



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
21 JULY 2021**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors L Wootten (Vice-Chairman), M G Allan, R J Cleaver, Dr M E Thompson 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), Mrs L Hagues (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.

Also in attendance

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

The following officers/representatives joined the meeting remotely via Teams:

Alison Christie (Programme Manager, Strategy and Development), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Andrew Horton (Lead Commissioner, NHS England and NHS Improvement – Specialised Commissioning (Midlands)), Jane Marshall (Director of Strategy, Lincolnshire Partnership NHS Foundation Trust), Steve Roberts (Associate Director of Operations, Older Adult Services, Lincolnshire Partnership NHS Foundation Trust), Eve Baird (Associate Director of Operations (Specialist Service Division)), Dawn Parker (Quality Lead (Older Adult and Frailty Division)) and Charlotte Tyler (Senior Commissioning Manager - Specialised Commissioning).

County Councillor C Matthews (Executive Support Councillor for NHS Liaison, Community Engagement, Registration and Coroners) attended the meeting remotely via Teams.

13 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor S R Parkin.

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
21 JULY 2021**

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

14 DECLARATIONS OF MEMBERS' INTERESTS

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

**15 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING
HELD ON 23 JUNE 2021**

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 23 June 2021 be agreed and signed by the Chairman as a correct record.

16 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on the 20 July 2021. The supplementary announcements made reference to:

- Paediatric Services at Pilgrim Hospital, Boston – Short Stay Paediatric Assessment Unit. Particular reference was made to a copy of a letter sent by Alison Marriott on behalf of *SOS Pilgrim – Call to Action*, to Dr S Joachim (Divisional Clinical Director, Family Health) and Simon Hallion (Managing Director, Family Health Division); a copy of the said letter was attached at Appendix A to the supplementary announcements. The Chairman advised that he proposed to write to the Chief Executive at United Lincolnshire Hospitals NHS Trust on behalf of the Committee, seeking to clarify the conclusions reached on this topic. Some concern was raised that future consultations by ULHT needed to be more inclusive and should be available in various forms;
- Covid-19 Data – A copy of a selection Covid-19 data was set out in Appendix B to the supplementary announcements. Some concerns were raised with regard to the increased number of Covid-19 cases and the impact on hospitals, particular reference was made to Grantham hospital. As the data provided was already out of date, a request was made for further information as to how many people in Lincolnshire had been 'pinged' by the NHS App; how many people received positive tests and how many people had been hospitalised;
- Information relating to the Influenza Vaccination Programme – Winter 2021/22; and
- The announcement by NHS England and NHS Improvement of additional funding being made available to the ten ambulance trusts in England.

RESOLVED

1. That the Supplementary Chairman's announcements circulated on 20 July 2021 and the Chairman's announcements as detailed on pages 19 – 40 of the report pack be noted.

2. That the Chairman on behalf of the Committee be authorised to write to the Chief Executive of United Lincolnshire Hospitals NHS Trust on the issue of Paediatric Services at Pilgrim Hospital, Boston.

17 LINCOLNSHIRE CHILD AND ADOLESCENT MENTAL HEALTH SERVICES CRISIS AND ENHANCED TREATMENT TEAM

The Committee gave consideration to a report from the Lincolnshire Partnership NHS Foundation Trust (LPFT) and NHS England and NHS Improvement (Midlands), (NHSE/I), which provided an end-of-pilot evaluation for the Intensive Home Treatment service within the Child and Adolescence Mental Health Service (CAMHS) Crisis and Enhanced Treatment Team (CCETT) following the temporary closure of Ash Villa at the end of September 2019 and implementation of the new community based system.

The Chairman invited Jane Marshall, Director of Strategy, People and Partnerships LPFT, Eve Baird, Associate Director of Operations (Specialist Service Division), LPFT, Charlotte Tyler, Senior Commissioning Manager – Specialised Commissioning NHSE/I and Andrew Horton, Lead Commissioner, NHS England and NHS Improvement Specialised Commissioning.

It was highlighted that when the pilot had been first established, Covid-19 and the associated impact on mental health had been unknown. The Committee noted that the national expectations were for an average increase of 30% in demand as a result of the pandemic. Figure one on page 43 of the report pack, provided information as to the number of referrals received by LPFT crisis services since 2017/2018. The service had seen a 7% increase in demand in the last year and a 13% increase in the last two years. Figure two, on page 43 highlighted that the Children and Adolescent Mental Health Service (CAMHS), had seen a 39% increase in eating disorder referrals into service in the last year.

It was reported that the pilot had successfully achieved its three objectives, which were to:

- Run at or below 61 occupied bed days per month on average for general adolescent units;
- Have no increase in serious incidents; and
- To receive positive feedback from service users using the experience of a service questionnaire and session rating scale. Details of which were shown in paragraph 3 at the bottom of page 43 of the report pack.

In guiding the Committee through the report, reference was made to the success of the CCETT, in that the service had managed to avoid admissions for 97% of children and young people who had been provided with home treatment in 2020/21. Figure three on page 44 provided details relating to admission rates for the adolescent unit for the period 2018 – 2020. It was noted that since the introduction of the CCETT there had been a 74% reduction in admission rates. Figure four on page 45 highlighted that occupied bed days had also reduced by 53% since the closure of Ash Villa; and Figure 5 on page 45 advised that that the

average length of stay for general adolescent units had decreased to 49 fays for LPFT, compared to the national average of 71 days.

It was also highlighted that the new service had seen a reduction in complaints and concerns. Details relating to patient experience were shown on pages 48 to 50 of the report pack. Two case studies were also provided on pages 50 to 53 of the report for the Committee's consideration.

The Committee noted that feedback received from clinical staff working within the CCETT team had indicated that they believed that a community approach was more beneficial than an inpatient one, as it provided greater opportunity for patients to maximise independence and allowed them to live their life in a more meaningful way. It also allowed for a more consistent relationship with families and professionals.

Appendix A to the report provided the Committee with feedback on the Lincolnshire Community Pilot Engagement. The Committee noted despite the initial four-week engagement period being extended; only nine individual responses had been received. The Committee noted that the questionnaire had been circulated to former patients, staff, charities that cared for children locally as well as patients groups. Despite the low number of responses, the comments received had been positive overall.

During discussion, the Committee raised the following points:-

- Some concern was expressed to the low response rate to the Lincolnshire Community Engagement Pilot; and that acceptance was being based on just nine responses. The Committee was advised that NHSE/I had tried to get additional responses, but despite all efforts only nine had been received. But the nine responses received did include patients that had used the previous in-patient service. It was also highlighted that on-going engagement had taken place during the course of the pilot with service users;
- Whether there were adequate resources in the model to meet the increasing demands, post Covid-19. The Committee was advised that there was increasing demand locally and nationally. It was noted that the CCETT was currently able to meet demand and provide a good level of service. However, as the Trust's demand increased then the service would have to make a business case for more resources. Reassurance was given that demand levels were being closely monitored. The Committee was advised that a three year recovery roadmap model for the service had been devised, which the Trust was happy to share with members of the Committee. With regard to capacity from neighbouring Trusts, the Committee was advised that the Trust worked closely with the East Midlands Provider Collaborative, which would ensure there was capacity for the service. Further reassurance was given that any patient would be kept as close to home as possible and that the CCETT worked closely with any in-house placement to ensure that they returned home as quickly as possible;
- Whether financial aid was provided to parents. It was reported that carer support would offer support;
- With children having to travel further, whether Ash Villa should have remained open. The Committee was advised that when Ash Villa temporarily closed, all staff associated

with it were moved across to the new community team model. It was noted that the number of general adolescents needing Ash Villa had reduced as they were being treated in their own homes, and there was no longer was a need for the building;

- Some concern was expressed at the reduction in costs. The Committee was reassured that funding had not been reduced; and in fact additional funding had been made available. Clarification was given that the only cost savings were those associated with the cost of Ash Villa;
- Further details relating to the case study one. The Committee was advised that the age of the individual in the case study was early teenage years. The paediatric ward that would be used in Lincolnshire would be the Rain Forest Ward at Lincoln County Hospital, with on-going support from the CCETT. The Committee noted that the CCETT was not 24/7, but the team worked up to 7.00pm. After that time a crisis service was available 24/7 for children and young people in Lincolnshire;
- A question was asked as to how an individual could be detained for their own safety. It was reported that a mental health detention had to be completed by a mental health practitioner and two medical practitioners, as there was a legal framework to follow. A request could be made based on views but the outcome had to be determined through the framework of the Mental Health Act;
- With increasing numbers of adolescents needing treatment in a psychiatric intensive unit, whether the Trust had any plans in investing in such a unit in Lincolnshire. The Committee was advised that currently there were no plans for a new building; as the Trust had arrangements in place with the East Midlands Provider Collaborative and then CCETT worked closely with in-patients to get them back home as soon as possible;
- Page 48, figure 10, reference was made to one formal complaint being received during 2020/21, one member requested further information as to the subject matter of the complaint and how the complaint was dealt with. The Committee was advised that the Trust was happy to provide analysis information relating to comments and complaints for the service, for the Committee to consider;
- Page 48, in the table under the heading "Anything that could have been done better". A question was asked as to what lessons had been learnt and what alterations had been made to accommodate the issues listed. It was reported that the more support was being built into the CCETT model to help provide further support for eating disorders. To avoid having a constant rotation of staff, the Trust was trying to address this with children and young people accessing core services and having a dedicated core worker; Provision after 7pm, the Committee was advised that this was provided by the crisis team, but this arrangement was being monitored; That transition into adults and earlier intervention was still work in progress and steps were being taken to do things differently to improve the service; and
- The number of vacancies in the Crisis and Enhanced Treatment Team. The Committee noted that the service had vacancies for registered nurse positions. The Trust had looked at ways to improve retention by looking at new roles and the models of care provided; the Trusts strategy was to grow their own staff. An example given was an experience support worker becoming a registered nurse.

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

RESOLVED

1. That the information in the evaluation of the pilot CAMHS Crisis and Enhanced Treatment Team be noted; and that further information be made available to the Committee in relation to: the three year recovery roadmap model; and analysis information concerning comments; and the complaints made regarding the service.
2. That support be given to the proposal that the CAMHS Crisis Enhanced Treatment Team become the permanent model of care in Lincolnshire, with a recommendation to Lincolnshire Partnership NHS Foundation Trust and NHS England and NHS Improvement that:
 - a) They continue to monitor the number of Lincolnshire young people being treated at out-of-county general adolescent units, with particular reference to any increases in demand for places in these units arising from the pandemic; and
 - b) Seek to report any significant and sustained increases in out-of –county general adolescent unit demand to this Committee.

18 OLDER ADULT MENTAL HEALTH SERVICES - HOME TREATMENT TEAM

The Chairman invited the following presenters from Lincolnshire Partnership NHS Foundation Trust (LPFT): Jane Marshall, Director of Strategy, People and Partnerships, Eve Baird, Associate Director of Operations (Specialist Service Division), Dawn Parker, Quality Lead (Older Adult and Frailty Division) and Steve Roberts, Associate Director of Operations (Older Adult and Frailty Division), to remotely present the report to the Committee.

The Committee was advised of the background behind the establishment of the Older Adult Services Home Treatment Team (in October 2018) as a county-wide pilot providing a community facing service to older adult patients with functional mental illness who would otherwise have been admitted to Brant Ward, Lincoln, which at the time was being refurbished. It was noted that when the Brant Ward re-opened, the Home Treat Team continued, with the service being funded by the temporary closure of Rochford Ward, Pilgrim Hospital, Boston, as this ward was not fit for purpose and required capital investment.

Pages 65 to 70 of the report provided: Details of the Home Treatment service; the purpose of the consultation; and supporting information. It was reported that engagement events had been carried out by LPFT during the last three years, with events taking place at a variety of locations across Lincolnshire and more lately on-line due to Covid-19 restrictions. A full list of engagements events were detailed in Appendix A to the report.

In conclusion, the Committee was asked to consider the information presented on the Older Adult Services Home Treatment Team and the engagement and consultation responses of the proposed closure of Rochford Ward at Pilgrim Hospital, Boston.

During discussion, the following points were raised:

- The future of Rochford Ward, Pilgrim Hospital Boston. The Committee was advised that as mentioned in the report the Rochford Ward was not fit for purpose, and would be returned to United Lincolnshire Hospitals NHS Trust. The Committee was advised further that investment had been made in Boston at the Norton Lea Mental Health Hub, which would be providing new purposely built accommodation;
- Some concern was expressed regarding care being provided to dementia patients at home. There was recognition that dementia was a complex area, as levels of need changed. It was highlighted that before the introduction of the Home Treatment Team that had been a gap in provision, now with the Home Treatment Team there was a continuous care pathway with a greater level of service, with all cases being appropriately managed;
- The relationship between the Home Treatment Team and the Community Mental Health Team and whether the Home Treatment Team just provided support to the elderly. The Committee was advised that older adults with dementia would receive support from the older people mental health team. The Home Treatment Team supported dementia patients' needs if escalated to high risk whether the patient was living in the community or having been admitted as an inpatient. The Committee noted that the Home Treatment Team worked alongside the Community Mental Health Team. As older people services all sat in the same division, this allowed for the care pathway continuing accommodating the needs of the patient. It was highlighted that the pilot had shown that 90% of patients could remain in their own homes;
- Whether families had a single point of contact. The Committee noted that when a patient was referred into the service they were allocated a Care Co-ordinator who would be the main point of contact for families;
- Respite care provision. The Committee noted that carers were supported and each carer had a communication plan, which the whole family had input into. It was highlighted that the issue of respite was currently being reviewed;
- Page 70 of the report in the section on agreement from the majority, what the response was to the comment that there needs to be a continued home treatment care, but with an ever increasing elderly population without the replacement of the Rochford Ward, would the service be able to meet the demand. The Committee was advised that the service had seen a massive reduction in the number of individuals requiring admission. There was an acceptance that over the next 20 years the elderly population numbers would increase and that all these factors would be taken into account to ensure there were more in-patient beds were available to meet demand. The Committee noted that at the moment two wards were in operation and steps were underway to opening the Manthorpe Centre; and
- The view of the Clinical Commissioning Group (CCG) was on the proposed closure of the Rochford Ward. The Committee was advised that the CCG was supportive of the proposed closure.

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

RESOLVED

1. That the information presented on the Older Adult Mental Health Services Home Treatment Team be noted.
2. That support be given to the proposal from Lincolnshire Partnership NHS Foundation Trust to make the closure of Rochford Ward at Pilgrim Hospital permanent, with the continuation of the Home Treatment Service, and a recommendation to the Trust that it continues to monitor the demand for older in-patient beds, particularly from the east of the county.

19 LINCOLNSHIRE PARTNERSHIP FOUNDATION NHS TRUST - GENERAL UPDATE

The Chairman invited the following representatives from Lincolnshire Partnership NHS Foundation Trust (LPFT): Jane Marshall, Director of Strategy, People and Partnerships and Eve Baird, Associate Director of Operations (Specialist Service Division), to remotely present the item to the Committee.

The Director of Strategy, People and Partnerships paid tribute to all LPFT staff for their management of the Covid-19 pandemic.

It was reported that despite the pandemic, the Trust had continued transforming pathways, with an increased focus on mental health and autism, with more investment being made in these service areas.

Attached at Appendix A to the report was a copy of the Chief Executive's report to the Board of Directors meeting of LPFT on 20 May 2021 for consideration, this report provided the Committee with a high-level overview of key national and local issues that might impact on the Trust's strategy, annual plans and priority setting. Reference was made to paragraph 6 on page 80 of the report in relation to: Out of Area; Transforming Care, Learning Disabilities and Autism; and Community Mental Health Transformation.

During discussion, the following comments were raised:

- How Covid-19 was impacting on the Trust. The Committee was advised that the latest position was that the Trust was coping, however, the Trust was starting to see pressure on staffing levels, as a result of people being 'pinged' by the NHS App. The Committee was advised that the Adult Crisis Team was under some pressure, and there had been some reliance on agency qualified nurses. Credit was extended to staff for maintaining the service;
- Whether the Trust had any major plans for development during the coming year. The Committee noted that the Trust had invested in: the development of the mental health hub at Norton Lea, Boston; two replacement acute wards at the

Peter Hodgkinson Centre; and the expansion of mental health services post Covid-19;

- Some concern was expressed to the out of date information provided in the Appendix and to the fact that more needed to be included regarding how the service was getting back to some normality post Covid-19. The Committee was advised that an updated report would be made available to the Committee. It was reported that recovery from Covid-19 would take some time and that the Trust had a three year recovery roadmap to help it recover. The Committee noted that the service had dealt with the pandemic well and had also managed to transform pathways and improve services. It was agreed that information relating to services provided by the Trust would be made available to the Committee;
- Data relating to the West Lindsey area. It was reported that there had been some backlog, but no-one had breached the acceptable timeline of the standard 18 weeks. The Committee noted that information relating to performance and actions being taken was available on the Trust's website; and
- Clarification was sought as to whether the beds in Manthorpe Ward, were day beds or for longer stays. The Committee was advised that the ward provided an additional 22, 24/7 inpatient beds.

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

RESOLVED

1. That information provided by Lincolnshire Partnership NHS Foundation Trust be noted and that thanks be extended to all staff at the Trust for their continued efforts during the Covid-19 pandemic.
2. That in future updates be received on specific mental health topics rather than just a general update.

20 LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2022

The Chairman invited Alison Christie, Programme Manager, Public Health, to remotely present the item to the Committee.

The Committee noted that completion of a Pharmaceutical Needs Assessment (PNA) was a statutory duty for Health and Wellbeing Boards (HWBs) to undertake at least every three years. It was noted that due to the pandemic, the requirement to republish an update PNA by the 31 March 2021 had been suspended, and the HWB was now required to publish the PNA by 31 March 2022.

It was reported that the PNA was a report of the present and future needs for Pharmaceutical services. The Councils Public Health Division was facilitating the process to prepare a revised assessment with external pharmaceutical expert resource being provided by the University of Lincoln. It was noted that a PNA Steering Group had been convened to support the development of the PNA, which comprised of key stakeholders: community

pharmacies (represented by the Local Pharmaceutical Committee), health services (represented by NHS Lincolnshire Clinical Commissioning Group, Public Health and the Local Medical Committee); and residents (represented by Healthwatch Lincolnshire). A copy of the terms of reference and project plan of the Steering Group was detailed at Appendix A to the report.

The Committee was advised that the intention was to present a draft PNA to the HWB on 28 September 2021 for the Board to consider prior to the statutory 60-day consultation exercise being undertaken during October 2021. The HWB would then approve the PNA at its March 2022 meeting.

The Committee was invited to establish a working group to feed into the consultation process on the draft PNA.

During consideration of this item, the Committee made the following comments:

- Who was responsible for trying to fill any highlighted gaps in pharmacy provision. The Committee was advised that NHS England as the commissioner for pharmaceutical services was responsible for filling in any gaps in provision;
- Methods of consultation. The Committee noted that statutory guidance did not require statutory consultation, but the Council had chosen to undertake consultation. The Committee noted that last time the PNA went out to public consultation, 14 responses had been received from members of the public. The Committee noted that the PNA was a very technical document and was bound by complicated legislation. It was reported that the public consultation would be carried out by Community Engagement team. Confirmation was given that district councils were included on the list, as part of the engagement plan; and clarity was given that the process was a needs assessment and not a service assessment; and
- One member enquired whether dentists were included. It confirmed that dentists were not included, but could be looked at being included, but other certain conditions would have to be taken into consideration first.

The Chairman on behalf of the Committee extended thanks to the Programme Manager, Public Health for the presentation.

RESOLVED

1. That the process to produce a revised Pharmaceutical Needs Assessment by 31 March 2022 be noted.
2. That the project plan timeline from the Lincolnshire PNA Steering Group on the production of the Lincolnshire Pharmaceutical Needs Assessment 2022 be received.
3. That a working group be established to comment on the draft Pharmaceutical Needs Assessment during the statutory 60-day consultation, comprising of the

following Councillors: Mrs R Kayberry-Brown, C S Macey, Mrs A White and L Wootten.

21 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - CONSULTATION ON HOSPITAL UROLOGY SERVICES

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

The Committee was reminded at the 23 June 2021 meeting; the Committee had considered a consultation on hospital urology services provided by United Lincolnshire Hospitals NHS Trust. At that meeting the Committee had agreed that a draft response would be considered by members at the 21 July 2021 meeting. A copy of the draft response had been circulated to members of the Committee on 20 July 2021 for their consideration.

During consideration of the draft response, the Committee raised the following comments:

- That the impact on Pilgrim Hospital, Boston and the local community should be included in the preamble rather than being under a separate heading;
- That the response needed to include reference to staffing; training and the impact cancelled operations had on the service; and
- One member expressed concern regarding the anxieties raised in Boston regarding the proposed changes; and that further discussions need to be undertaken regarding the matter.

The Chairman concluded that further clarification was required on the issues highlighted by the Committee, in its draft response.

It was agreed that the draft response would be amended to reflect the comments raised, prior to the letter being sent to the Chief Executive of United Lincolnshire Hospitals NHS Trust.

RESOLVED

That the final response on behalf of the Health Scrutiny Committee for Lincolnshire be forwarded on to the Chief Executive of United Lincolnshire Hospitals NHS Trust, as part of the evaluation of the consultation response on Hospital Urology Services.

22 PROPOSALS FOR SCRUTINY REVIEWS

The Committee gave consideration to a report from Simon Evans, Health Scrutiny Officer, which invited the Committee to consider a request from the Overview and Scrutiny Management Board to put forward potential topics for in-depth scrutiny review, which would be undertaken by the Councils two Scrutiny Panels.

A copy of the Scrutiny Prioritisation Toolkit was appended at Appendix A to the report.

The Chairman invited the Health Scrutiny Officer to present the item to the Committee.

The Committee was referred to section six on page 101 of the report pack, which highlighted that any in-depth scrutiny review would require significant input from colleagues in the NHS, who were currently very busy restoring and recovering from the Covid-19 pandemic.

The Committee agreed to reconsider the matter at a later meeting, by which time the NHS might be in a better position to contribute to a scrutiny review and it would also allow time for newly appointed members to get more familiar with the Committee's remit.

RESOLVED

That further consideration of the request from the Overview and Scrutiny Management Board for potential in-depth scrutiny review topics be considered at the 15 December 2021 meeting.

23 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 107 and 108 of the report pack.

During consideration of this item, the Committee raised the following comments/suggestions:

- The need to make sure that the Committee had input into the Humber Acute Services Review;
- The inclusion of Cancer Services in the work programme;
- GP Services. The Committee was advised that this would be covered in the item GP Practice – Developments and Challenges which was due to be considered by the Committee on 13 October 2021.
- Quality of GP Services in Coastal Towns (recently published report). The Committee noted that this would also be covered by the GP – Development and Challenges item scheduled for October. It was agreed that a link to the Chief Medical Officers Annual report would be made available to members of the Committee;
- The inclusion of the Community Pain Management Service on the agenda for the 15 September meeting was welcomed;
- More up to date information relating to the Covid-19 position in Lincolnshire. It was agreed that this information would be emailed to members after the meeting; and
- Staffing levels at hospitals, particular reference was made to Grantham Hospital.

RESOLVED

That the work programme presented be agreed, subject to inclusion/consideration of the items listed above.

The meeting closed at 12.41 pm