



HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE 11 JULY 2018

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R J Kendrick, R H Trollope-Bellew, R A Renshaw and R Wootten.

Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), C L Burke (City of Lincoln Council), T Boston (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), P Howitt-Cowan (West Lindsey District Council), W Gray (East Lindsey District Council) and L Wootten (South Kesteven District Council).

Healthwatch Lincolnshire

Dr Maria Prior.

Also in attendance

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Liz Ball (Executive Nurse, South Lincolnshire CCG), Mark Brassington (Chief Operating Officer, United Lincolnshire Hospitals NHS Trust), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Jane Marshall (Director of Strategy, Lincolnshire Partnership NHS Foundation Trust), Sarah-Jane Mills (Chief Operating Officer, Lincolnshire West CCG), Andrew Morgan (Chief Executive, Lincolnshire Community Health Services NHS Trust), Michelle Rhodes (Director of Nursing, United Lincolnshire Hospitals NHS Trust), Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals NHS Trust), John Turner (Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership), Richard Eccles (Chief Commissioning Manager Mental Health, Learning Disabilities and Autistic Spectrum Disorder, South West Lincolnshire CCG) and Dr Dave Baker (GP Chair, South west Lincolnshire Clinical Commissioning Group).

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

20 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors M A Whittington, Mrs P F Watson (East Lindsey District Council), Mrs R Kaberry-Brown (South

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Kesteven District Council), P Howitt-Cowan (West Lindsey Council) and Dr B Wookey (Healthwatch Lincolnshire).

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, had appointed Councillor R Wootten to replace Councillor M A Whittington on the Committee for this meeting only.

It was noted further that Councillors W Gray (East Lindsey District Council), L Wootten (South Kesteven District Council) and Dr M Prior (Healthwatch Lincolnshire) had attended the meeting as replacement members for Councillors Mrs P F Watson (East Lindsey District Council), Mrs R Kaberry-Brown and Dr B Wookey (Healthwatch Lincolnshire) respectively, for this meeting only.

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

21 DECLARATIONS OF MEMBERS' INTEREST

Dr M Prior wished it to be noted that she represented Healthwatch Lincolnshire at meetings of the Lincolnshire West Clinical Commissioning Group Governing Body.

Councillor Mrs K Cook advised the Committee that in respect of agenda item 7, she was a Lincolnshire Partnership NHS Foundation Trust Stakeholder Governor.

22 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 13 JUNE 2018**RESOLVED**

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 13 June 2018 be agreed and signed as a correct record, subject to the following two bullet points being included on page 12.

- *Concern was expressed that not enough was being done to encourage a healthy diet. A suggestion was made for schools to include a meat free day once a week. The Committee was advised that the school diet issue was complicated, as there were nutritional standards set by the Government;*
- *A further concern was raised regarding the fact that some immunisations were not suitable for vegans, as they had been tested on animals, or contained animal products. A question was asked as to what could be done to reduce testing on animals; and to promote those immunisations not tested on animals. The Committee was advised that more manufacturers were now producing products with no animal content.*

23 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the Supplementary Chairman's announcements circulated at the meeting.

The supplementary announcements included:-

- That on 9 July 2018, the Rt Hon Matt Hancock MP had been appointed as the Secretary of State for Health and Social Care. It was also highlighted that the Committee was still awaiting a letter of determination from the Secretary of State for Health and Social Care in relation to the overnight closure of Grantham Accident and Emergency Department;
- That on 6 July 2018, Caroline Walker had been made the Chief Executive of North West Anglia NHS Foundation Trust;
- That on 22 June 2018, the Local Government Association had published Healthy Weight, Healthy Futures – Local Government Action to Tackle Childhood Obesity. The Committee was advised that an item had been included in the Committee's future work programme; and
- That the Lincolnshire Sustainability and Transformation Partnership had published a series of engagement events throughout the county. The said dates were detailed in the supplementary announcements circulated.

RESOLVED

That the Chairman's Announcements presented as part of the agenda on pages 17 – 22; and the supplementary announcements circulated at the meeting be noted.

24 CHILDREN AND YOUNG PERSONS SERVICES AT UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - RISK TO THE SAFETY OF THE SERVICE

The Chairman welcomed to the meeting Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust, Michelle Rhodes, Director of Nursing, United Lincolnshire Hospitals NHS Trust, and Mark Brassington, Chief Operating, United Lincolnshire Hospitals NHS Trust.

Pursuant to minute number 15 from the Health Scrutiny for Lincolnshire meeting held on 13 June 2018, the Committee received an update concerning children and young person's services at United Lincolnshire Hospitals NHS Trust.

The Committee was advised that a proposed workable model of care had been worked up and presented to the ULHT Trust Board on 29 June 2018. Details of the proposed model were shown in Appendix 1 on pages 34 and 35 of the report presented.

The Committee was advised further that the service at Pilgrim Hospital, Boston, was still very fragile, but actions were being taken to help mitigate the situation and a proposed model of care was being developed for the future.

It was reported that Health Education East Midlands was continuing to place trainee junior doctors in ULHT and that they would be based at Lincoln County Hospital, however, agreement had been reached that the junior doctors could undertake some duties at Pilgrim Hospital, Boston when a consultant was present for support and teaching.

The Committee noted that a new Trust wide rota was being developed and discussed with the consultant body; and that work was continuing with medical agencies, irrespective of financial cost, to find agency and locum medical staff to support the rota at Pilgrim Hospital, Boston, in order to keep children's services running safely.

During consideration of the proposed model of care, it was reported that there would be an eight-bed paediatric assessment unit open 24 hrs, which would be co-located with the neonatal unit; paediatric outpatients provision; the re-instatement of four day surgery beds; neonatal services would be managed from 34 weeks gestation; consultant led maternity unit provision; and a 24 hour In Patient Gynaecology Ward.

The Committee was advised that the proposed model of care would mean that 98% of children who were seen and managed at Pilgrim Hospital, Boston on a daily basis would continue to receive care there. The Committee was advised further that the modelling indicated that two children each day might require transferring for an inpatient stay in Lincoln; and that two additional expectant mothers would need transferring to Lincoln each week to deliver a premature baby. Representatives from ULHT appreciated the concerns raised in respect of travelling. It was highlighted that with existing provision, mothers, young babies and children were currently being transferred to Lincoln and out of county. The Committee noted that transport options were being examined.

During discussion, the Committee raised the following points:-

- Paediatric Assessment Unit - Whether the nursing team would be 24/7 and multi-skilled; when the service would be introduced and whether the service would be made countywide. The Committee was advised that at the moment the focus was on Pilgrim Hospital, Boston, and that some work was already being done to look at the way nurses worked; and that the proposals were still at early stage and therefore all the details were not yet available;
- Ongoing staffing issues – The Committee was advised that recruitment of staff had been an ongoing issue for a number of years, and that the Women and Children Clinical Directorate had been managing the significant medical and nursing staff vacancies for a number of years within paediatrics. It was highlighted that following conversations with staff regarding their personal development and future plans at the beginning of the year, it had become apparent that there would be a shortage of middle grade doctors; and nursing staff at Pilgrim Hospital, Boston. It was highlighted that previously there had been a 'pipeline' of replacement staff available. However, in this instance it was not the case. Reassurance was given that Lincoln County Hospital had the capacity to cope with any patients being transferred, as they already had Paediatric, Neonatal.

Obstetrics and Gynaecology services; and that consideration would be taken to the issues raised in relation to transportation. One member asked whether there was any inducement to encourage locums to take on substantive positions. Confirmation was given that there were financial incentives in place. It was also highlighted that there were training posts in place which offered a path to develop into a consultant role. One drawback of this was that once in a consultant role, staff then tended to move to larger hospitals to gain more knowledge and experience. Confirmation was also given that Pilgrim Hospital, Boston were utilising agency nurses;

- One member enquired whether the proposed changes in relation to neonatal cases had been discussed with service users. The Committee was advised that to help mitigate risks Pilgrim Hospital, Boston would manage low risk neonates above 34 weeks; and that this proposal had been covered in the recent survey. It was noted that there had also been visits to local mother and toddler groups; and that discussions had also been undertaken with lobby groups in Boston. It was highlighted that further information events were planned during July/August 2018. Confirmation was also given that expectant mothers would continue to have a choice. The Committee noted that a percentage of expectant mothers chose to go to Peterborough, or Grimsby; and that Boston and Lincoln sites only looked after a proportion of Lincolnshire mums. One member asked how many mums would be affected by the proposed change to the gestation threshold for neonatal services. The Committee was advised that between 60 and 80 women per year would be affected; but support would be provided to them elsewhere. Reference was also made to the potential for an extra three hours travelling time; and to the lack of public transport available. Confirmation was given that a mother would not be moved during labour; and that a mother could have a Caesarean Section at Pilgrim Hospital, Boston if it was required; and then be transferred to Lincoln if necessary. The Committee received confirmation that currently risks were managed on a daily basis;
- 111 Service – One member expressed concern that Appendix 2 - Paragraph 5 – Summary of Views of Patients and the Public highlighted that in the case of an emergency, the majority of parents would take their children to A & E in Pilgrim Hospital, Boston; very few actually called 111 and followed due process. It was felt that there was still a lack of clarity from the general public as to how to engage with the NHS. The Committee was advised that a promotional campaign was due to take place through August concerning signposting, and self-care. It was also highlighted that some patients still experienced problems getting appointments with GPs. The Committee noted that ULHT was not responsible for primary care;
- Some concern was also made to the fact that a large number of women had said that they would not use a midwifery-led unit at Pilgrim. The Committee was advised that a mid-wife led unit would be new to Lincolnshire; but was not new nationally. Most midwifery-led units provided levels of care, which was rated good or outstanding, and also offered a variety of choice for women. It was also highlighted that hubs in the community providing antenatal care had been incredibly successful on the

coast. The Committee noted that the number of homebirths in Lincolnshire was higher than the national average;

- Expectations of Eastern European expectant mothers. The report highlighted that Eastern European mothers usually preferred to be admitted to hospital earlier to give birth, have the availability of Caesarean Sections; and with less focus on natural births. The Committee was advised that ULHT worked very closely with Eastern European expectant mothers;
- Engagement – Some concern was expressed to the lack of engagement undertaken (only 2,500 people) relating to paediatric and maternity services;
- Some members felt that overall, there had been some positive achievements made in relation to the Proposed Model of Care. It was also stressed that communication with the general public regarding proposals were very important moving forward;
- One member asked a question as to the percentage of women who went from Grantham to either Boston or Lincoln for their births; and to whether a hub existed in Grantham. The Committee was advised that the exact number of women that had been transferred was not known;
- One member asked what level of support the ULHT had received from NHS Improvement (NHSI). The Committee was advised that ULHT had been receiving support from NHSI throughout the process;
- Contingency Plan – Some concern was expressed to the lack of information and evidence around the 'contingency plan', despite the Committee's request over the last three months. It was reported that currently all efforts were being concentrated on option one; as there was not the professional staff to look at option three. It was noted that the option one model might change as developments happened over the next few months;
- Some concern was also expressed to the fact that although a calendar of public engagement events had been provided, many of the dates and times were missing. A further concern was raised relating to when the communication plan would be ready; and when this would be shared. The Committee was advised that engagement would continue around maternity and paediatric services county-wide; and that feedback received would help inform communication routes when services changed. It was reported that there would be a communication plan in place once there was a model; and
- A question was asked as to whether ULHT had a contingency plan for transportation, given the pressure that the East Midlands Ambulance Services were already under. The Committee was advised that maternity retrieval was already available; and that discussions were ongoing with EMAS concerning the potential increase in the number of children requiring transport. The Committee was advised further that private ambulance provision was already in place and being used; and that this was being looked at as well. Confirmation was given that there were no plans to use an air ambulance. One member highlighted that the Lincolnshire and

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Nottinghamshire Air Ambulance was a charity, and as such did not receive any direct financial support.

The Chairman advised that following the last meeting, a letter had been sent to all Lincolnshire MPs asking them to be vigilant in terms of the paediatric service across ULHT. To date, the Chairman advised further that only one response, from Karen Lee MP, had been received, which had raised several issues including the level of regional and national support being provided to ULHT and the impacts on EMAS. The Health Scrutiny Officer agreed to forward a copy of the response letter to all members of the Committee.

In conclusion, the Committee agreed that a further update should be received from ULHT for the 12 September 2018 meeting; and that NHSI should be contacted to confirm their level of support and input into the proposed plans moving forward.

RESOLVED

The Committee unanimously agreed

1. That representatives from United Lincolnshire Hospitals NHS Trust be requested to attend the 12 September 2018 meeting to present to the Committee a comprehensive report concerning their contingency plan to address the Committee's concerns and questions, and to provide an update on the progress made on the proposed model of care in relation to the children and young person's services at United Lincolnshire NHS Trust – Risk to the Safety of the Service.
2. That the Chairman, on behalf of the Committee, writes to NHS Improvement, recording the Committee's disappointment that NHS Improvement has not been represented at a meeting; and to request that an update be provided on the level of support NHS Improvement has had, or is having towards the plans; and that a formal request be made for a representative from NHS Improvement to attend the 12 September 2018 meeting.

25 REVIEW OF CLINICAL COMMISSIONING GROUP ARRANGEMENTS TO SUPPORT LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

The Chairman welcomed to the meeting Richard Childs, Chair, Lincolnshire West Clinical Commissioning Group and Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning.

Consideration was given to a report which updated the Committee on the Clinical Commissioning Group arrangements to support the Lincolnshire Sustainability and Transformation Partnership.

The Committee received an overview of why there was need to look at current Clinical Commissioning Group arrangements. It was noted that the way the four

Lincolnshire Clinical Commissioning Groups interacted with themselves and other stakeholders was not as streamlined, or as quick as the changing health environment required. As a consequence, the view was that changes were necessary.

It was highlighted that the Legislative Reform (Clinical Commissioning Groups) Order 2014 allowed for CCGs to form joint committees for the purpose of exercising their commissioning functions. It was reported that since their establishment the Lincolnshire CCGs had worked together to support the commissioning of health care provision for people in Lincolnshire. The Committee noted that since May 2017 South Lincolnshire and South West Lincolnshire CCGs had shared an Accountable Officer, but were still constituted as two CCGs. Overall, arrangements had worked well, but the statutory responsibility of each organisation required that decisions had to be considered by each organisation, which had resulted in a slowing down of decision making; and resulted in delays in delivering improvements.

Looking forward, the four CCGs were looking to develop a framework that would support strategic commissioning for Lincolnshire, whilst protecting and retaining local clinical engagement and a focus on the needs of the different localities across the county. Page 73 of the report identified the framework for discussion.

The Committee was advised that the current priority was to establish a joint executive function to lead and manage the strategic commissioning issues across the county; and to have one Accountable Officer, and to retain Lead Officers in each of the four CCGs. The purpose of the one Accountable Officer was to streamline activity to ensure that there was effective patient care.

During discussion, the Committee raised the following issues:-

- The benefits of one Accountable Officer - The Committee was advised that a single Accountable Officer would be able to deal with strategic issues; and would have oversight of the whole system. This would then ensure better equity of services across the county. The Committee also noted that the appointment of such an officer would help accelerate the STP and help ensure that national initiatives were workable for Lincolnshire;
- Some members expressed their support for the report and its proposals; and for the frankness of the two presenters. The Committee was advised that the purpose of the changes was not to create an additional layer, but to ensure that processes were more effective to ensure that patients received a better service in a timely fashion;
- The need for working closely with district councils, the County Council and MPs was stressed to build up relationships and trust; and to ensure that lobbying continued to ensure that Lincolnshire's voice was heard;
- The need to promote the NHS as being preventative healthcare; and that a culture shift was needed, to ensure that the health service was to be retained. Particular reference was also made for the need for individuals to take responsibility for their personal health, and for the Council to consider public health preventative measures when setting its budget; and

- GP joint working arrangements – The Committee was advised that some GP practices were currently working together; and that there were also three GP Federations in Lincolnshire West. The joint working arrangements allowed for better and extended GP service provision; and
- A question was asked as to whether the CCG Joint Commissioning Committee would be open to the public. The Committee was advised that the meetings would be open to the public.

In conclusion, the Committee extended their support for the review of CCG arrangements proposed; and agreed that a letter should be sent to the four CCGs.

RESOLVED

That the Chairman on behalf of the Committee be given authority to write to all four CCGs, expressing the Committee's disappointment at the lack of progress being made with delegated approval arrangements for the Shadow Joint Committee and to the consequences of this lack of progress on commissioning decisions.

26 FUTURE MODEL OF SERVICE PROVISION OF SPECIALIST HEALTH SERVICES TO PEOPLE WITH A LEARNING DISABILITY

The Chairman welcomed to the meeting Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust and Richard Eccles, Chief Commissioning Manager Mental Health, Learning Disabilities and Autistic Spectrum Disorder, South West Lincolnshire Clinical Commissioning Group.

Consideration was given to a report on behalf of Lincolnshire Partnership NHS Foundation Trust, which provided the Committee with full feedback from targeted engagement events that had been held with the public and patients to discuss the proposals for changes in the Learning Disability (Specialised Health) Services.

Appended to the report for the Committee's consideration were the following documents:-

- Appendix A – Feedback from the notes taken at the Learning Disability Engagement Events held in February and March 2018; and
- Appendix B – Transforming Care in Learning Disability Services – Staff Survey January 2018.

The Director of Strategy, Lincolnshire Partnership NHS Foundation Trust highlighted that at the 11 October 2017 meeting, the Health Scrutiny Committee for Lincolnshire had recommended to Lincolnshire Partnership NHS Foundation Trust that it commence a period of targeted engagement with the public, patients and staff concerning the model of service provision of specialist health services to people with a learning disability in Lincolnshire. It was noted that this decision had followed the temporary closure of the learning disability in-patient service at Long Leys Court in Lincoln in July 2015.

The report provided details of the targeted engagement response from five events to which a total of 72 people had attended. Appendix A provided the Committee with patient feedback from each event. In addition to the planned events, an online survey had also been issued to all staff based in Lincolnshire Partnership NHS Foundation Trust to capture their views on the proposed service change. Appendix B provided the Committee with the feedback from the on-line staff survey.

It was reported that the main themes from the feedback received from the events and the on-line survey were as follows:-

- There was support to move to community based services and there was no objection to the moving to a community based model of service;
- There was support for the Community Home Assessment and Treatment Team, a 24/7 service dedicated to rapid response and preventing the need for admission;
- A comment was raised to the lack of beds for people with learning disabilities, if they needed an inpatient bed;
- There had been concern about the gaps in services for people with Autism and their carers' and families;
- Concern had also been expressed that services needed to be more integrated and seamless; and that more needed to be done to sign post people to services;
- There was concern about transitions of care between services and agencies; as people were having to tell their stories over and over again to different providers; and concern was also expressed to the lack of carer support and carer breaks;
- The main themes from staff were that the majority of respondents were supportive of the new model; there was concern about gaps in services for people with Autism; and some staff expressed concerns about the new model and other aspects of the service; and
- Feedback from Healthwatch had also been broadly supportive, some concern had been expressed that the response had only been received from 72 respondents; and about planning for transition to adult services; and the lack of services for people with Autism/Autistic Spectrum Disorder.

In conclusion, the results of the engagement event had supported the move to a community based model of service on a permanent basis.

The Committee was invited to comment on the engagement exercise.

During discussion, the Committee raised the following issues:-

- Reference was made to page 87 particularly the need to understand individual needs and diagnosis. The Committee was advised that work was ongoing with schools concerning children with mental health issues, ensuring that intervention was made at an early stage, and that the Lincolnshire Learning Partnership had commissioned 'Healthy Minds' to help support young people with their mental health. It was also highlighted that the South West

Lincolnshire CCG and LPFT were working with children with Autism aged 0 – 25, to help fill the gaps that had been identified within the feedback received;

- Response to the staff survey – The Committee highlighted the low staff response rate to the on-line survey;
- Out of county placements – The Committee was advised that prior to the new service model there had been 16 beds in the county and 8 Learning Disability beds out of county; currently there were 10 out of area placements, which included learning disabilities and Autism. It was noted that the costs for out of county beds were around £170,000 per year based on an average, and other costs would be based on individual needs. Some members welcomed the community based support; but highlighted that there was more work to do to integrate it into LPFT; A & E and primary care; and
- One member highlighted that members of the Committee would benefit from having a better understanding of mental health and Autism; and that a briefing document would be welcomed. A suggestion was made for the Committee to consider the Autism Strategy at a future meeting, as this would help the Committee gain a better understanding of Autism.

Overall, the Committee supported the permanent closure of Long Leys Court and to sharing the reports with relevant Executive Councillors and Scrutiny Committees; and to the inclusion of the Autism Strategy in the Committee's work programme.

RESOLVED

1. That the Health Scrutiny Committee for Lincolnshire extended support to the permanent closure of Long Leys Court.
2. That the Future Model of Service Provision of Specialist Health Services to People with a Learning Disability report be brought to the attention of County Council's Executive Councillors for Adult Care, Health and Children's Services and NHS Liaison and Community Engagement, so that they can continue to be aware of the links between specialist health services for people with a learning disability and other services.
3. That the Future Model of Service Provision of Specialist Health Services to People with a Learning Disability report be brought to the attention of the Chairmen of the County Council's Adults and Community Wellbeing Scrutiny Committee and the Children and Young People Scrutiny Committee.
4. That the Autism Strategy be included as a future agenda item in the Committee's work programme.

The Committee adjourned at 12.25pm and re-convened at 2.00pm.

Additional apologies for absence for the afternoon part of the meeting were received from Councillors M T Fido, C Burke (City of Lincoln Council).

An apology was also received from Councillor Dr M E Thompson (Executive Support Councillor for NHS Liaison and Community Engagement).

27 GRANTHAM MINOR INJURY NURSING SERVICE TRIAL UPDATE

Pursuant to minute number 19 (1) (2) of the meeting held on 13 June 2018, the Committee had requested that an update be received concerning the Minor Injury Nursing Service Trial at Grantham Hospital.

The Committee welcomed to the meeting:-

- John Turner, Chief Officer, South West Lincolnshire Clinical Commissioning Group (SWLCCG);
- Dr Dave Baker, GP Chair, South West Lincolnshire Clinical Commissioning Group (SWLCCG); and
- Andrew Morgan, Chief Executive, Lincolnshire Community Health Services NHS Trust.

The Chairman advised that the Chief Officer SWLCCG, and GP Chair SWLCCG were only able to attend the meeting for 30 minutes, as they had to return to a Clinical Senate meeting. Due to the time constraints, the Committee had been asked to submit questions in advance and the said questions and responses were tabled at the meeting.

The Chairman requested that the Committee proceed directly to questions,

During discussion, the Committee raised the following questions:-

- The back ground to the trial - The Committee was advised that the trial had started in September 2016, and was operated by Lincolnshire Community Health Services NHS Trust as part of the Out of Hours Services based on the Kingfisher Unit at Grantham Hospital. The Committee noted that for 2017 the service had operated for 1,875 hours and had seen 65 patients. One member asked whether there was any evidence of people going elsewhere. The Committee was advised that the numbers were low and that a further piece of work needed to be done to see where people were going;
- Consultation – The Committee was advised that the CCG was not conducting a formal consultation exercise in relation to the Minor Injury Nurse Trial as it was only a trial service, but the trial had undergone a well-publicised four week survey to gain patient feedback; and the CCG had also written to a number of stakeholders requesting their feedback. The Committee was advised that 304 responses had been received to the CCG survey. One member highlighted that a local survey by a pressure group had found that over 370 people had not been aware of the service. The Committee noted that the responses to the CCG's survey were currently being analysed, the results of which would then be reported back to the Governing Body. The Committee noted that the key themes emerging were that the respondents did not know about the existence of the service, and that it was available as a walk in service; and

respondents were also claiming that NHS 111 did not offer the service as an option. Confirmation was given to the Committee that the availability of the service was cited on the NHS 111;

- Continuation of the service at Grantham Hospital – One member highlighted that as the cost for the service was minimal (£130,000.00), would the Trust consider extending the service until the Sustainability Transformation Plan was introduced. The Committee was advised that the Governing Body at the end of the month would take into consideration the letter from the Committee and the response letter from the Accountable Officer, and that the Governing Body was aware of the concerns raised by Grantham in relation to the A & E. The Committee was advised that an audit of the last six weeks on the usage of the service had identified that all injuries had been minor injuries i.e. cuts, bruises, splints etc. The Committee was advised that for the calendar year 2017, only 65 patients had been seen. The cost of the service was £130,000.00, so the average cost per attendance was therefore £2000, which was clearly not good value for money. One member highlighted that the importance of the service could not be underestimated, and the situation in question was not dissimilar to that previously received from a cottage hospital. A suggestion was made for a nurse to be employed to cover such provision, but having a substantive post elsewhere in the hospital;
- Some concern was raised to the fact that people were clearly not using the NHS 111. It was highlighted that there needed to be more publicity and signage promoting the NHS 111 Service. Some members felt that people needed to be re-educated on how good the NHS 111 service actually was; and
- One member advised from personal experience that from Sleaford they had been advised to go to Lincoln and not to Grantham. A further question was asked as to how the service had been advertised to the residents of Sleaford. The service had clearly been underutilised due poor publicity. The Committee was advised that the service was part of the NHS 111 directory of services; and that when the trial of the service was being launched it was publicised within the Grantham Journal, on the Lincolnshire Community Health Services NHS Trust website as an Out of Hours Service; and also on the South West Lincolnshire CCG website. The Committee was further advised that the minor injury nurse was also advertised through waiting room screens within South West Lincolnshire CCG practices.

The Chairman advised that having received a response to his letter from the Accountable Officer South West Lincolnshire CCG (as detailed at Appendix B to the report) and having heard what the Committee had raised during discussion of this item, it had become apparent that the service had been set up to fail, as there had been poor promotion, lack of signage and no mention of the service in the "Your Health Service Directory". This lack of publicity had led to the residents of Grantham and surrounding areas not being aware of the service.

In conclusion, the Committee agreed to the Chairman writing to the South West Lincolnshire CCG asking them to defer their decision to close the service and to request that the CCG ensure better publicity is undertaken in the future.

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RESOLVED

That the Chairman should write a letter to the South West Lincolnshire CCG on behalf of the Committee, requesting that:

- (a) the South West Lincolnshire CCG defer its decision to close the Minor Injury Nursing Service until a decision is made around the future services on offer at Grantham Hospital; and
- (b) the South West Lincolnshire CCG insure that full promotion and signposting is undertaken, so that when a decision is made in the future this will be a balanced and fair set of facts and figures for the Health Scrutiny Committee for Lincolnshire to scrutinise.

28 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which enabled the Committee to consider and comment on the content of its work programme to ensure scrutiny activity was focussed where it could be of greatest benefit.

The Committee gave consideration to the work programme as detailed on pages 118 to 120 of the report presented.

During consideration, of the work programme the Committee raised the following items:-

- The inclusion of the Pain Management Service as an item on a future agenda;
- A report from United Lincolnshire Hospitals NHS Trust for the 12 September 2018 meeting; and
- Autism Strategy.

The Committee was also advised that the Lincolnshire Sustainability and Transformation Partnership – Mental Health Update would be moving to a future date.

RESOLVED

That the work programme presented be agreed subject to the addition/movement of items as detailed above.

The meeting closed at 2.33 pm