


# Public Document Pack

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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

Direct Dialling: 01522 552334

E-Mail: [katrina.cope@lincolnshire.gov.uk](mailto:katrina.cope@lincolnshire.gov.uk)

Democratic Services  
Lincolnshire County Council  
County Offices  
Newland  
Lincoln LN1 1YL

**A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 8 November 2023 at 10.00 am in the Council Chamber, County Offices, Newland, Lincoln LN1 1YL**

## MEMBERS OF THE COMMITTEE

County Councillors: C S Macey (Chairman), L Wootten (Vice-Chairman), M G Allan, R J Cleaver, R J Kendrick, S R Parkin, T J N Smith and 1 Vacancy

District Councillors: S Welberry (Boston Borough Council), E Wood (City of Lincoln Council), J Makinson-Sanders (East Lindsey District Council), Mrs L Hagues (North Kesteven District Council), M Geaney (South Holland District Council), C Morgan (South Kesteven District Council) and D Rodgers (West Lindsey District Council)

Healthwatch Lincolnshire: Liz Ball

## AGENDA

Item	Title	Pages
1	<b>Apologies for Absence/Replacement Members</b>	
2	<b>Declarations of Members' Interest</b>	
3	<b>Minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 4 October 2023</b>	3 - 10
4	<b>Chairman's Announcements</b>	11 - 14

Item	Title	Pages
5	<p><b>Humber Acute Services Review Programme</b></p> <p><i>(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider the consultation document presented and whether it wishes to make a response to the consultation as a ‘non-statutory’ consultee. Representatives from the Humber and North Yorkshire Integrated Care Board will be in attendance for this item)</i></p>	15 - 50
6	<p><b>Lincolnshire Acute Services Review - Orthopaedics and Stroke Services Implementation Update</b></p> <p><i>(To receive a report from NHS Lincolnshire Integrated Care Board, which provides the Committee with an Orthopaedics and Stroke Services Implementation update. Peter Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board and representatives from United Lincolnshire Hospitals NHS Trust will be in attendance for this item)</i></p>	51 - 58
7	<p><b>General Practice Quality Assurance &amp; Improvement</b></p> <p><i>(To receive a report from NHS Lincolnshire Integrated Care Board (ICB), which advises the Committee on ICB and partner processes to quality assure General Practice and where quality concerns are identified, the support provided to enable quality improvement within and across General Practices. Nick Blake, Programme Director – Primary Care NHS Lincolnshire ICB and Wendy Martin, Associate Director of Nursing and Quality NHS Lincolnshire ICB will be in attendance for this item)</i></p>	59 - 62
8	<p><b>Potential Topic for Scrutiny Review by Scrutiny Panel A</b></p> <p><i>(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider whether it would wish to make a suggestion for a potential scrutiny review topic to the Overview and Scrutiny Management Board)</i></p>	63 - 68
9	<p><b>Health Scrutiny Committee for Lincolnshire - Work Programme</b></p> <p><i>(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comment on the content of its forthcoming work programme)</i></p>	69 - 76

Debbie Barnes OBE  
 Chief Executive  
 31 October 2023

Please note: This meeting will be broadcast live on the internet and access can be sought by accessing [Agenda for Health Scrutiny Committee for Lincolnshire on Wednesday, 8th November, 2023, 10.00 am \(moderngov.co.uk\)](https://www.moderngov.co.uk/agenda/2023/11/08/health-scrutiny-committee-for-lincolnshire)



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
4 OCTOBER 2023**

**PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)**

Lincolnshire County Council

Councillors L Wootten (Vice-Chairman), R J Cleaver, S R Parkin and T J N Smith.

Lincolnshire District Councils

Councillors E Wood (City of Lincoln Council), J Makinson-Sanders (East Lindsey District Council), Mrs L Hagues (North Kesteven District Council), M Geaney (South Holland District Council) and D Rodgers (West Lindsey District Council).

Healthwatch Lincolnshire

Colin Warren.

Also in attendance

Kiara Chatziioannou (Scrutiny Officer), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Clair Raybould (Director for System Delivery, Lincolnshire Integrated Care Board), Professor Derek Ward (Director of Public Health) and Julie Frake-Harris (Chief Operating Officer, Lincolnshire Community Health Service NHS Trust).

County Councillor R D Butroid (Executive Councillor People Management, Legal and Corporate Property) attended the meeting as an observer.

Remote attendees via Teams:

Simon Evans (Health Scrutiny Officer).

**33      APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

Apologies for absence were received from Councillor R J Kendrick, S Welberry (Boston Borough Council), C Morgan (South Kesteven District Council) and Liz Ball (Healthwatch Lincolnshire).

The Committee noted that Colin Warren (Healthwatch Lincolnshire) had replaced Liz Ball (Healthwatch Lincolnshire), for this meeting only.

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**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**

**4 OCTOBER 2023**

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

34 DECLARATIONS OF MEMBERS' INTEREST

None were declared.

35 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 13 SEPTEMBER 2023

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 13 September 2023 be approved and signed by the Chairman as a correct record.

36 CHAIRMAN'S ANNOUNCEMENTS

Further to the announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on 3 October 2023.

The supplementary announcements referred to:

- The new Macmillan Psychological Support Service launching in Lincolnshire;
- The re-opening of the Hartsholme Centre – Lincolnshire's Male Psychiatric Intensive Care Unit;
- Proposed engagement on the Potential Development of a Female Psychiatric Intensive Care Unit in Lincolnshire; and
- The revised Dementia Strategy for Lincolnshire – What Matters to You.

During discussion, the following comments were noted:

- Some concern was expressed to another dental practice closure (Item 6 of the Chairman's announcements on page 17 of the agenda pack). It was highlighted that the Committee had previously written to local MPs expressing their concerns regarding the lack of dental provision in some parts of Lincolnshire and asking for support for the provision of a dental college to help Lincolnshire grow its own. There was also recognition that dental contracts needed to be reviewed. It was highlighted that the contract had not been an issue with this specific dental practice closure.

Note: Councillor J Makinson-Sanders wished it to be noted that she had been a patient at the North Somercotes Dental Practice.

## RESOLVED

That the supplementary announcements circulated on 3 October 2023 and the Chairman's announcements as detailed on pages 15 to 17 of the report pack be noted.

37 URGENT AND EMERGENCY CARE UPDATE

Consideration was given to a report from the NHS Lincolnshire Integrated Care Board, which provided the Committee with an update on urgent and emergency care and the actions being taken locally in response to the national *Delivering Plan for recovering Urgent and Emergency Care Services (January 2023)*.

The Chairman invited Clair Raybould, Director for System Delivery, NHS Lincolnshire Integrated Care Board and Julie Frake-Harris, Chief Operating Officer, Lincolnshire Community Health Services NHS Trust, to present the item to the Committee.

The Committee were advised of the National Recovery Plan and the Local Response; the Lincolnshire Winter Plan 2023/2024 development; System coordination in Lincolnshire; Pre-Hospital Care; Virtual Wards and Urgent Care response; the inclusion of frailty in the 2023/2024 Urgent and Emergency Care Programme; Urgent Treatment Centres in Lincolnshire; NHS 111 and Lincolnshire Clinical Assessment Service; Accident and Emergency; Ambulance Handovers; and the importance of Discharge and Flow.

Appendix A to the report provided a copy of the Delivery Plan for Recovering Urgent and Emergency Care Services (*Department of Health and Social Care and NHS England – January 2023*) for the Committee to consider.

In conclusion, the Committee noted that despite a challenging summer period, and continuing industrial action, a considerable amount of work had been achieved and plans were in place to support the system during the winter period. It was highlighted that the urgent and emergency care system programme delivery would ensure that Lincolnshire's ambitions were realised to transform and improve safety and experience across urgent and emergency care services for the residents of Lincolnshire.

During consideration of this item, some of the following comments were noted:

- That virtual wards in Lincolnshire covered six specialty areas: cardiology, frailty; respiratory; complex neurology, acute medicine, and hospital at home. The virtual wards were specifically for patients where it had been agreed that they could be treated and supported outside of an acute hospital setting. It was noted that virtual wards worked well, particularly for primary care being able to step a patient into a virtual ward rather than moving them straight to the Emergency Department. There was recognition that connectivity was a challenge, but it was highlighted that not all monitoring had to be done through technology, as members of the community team linked in regularly with patients. It was highlighted that currently 150 patients were

being supported through virtual wards, and that this was taking the pressure of acute providers having to find inpatient beds. It was noted that virtual wards were also used to help patients step out of acute care quicker;

- Some concern was expressed as to what was being done to prevent issues happening for example falls; and how the Council was working with health trusts in this regard. The Committee was advised that the Council had a falls response service commissioned via LIVES, which was an interface with urgent and emergency care. The service ensured that people were got too quickly, freeing up ambulance capacity. The service ensured that the patient was fit and well and provided wrap around support to them in their own home. The Committee was also advised that a pilot had just started to help people who were at risk of falling, helping them to build up their balance, stability, and how to safely get back up off the floor in a safe and supported way. The Committee noted that more prevention work was right for Lincolnshire and the country as a whole, particularly from a financial perspective;
- Some concern was expressed as to whether the public knew where to go to access services. The Committee was advised that locally the public were being encouraged to 'Talk before you Walk' by ringing 111 first, who then directed the person to the right service, or booked them directly into general practice, or into an Urgent Treatment Centre (UTC);
- That the provision of community diagnostic centres would take the pressure away from acute and emergency departments, as a lot of the diagnostics were carried out on the hospital sites. It was highlighted that the community diagnostic centre at Grantham was busy with patients accessing it from all over the county. It was noted that people seemed to be happy to travel as they were able to get in, be seen on time and not have to pay for carparking. It was highlighted further that having further centres in Skegness and Lincoln, and then Boston would make a huge difference to patients;
- The Committee noted that a full review of the commissioned UTCs, and out of hours provision was going to be undertaken to understand the level of demand, where it was available, and when it was available. It was noted that the scope of the review was still being finalised. Once completed the review would make recommendations to the System Urgent and Emergency Care Partnership Board;
- The WaitLess App, the Committee noted that the App worked with providers who were prepared to share their data platform. It was noted further that currently there was only a data sharing agreement in place within Lincolnshire, with United Lincolnshire Hospitals NHS Trust and Lincolnshire Community Health Services NHS Trust. Confirmation was given that strong working relationships existed with bordering trusts and that once the WaitLess App had been evaluated, conversations would take place with neighbouring systems;
- Confirmation was given that there was no work underway relating to the Minor Injuries Unit (MIU) at Stamford, the only review underway was the review of UTCs and out of hours provision which would look at overall total demand. The Committee noted that the MIU provision would be picked up as part of that review;
- The Committee was provided with an explanation as to how the 111 service operated;

- Some clarity was sought as to whether the review of UTCs and out of hours provision would result in a potential reduction in operating hours. The Committee noted that this would not be known until the review was completed. It was highlighted to the Committee what was known currently was that some of the hours were being under utilised but it was not known why, and it was hoped that this was something the review would highlight. There was also recognition if there was to be any change, consultation/engagement would be required depending on the nature of the change;
- Confirmation was given that the Grantham UTC would be unaffected by the review as it was not a current service;
- Some concern was expressed to the recent closure of the Louth UTC for three nights. It was highlighted that local people had been aggrieved by the closure, as it was valued service for the local community. The Committee was advised that a strategic decision had been made during the period of industrial action to move expert nursing staff to support Lincoln and Boston, as this had been the first time the Trust had three days of joint action, and therefore to maintain safe services, this decision had been taken;
- One member advised of the personal experience an elderly relative had received at Grimsby Hospital following a fall. The Committee was advised that this was why investment was being made into frailty services, and prevention to help mitigate such scenarios;
- The Committee noted the work being undertaken to help with delayed ambulance handovers and ambulances being in the right place at the right time when a call was received. Reference was made to the single point of access, confirmation was given that this had received national funding. It was also noted that East Midlands Ambulance Service had been given extra money this year to assist with recruitment. The Committee was advised that private ambulances were also being used to help the ambulance situation;
- The Committee noted that there was a new stroke pathway through the acute services review. All stroke patients were now sent straight to Lincoln into the stroke services, and that there were also improvements in the stroke pathway coming out into the community, which meant that patients were staying in hospital for less time;
- The Committee were advised that the modern version of a matron comprised of four people from different organisations from the integrated care hub who provided expertise and wrap around services to patients and their families;
- One member enquired whether Lincolnshire was receiving fair funding for the complexity of issues it encountered. It was reported that due to the rurality and complex nature of Lincolnshire increased costs were incurred, and that lobbying of central government continued to highlight the issues specific to Lincolnshire;
- Confirmation was provided that it was felt that the target of 76% of patients being admitted, transferred or discharged within four hours by March 2024 was achievable, however, this would be dependent on what happened with industrial action, as this was having an impact on services;
- One member enquired as to how many NHS 111 calls became 999 calls. The Committee was advised that this information was not to hand at the meeting, but could be provided for members of the Committee after the meeting;

- An explanation was sought as to what a transfer of care hub was. The Committee was advised that the transfer of Care Hub was in the acute hospitals support, in order to facilitate discharge, making sure different points of views were all brought together to make sure that individuals who were clinically ready for discharge, but still had complex needs had the support they needed in place to help them get better;
- The Committee noted that the delivery plan attached at Appendix A to the report was monitored by the Urgent Care Programme Delivery Group, who reported to the Urgent Emergency Care Partnership Board, who then reported into the Service Delivery and Performance Committee of the Integrated Care Board (ICB) (a sub-committee of the ICB); and
- An explanation was provided as the reasons for looking to shortening length of stay of a patient in hospital.

## RESOLVED

1. That the contributors be thanked for their presentation to the Committee.
2. That the Committee's support be recorded for the local NHS's implementation of the national strategy for recovering urgent and emergency care services.
3. That a further update be received in the spring of 2024 on how emergency care had been operating over the winter months.

38 LINCOLNSHIRE SYSTEM WINTER PLANNING

Consideration was given to a report from the NHS Lincolnshire Integrated Care Board, which invited the Committee to consider the steps being taken to deliver the NHS England requirements and ongoing development and delivery of the Lincolnshire System Winter Plan.

The Chairman invited Clair Raybould, Director for System Delivery, NHS Lincolnshire Integrated Care Board to present the item to the Committee.

The Committee was advised that the winter plan was still in the development stage, and it was hoped the winter plan would be presented to the Partnership Board later in the week.

The Committee was advised of the background to the winter plan; the Adult Social Care Winter Letter 2023/2024; additional national and regional areas of focus; the NHS England Winter 2023/2024 Planning Assurance; System Partner Roles and Responsibilities; and next steps.

In conclusion, the Committee noted that the plan would be shared once it was approved hopefully at the end of the week.

During consideration of this item, some of the following comments were noted:



- Confirmation was given that there was an allowance in the plan for increased hospitalisation for people with Covid-19. It was noted further that predictions were that Covid-19 was not expected to be any worse than it had been in the previous year;
- The Committee was advised that a lot of operations and procedures were being cancelled because of industrial action, but hospitals were seeing as many patients as they could; and
- In terms of weather, it was hoped it would be a mild winter, as a severe winter caused extra problems including logistics, staffing and increased respiratory issues and falls. Reassurance was given that planning had been managed around the worst weather conditions.

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

RESOLVED

That the actions undertaken by the NHS and other partners in the preparation for winter 2023/2024 be supported.

39 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Chairman invited Simon Evans, Health Scrutiny Officer, to remotely present the report, which invited the Committee to consider and comment on its work programme as detailed on pages 98 to 100 of the report pack.

Attached at Appendix A to the report was a schedule of items covered by the Committee since the beginning of the current Council term, May 2021, as well as details of planned works for the coming months.

The Health Scrutiny Officer advised the Committee of the items scheduled to be considered at the 8 November 2023 meeting.

RESOLVED

That the work programme presented on pages 98 to 100 of the report pack be agreed, subject to the inclusion of the suggestion put forward by the Committee at minute number 37(3).

The meeting closed at 11.33 am.

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# Agenda Item 4

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>8 November 2023</b>
Subject:	<b>Chairman's Announcements</b>

## 1. **Richmond Medical Centre, North Hykeham - CQC Rating**

Richmond Medical Centre in North Hykeham has been rated as 'Inadequate' and placed in special measures after an inspection by the Care Quality Commission (CQC) that took place in May 2023, in response to concerns it received about the service.

The GP surgery's overall rating declined, with several categories, including safety and well-led, effectiveness, and responsiveness dropping, but the 'caring' category remains 'Good,' and Richmond Medical Centre has actively worked with the CQC to undergo a re-inspection after making various improvements since the initial assessment.

A spokesperson for Richmond Medical Centre recently (October 2023) expressed that they have made significant improvements following a CQC inspection in May 2023 and the practice was working with the CQC for a re-evaluation, while also acknowledging the challenges faced and the positive recognition of staff-patient interactions, with support from NHS Lincolnshire ICB. They argued that "the [latest] report published no longer reflects our current position, and we are working closely with the CQC in order to be reinspected as soon as possible."

## 2. **House of Commons Health and Care Committee on NHS dentistry**

Sarah Fletcher and Chris McCann from Healthwatch Lincolnshire and Healthwatch England (HWE), respectively, presented compelling evidence to MPs during an inquiry by the House of Commons Health and Care Committee on NHS dentistry.

Issues highlighted included the scarcity of NHS dental services, long travel distances, financial challenges for patients, the need for prioritizing those in greatest need, and the call for a new national oral health needs assessment to reform the system. The contribution was followed by discussions with Primary Care Minister Neil O'Brien and NHSE

Officials, focusing on improving access and extending the roles of dental hygienists and therapists to address dental care challenges.

### **3. Plans for Dentistry Services in Mablethorpe**

In a recent publication by Healthwatch Lincs, it has been confirmed that, subsequent to a well-executed procurement process in Mablethorpe, a preferred bidder has been identified to deliver general dental services at the Marisco Medical Centre, beginning in early 2024. It was acknowledged that there has been a noticeable absence of such services for several years in the local area, and this initiative will address this gap by offering NHS general dental care to patients in need.

### **4. Pilgrim Hospital concerns about A&E and the loss of ward**

A whistleblower nurse at Pilgrim Hospital in Lincolnshire raised concerns about the relocation of acute stroke services to Lincoln, the strain on the busy A&E department, patients waiting times, and the closure of the stroke ward with the loss of 24 beds, highlighting potential impacts on the healthcare system.

In response, the United Lincolnshire Hospital NHS Trust (ULHT) mentioned the changes following a public consultation and ongoing efforts to improve patient care and reduce emergency department wait times. They encouraged the public to consider alternative healthcare options when it is not a 999 emergency.

### **5. Lincolnshire NHS – Recognition for Improvements Made for Heart Failure Patients**

Lincolnshire Community Health Services NHS Trust (LCHS), United Lincolnshire Hospitals NHS Trust (ULHT), and Lincolnshire Integrated Care Board (ICB) were jointly shortlisted for the HRH The Prince of Wales Award for Integrated Approaches to Care. They collaborated with primary care partners to make substantial improvements in heart failure patient care in Lincolnshire, including creating a virtual ward, a seven-day heart failure specialist service, and a direct admission pathway for prioritising and expediting care for patients in need, along with enhancing specialist heart failure capacity in hospitals.

### **6. New 24/7 Urgent Treatment Centre for Grantham and Surrounding Areas**

The new 24/7 Urgent Treatment Centre (UTC) at Grantham and District Hospital, eagerly anticipated by patients and the public, is set to open on October 31, 2023, in response to feedback from a consultation led by Lincolnshire Clinical Commissioning Group (now Lincolnshire Integrated Care Board) known as the Acute Services Review. This decision followed a 12-week consultation and aims to provide around-the-clock urgent care services for the people of Grantham and the surrounding areas.

### **7. Storm Babet**

Lincolnshire was devastated in previous weeks by storm Babet that hit the County on 20<sup>th</sup> October 2023. As part of the County's Local Resilience Forum multi-agency response during

Storm Babet, the county council's highways team responded to more than 450 urgent call-outs, and Lincolnshire Fire and Rescue dealt with more than 500 emergency calls across Lincolnshire.

Communities impacted by flooding will benefit from thousands of pounds of Government funding to help them recover from the impact of Storm Babet.

Under the measures announced on 25 October 2023:

- Flooded households in affected areas can apply for up to £500 to give cash quickly to help with immediate costs.
- Households and businesses significantly affected by recent flooding will be eligible for 100% council tax and business rates relief for at least three months.
- Small-to-medium sized businesses in affected areas will be eligible for up to £2,500 from the Business Recovery Grant to help them return quickly to business as usual.
- Eligible flood-hit property owners will be able to apply for up to £5,000 to help make their homes and businesses more resilient to future flooding via the Property Flood Resilience Repair Grant Scheme.

The support will be made available through a scheme known as the Flood Recovery Framework, which is used in exceptional circumstances to support councils and communities following severe flooding.

In Lincolnshire a statement is awaited later this month by the Lincolnshire LRF and Fire & Rescue Services on disruptions caused due to the storm and an update on emergency evacuation routes.

## **7. Earlier Mental Health Support Announced for Thousands Nationwide**


The government has announced almost £5 million to fund early support hubs nationwide to deliver mental health support for children and young people. The information was released on 25 October 2023.

- Government funding drop-in early support hubs nationwide to deliver early mental health and wellbeing support for children and young people.
- Backed by government's Youth Mental Health Ambassador Dr Alex George following campaign for more services to provide earlier intervention.
- Additional £2.3 billion already helping an extra 345,000 children and young people to access NHS-funded mental health support by 2024.

Thousands of children and young people will receive earlier mental health treatment in a move to help save lives and ensure fewer youngsters reach crisis point, through early support hubs across the country.

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# Agenda Item 5

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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,  
Deputy Chief Executive and Executive Director - Resources**

Report to:	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>8 November 2023</b>
Subject:	<b>Humber Acute Services Review Programme</b>

**Summary:**

On 25 September 2023, Humber and North Yorkshire Integrated Care Board (ICB) launched a public consultation on proposals affecting acute hospital services at Diana Princess of Wales Hospital in Grimsby and at Scunthorpe General Hospital. In terms of the relevant regulations, the Humber and Lincolnshire Joint Health Overview and Scrutiny Committee is the 'statutory consultee' for the purposes of this consultation. However, the Humber and North Yorkshire ICB has agreed to present details of the consultation materials to individual health scrutiny committees in the region. The consultation closing date is 5 January 2024.

Representatives from the Humber and North Yorkshire ICB will be in attendance to present on this item.

**Action requested:**

- (1) To note that the Humber and Lincolnshire Joint Health Overview and Scrutiny Committee is the statutory consultee for the purposes of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- (2) To consider whether to make a response to the consultation as a 'non-statutory' consultee.
- (3) Depending on the decision in (2) above, to make arrangements for responding to the consultation, with a view to any response of the Committee being approved at its next meeting on 6 December 2023.

## 1. Background

The Humber Acute Services Programme is hosted by the NHS Humber and North Yorkshire Integrated Care Board (ICB) and has been reviewing the acute hospital services provided by Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), and Hull University Teaching Hospitals NHS Trust. In addition to Goole, NLaG provides hospital services at Diana, Princess of Wales Hospital, Grimsby, and Scunthorpe General Hospital. Both these hospitals are used by Lincolnshire residents.

The scope of the review, which was reduced in July 2023, focuses on two main service areas at two hospitals: urgent and emergency care; and paediatric services at Diana, Princess of Wales Hospital, Grimsby, and Scunthorpe General Hospital.

## 2. Content of the Consultation

On 25 September 2023, the Humber and North Yorkshire ICB launched a consultation on acute hospital services at Diana Princess of Wales Hospital in Grimsby and Scunthorpe General Hospital. A consultation overview issued by the ICB in August is attached at Appendix A to this report. The consultation document, *Your Health Your Care – Let's Get Better Hospital Care*, is attached as Appendix B. Other documentation is available at the following link: [Programme documents – Better Hospitals \(betterhospitalshumber.nhs.uk\)](https://www.betterhospitalshumber.nhs.uk).

The consultation proposes consolidating the following hospital services at Grimsby:

- **trauma** – for people with injuries requiring specialist care and who might need observation by a trauma team;
- **overnight emergency surgery** – for people who need an emergency operation in the middle of the night or who need to stay in hospital overnight and be looked after by teams with surgical expertise;
- **some inpatient medical specialities** – for people who need a longer stay in hospital (more than 72 hours) and need to be looked after by a specialist team for their heart, lung or stomach condition; and
- **overnight paediatric inpatient care** – for children and young people who need to stay in hospital for more than 24 hours.

It is proposed in the consultation that urgent and emergency care would continue to be provided at both Grimsby and Scunthorpe, including 24/7 accident and emergency departments.



### **3. Humber and Lincolnshire Joint Health Overview and Scrutiny Committee**

On 16 May 2022, the Humber and North Yorkshire Health and Care Partnership (on behalf of the Humber Acute Services Programme Team) wrote to the chief executives of five local authorities, including the Chief Executive of Lincolnshire County Council, seeking the establishment of a joint health overview and scrutiny committee to consider hospital reconfiguration proposals in the Humber area. The other four local authorities were the East Riding of Yorkshire, City of Hull, North Lincolnshire and North East Lincolnshire.

The joint committee approach is required by regulation 30(5) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, which state that where an NHS commissioner is consulting with more than one local authority, those local authorities must appoint a joint overview and scrutiny committee for the purposes of the consultation. Once appointed, the joint committee would act as the statutory consultee for the purposes of the regulations.

In response to the NHS's letter, it was proposed that each council would appoint three members to a joint committee and on 27 September 2022 the meeting of Lincolnshire County Council approved its participation in the Humber and Lincolnshire Joint Health Scrutiny Committee, and appointed three members: Councillors Carl Macey, Tom Smith and Stephen Bunney. The first meeting of the joint committee took place on 17 October 2023, and the joint committee made its own arrangements to respond to the consultation.

### **4. Consultation**

As stated above, the Lincolnshire and Humber Joint Health Overview and Scrutiny Committee is the statutory consultee for the purposes of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. This does not prevent the Committee from responding to the consultation as a 'non-statutory' consultee. The closing date for the consultation is 5 January 2024.

### **5. Conclusion**

The Humber and Lincolnshire Joint Health Overview and Scrutiny Committee is the statutory consultee for the purposes of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny Regulations) 2013. The decision for the Committee is whether it wishes to make a response to the consultation as a 'non-statutory' consultee. If the Committee wishes to respond, it is requested that arrangements are made, with a view to the Committee's response being submitted for approval at its next meeting on 6 December 2023.

## 6. Appendices

These are listed below and attached to the report.

Appendix A	Humber Acute Services Consultation – Overview 17 August 2023
Appendix B	<i>Your Health Your Hospitals – Let's Getter Better Hospital Care</i> [NHS Humber and North Yorkshire Integrated Care Board – 25 September 2023]

## 7. 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 via 01522 553607 or via [Simon.Evans@lincolnshire.gov.uk](mailto:Simon.Evans@lincolnshire.gov.uk)

## Humber Acute Services Consultation – Overview 17 August 2023

NHS Humber and North Yorkshire Integrated Care Board (ICB) recently gave formal approval, in its role as lead commissioner, to progress to consultation on proposed changes to the way some more complex medical, urgent and emergency care and paediatric (children's) services are delivered at Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby, subject to completion of a gateway review by NHS England.

This document explains why changes are needed and summarises the proposal.

We have already heard from over 12,000 people including members of the public, patients, doctors, nurses and other staff in our hospitals to help us come up with this proposal. We firmly believe it will make hospital services better and ensure that people with the most urgent and complex needs will get the right care when they need it.

### Why hospital services need to change

Doing nothing is not an option. Our aim is to provide services, so people get the very best care, in the best place, when they need it. Our doctors, nurses and hospital staff work very hard to provide the best care possible but face many, increasing challenges, in particular:

- **Having the right workforce, in the right place, to meet the demand:** we face difficulties attracting and keeping enough doctors, nurses and specialist staff with the right skills and expertise. This means some specialists (that cover particular health needs) are not available every day, because they are spread across multiple hospital sites. We also rely too heavily on temporary staff to fill the gaps, which is expensive and inefficient.
- **Ensuring the future quality and safety of some hospital services:** despite our best efforts, some patients are waiting too long for expert emergency diagnosis and treatment. Without change, some services will become unsafe and unsustainable in the future.
- **Providing the right care for our growing ageing population:** the number of older people in our area is rising, which can mean more complex health needs and increasing demand for some services.
- **Meeting the needs of our population:** some of our communities have much poorer health and need hospital care more often or have issues accessing healthcare services.
- **Investing in our buildings:** Some of our buildings are old and we have limited access to the investment we need to improve or replace them across multiple hospital sites.

- **Using our financial resources in the most efficient way:** We need to make sure that we spend our limited finances in the most sensible way and on the most appropriate services for those who need them most.

### **What is being proposed – A better model of care**

Our health and care system faces significant challenges and we have been working hard to look at how we can deliver better services that can meet future demand, particularly through our hospitals in Scunthorpe and Grimsby, which serve people living across North and North East Lincolnshire, East Yorkshire and Lincolnshire.

The hospital services we are considering making changes to primarily relates to medical specialities a patient may require after receiving an initial assessment through one of our Emergency Departments, where more complex diagnosis, treatment and care would be required. The majority of people would need this type of care in urgent and unexpected situations. The proposal also covers paediatric (children's) inpatient services, where a child would need to be admitted to hospital for a period over 24 hours. This is to improve services for those with the most urgent and complex needs, keeping them safe and of high quality in the long term.

The proposed services would be brought together at one hospital:

- **Trauma Unit** – for people with serious injuries requiring immediate care (typically brought by ambulance).
- **Emergency Surgery (overnight)** – for people who need an operation in the middle of the night or who need to stay in hospital overnight and be looked after by teams with surgical expertise.
- **Some medical specialties (inpatient)** – for people who need a longer stay in hospital (more than 3 days) and to be looked after by a specialist team for their heart, lung or stomach condition.
- **Paediatric overnight (inpatient) care** – for children and young people who need to stay in hospital for more than 24 hours.

Bringing these services together in one hospital provides access to dedicated care 24 hours a day, 7 days a week, with more specialised skills always being available. This would help us to address critical shortages in workforce by organising our teams more effectively and help more patients to be seen and treated more quickly and stay in hospital for less time.

The vast majority of patients would continue to be seen and treated in the same hospital they are now.

**24/7 Accident and Emergency would continue to be delivered at both Diana Princess of Wales Hospital, Grimsby and Scunthorpe General Hospital.**

The following urgent and emergency care services would continue to be provided at both Diana Princess of Wales Hospital, Grimsby and Scunthorpe General Hospital:

- 24/7 Emergency Department (A&E), assessment unit and short stay (up to three days)
- Emergency Surgery (during the day)
- Overnight (inpatient) care for elderly and general medical patients (for stays longer than three days)
- Paediatric (Children's) Assessment Unit (up to 24 hours).

### **Which hospital we are proposing should deliver these services**

In developing the proposal, we explored over 120 different ideas. We also looked at whether services should be combined at either Scunthorpe General Hospital or Diana Princess of Wales Hospital, Grimsby.

The only viable option is Diana Princess of Wales Hospital, Grimsby because:

#### **It has least impact on fewer people**

It is closer to more patients who have poorer health outcomes, who would otherwise have to travel further and may not have access to transport:

- It would have the least impact on ambulance services.
- Overall, it would have a lower impact on journeys to and from hospital:
- Fewer people would be impacted by going to a different hospital site.
- Fewer people would be impacted by longer journeys to and from hospital.
- Fewer patients would have to be transferred between sites if they needed to stay in hospital overnight.

#### **It makes the best use of our financial resources**

- It is the only option that is affordable – it would cost three times as much to make changes to the buildings at Scunthorpe General Hospital to bring services together there.
- Delivering the services at Diana Princess of Wales Hospital, Grimsby would allow us to make the changes within the financial resources that we have available and improve services far more quickly.

#### **Benefits and impacts**

We believe the proposal will:

- Help more patients to be seen and treated more quickly and stay in hospital for less time.
  - Address critical shortages in workforce by organising our teams more effectively.
  - Improve training and development opportunities and help us to find and keep the workforce we need for the future.

- Improve the quality of urgent and emergency care, trauma, and inpatient paediatric care and ensure patients have access to the most highly skilled professionals when needed, 24 hours a day, 7 days a week.
- Ensure services are sustainable, safe and of high quality for the long term.

Some patients, staff, families and loved ones would have increased travel times. Almost all those who will have to travel to a different hospital than their closest will do so via ambulance (e.g., trauma patients) or via free inter-hospital transport if they need to be admitted for a longer period of time or for more specialised care.

### **How to share views**

A comprehensive programme of public consultation is being developed, which will include public exhibitions and events, online and face-to-face, where people will be able to learn more and tell us what they think.

Visit our website or contact us to find out more [www.betterhospitalshumber.nhs.uk](http://www.betterhospitalshumber.nhs.uk)

# Have your say

## Public consultation

The consultation closes on 5th January 2024

We are consulting with you on changes to some services which are provided at Grimsby and Scunthorpe Hospitals



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You can read more detailed information about the proposal and how they were developed in the **Pre-Consultation Business Case (PCBC)** and supporting documentation.

All documents are available to download from the website or can be provided on request.

A summary document is also available on the website or on request.

[www.betterhospitalshumber.nhs.uk](http://www.betterhospitalshumber.nhs.uk)





1

# Delivering better hospital care

## Our ambition for health services in Humber and North Yorkshire

Our highly-skilled staff work hard to improve health and social care services for people who live and work across the Humber and North Yorkshire area. We do this to make sure that everyone who needs it gets the care that they need at the right time, in the right place, from the right staff with the right skills.

Sometimes, this may mean delivering care more locally; for example, opening new diagnostic centres in town centres and introducing more outreach services, like telephone follow-up appointments and children’s Hospital at Home, where we care for and monitor poorly children in their own homes.

For other, more complex services, it may mean concentrating these in fewer locations so we can make sure the service that is being provided is the best it can be.

In this consultation, we would like to hear what you think about our proposal to change the way some more complex medical, urgent and emergency care and paediatric (children’s) services are delivered at our hospitals in Scunthorpe and Grimsby (Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby).

This is a suggested proposal – you will help us make the final decision. We need your help to ensure what we are suggesting is the best way forward.

We thank you for taking the time to consider this proposal and provide your feedback, views and ideas.

**We are consulting with you on changes to some services which are provided at Grimsby and Scunthorpe Hospitals**



## 2 Current local challenges

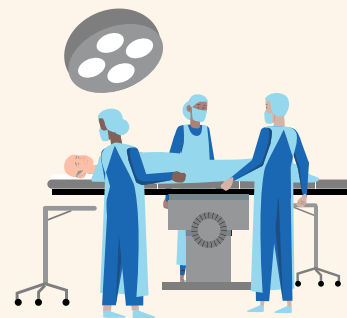
Doing nothing is not an option. Our aim to provide services so people get the very best care, in the best place, when they need it.

Our doctors, nurses and hospital staff work hard to provide the best care possible but face many, increasing challenges. Our current health and care system is not always meeting everyone's needs and is not set up to do so in the future.

### Having the right workforce, in the right place, to meet the demand

- Nearly a third of our staff are eligible to retire within the next 5 to 10 years.
- National shortages mean we still struggle to recruit enough skilled staff for our speciality services.
- Potential recruits tell us that roles are not attractive because of the low numbers of patients, limited opportunity for research, education and training.
- Gaps in rotas put pressure on existing teams and increase our reliance on expensive locums and agency staff. This can make it harder to provide continuity of care for patients.
- Our clinical teams are spread too thinly. We are maintaining multiple rotas and our highly skilled staff are not being given the opportunity to maximise their skills.

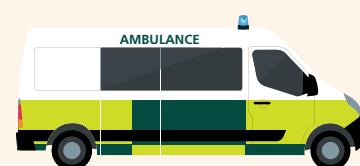
Very few emergency operations take place overnight (around 1 patient per night across both hospitals), yet both hospitals must ensure surgical staff are available 24/7.



### Ensuring the future quality and safety of some hospital services

- Our emergency departments (A&E) experience significant demand and we do not deliver national standards on waiting times or ambulance handovers.
- We sometimes fail to meet national clinical standards because our staff are spread too thinly across hospital sites.
- Senior clinicians are not always available every day, 24/7, and our patients spend longer in hospital for the same care and treatment compared to other parts of the country.

Only two thirds of patients were seen and treated within 4 hours in our Emergency Departments (A&E) and more than 18 people a day waited for over 12 hours.



## Providing the right care for our growing ageing population

- The number of older people in our area is rising, which can mean more complex health needs and increasing demand for some services.

In 20 years' time nearly one third of the local population will be aged 65 and over (compared to around a fifth today).

## Meeting the needs of our population

- Some of our communities have much poorer health and need hospital care more often or have issues accessing healthcare services.

Healthy life expectancy is significantly lower than national average at just 56 years for women in North Lincolnshire and 55 years for men in North East Lincolnshire.

## Investing in our buildings

- Some of our hospital buildings are old and do not meet modern clinical standards.
- There is limited access to the investment needed to improve or replace them. A number of our theatres and ward areas have had to be closed.
- This affects our ability to treat patients effectively, and our ability to recruit and retain staff.

Our buildings need significant investment just to keep them functioning (backlog maintenance issues would cost in excess of £100 million across Grimsby and Scunthorpe hospitals to address).



## Using our financial resources in the most efficient way

- We need to make sure that we spend our limited finances in the most sensible way and on the most appropriate services for those who need them most.

Last year (2022/23) we spent over £37 million on temporary (agency and locum) staffing to cover gaps in rotas to ensure services continue to be delivered safely.

You can read more information about why services need to change in the **Case for Change** and the **Pre-Consultation Business Case (PCBC, section 2)**.

These documents are available to download from the website or can be provided on request.

[www.betterhospitalshumber.nhs.uk](http://www.betterhospitalshumber.nhs.uk)



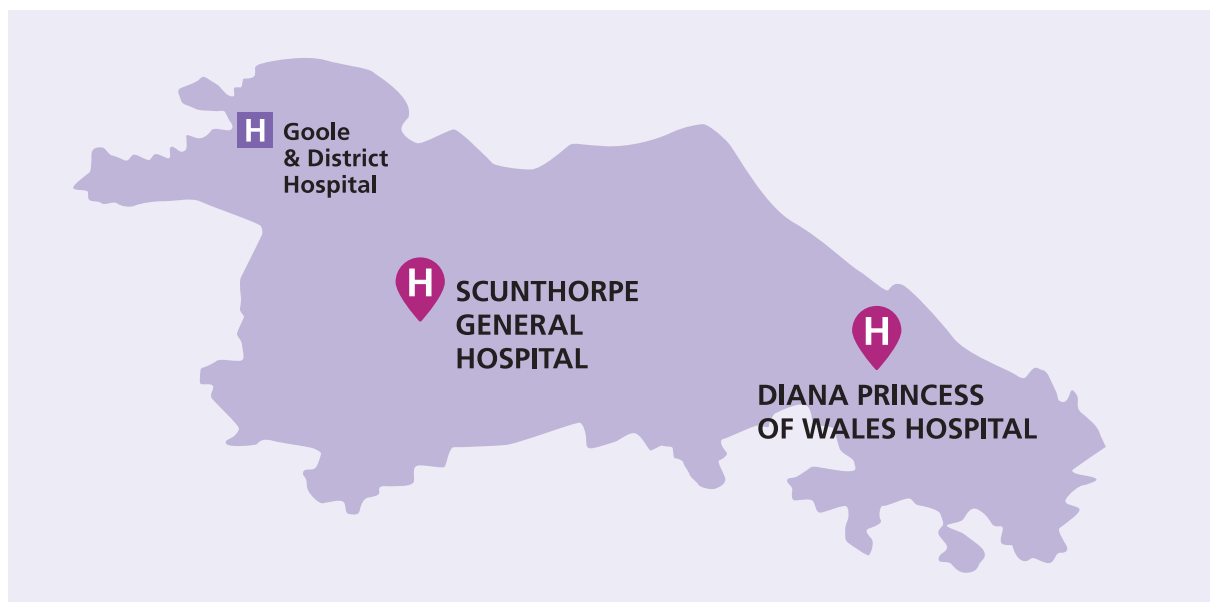
### 3 Who we care for

Our hospitals in Scunthorpe and Grimsby (Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby) work alongside other hospitals in the Humber area - including Goole and District Hospital, Castle Hill Hospital and Hull Royal Infirmary.

Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust provide a range of speciality hospital services for a large region, serving patients living across Northern Lincolnshire, East Yorkshire, Hull, parts of North Yorkshire and communities in East Lindsey and West Lindsey.

The Humber area is home to just under one million people and patients also travel from further afield to access some of our hospital services.

Service Area <i>Total number of patients per year (2019/20)</i>	Scunthorpe General Hospital	Diana Princess of Wales Hospital, Grimsby
<b>Emergency Department (A&amp;E) attendances</b>	73,181 (per year)	75,323 (per year)
<b>Paediatric assessment Unit Attendances</b>	4,302 (per year)	5,357 (per year)
<b>Emergency admissions (all adults)</b>	19,194 (per year)	18,528 (per year)
<b>Paediatric admissions (children)</b>	898 (per year)	951 (per year)



### Deprivation and health inequalities

- Northern Lincolnshire and the East Lindsey coastline has some of the most deprived communities in England.
- Deprivation, particularly low income, is strongly linked to poor health outcomes.
- Many of our most deprived communities also live furthest from our hospitals.



### Public Health risk factors

- Smoking, alcohol-related health condition and childhood obesity are all higher than the national average in England.
- A greater proportion of the Humber population have one or more long-term health conditions, such as diabetes and heart disease.



### Barriers and inequity

- Rates of car ownership are lower than average in the Humber area.
- Rates of homelessness are high, particularly in North East Lincolnshire.
- Digital exclusion is also an issue for many of our communities, particularly those in the most deprived areas.



Like in other parts of the country, our population is getting older, which can mean more complex healthcare needs. There are also large parts of our population who face extra barriers and challenges because of issues like deprivation. People living in these areas have poorer health outcomes than in other parts of the country. In developing our proposal, we have considered the barriers faced by many within our population, particularly those most in need of care and support.

You can read more about our population in the **Pre-Consultation Business Case (PCBC, section 1.4)**.

[www.betterhospitalshumber.nhs.uk](http://www.betterhospitalshumber.nhs.uk)



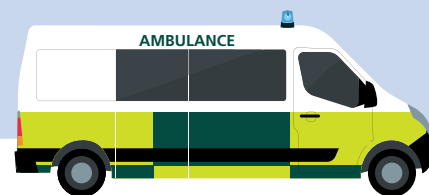
## 4 Which services might change

We would like to hear what you think about our proposal to change the way some more complex medical, urgent and emergency care and paediatric (children's) services are delivered at our hospitals in Scunthorpe and Grimsby (Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby).

Service	What is it?	Things to consider
<b>Trauma Unit</b>	Trauma Units are based within some Emergency Departments and provide care to patients with injuries who need to be stabilised quickly. They work as part of a network linked to a Major Trauma Centre where people with the most serious injuries are treated.	Trauma patients almost always arrive by ambulance, although some are transported by air ambulance and, once stabilised, may need to be transferred to another department or by ambulance to the regional Major Trauma Centre.
<b>Emergency surgery (overnight) and inpatient care</b>	Situations that require patients to be admitted to hospital straight away, usually through the Emergency Department, for monitoring, tests and possible emergency surgery.	If emergency surgery is needed it usually takes place within 24-36 hours and, in some serious or life-threatening cases, may happen immediately including overnight.
<b>Some medical specialties (inpatient)</b>	Specialists in specific conditions and parts of the body can provide a higher level of clinical input in areas such as cardiology (heart), gastroenterology (stomach) and respiratory (lung) conditions.	7-day per week medical care from specialists can improve the quality of patients' experiences, reducing the time they need to stay in hospital and supporting them to go home more quickly.
<b>Paediatric overnight (inpatient) care</b>	For children and young people who need to be admitted for more than 24-hours or need more specialist care.	We have been testing a 'Hospital at Home' model of care for some paediatric patients to reduce the length of time that children and young people have to stay in hospital and reduce the number of admissions overall.

## Major Trauma Centres and Trauma Units

- **Major Trauma Centres** are hospitals that provide care for people with severe injuries.
- **Trauma Units** are based in hospitals and provide care for less serious injuries.
- Most people with major trauma are taken straight to a major trauma centre for treatment, rather than a trauma unit, even if the major trauma centre is further away.
- Sometimes the ambulance team cannot give the life-saving treatment the person needs at the scene of the incident. If this happens, and if the nearest trauma unit is closer than the major trauma centre, the ambulance team takes the person to the trauma unit for quick emergency treatment. The person is then moved to a major trauma centre as soon as it is safe to do so.



## What about other services?

**No changes are proposed to planned care services, including diagnostic tests and outpatient services.** Outpatient appointments would continue to be delivered at Scunthorpe, Grimsby and Goole Hospitals and would not be affected by the proposed changes. **No changes are proposed to the services provided at Goole and District Hospital.**

**Stroke services** would not be impacted by these proposed changes and the Hyper Acute Stroke Unit (HASU) would continue to be provided at Scunthorpe Hospital. Children from the North and North East Lincolnshire areas requiring very specialist care would continue to be cared for in Sheffield.

We are not consulting on specific changes to primary and community healthcare services (e.g. GPs and district nurses). We are, however, working with these colleagues to look at how we could improve services in the community to support the proposed changes to some hospital-based services.

**Maternity and neonatal services (care for newborn babies) are not part of this consultation.** We will be looking at how these could be improved in the future across a wider area and will involve relevant stakeholders.

## 5 What is being proposed – a better model of care

The services we are considering changing are primarily for patients who need more complex emergency diagnosis, treatment and care after receiving an assessment through one of our Emergency Departments. The proposal also covers paediatric (children's) inpatient services, where a child would need to be admitted to hospital for a period over 24 hours.

This is to improve services for those with the most urgent and complex needs, keeping them safe and of high quality in the long term.

The proposed services would be brought together at one hospital:

- **Trauma Unit** – for people with injuries requiring specialist care (typically brought by ambulance) and who might need an operation or observation by a trauma team.
- **Emergency surgery (overnight)** – for people who need an operation in the middle of the night or who need to stay in hospital overnight and be looked after by teams with surgical expertise.
- **Some medical specialities (inpatient)** – for people who need a longer stay in hospital (more than 3 days) and to be looked after by a specialist team for their heart, lung or stomach condition.
- **Paediatric overnight (inpatient) care** – for children and young people who need to stay in hospital for more than 24 hours.

Bringing these services together in one hospital would provide access to dedicated services 24 hours a day, 7 days a week, with more specialised skills always being available. This would help us to address critical shortages in workforce by organising our teams more effectively and help more patients to be seen and treated more quickly and stay in hospital for less time.

**The vast majority of patients would continue to be seen and treated in the same hospital they are now. Those who would need to be treated at a different hospital would arrive in an ambulance or be taken by free inter-hospital transport.**

Urgent and emergency care for most patients would continue to be provided at **both** Diana Princess of Wales Hospital, Grimsby **and** Scunthorpe General Hospital including:

- 24/7 Emergency Department (A&E), assessment unit and short stay (up to 3 days)
- Emergency surgery (during the day)
- Overnight (inpatient) care for elderly and general medical patients (for stays longer than 3 days)
- Paediatric (children's) Assessment Unit (up to 24 hours).





24/7 Accident and Emergency would continue to be delivered at both Diana Princess of Wales Hospital, Grimsby and Scunthorpe General Hospital. We have recently invested £35 million to build new Emergency Departments and Assessment Units in both hospitals.

### Proposed model of care at a glance

Services to be brought together at one hospital	Services to remain at both hospitals
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 24/7 Trauma Unit, for people with injuries requiring specialist care and who might need an operation or observation by a trauma team.</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 24/7 Emergency Department (A&amp;E).</li> <li><input checked="" type="checkbox"/> 24/7 Urgent Care Service (in the A&amp;E) for patients with minor injuries and illnesses.</li> <li><input checked="" type="checkbox"/> 24/7 assessment units.</li> <li><input checked="" type="checkbox"/> Short stay emergency care (up to 72 hours).</li> </ul>
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 24/7 Emergency surgery and inpatient (overnight) care (more than 24 hours).</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Emergency surgery (during the day).</li> </ul>
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 24/7 Speciality medical inpatient care (for longer stays more than 72 hours) including gastroenterology (stomach), cardiology (heart) and respiratory (lung) medicine.</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Assessment and short-stay care with specialist 'in-reach' input.</li> </ul>
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 24/7 Paediatric overnight (inpatient) care (for longer stays more than 24 hours).</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 24/7 Paediatric (children's) Assessment Unit (up to 24 hours).</li> </ul>
	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Overnight (inpatient) care for elderly and general medical patients (for stays longer than 3 days)</li> <li><input checked="" type="checkbox"/> 24/7 maternity and neonatal care.</li> <li><input checked="" type="checkbox"/> Outpatient appointments.</li> </ul>

No changes are proposed to the services provided at Goole and District Hospital.

## 6 How the proposed model of care would improve services

The proposed changes would help more patients to be seen and treated more quickly and stay in hospital for less time. It would also address critical shortages in workforce by organising our teams more effectively.

Change	Benefit
<p><b>Urgent Care Services</b> would be expanded and improved to assess and treat patients with minor illnesses or injuries.</p>	<p><input checked="" type="checkbox"/> Nearly 200 people a day who attend our Emergency Departments (at Scunthorpe and Grimsby hospitals) would be <b>seen and treated more quickly</b> and <b>pressure would be reduced on services for patients with the most serious or life-threatening needs.</b></p>
<p><b>Trauma services</b> would be provided at one hospital, with Hull Royal Infirmary (HRI) remaining as the regional Major Trauma Centre (MTC). Patients would be taken by ambulance directly to one of these hospitals based on their clinical needs.</p>	<p><input checked="" type="checkbox"/> Bringing trauma services together would <b>provide access to more special skills 24/7</b> and allow for faster assessment and treatment, reducing the pressure on the Emergency Department and reducing the wait to be seen.</p>
<p><b>Inpatient</b> gastroenterology (stomach), cardiology (heart) and respiratory (lung) services for patients who need:</p> <ul style="list-style-type: none"> <li>• a higher level of speciality care, or</li> <li>• to stay in hospital for more than 72 hours</li> </ul> <p>would be provided at one hospital.</p>	<p><input checked="" type="checkbox"/> We would be able to provide <b>dedicated 7-day per week care from specialists</b> in gastroenterology, cardiology and respiratory medicine, improving the quality of patient experience, reducing length of stay and supporting patients to go home more quickly.</p>

Change	Benefit
<p>24/7 emergency surgery and acute surgical admissions (more than 24 hours) would be delivered at one hospital. Day case <b>emergency surgery</b> would be provided across all sites.</p>	<p><input checked="" type="checkbox"/> Bringing emergency surgery with 24/7 teams including surgeons, theatre teams, nursing staff together at one hospital <b>will support the future sustainability of our workforce.</b></p>
<p><b>Inpatient services for children and young people</b> who need to stay in hospital more than 24 hours would be provided at one hospital.</p>	<p><input checked="" type="checkbox"/> Bringing paediatric inpatient services together at one hospital would improve training opportunities and <b>support the future sustainability of the workforce.</b> This change would also be supported through the implementation of the Hospital at Home model of care for paediatric cases which has been seen to reduce the need for admission and support earlier discharge, reducing length of stay.</p>

The proposed changes would also mean that some patients, staff, families and loved ones would have increased travel times (see pages 16-17 for more details). Almost all those who will have to travel to a different hospital than their closest will do so via ambulance or via free inter-hospital transport if they need to be admitted for a longer period of time or for more specialised care.

## 7 How we assessed which hospital should deliver these services

In developing the proposal, we engaged with more than 12,000 people and explored over 120 different ideas.

We carefully studied the likely impacts on patients, staff and visitors of bringing these specific services together at Scunthorpe General Hospital or Diana Princess of Wales Hospital, Grimsby.

By asking questions like:

How many people would have to go to a different hospital if services moved?

How close should these services be to communities that are most vulnerable to changes, like those living in the most deprived areas?

Which option would have the least impact on ambulance services?

Which option would mean the fewest patients having to move between hospitals during their stay?

We also had to consider important practical and financial issues:

How much would it cost and is it affordable?

How long would it take to make the changes and improve services, including how much building and renovation would be needed?



## Which hospital are we now proposing should deliver these services?

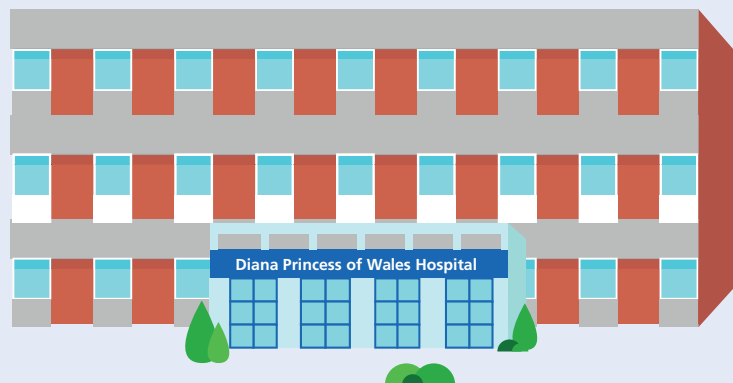
After completing the evaluation, we believe the only viable option is to bring these specific services together at Diana Princess of Wales Hospital, Grimsby because:

### It will directly impact on fewer people

- It is closer to more patients who have poorer health outcomes, who would otherwise have to travel further and may not have access to transport.
- It would have the least impact on ambulance services.
- Overall, it would have a lower impact on journeys to and from hospital:
  - Fewer people would have to go to a different hospital site.
  - Fewer people would have longer journeys to and from hospital.
- Fewer patients would have to be transferred between sites if they needed to stay in hospital overnight.

### It makes the best use of our financial resources

- It is the only option that is affordable – it would cost three times as much to make changes to the buildings at Scunthorpe General Hospital to bring services together there.
- Delivering the services at Diana Princess of Wales Hospital, Grimsby would allow us to make the changes within the money we have available and improve services far more quickly.



You can read more about how we evaluated the different potential options in the **Pre-Consultation Business Case (PCBC section 10.4)**.

[www.betterhospitalshumber.nhs.uk](http://www.betterhospitalshumber.nhs.uk)



## 8 Impact on travel time for patients, visitors and staff

We commissioned travel analyses from independent experts. The modelling was based on patient data from 2019/20 (because data for 2020 and 2021 was not typical due to the COVID pandemic).

Modelling indicates that the proposal to bring these four specific services together at Diana Princess of Wales Hospital, Grimsby would impact a relatively limited proportion of service users. More than 90% of patients who currently attend Scunthorpe’s Emergency Department (A&E) would continue to receive all their care at Scunthorpe Hospital and would not be affected by the proposed changes. The number of patients affected is expected to be lower in the longer term as services adapt to new and improved ways of working.

### Summary of impact

Number of patients who would receive some or all of their care at a different hospital	Yearly total	Average per day
Trauma	611	1.7
Emergency surgery (overnight) and inpatient stays	2,444	6.7
Some medical specialities (inpatient – longer stays)	1,069	2.9
Paediatric overnight (inpatient) care	935	2.6
<b>TOTAL IMPACT</b>	<b>5,059</b>	<b>13.9</b>

The patients impacted by these changes would either arrive at hospital via emergency services in an ambulance (and be taken directly to the right hospital for them) or would be transferred by free inter-hospital transport after initial assessment and treatment in Scunthorpe’s Emergency Department (A&E).

You can read more about how we modelled the travel impact of the different potential options in the **Pre-Consultation Business Case (PCBC section 10.18)**.  
[www.betterhospitalshumber.nhs.uk](http://www.betterhospitalshumber.nhs.uk) 

## How we can mitigate impacts

Our proposal ensures 24/7 Emergency Departments (A&E) would be retained in both Grimsby and Scunthorpe. Patients who require trauma, emergency surgery and paediatric admissions over 24 hours, and cardiology, gastroenterology and respiratory care over 72 hours, may be treated at a different hospital.

The model of care seeks to keep transfers between hospitals to a minimum by:

- The ambulance service assessing if patients are likely to require speciality inpatient care and taking them to the appropriate hospital directly..
- Retaining same day emergency care and short stay pathways to maximise the number of patients treated at their local hospital (including emergency day surgery where appropriate).
- For children requiring paediatric assessment, judging whether the probable post-treatment length of stay is likely to be too short to warrant a transfer to the paediatric ward.
- The implementation of children's Hospital at Home to enable more children to be discharged more quickly and recover at home instead.

Where inter-hospital ambulance transfers are required, we are:

- Working closely with our ambulance providers and other transport providers to develop safe solutions for timely transfers.
- Developing options for family accommodation.
- Exploring how we could build on the existing shuttle bus service between hospitals for staff and families.

We heard during our engagement that some people are not able to travel to hospital to visit loved ones easily due to the cost or poor public transport links. We have established a Transport Group and developed an outline Transport Action Plan to examine how best to mitigate the impacts of travel.



## How might our proposed changes affect you?

**Trauma Unit**

Jay lives in Brigg. Jay is cleaning the gutters on their garage and falls from the top of the ladder. Their neighbour calls for an ambulance because Jay is quite badly hurt. Jay is conscious and does not have a serious head injury, but the paramedic thinks they may have broken several bones. The paramedic does a thorough assessment of Jay's condition and follows triage protocols to take Jay to the nearest Trauma Unit, which under the proposed changes would be at Diana Princess of Wales Hospital in Grimsby.

The paramedic gives Jay fluids and pain relief en route. When they arrive at the hospital, Jay is taken directly to the Emergency Department to be treated by a dedicated team of trauma specialists who would be available 24/7 to provide the level of care Jay needs.

**Emergency surgery**

Geoff is 82 and lives near Scunthorpe. Geoff has fallen at home and broken his hip. According to national guidance, patients like Geoff should have their operation within 36 hours. This target is not always being met in all our hospitals and as a result some older, frail residents like Geoff are waiting longer than they should to have their operation.

Under the proposed changes, Geoff would not have to be transferred to Grimsby for his surgery, instead he could still have his operation during the day at Scunthorpe Hospital and stay overnight on the ward for frail or elderly patients both before and after the operation. Geoff would be looked after by ortho-geriatricians (specialist doctors who look after frail or elderly people with bone and joint problems) and therapists who would work with Geoff's family, social services and voluntary organisations to help get Geoff home from hospital as soon as possible.





## Some medical specialties



Alexis arrives at Scunthorpe Hospital on a Friday afternoon having suffered a minor heart attack. She needs a procedure called angiography, followed by an intervention. National guidance says this should happen within 72 hours. The way services are organised today means that Alexis will wait on the ward until Monday morning to be seen by a Cardiologist, when a decision will be made for further investigations and a referral made to the cardiology lab. She will then have a few further days of waiting to have the procedure.

Under the proposed changes, Alexis would be diagnosed in the Emergency Department at Scunthorpe then transferred via a dedicated service to the Cardiology ward at Grimsby to be seen by a Cardiologist on site on the same day. She will have her procedure within the required timeframe because consultant-led care would be provided 7 days a week on that site. Alexis would be treated more quickly and then be able to go back home, hopefully within 24 hours of the procedure.

## Paediatric overnight (inpatient) care

Ellie-Mae is 6 years old and has an asthma attack at home one afternoon, so her dad brings her to the Emergency Department (A&E) at Scunthorpe Hospital. The specialist team in the Paediatric Assessment Unit look after Ellie-Mae and give her nebulisers or other treatments to help bring her asthma under control.

In most cases, this would be sufficient for her to go home within a matter of hours. If her condition was so bad that she needed to stay in hospital for a few days, she would be taken by ambulance to Grimsby for further treatment. Depending on how quickly Ellie-Mae is improving it might be possible for her to go home and be looked after by her dad and the Hospital at Home nurses instead.



You can read more about children's Hospital at Home in the **Pre-Consultation Business Case (PCBC section 5.3)**.

[www.betterhospitalshumber.nhs.uk](http://www.betterhospitalshumber.nhs.uk)

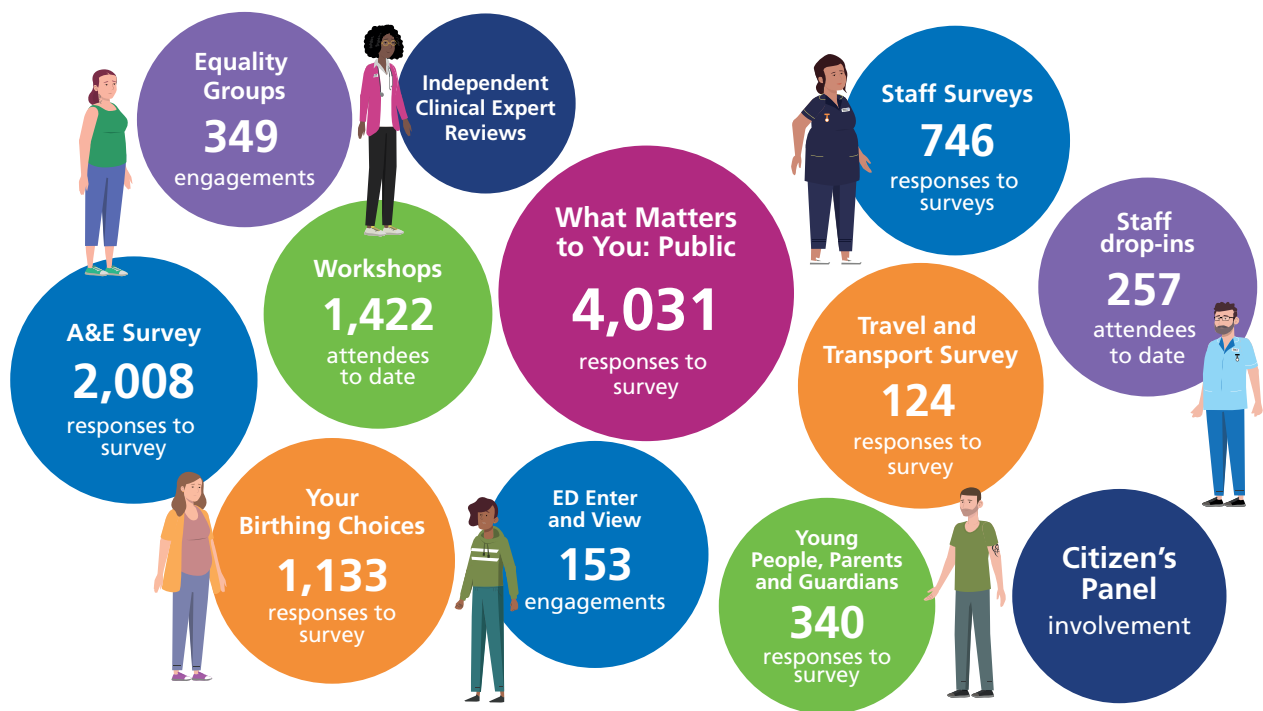


## 10 How we developed our proposal

The process to develop the proposed changes took place over two years and involved extensive engagement with more than 12,000 people including: clinicians, staff, patients, the public and other stakeholders.

From an initial long list of 120 possible ideas, an extensive options appraisal process scrutinised each potential option. The following approaches, including making no changes, were discounted because they were not viable solutions to address the identified challenges.

Options	Discounted because
<p><b>Do nothing (business as usual)</b></p>	<p>✗ Would not meet the necessary clinical and waiting time standards, address inequalities, or deliver the best outcomes for patients.</p> <p>The Clinical Senate (an independent panel of experts) said that the current model of care is not sustainable.</p>
<p><b>Options with all emergency/ unplanned services at one hospital and planned care only at the other</b></p>	<p>✗ Would cause major impacts on patient and staff travel, emergency ambulance services, and neighbouring healthcare providers.</p>
<p><b>Options that included bringing general medicine and care of elderly services together at one hospital only</b></p>	<p>✗ Significant impact on frail and elderly patients because of transfers between hospitals, and the potential impact on delayed discharges from hospital.</p>
<p><b>Building a new hospital in the middle, halfway between Grimsby and Scunthorpe</b></p>	<p>✗ Build cost and time would be too great.</p> <p>Significant impact on patient and staff travel, especially support staff who tend to live close to existing hospitals.</p>



## Why is the proposal to bring these specific services together at the same hospital? Why not have some at one hospital and some at the other?

For some specialities, there are reasons why certain services have to be co-located together at the same hospital. For example:

- Surgical specialities that need to treat patients in an emergency all need to be located in the same hospital because they need access to operating theatres, anaesthetics and theatre staffing teams 24/7.
- A Trauma Unit requires access to surgical teams 24/7 (although due to the small number of operations taking place overnight, these teams are currently not being used very effectively).
- Specialist medical services are dependent on certain other facilities and therefore need to be located together with other services.

You can read more about how we have listened and engaged with people to develop the proposal in the **Pre-Consultation Business Case (PCBC sections 10.6 - 10.15)** and engagement reports on our website.

[www.betterhospitalshumber.nhs.uk](http://www.betterhospitalshumber.nhs.uk)



## 11 Understanding the impact of our proposal

It is vital that we understand how the changes we are proposing might affect the population we care for. To help us to do this we have completed an extensive and detailed Integrated Impact Assessment (IIA).

The IIA has helped us to identify groups and communities in our population who might be most impacted by the changes we are proposing. We want to hear from people in these groups to help us understand how the proposal could impact them and how any negative impacts could be reduced.

### Age

Our population is getting older, as people live longer, while the birth rate is falling.

In North and North East Lincolnshire, the older population (65+) is higher in rural and coastal areas, which are often furthest away from our hospitals with poor transport links. Some of the services that we are proposing to change are used most by older people, like medical speciality inpatient services, so there may be a bigger impact on older people in rural areas.

Other changes, particularly to paediatric services, would affect children and young people and their families.



### Race – including both ethnicity and nationality

While the local population is less ethnically diverse than England as a whole, some areas do have larger Black, Asian and minority ethnic populations. There is strong evidence that people from these communities face greater health inequalities.

The largest Asian/Asian British population in the Humber area is in North Lincolnshire, in the neighbourhoods closest to Scunthorpe General Hospital.

You can download the Integrated Impact Assessment for this public consultation on our website or get in touch to request a copy.

[www.betterhospitalshumber.nhs.uk](http://www.betterhospitalshumber.nhs.uk)



## Disability

At least 1 in every 6 people in our area has their day to day activities impacted by disability.

Some of our wider changes (e.g. remote telephone appointments) would improve the accessibility for many disabled people.

However, if the proposed services are brought together and delivered from one hospital instead of two, we know that disabled people may face additional challenges whilst accessing care and/or when being discharged. We heard through our engagement that many wheelchair users are negatively affected if their wheelchair is not transported with them in the ambulance.

They may also face longer journeys, and some disabilities may also make journeys more difficult when visiting friends and loved ones.

## Carers – including parents and guardians

Up to 10% of our population cares for a family member or loved one. Carers need to be supported to look after their own health, which can often suffer due to their caring responsibilities.

Children and young people make up around 20% of the local population and their parents and guardians could also be impacted by the proposed changes, particularly to paediatric (children's) services.

The proposed changes could impact on carers if the person they care for needs to be taken to a different hospital for treatment. They may find it more difficult to visit and provide support. Parents and guardians with multiple children would be impacted by the additional travel time.

We have also considered other groups who might be particularly affected by these changes or who may find it most difficult to adapt to a new way of some services being delivered. This includes people living in rural areas, people who don't speak English as their first language, unpaid carers, sex workers, homeless people, and those who misuse alcohol and drugs.

## Why is understanding the impacts of proposed changes important?

The Impact Assessment we have prepared helped us to evaluate the different possible options for change and develop the proposal we are consulting on now. It also helped us to plan our consultation, including identifying how and where we will seek views to help us further understand impacts on different groups and how to mitigate these.



## 12 How to share your views

Now that you have read about the proposed changes, please let us know what you think about them, and any other concerns or considerations you have.

### Consultation questionnaire

You can do this by completing the paper questionnaire at the back of this document and returning it by FREEPOST (without paying for a stamp), or by visiting:

 [www.betterhospitalshumber.nhs.uk](http://www.betterhospitalshumber.nhs.uk)



or scan this QR code



You can also use this link to find more detailed information that supports this consultation such as:

- Our Pre-Consultation Business Case (PCBC)
- Impact assessments
- Frequently asked questions and answers
- Summary documents

If you do not have internet access, you can contact us to request additional information or copies of this consultation document and the questionnaire by post. We can also provide information in a range of formats and languages on request.

To contact us, use the details below:

**Postal address:** FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL

**Telephone helpline:** 03033 306666

**Email:** [hnyicb.consultation@nhs.net](mailto:hnyicb.consultation@nhs.net)

## Come and talk to us

We are organising public meetings and other events, either online or face-to-face, where you can learn more and let us know what you think.

### Drop-in and see us at one of our consultation exhibitions

#### Thursday 12th October 12 - 8pm

The Courtyard, Boothferry Road, Goole DN14 6AE

#### Monday 16th October 12 - 8pm

Grimsby Town Hall, Town Hall Square, Grimsby DN31 1HX

#### Friday 20th October 12 - 8pm

The Pods, Ashby Road, Scunthorpe DN16 1AA

You can drop in at any time throughout the day.

We will be on hand to answer any questions you have about the proposed changes and help you to give feedback and have your say.

### Join our online deliberative event

#### Wednesday 6th December 6.30 - 8pm.

Visit our website for details on how to take part

We will also be visiting a range of community venues across the area. You can find out where we will be and how to take part on our website.

[www.betterhospitalshumber.nhs.uk](http://www.betterhospitalshumber.nhs.uk)



## 13 Next steps

### When the consultation closes

When the consultation closes on 5th January 2024, all the feedback received will be analysed by an independent research organisation, Opinion Research Services (ORS) [www.ors.org.uk](http://www.ors.org.uk).

### How will decisions be made?

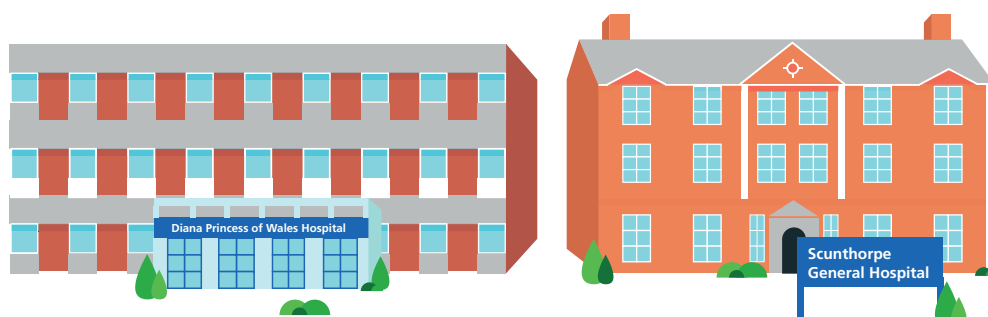
We will consider the views and evidence provided during this public consultation alongside other material information – such as changes to policy, regulations or clinical standards and any updated activity or workforce modelling – before making our decision on how these services should be delivered in the future.

You can keep up to date with progress on by visiting [www.betterhospitalshumber.nhs.uk](http://www.betterhospitalshumber.nhs.uk)

### What will happen to my information

NHS Humber and North Yorkshire Integrated Care Board (ICB) has commissioned Opinion Research Services (ORS) to help manage aspects of the consultation, including analysing and reporting feedback. ORS will produce a full report of the consultation in which the views of individual members of the public acting in a personal capacity will be anonymous. However, where feedback is from representatives of organisations or someone acting in an official capacity, it may be attributed.

Information will only be used to inform this consultation and any personal information that could identify you will be kept by ORS for no more than one year after any decisions have been finalised. For further information please see [www.humberandnorthyorkshire.icb.nhs.uk/privacy-policy](http://www.humberandnorthyorkshire.icb.nhs.uk/privacy-policy) or [www.ors.org.uk/privacy](http://www.ors.org.uk/privacy)







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# Agenda Item 6

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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 NHS Lincolnshire Integrated Care Board

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>8 November 2023</b>
Subject:	<b>Lincolnshire Acute Service Review – Orthopaedics and Stroke Services Implementation Update</b>

## Summary

Following a consultation with the public, on the 25 May 2022 the NHS Lincolnshire CCG Board approved key changes to the configuration of four NHS services:

- Orthopaedics
- Urgent & Emergency Care
- Acute Medicine
- Stroke Services

The decisions made by the NHS Lincolnshire CCG (now the NHS Lincolnshire Integrated Care Board (ICB)) were reported to the Lincolnshire Health Scrutiny Committee in June 2022.

At the time of reporting these decisions, the Lincolnshire Health Scrutiny Committee requested updates on the implementation of the service changes.

The purpose of this paper is to provide an update on the implementation of the changes relating to Orthopaedics and Stroke Services. This is the second implementation report to the Health Scrutiny Committee for these two service changes, the first being in December 2022.

## Actions Required

That the update on the implementation of the changes relating to Orthopaedics and Stroke Services be received.

## 1. Orthopaedics

Prior to the NHS Lincolnshire CCG approving the proposed changes to Orthopaedics services, they had been in place under 'pilot' arrangements since 2018 with the creation of the Orthopaedic Elective Hub, initiated by Getting It Right First Time (GIRFT), a national clinical Improvement Programme working with NHS Trusts to improve patient outcomes and experience.

Following the approval by the NHS Lincolnshire CCG Board in May 2022, ULHT have continued to embed and expand the 'pilot' arrangements to create a regional hub that has supported other NHS organisations with their Orthopaedic backlogs where patients have been willing to travel. In recognition of the fantastic achievements of the Orthopaedic Elective Hub GIRFT have now endorsed this accreditation further to include all Specialties awarding Grantham Elective Surgery Hub status, one of only 17 hospitals with this accreditation in the country. The whole team and indeed ULHT are immensely proud of accolade.

The Ward at Grantham Elective Surgical Hub was awarded the Bronze Diamond Quality Award in July 2022, in April 2023 the Ward achieved the Silver Diamond Quality Award, the only ward in United Lincolnshire Hospitals Trust to achieve this standard and is currently working towards the Gold Diamond Quality standard. The awards are extremely difficult and challenging to achieve and are a reflection of the standards of patient safety, ensuring all patients have a positive experience, enhanced professionalism with improved clinical leadership by those closest to our patients. The ward continues to achieve a 5-star rating for cleanliness.

### ***Performance***

A key consideration of the NHS Lincolnshire CCG Board when considering the proposed changes to Orthopaedic services was the performance of the 'pilot' arrangements.

The positive benefits of these in terms of patient outcomes and experience were set out in the Pre-Consultation Business Case and considered further through the Decision-Making Business Case.

As part of making the changes permanent a set of indicators have been agreed to monitor performance, including patient satisfaction. Since the approval of the Orthopaedic changes the service has continued to perform extremely well against these indicators. For example:

- January to June 2023 – length of stay (1.9 days) for Orthopaedic Elective admissions provided by ULHT was almost a day less compared to the average at peer hospital trusts. This in part is due to the day case hip replacement service provided from Grantham and District Hospital. Prior to the Orthopaedic pilot commencing the length of stay at ULHT was around a day higher than the benchmark value (3.5-3.9 days).
- June 2022 – ULHT became one of only a select few of hospital trusts in the country able to carry out the specialist SuperPath keyhole procedure. This surgery takes place at Grantham and District Hospital and means patients in need of hip replacements can have both hips replaced at the same time. This results in a significantly quicker recovery and shorter hospital stay.

- September 2022 – Referral time to treatment (RTT) performance for United Lincolnshire Hospitals NHS Trust (ULHT) was ranked 1<sup>st</sup> in terms of performance against its peer hospital trusts and 7<sup>th</sup> out of all 132 NHS Trusts.
- March 2023 - GIRFT accredited Elective Hub status.

Patient experience remains very positive, and the service receives many cards, comments and compliments from its patients:

- *“Recently, I was admitted to Grantham Hospital in Lincolnshire, to undergo surgery for a full left hip replacement after several years of extreme discomfort. I wish to extend my sincere thanks to all the staff on Ward 1 for their kindness and professionalism, right from the first moment that I was admitted. I was given a friendly and welcoming introduction by each team member before each stage of my care. During the morning my allocated Consultant Surgeon and Consultant Anesthetist went through my circumstances in great detail. Questions were put clearly and concisely in order to ensure that the team were fully aware of any potential complications. Adequate time was also given to allow me to ask my own questions and to offer further information that might have been helpful. When I was taken down for surgery in the afternoon, I was introduced to each member of my anaesthetics team. Again, they were extremely friendly, reassuring and thorough in explaining the various aspects of the procedure I was about to undergo. The operation itself went very smoothly, and my post-operation radiography and care was of the same high standard. The duty staff on Ward 1 that night were very kind, thorough and supportive, going above and beyond when I needed some assistance in the early hours. Their kindness and collective endeavors on my behalf were very reassuring. After working very long hours, all of the people that I met at Grantham Hospital were kind, friendly and extremely professional. They all went out of their way to calm, reassure and support me at every stage of my stay there - even down to managing how I climbed.”*
- *“Going to hospital is generally something we all dread. The Nurses, staff and Doctors that provided my treatment on wards 1 and 2 were first rate. Nothing was too much trouble, more difficult requests that were going to take time were explained and generally achieved quicker than suggested. I wish I could remember everyone's name as they all deserve a mention and applause. The Reception team, the Theatre staff, the Doctors in anaesthetics who explained all my options and in the surgeons, and theatre team who fixed me. The recovery team, the night staff but I have to say Shelley the nurse looking after my bay was incredible and a role model in my opinion. She explained everything and realized we were nervous, helping us all with*

*just the right amount of attention and support. A real professional. Thank you so much."*

- *"I recently had total knee replacement surgery at the Grantham Hospital Surgical Unit. From admission to discharge, the experience was professional and well organised. All of the staff with whom I had contact at all stages of the process - physiotherapists, occupational therapist, nurses, surgical theatre staff, anaesthetist - were very professional but also friendly and warm in the way that information was presented and requests dealt with. Nothing was too much trouble. Although a relatively minor element given the short period on the ward at all of the meal times, the food was very good and again the staff really helpful and friendly"*

### **Access**

As part of developing the change proposals for Orthopaedic services it was agreed outpatient clinics would remain across all sites they are currently provided from, and eConsultation and video consultation would be used to support improved access. Following approval to proceed with the changes Orthopaedic outpatient clinics have remained across all sites and whilst all new patients need to be seen face to face to assess treatment options, with follow up appointments being offered virtually or when initiated by the patient.

The flexibility of outpatient slots at Grantham and District Hospital allows for availability of daily dedicated new fracture appointments whilst minimizing potential inefficiencies of wasted slots in the absence of fracture patients requiring appointments. However, some Orthopaedic specialisms remain solely on one site to ensure the best clinical care for patients.

To support a reduction in the number of face-to-face pre-operative assessments occurring on hospital sites, since the approval of the Orthopaedic changes ULHT have implemented a traffic light pre assessment process which is initially telephone led for the convenience of patients and only those who need a face-to-face appointment with a nurse or Consultant Anaesthetist need to travel.

From January 2023 to September 2023 Grantham and District Hospital delivered 1110 elective Orthopaedic procedures to patients. The wait time for surgery at Grantham can often be of a shorter wait time and many patients are willing to travel who live slightly further afield to the Grantham area.

In January 2021 seven Level 1 enhanced care beds were introduced onto the ward in a dedicated area following additional extensive training of the existing ward staff. Level 1 beds allow the ward to care for patients who have more complex care needs. This improvement has enabled Grantham Elective Surgical Hub to provide services and surgeries to a broader population who otherwise could have only received their surgery at Lincoln County Hospital or Pilgrim Hospital.

Patients continue to be able to access and use transport support services in line with the pan Lincolnshire criteria. During 2023 no Orthopaedic surgery at Grantham and District Hospital was cancelled due to transport issues.

Since the Orthopaedic pilot started in 2018 only three patients have required a post-operative transfer from Grantham and District Hospital to Lincoln Hospital. All the transfers were clinically appropriate as they required specialist care, however the complexity post-surgery requiring intervention from other specialties was not as a direct result of their Orthopaedic Surgery (e.g., cardiac input was required).

### ***Facilities***

In November 2022 two new theatres opened at Grantham and District Hospital at a cost of £5.4m. This demonstrates a significant investment into the hospital and for it to be a centre of excellence for all elective surgery.

This is in addition to around £1m of investment in Grantham and District Hospital between 2020 – 2022 forward and department enhancements.

There is a clear plan for continued improvement works at the hospital including outpatient, inpatient and day-surgery areas as well as diagnostic services. There is also an ambition to support the Net Zero Carbon NHS priority at the site with supporting initiatives being identified.

## **2. Stroke**

Following approval of the proposals for Stroke Services by the NHS Lincolnshire CCG Board, implementation continues to be progressed across two elements:

- Single Lincolnshire Stroke Service
- Estates development at Lincoln County Hospital

Since the decision was made, a joint stroke board has been established and plans are being developed to expand the current provision for stroke patients at Lincoln County Hospital, which will be supported by an enhanced Community Stroke Rehabilitation Team. Monthly meetings are in place for both the overall improvement for stroke services and its accompanying building project at LCH. System partners, the ICS, The Stroke Association and other key partners are represented.

Previous stroke meetings:

ASR public consultation, including public events both f2f and online	30.09.21 – 30.12.21
Formal consultation outcome and release of Decision making Business Case	19.05.22
ICB & ULHT meeting to discuss Stroke ASR	05.09.22
Stroke Project meetings commenced (fortnightly)	20.09.22
Business Case Workshop 1	11.10.22
Clinical Service Model meeting LCH	08.11.22
Clinical Service Model meeting PHB	25.11.22
Lincolnshire Stroke meeting (Sleaford)	(07.12.23 – canx due to operational pressures) 18.01.23
SSNAP performance working group commences (quarterly)	20.03.23
Monthly Stoke Board meetings commence	21.03.23
Stroke perfect week model agreed - Presented	10.05.23 & 15.05.23
Stroke perfect week TIA one-Stop project group initial meeting (several subsequent meetings)	18.05.23
Stroke perfect week therapy planning T&F group commences (several subsequent meetings)	22.05.23
Stroke 'perfect/focus week' planned to occur	w/c 13.06.23 (canx due to Jr Drs Strike) w/c 11.07.23 (50% to go ahead, second half to be re-arranged as cannot proceed during strike)

In addition, the system group has held two virtual workshops to seek improvements in the stroke pathway and an extended Multi-disciplinary meeting was held on the LCH stroke ward. This included the ICS clinical lead and the MD from LCHS. The next stage will be a face-to-face workshop for all parties to set out an improved integrated stroke pathway. Delays and improvement requirements were noted in both the acute phase of care and beyond with clear need for patients to be progressed at pace outside of the acute ward.

Work has started to bring together much closer working between clinical teams across the ICS with therapy team advertising joint system posts for the first time. This will allow for therapy teams to follow patients in their care and attract more staff with variable, enhanced roles.

We have now implemented some of these changes, which will also help with ongoing staffing challenges, which are reflected nationally and were identified as part of the public consultation. With the loss of 2 locum consultants, we had to bring forward the implementation of changes to have a single stroke service and close the stroke ward in Pilgrim hospital in order to prioritise patient safety in the service (this was done with agreement with our ICB and system partners).

Since 4 September 2023, all new patients suffering a stroke in the county and needing acute specialist care, including acute rehabilitation, are taken to Lincoln County Hospital. Outpatient appointments linked to the stroke service continue to be held at Pilgrim hospital, including three days of TIA (transient ischaemic attack) clinics each week. This will ensure that our patients can continue to access their ongoing care closer to home.

Presently the stroke ward has medical outliers on it until we complete the planned staff consultation and closes. This is projected to take another month before we can start closing the ward.



In summary LCH has the consolidated stroke services in place and work continues to reduce the current 18-day LOS to the required 10 day. This will be delivered by the improved complete integrated stroke pathway.

Our Stroke Board (which is attended by clinical leaders from across the health and social care system in the county), continues to work through the best approach to implementing the remainder of the service proposal within the ASR public consultation.

Plans for the multi-million-pound development at Lincoln County Hospital (LCH) are now being developed and will see the unit increase with seven additional beds, bringing the overall total on the ward to 35 beds. The plan is to build an extension at the back of the current Stroke Unit, and we are now looking to appoint architects to design the build. The planned build work at LCH is due to start on September 2024 and is anticipated to be completed a year later.


### **3. 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 Pete Burnett, Director of Strategic Planning, Integration and Partnerships NHS Lincolnshire ICB who can be contacted on [peter.burnett4@nhs.net](mailto:peter.burnett4@nhs.net).

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# Agenda Item 7

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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 NHS Lincolnshire Integrated Care Board

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>8 November 2023</b>
Subject:	<b>General Practice Quality Assurance &amp; Improvement</b>

**Summary:**

This report advises the Committee on ICB and partner processes to quality assure General Practices and where quality concerns are identified, the support provided to enable quality improvement within and across General Practices.

**Actions Requested:**

The Committee is requested to review and consider the contents of this report.

## 1. Background

Quality surveillance of each General Practice is undertaken by the ICB Nursing & Quality and Primary Care Teams. Wide ranging Quality information pertaining to each Practice is considered in detail through locality Primary Care Quality & Operational Assurance Groups that meet monthly. Information considered for each Practice includes performance/quality dashboard information, Quality Outcome Framework delivery, any relevant incidents, complaints, and concerns, Healthwatch reports, other patient voice information (e.g., from General Practice Patient Participation Groups, Patient Surveys, Listening Clinics), trainee feedback and CQC ratings and inspections.

This enables a Quality Risk Register to be constructed to include each of the ICB General Practices, which highlights any quality concerns and/or operational issues, but also the actions being taken by the ICB, in conjunction with the relevant Practice and associated Primary Care Network, to mitigate any concerns.

The Practices established as of higher risk are also considered at the county wide Primary Care Quality and Performance Oversight Meeting, which meets monthly, to further assure the mitigation of any significant concerns. Attendees to this meeting include the CQC, Healthwatch and the Local Medical Committee. This attendance enables sharing of information about any quality concerns pertaining to any of the ICB General Practices to inform appropriate follow up with individual Practices. The follow up can range from a simple discussion with a Practice to an intensive package of support to the Practice from ICB/partner teams. The general levels of support provided are outlined below:

Level 1	Level 2	Level 3
<p style="text-align: center;"><b>Routine Practice support</b></p> <ul style="list-style-type: none"> <li>• ICB teams through discussion and agreement with the Practice to establish an offer of support which may include visits</li> <li>• Additional support from other ICB teams also given as required e.g. IPC, Safeguarding etc.</li> </ul>	<p style="text-align: center;"><b>Enhanced Quality/Primary Care Team support with a Practice</b></p> <ul style="list-style-type: none"> <li>• Joint ICB / Practice discussions to develop support plans based on identified risks or issues of concern.</li> <li>• Will likely include support visits from the ICB &amp; LMC Practice Support Team</li> <li>• An outcome-based support plan agreed</li> </ul>	<p style="text-align: center;"><b>Intensive Quality/Primary Care Team support to a Practice</b></p> <ul style="list-style-type: none"> <li>• Urgent ICB led support following on-going serious risks and/or concerns</li> <li>• Action plan to address concerns agreed</li> <li>• Regular support meetings which will include visits and progress meetings</li> </ul>

The ICB GP Clinical Leads also meet together and with the wider GP cohort which enables risks and concerns to be highlighted and addressed. Similarly, an interface meeting has also been re-established between General Practice and Secondary Care providers to ensure any interface issues for patient care are promptly addressed e.g., referral concerns, discharge communication concerns etc.

Where there are known quality issues with General Practices which rate high on the ICB Quality GP Risk Register, these are considered fully through the ICB’s Primary Care Commissioning Committee. As outlined, the ICB Primary Care and Quality teams and the Local Medical Committee (LMC) work to support any General Practices with required quality improvements, with an enhanced level of support provided to our higher risk Practices with assurance secured by the ICB that Practices are progressing required improvement actions promptly.

In addition to the above the relatively new Primary Care Access Recovery Plan May 2023 includes stipulation that General Practices should receive a Support Level Framework diagnostic and this will be progressed by the ICB for all our Practices over the 12 – 18 months as an enhancement to our existing quality assurance and improvement methods, commencing with Lincolnshire ICB known higher risk General Practices .

The Support level framework (SLF) is a tool to support practices in understanding their individual development needs and where they are on the journey to embedding modern general practice. The SLF has been co-produced with general practice teams. It has been clinically developed based on knowledge and experience, together with academic research and documented best practice where available. It allows Practices to understand what they do well and opportunities for improvement.

The Practice SLF will be completed via an ICB facilitated conversation with members of the practice team with honest reflection encouraged. The findings will then be used alongside available data and quality information to agree priorities for improvement and development of

an action plan. The SLF covers six domains: Supporting Access, Quality and Safety, Leadership and Culture, Stakeholder Engagement, Workforce, and Indicative Data.

The outputs of the SLF and action plan, focussing on up to three areas, are owned locally by the practice. The SLF is not a performance management tool. It will, however, help ensure the ICB provides the right type of ongoing support to each practice and to facilitate quality improvement where required. Practices can also benefit from the national General Practice Improvement Programme (GPIP), this aims to support practices to better align capacity to demand, improve the working environment, improve patient experience, and build capability to sustain improvement. The GPIP includes a range of support from webinars and information to hands-on support for those working in the most challenging circumstances.

Where a practice is rated as Inadequate by the CQC the ICB Quality and Primary Care teams work directly with the practices to support the development and implementation of the practice's action plan to address identified issues. The action plan is the responsibility of the practice to develop and deliver and the ICB can provide a range of support, this will be bespoke and differ from practice to practice depending on a range of factors and what has been highlighted by the CQC e.g., the ICB's Medicines Optimisation Team is able to provide specific pharmacy support with prescribing and dispensing issues. In addition to ICB support, assistance may also be provided from within a practice's Primary Care Network (PCN) or through the Local Medical Committee (LMC).

In addition to the LMC's core support offer to practices the ICB has commissioned an intensive support programme from the LMC which consists of arrange of interventions including: rapid intervention and management support for practices at risk of closure and those impacted by such closures; diagnostic services to quickly identify areas for improvement; specialist advice and guidance e.g., operational, HR, IT, management, and finance; coaching, supervision, mentorship; practice management capacity support; coordinated support to help practices struggling with workforce issues; change management and improvement support to individual or groups of practices.

Not applicable in all cases but discretionary funding (referred to as Section 96 funding<sup>1</sup>) is also available to increase the resilience of general practices to be able to respond to local need and challenges facing primary care, especially where there is significant risk of a practice being unable to continue to deliver primary medical services. This support may be made available to practices identified as vulnerable and where agreed by the ICB Primary Care Commissioning Committee. Prior to considering support under Section 96 the practice should demonstrate all other possible solutions have been considered and discounted as impractical or ineffective.

## **2. Finance and Resource Implications**

Any additional capacity required to support improvements is considered by the ICB. In most cases the support required is provided from existing ICB teams (e.g., Quality, Safeguarding, Health Protection, Medicines Optimisation Team etc.) and from the Local Medical Committee. In relation to the Support Level Framework there are also NHSE resources that the Practices

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<sup>1</sup> <http://www.legislation.gov.uk/ukpga/2006/41/section/96>

can access, depending on the level of support that is identified as required.

Financial support through Section 96 funding is set out in the main body of the report.

### **3. Legal Considerations and NHS Constitution**

The ICB has a statutory duty to engage with patients and the public. The duty ensures that the ICB acts fairly in making plans, proposals, and decisions in relation to the health services it commissions and where there may be an impact on services.

The ICB also has a duty to secure the continuous improvement of services.

### **4. Outline Engagement – Clinical, Stakeholder and Public/patient**

As outlined in section 1 of this paper many sources of quality-of-care intelligence are utilised to inform the ICB's quality risk rating of each General Practice. From a public and patient perspective information on any concerns is received via patient surveys; patient complaints and concerns, Healthwatch reports, from Practice Patient Participation Groups and on occasion through dedicated Listening Clinics held in a Practice geographical area.

### **5. Consultation**

This is not a direct consultation item with the Committee. The Committee requested to consider the report for information.

### **6. Conclusion**

The ICB has well established and effective processes, working with relevant partners including the Local Medical Committee, Healthwatch and the CQC, to identify quality concerns for Lincolnshire ICB General Practices and to support Practices to make any required quality improvements. These processes are being further enhanced through implementation of the Primary Care Access Recovery Plan and the associated Support Level Framework and General Practice Improvement Programme.

### **7. 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 the following officers from NHS Lincolnshire Integrated Care Board, who may be contacted via the email addresses listed:


Wendy Martin, Associate Director of Nursing & Quality

[wendymartin1@nhs.net](mailto:wendymartin1@nhs.net)

Nick Blake, Programme Director – Primary Care

[nickblake@nhs.net](mailto:nickblake@nhs.net)

# Agenda Item 8

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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,  
Deputy Chief Executive and Executive Director - Resources**

Report to:	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>8 November 2023</b>
Subject:	<b>Potential Topics for Scrutiny Review by Scrutiny Panel A</b>

**Summary:**

On 28 September 2023, the Overview and Scrutiny Management Board requested each overview and scrutiny committee to consider whether it has identified a topic that would benefit from an in-depth scrutiny review by Scrutiny Panel A. The Overview and Scrutiny Management Board is due to evaluate the suggestions at its meeting on 21 December 2023.

This Committee is requested to consider whether it would wish to make a suggestion for a potential scrutiny review topic to the Overview and Scrutiny Management Board.

**Actions Required:**

To consider the request from the Overview and Scrutiny Management Board for a suggestion for an in-depth scrutiny review by Scrutiny Panel A, bearing in mind the following criteria (as detailed in Appendix A):

- (a) Would the proposed review topic add value?
- (b) Is the proposed review topic of concern to local residents?
- (c) Is the proposed review topic a priority for the Council or partner agency?
- (d) Would the proposed review topic avoid duplication with any other reviews or actions?
- (e) Is the proposed review topic unlikely to be affected by new legislation or guidance in the coming year?
- (f) Is the review topic sufficiently focused to be completed within an appropriate timescale?

## **1. Scrutiny Panel A and Scrutiny Panel B**

Scrutiny Panel A and Scrutiny Panel B have recently completed their respective reviews of Town Centre Improvements and Lincolnshire Agricultural Sector Support, which have each

been presented to the Council's Executive. The Overview and Scrutiny Management Board, which is responsible for allocating topics, has already assigned the topic of Traffic Management in Lincolnshire to Scrutiny Panel B as its next review, and is seeking a topic for Scrutiny Panel A to undertake.

As has previously been reported, Scrutiny Panels conduct their reviews in accordance with the following principles:

- Scrutiny panels should aim to collect a broad range of evidence on the particular review, interviewing interested parties, and engaging local communities, where this is feasible.
- Scrutiny panels should focus on developing realistic recommendations for improvement in relation to the topic under review.
- Scrutiny panels will submit their draft reports to the relevant overview and scrutiny committee for consideration, approval and onward referral as appropriate.

Scrutiny Panels undertake their reviews in accordance with the terms of reference and timetable determined for each review by the Overview and Scrutiny Management Board.

One of the essential roles of overview and scrutiny is to carry out in-depth reviews where the outcomes can clearly influence and improve policy and service delivery for the people of Lincolnshire. In accordance with the Council's constitution, this role is undertaken by the two scrutiny panels.

These two scrutiny panels provide an opportunity for scrutiny councillors to consider a particular topic in detail, for example by engaging with a range of individuals in less formal settings, which is not always possible in the formal setting of a committee meeting. Based on the evidence received, a report is compiled, with the panel making recommendations for possible improvement.

## **2. Identifying Potential Scrutiny Review Topics**

A Scrutiny Panel should only be set up when a suitable topic for a scrutiny review is identified by the Overview and Scrutiny Management Board using the Prioritisation Toolkit. Suggestions for scrutiny reviews may come from a variety of sources such as the scrutiny committees, other non-Executive Councillors, Executive Councillors, and senior officers.

When considering a potential topic for a scrutiny review, it is important that the Board ensures that the potential scrutiny review will not be duplicating any review work that is being undertaken by officers or external partners. The remit for the potential scrutiny review should be focused and not too broad, so that an in-depth review can be completed within a set timescale and will lead to achievable outcomes.

## **3. Role of Overview and Scrutiny Management Board**

The Overview and Scrutiny Management Board is responsible for making decisions about whether a scrutiny panel is merited, and in so doing the Board applies the guidance in the prioritisation toolkit attached at Appendix A.



Once a potential topic for a scrutiny review has been identified by the Overview and Scrutiny Management Board and assigned to a scrutiny panel, the terms of reference will be drafted by the Scrutiny Panel and submitted to the Overview and Scrutiny Management Board, if they have not already been approved by the Board. This does not prevent the panel from undertaking initial work on its topic.

#### **4. Composition of Scrutiny Panels**

Each scrutiny panel may comprise up to eight members including its chairman and vice chairman appointed by the County Council. The remaining members of each panel are appointed for each particular review, and there is an aim to make the membership politically inclusive. All non-executive councillors are eligible, with nominations for membership being sought from the leader of each political group.

#### **5. Role of Overview and Scrutiny Committees – Approval of Final Report**

As stated above, when each scrutiny panel completes its review, its draft report is submitted to the relevant overview and scrutiny committee for consideration and approval. Following its approval, the final report, including any recommendations, is submitted to the relevant decision-making body, which in most instances would be the Executive for matters relating to the County Council's executive functions. The relevant scrutiny committee is responsible for receiving the response to the review and for any future monitoring of recommendations.

#### **6. Conclusion**

Following the decision by the Overview and Scrutiny Management Board on 28 September 2023, this Committee is being asked to consider whether it wishes to suggest a scrutiny review topic, for the Board to assign to Scrutiny Panel A in December. In responding to the Board, the Committee may wish to be mindful of the criteria set out in Appendix A to this report.

#### **8. Appendices**

These are listed below and attached at the back of the report	
Appendix A	Scrutiny Prioritisation - Prioritisation Toolkit

#### **9. 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 Nigel West, Head of Democratic Services and Statutory Scrutiny Officer, who can be contacted on 01522 552840 or by e-mail at [nigel.west@lincolnshire.gov.uk](mailto:nigel.west@lincolnshire.gov.uk)

## Scrutiny Prioritisation

Prioritisation is a key tool for successful scrutiny. Selecting the right topics where scrutiny can add value is essential for scrutiny to be a positive influence on the work of the Council. Scrutiny committees must be selective about what they look at and need to work effectively with limited resources. Scrutiny activity should be targeted, focused and timely and include issues of corporate and local importance, where scrutiny activity can influence and add value.

The questions below are a guide to help members and officers consider and identify key areas of scrutiny activity for consideration.

### Will Scrutiny input add value?

- Is there a clear objective for scrutinising the topic?
- What are the identifiable benefits to residents and the council?
- Is there evidence to support the need for scrutiny?
- What is the likelihood of achieving a desired outcome?
- Is the topic strategic and significant rather than relating to an individual complaint?
- Are there adequate resources to ensure scrutiny activity is done well?

### Is the topic a concern to local residents?

- Does the topic have a potential impact for one or more section(s) of the local population?
- Has the issue been identified by Members through surgeries and other contact with constituents?
- Is there user dissatisfaction with service (e.g., increased level of complaints)?
- Has the topic been covered in the local media or social media?

### Is it a Council or partner priority area?

- Does the topic relate to council corporate priority areas?
- Is there a high level of budgetary commitment to the service/policy area?
- Is it a poor performing service (evidence from performance indicators /benchmarking)?

### Are there relevant external factors relating to the issue?

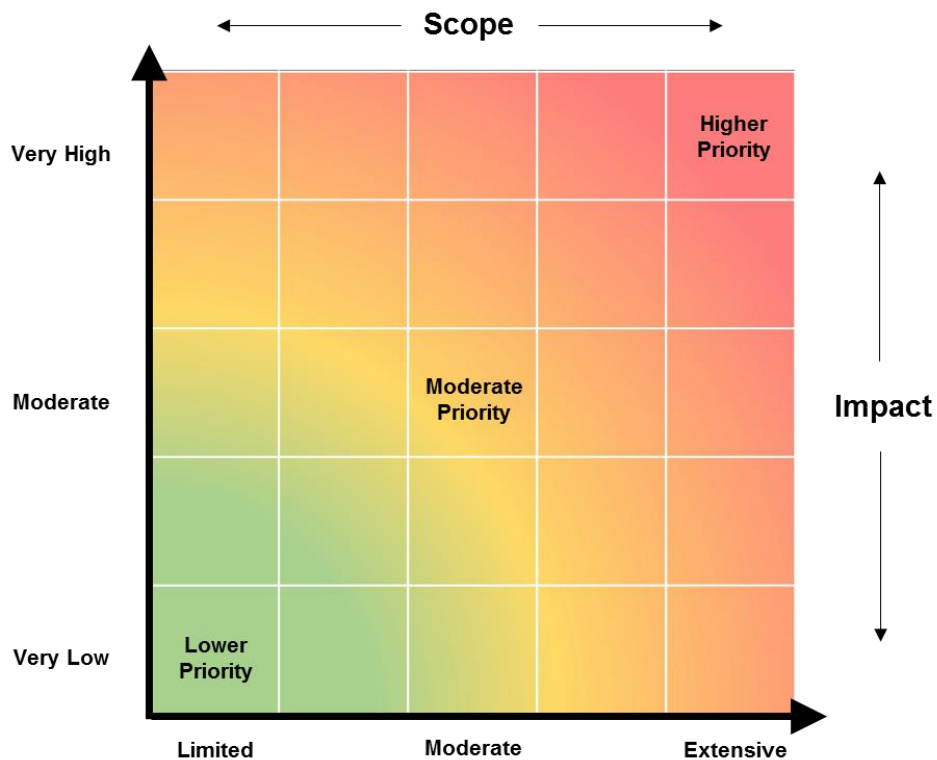
- Central government priority area.
- New government guidance or legislation.
- Issues raised by an internal or external audit or from formal inspections, etc.
- Key reports or new evidence provided by external organisations.

### Criteria for not considering topics

- There is no scope for scrutiny to add value/make a difference or have a clear impact.
- New legislation or guidance is expected within the next year.
- The issue is being examined elsewhere - e.g., by the Executive, working group, officer group or other body.
- The objective of scrutiny involvement cannot be achieved in the specified timescale required.

### Prioritisation Matrix

The prioritisation matrix shown below is a framework to aid in prioritising a number of scrutiny options or topics. Each topic should be assessed in terms of the impact it would have and the overall scope of the activity.

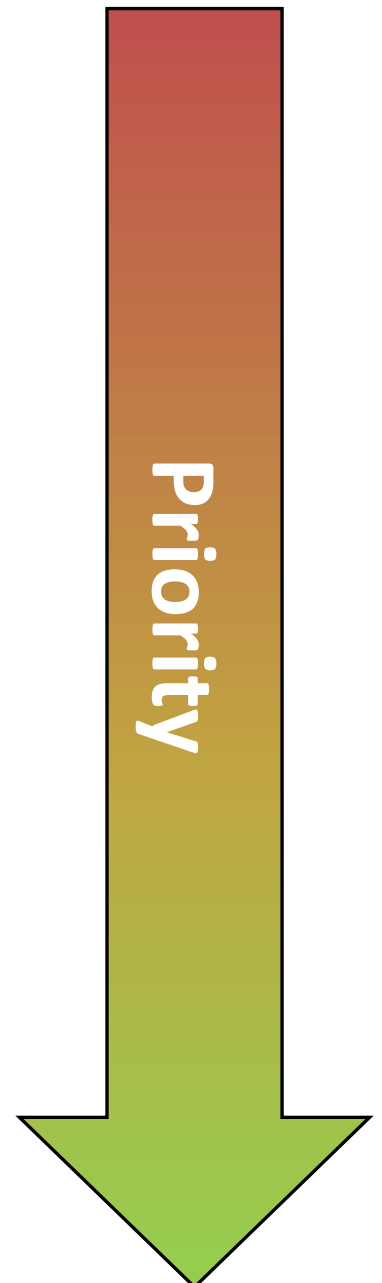
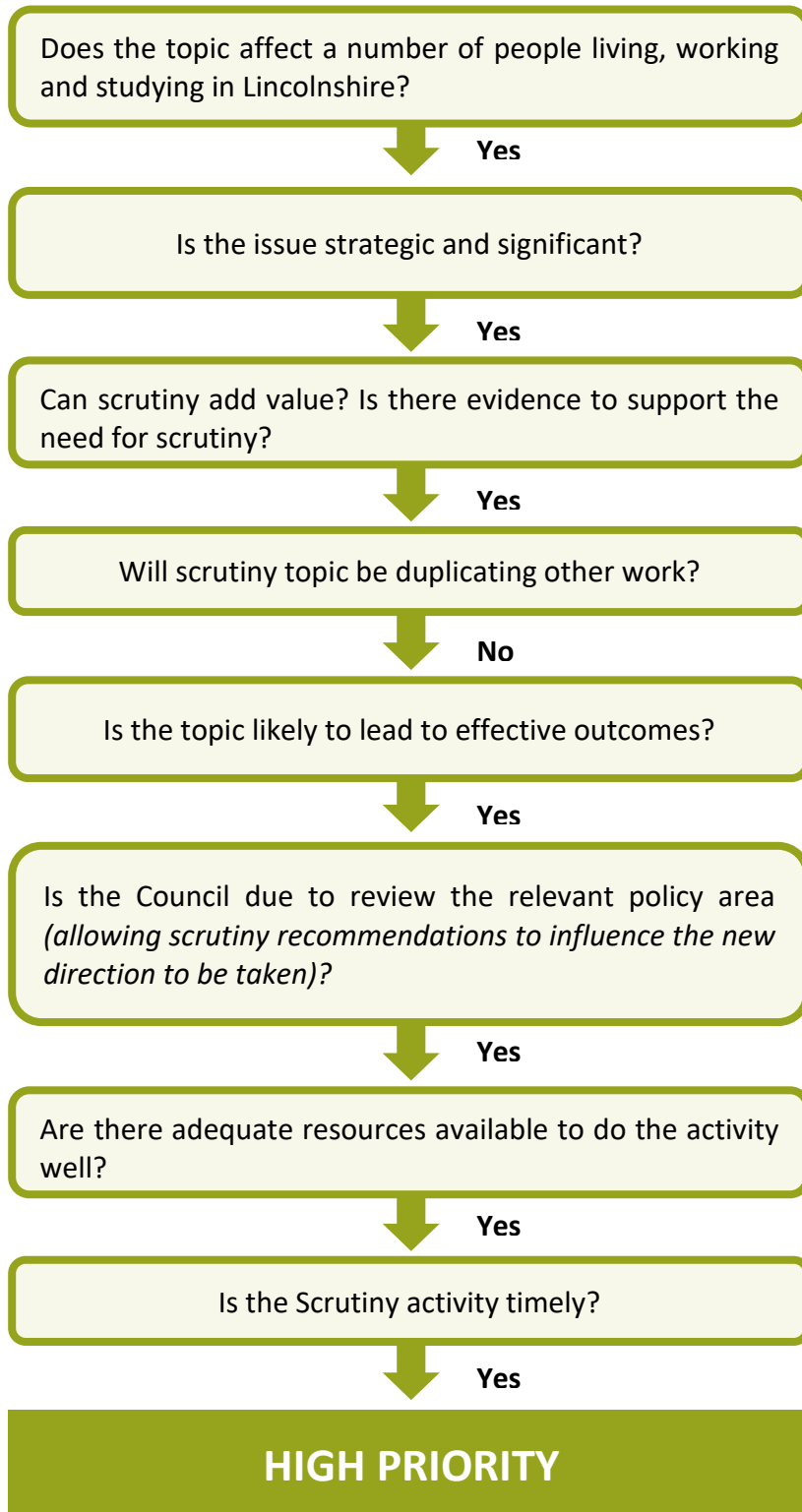


When considering the scope and impact of a Scrutiny item it is important to consider the following areas:

- People / Communities
- Assets / Property
- Financial
- Environmental
- Reputation
- Likelihood of Impact
- Resource Required
- Cost Effectiveness

## Prioritisation Tool

The prioritisation tool below can be used in deciding on whether an issue would warrant being considered by Scrutiny or the subject of a Scrutiny Review.



# Agenda Item 9

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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, Deputy Chief Executive and Executive Director - Resources**

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>8 November 2023</b>
Subject:	<b>Health Scrutiny Committee for Lincolnshire - Work Programme</b>

**Summary**

This report sets out the Committee's work programme, and includes items listed for forthcoming meetings, together with other items, which are due to be programmed. The Committee is requested to consider whether any further items should be considered for addition to or removal from the work programme.

**Actions Requested**

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

## 1. Items to be Programmed.

(1) Role of GP Practices and Primary Care Networks in Treating Patients with Mental Health Conditions, including:

- (a) the development of dedicated mental health staffing roles in primary care;
- (b) the views of GPs and the NHS Lincolnshire Integrated Care Board on the prescribing of anti-depressants for people with sub-threshold and mild depression.

*(Added to List on 19 April 2023)*

- (2) Impact of the Use of the RAF Scampton Site for Adult Male Asylum Seekers on NHS Services in Lincolnshire (*Added to List on 14 June 2023*)
- (3) Pressures on Services at Lincoln County Hospital (*Added to List on 14 June 2023*)
- (4) NHS Planning for Demographic Change (*Added to List on 19 July 2023*)
- (5) Stamford and Rutland Hospital Minor Injuries Unit (*Added to List on 19 July 2023*)
- (6) Implementation of the Mental Health Community Rehabilitation Service – July 2024 (*Added to List on 19 July 2023*)
- (7) Urgent and Emergency Care Update, including the outcomes of the review of Urgent Treatment Centres (*Requested on 4 October 2023*) – APRIL 2024
- (8) Cancer Care and Living With Cancer Programme (*Requested on 13 September 2023*) – NO EARLIER THAN SEPTEMBER 2024
- (9) Nuclear Medicine at United Lincolnshire Hospitals NHS Trust - (*Requested on 13 September 2023*) – NO EARLIER THAN OCTOBER 2024

#### Items Already Programmed

8 November 2023		
	<i>Item</i>	<i>Contributor</i>
<b>1</b>	Humber Acute Services Review – Presentation of Consultation Document to the Committee	Representatives from NHS Humber and North Yorkshire Integrated Care Board`
<b>2</b>	Lincolnshire Acute Services Review: Orthopaedics & Stroke Services - Implementation Update	Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board
<b>3</b>	General Practice Quality Assurance & Improvement	Nick Blake, Programme Director – Primary Care
<b>4</b>	Potential Topics for Scrutiny Review by Scrutiny Panel A	Simon Evans, Health Scrutiny Officer

<b>6 December 2023</b>		
	<i>Item</i>	<i>Contributor</i>
<b>1</b>	GP Provision on Lincolnshire, including: (a) NHS Lincolnshire Integrated Care Board (b) Lincolnshire Local Medical Committee	<ul style="list-style-type: none"> <li>• Sarah-Jane Mills, Director for Primary Care and Community and Social Value, NHS Lincolnshire Integrated Care Board</li> <li>• Dr Reid Baker, Medical Director, Lincolnshire Local Medical Committee</li> </ul>
<b>2</b>	Lincolnshire Partnership NHS Foundation Trust: Specialist Services	Representatives from Lincolnshire Partnership NHs Foundation Trust: <ul style="list-style-type: none"> <li>• Chris Higgins, Director of Operations</li> <li>• Eve Baird, Associate Director of Operations, Specialist Services</li> </ul>
<b>3</b>	Outcome of Consultation on Paediatric Services at Pilgrim Hospital Boston	Representatives from United Lincolnshire Hospitals NHS Trust
<b>4</b>	Finalising Response to Consultation on Humber Acute Services Review	Simon Evans, Health Scrutiny Officer

<b>24 January 2024</b>		
	<i>Item</i>	<i>Contributor</i>
<b>1</b>	East Midlands Ambulance Service Update	Sue Cousland, Lincolnshire Divisional Director, East Midlands Ambulance Service

<b>21 February 2024</b>		
	<i>Item</i>	<i>Contributor</i>
<b>1</b>	Non-Emergency Patient Service: Update	Tim Fowler, Associate Director of Contracting and Procurement, NHS Lincolnshire Integrated Care Board
<b>2</b>	Annual Report of the Director of Public Health	Derek Ward, Director of Public Health, Lincolnshire County Council
<b>3</b>	North West Anglia NHS Foundation Trust Update	Hannah Coffey, Chief Executive, North West Anglia NHS Foundation Trust
<b>4</b>	Joint Health and Wellbeing Strategy	Michelle Andrews, AD Public Health Alison Christie, Programme Manager Strategy and Development

21 February 2024		
	<i>Item</i>	<i>Contributor</i>
5	Integrated Care Strategy	Michelle Andrews, AD Public Health Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board

20 March 2024		
	<i>Item</i>	<i>Contributor</i>
1	NHS Dental Services, including Lincolnshire Dental Strategy	Representatives from NHS Lincolnshire Integrated Care Board

**2. Previous Work**

Set out at Appendix A is a schedule of the items covered by the Committee since the beginning of the current Council term in May 2021, as well as planned work for the coming months.

**3. 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](mailto:Simon.Evans@lincolnshire.gov.uk)



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

KEY TO COLOURS	
	Previous Item
C	Previous Consultation Item
	Concluded Topic
	Chairman's Announcement
	Future Item

	2021				2022							2023						2024														
	23 Jun	21 Jul	15 Sept	13 Oct	10 Nov	15 Dec	19 Jan	16 Feb	16 Mar	13 Apr	18 May	15 Jun	13 July	14 Sept	12 Oct	9 Nov	14 Dec	18 Jan	15 Feb	15 Mar	17 May	14 Jun	19 Jul	13 Sept	4 Oct	8 Nov	6 Dec	24 Jan	20 Mar	21 Feb		
<i>Meeting Length – Hours : Minutes</i>	3:04	2:44	2:54	3:28	3:30	2:53	3:12	2:54	2:35	3:52	2:05	3:46	3:05	0:07	3:32	3:02	3:17	3:03	2:36	2:19	1:25	2:43	3:41	3:48	3:10	1:33						
A&E Pilgrim Hospital (ULHT)																																
Acute In-patient Mental Health, Boston															C																	
Armed Forces Covenant Duty																																
Ashley House, Grantham																																
Branston GP Surgery																																
CAMHS Crisis / Enhanced Treatment		C																														
Cancer Care and Living with Cancer																																
Cancer Screening – Lung Cancer																																
Care Quality Commission National Reports																																
Care Quality Commission Working Arrangements																																
Caskgate Street Surgery, Gainsborough																																
Children and Young People Mental Health Services																																
Cliff House Medical Practice, Lincoln																																
Clinical Care Portal Data Sharing																																
Community Diagnostic Centres																																
Community Emergency Medicine Services																																
Community Pain Management Service																																
Continuing Healthcare																																
Covid-19 Data, Updates and Vaccinations																																
Critical Incidents																																
Defibrillators –Fund for Community Organisations																																
Dementia – Enhanced Home Treatment																																
Dementia Services - General																																
Dental Services																																
DPH - Annual Report																																
DPH – Greater Lincolnshire Arrangements																																
East Midlands Ambulance Service																																
Elective Recovery Plan																																
Fluoridation of Water Supplies																																
Glebe Park GP Surgery, Lincoln																																
GP Patient Survey																																
GP Provision – Lincolnshire CCG / ICB																																
GP Provision – Lincolnshire LMC																																
GP Data for Research																																
Government Announcements for NHS																																
Government New Hospitals Programme																																
Grantham A&E / UTC																																

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<i>Meeting Length – Hours : Minutes</i>	3:04	2:44	2:54	3:28	3:30	2:53	3:12	2:54	2:35	3:52	2:05	3:46	3:05	0:07	3:32	3:02	3:17	3:03	2:36	2:19	1:25	2:43	3:41	3:48	3:10	1:33				
Grantham Medical Beds (Lincolnshire ASR)						C	C																							
Grantham Theatre Capacity																														
Hartsholme Psychiatric Intensive Care Unit																														
Hawthorn Medical Practice, Skegness																														
Health and Care Bill 2021 / Act 2022																														
Healthwatch Lincolnshire Annual Report																														
Healthwatch Lincolnshire Forward Vision Event																														
Humber Acute Services Programme						C	C						C																	
Humber and Lincolnshire Joint Scrutiny																														
Influenza Vaccination Programme																														
John Coupland Hospital, Gainsborough																														
Joint Forward Plan (NHS)																														
Lakeside Healthcare, Stamford																														
Lincolnshire Acute Services Review																														
Lincolnshire Integrated Care Board																														
Lincolnshire Integrated Care Partnership																														
Lincolnshire Integrated Care Strategy																														
Lincolnshire Integrated Care System																														
Lincolnshire System Recovery Support Programme																														
Lincoln Medical School																														
Lincolnshire NHS Strategy																														
Lincolnshire People Board Update																														
LCHS - General Update																														
LPFT – General Update																														
Louth County Hospital																														
Mablethorpe Campus for Future Living																														
Manthorpe Ward, Grantham and District Hospital																														
Maternity Wards, Lincoln County Hospital CQC																														
Mental Health Adult In-patient Wards																														
Mental Health Crisis Assessment Centre																														
Mental Health Service Developments																														
Mental Health Rehabilitation Service																														
NHS Backlogs and Waiting Times Report																														
NHS Discharge Fund																														
NHS England Announcements / Guidance																														
NHS Free Prescriptions – People Aged 60 - 66																														
NHS Joint Forward Plan																														
NHS Support for Victims of Sexual Assault																														
NHS Workforce Plan																														
Newark Road Surgery, Lincoln																														
Night Light Cafes																														
Non-Emergency Patient Transport Service																														
NLAG – Breast Oncology																														
NLAG – CQC Reports																														
North West Anglia NHS Foundation Trust																														
Norton Lea Mental Health Unit, Boston																														
Nottinghamshire Health Services																														
Nuclear Medicine (ULHT)																														
Older Adults Mental Health Services																														
Ophthalmology																														
Opioids																														
Orthopaedics (Lincolnshire ASR)																														
Paediatric Services (ULHT)																														
Peterborough City Hospital Maternity Services																														

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Peter Hodgkinson Centre, Lincoln County Hospital																														
Pharmaceutical Needs Assessment																														
Pharmaceutical Services																														
Portland Medical Practice, Lincoln																														
Prescriptions – People Aged 60 - 66																														
Psychiatric Intensive Care Unit (Hartsholme)																														
Quality Accounts																														
Queen Elizabeth's Hospital, King's Lynn																														
Rochford Ward, Pilgrim Hospital Closure																														
Spalding GP Surgery																														
Stamford Minor Injuries Unit																														
Steps2Change – Talking Therapies																														
Stroke Services (Lincolnshire ASR)																														
Suicide Prevention																														
Suicide Prevention and Mental Health WG																														
Talking Therapies - Steps2Change																														
ULHT - CQC Inspection																														
ULHT – Clinical Strategy 2024-29																														
ULHT - General Update																														
ULHT – Patient Flow and Discharge																														
ULHT – Recovery and Waiting Lists																														
Teaching Hospital Status (ULHT)																														
Urgent and Emergency Care Recovery Plan																														
Urgent Community Response Service (LCHS)																														
Urology Services (ULHT)																														
Water Supply Fluoridation																														
Woolthorpe Branch Surgery																														

KEY TO ABBREVIATIONS	
ASR	Acute Services Review
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
DPH	Director of Public Health
ICB	Integrated Care Board
LCHS	Lincolnshire Community Health Services NHS Trust
LMC	Local Medical Committee
LPFT	Lincolnshire Partnership NHS Foundation Trust
NEPTS	Non-Emergency Patient Transport Service
NLAG	Northern Lincolnshire and Goole NHS Foundation Trust
ULHT	United Lincolnshire Hospitals NHS Trust
UTC	Urgent Treatment Centre
WG	Working Group

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