a more comprehensive local service provision which would enable Grantham and District Hospital to build a centre of excellence for integrated multi-disciplinary care. It was reported that a small number of patients with higher acuity needs (estimated to be around one per day) would receive treatment at an alternative site which had the facilities and skills to look after more seriously ill patients.

During consideration of the report, the Committee raised some the following comments:

- Clarification was sought as to the term ‘Urgent Treatment Centre Plus’. The Committee was advised that the term could not be used, as there was no reference to it in the NHS specification for urgent treatment centres; and therefore, the inclusion of the term within the report had referred to an earlier intention to use the term, which could not be progressed. Pages 83 to 85 of the report provided details relating to the proposed model. Paragraph 11.2.9 advised that the proposal enabled Grantham Hospital and District Hospital to offer services which were not on offer at other urgent treatment centres and build a centre of excellence for integrated multi-disciplinary care, for frail patients;
- Some concern was expressed to the low number of people attending some of the consultation events and whether the Trust could advise the Committee of the total number of responses received to date. It was noted that the total was nearing 2,000. The Committee was advised that it was the quality of the responses received that was important not the quantity received;
- The number of patients that would be affected by the change who would receive care at an alternative hospital. Confirmation was given that this would be around 10% (approximately 1 patient a day);
- The Committee was advised that recruitment was an issue nationally, as well as locally and that having the innovative model for Grantham and District Hospital would make the service more attractive to potential candidates;

- Confirmation was given that providing care in the community was more expensive to provide, but that was the service people wanted and therefore that was what would be provided, a consultant-led team supporting the local wider community teams;
- The need for easier to read information to allow the general public to respond. It was reported that information was available in various levels of detail to suit the need of the reader; and that these documents were available on the website. Confirmation was given that public facing material was different to that received by members of the Committee;
- The Committee noted that the Community Pathway would enable GPs and primary care to be involved from the start. The community pathway would enable GPs to manage their patients in a more effective way, with the help of the multi-disciplinary team, using the same clinical software, which would improve communication; and
- A request was made for percentages shown in reports to be accompanied by relevant figures, to enable the Committee to give full consideration to the matter in question.

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

RESOLVED

1. That the details presented on the Lincolnshire Acute Services Review of Acute Medical Beds at Grantham and District Hospital be noted.
2. That the Committee's findings on the proposal be recorded for consideration by the Committee's working group.

56 HUMBER ACUTE SERVICES PROGRAMME - UPDATE

The Chairman invited Ivan McConnell, Programme Director, Claire Hansen, Programme Director – Interim Clinical Plan, Linsay Cunningham, Associate Director Communications and Engagement and Steven Courtney, Partnership and Stakeholder Engagement Manager, to remotely present the item to the Committee.

The Committee received a presentation which referred to the Humber Acute Services Programme Overview; the engagement undertaken to date with regard to the Humber Acute Services Review and an evaluation of the information received; the current situation with regard to Acute Services and what needed to change, and the steps that needed to be taken to put forward potential options on what hospital care might look like in the future.

Appendix A to the report presented also provided the Committee with further detailed information relating to the Humber Acute Services Review.

The Committee was advised that consultation with the public and other key stakeholders was due to commence in the Spring of 2022.

During consideration of this item, the Committee were asked to identify any specific aspects where further or more detailed information might be required; and to provide feedback on how they would like to be engaged over the next phase of the programme; and to determine any other specific future scrutiny activity at this time.

During discussion, the Committee raised some of the following comments: -

- The honesty of the presentation which highlighted the potential challenges for residents in northern Lincolnshire;
- Whether residents in East Lindsey would be consulted on the potential changes. The Committee was advised that the next step in the process was for a further report to be brought back to the Committee early in 2022, which would provide a plan of action for the consultation, and would be seeking the views of the Committee on the proposed consultation plan;
- Some concern was raised regarding the level of deterioration of buildings and equipment;
- Staffing levels – It was highlighted that some services were just managing to deliver services now. However, it was highlighted that 30% of staff would be eligible to retire within the next five to ten years, and therefore it was imperative that plans were made for workforce changes now. Confirmation was given that currently 90% of staff had been vaccinated against Covid-19;
- The impact of any changes on the ambulance service, and residents on the east coast;
- Further details were sought regarding page 78, paragraph 72 of the report, which referred to an expression of interest for £720 million as part of the new hospital programme. The Committee was advised that the bid was one of three in the region which had been prioritised, the outcome of which would be known by 6 March 2022. If the bid was unsuccessful, other options for securing finance were being considered;
- Whether the lack of support by mothers for a stand-alone midwifery-led unit, had ruled out the developing any option including a stand-alone midwifery unit. It was noted that nothing had been ruled out. The feedback received would be reflected on and considered further along with the views of service users;
- What feed had been received from staff regarding the possibility of moving to a single workforce across the two trusts. It was reported that the feedback from staff had varied and that views of staff had been mapped, to ensure a better understanding of the views raised;
- The working arrangements with neighbouring CCGs and health trusts regarding the proposed plans. The Committee was advised that arrangements were in place to share information with neighbouring health systems;
- The impact that the proposed acute services review programme would have on the residents of Lincolnshire and whether plans were in place to mitigate this. The Committee were advised that at the moment it was not possible to answer the question as it was too early in the process, as it was not known what the options

would be. It was highlighted that when the options were put out public consultation, the public would then have the opportunity to respond; and

- Appreciation was given to the presenters for the quality of the research information and for the figures presented in the report/presentation.

The Chairman on behalf of the Committee extended his thanks to the representatives for their presentation and for the quality of the information provided.

RESOLVED

1. That the details presented in the report and appendices, including the reasons for change, the work undertaken to date and the next steps as part of the Humber Acute Service Programme be noted.
2. That the intention to complete a Pre-Consultation Business Case in early 2022 for the Humber Acute Service Programme, with the aim of formally consulting on potential clinical models with the public and other stakeholders in Spring 2022 be noted.
3. That current legislative framework governing statutory consultation with local authorities in relation to NHS reconfiguration proposals, recognising existing health scrutiny arrangements and provisions may change as the current Health and Care Bill (2021) is enacted and becomes law be noted.
4. That a formal response be prepared for approval at the next meeting of the Committee which would
 - (a) identify the aspects where further detailed information is required; and
 - (b) state how the Committee would like to be engaged over the next phase of the programme.
5. That a further update be provided to the Committee in six months' time unless there is a need for consideration before then.

57 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE WORK PROGRAMME

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the report, which invited the Committee to consider and comment on its work programme as detailed on pages 136 to 138 of the report pack.

The Committee was advised that consideration would be given to whether the Lakeside Stamford and Lessons Learned item would be considered as one item and not two as detailed on page 137 for the 19 January 2022 meeting. The Committee noted that the Nuclear Medicine item might not come forward for consideration at the 19 January 2022 meeting.

It was also reported that a report on Dental Services would be received by the Committee at its 15 June 2022 meeting and that it would contain the level of detail as required by the Committee. The Health Scrutiny Officer agreed to try to obtain the report for the 18 May 2022 meeting.

Other items highlighted and discussion were as follows:

- Suicide Prevention – The Committee was advised that colleagues from public health and the Clinical Commissioning Group would be contacted. One member also highlighted the need to establish suicide figures for forces personal and the impact on their families. The Committee also noted that Healthwatch Lincolnshire had completed the first part of a report concerning suicide prevention, and that this document might be able to be shared with members of the Committee;
- East Midlands Ambulance Service; and
- Staffing Challenges in Hospitals.

Councillor S R Parkin left the meeting at 12:48pm.

Note: Councillor T J N Smith wished it to be noted that he was a member of the Veterans Advisory and Pensions Committee, East Midlands.

RESOLVED

That the work programme presented be received and that the items highlighted above be considered.

The meeting closed at 12.53 pm