



## HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE 17 FEBRUARY 2021

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

#### Lincolnshire County Council

Councillors C J T H Brewis (Vice-Chairman), M T Fido, R J Kendrick, C Matthews, R A Renshaw, M A Whittington and R Wootten.

#### Lincolnshire District Councils

Councillors S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), Mrs S Harrison (East Lindsey District Council), S Barker-Milan (North Kesteven District Council), G P Scalese (South Holland District Council), Mrs R Kaberry-Brown (South Kesteven District Council) and Mrs A White (West Lindsey District Council).

#### Healthwatch Lincolnshire

Dr B Wookey.

#### Also in attendance

Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Simon Evans (Chief Operating Officer, United Lincolnshire Hospitals NHS Trust), Jane Marshall (Director of Strategy, Lincolnshire Partnership NHS Foundation Trust), Andrew Morgan (Chief Executive, United Lincolnshire Hospitals NHS Trust) and Andrew Horton (Lead Commissioner, NHS England and NHS Improvement – Specialised Commissioning (Midlands)).

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

### 59 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

No apologies for absence were received from Committee members.

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

### 60 DECLARATIONS OF MEMBERS' INTEREST

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

**61 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE MEETING HELD ON 20 JANUARY 2021****RESOLVED**

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 20 January 2021 be agreed and signed by the Chairman as a correct record.

**62 CHAIRMAN'S ANNOUNCEMENTS**

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

The supplementary announcements provided information on the following:

- Vaccination update;
- Approval by the Lincolnshire Clinical Commissioning Group's Primary Care Commissioning Committee of the closure of the Woolsthorpe Branch Surgery and the transfer of the Stackyard surgery to East Leicestershire and Rutland Clinical Commissioning Group;
- The temporary closure of Ashley House, Grantham and the redeployment of staff to Ash Villa and Community Rehabilitation; and
- Information concerning Integration and Innovation: Working Together to Improve Health and Social Care for all. Appendix A to the supplementary announcements provided an executive summary of the health and social care white paper.

The local electoral division member wished it to be recorded that he disapproved of the decision taken by the Primary Care Commissioning Committee with regard to the closure of the Woolsthorpe Branch Surgery.

The Chairman extended his thanks on behalf of the Committee for all NHS colleagues and volunteers for their dedication and hard work in achieving the target set for vaccinations by the Joint Committee on Vaccination and Immunisation.

**RESOLVED**

1. That the Supplementary Chairman's announcements circulated prior to the meeting and the Chairman's announcements detailed on pages 13 to 16 of the report pack be noted.
2. That thanks be extended by the Committee to all NHS colleagues and volunteers for their dedication and hard work in delivering the vaccination programme across Lincolnshire.

63 LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST - UPDATE  
ON CHILD AND ADOLESCENT MENTAL HEALTH SERVICES INTENSIVE  
HOME TREATMENT TEAM

The Committee gave consideration to a report which provided an update on the Lincolnshire Partnership NHS Foundation Trust (LPFT) Child and Adolescent Mental Health Service (CAMHS) and the proposed service change from in-patient care to a permanent Intensive Home Treatment Team service.

The Chairman invited Jane Marshall, Director of Strategy, Planning and Partnership and Andrew Horton, Lead Commissioner, NHS England and NHS Improvement – Specialised Commissioning (Midlands) to present the report, which was detailed on pages 17 to 22 of the report pack.

It was highlighted that on 22 July 2020; the Committee had given consideration to a report, which had advised of the impact of the new model of care in place in Lincolnshire. At the aforementioned meeting, the Committee had asked that engagement should take place with the Lincolnshire public, to seek their views as to whether the new model of care should be a permanent change.

It was highlighted further that the report, which had been considered by the Committee on 22 July 2020, had demonstrated that the service was meeting all key indicators of quality, and the new model of care was delivering improved care to meet the needs of Lincolnshire children and young people, in the absence of a General Adolescent Unit in the county.

The Committee was advised that NHS England had embarked on targeted engagement activity to assess views and feedback on the new community model of care compared to in-patient care. Some examples of the statements received were shown on page 18 of the report.

The Committee noted that the most recent engagement exercise was designed to assess the views on the pilot and also on in-patient care in Lincolnshire. A copy of the letter and questionnaire sent to service users was set out in Appendix A, for the Committee's consideration. It was noted further that a copy of the engagement letter and questionnaire had been circulated to patient representative groups, counsellors and case workers, young people and their carers, all of whom either had experience of in-patient care, or the community pilot, as well as charities who worked with young people and mental health. The Committee was advised that the engagement activity was due to close on 19 February 2021.

During discussion, the Committee raised the following comments:

- Response rate so far to the engagement. The Committee was advised that to date there had not been a large number of responses to the current engagement exercise. The Committee was reminded that a lot of engagement had already happened prior to the current engagement exercise. The Committee was advised that details of pre-engagement feedback; and results

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of the current engagement exercise feedback would be shared with the Committee at a future meeting;

- The current vacancy rates for CAMHS. The Committee was advised that although working through the pandemic had brought challenges to the team. The team overall were managing to cope due to their multi-disciplinary roles. It was noted however, that there was a shortage of Band 5 nursing staff;
- When would evaluation information relating to the pilot exercise be available to the public? The Committee was reassured that the evaluation information would be made available as soon as possible and would be available for the Committee to consider at their June meeting;
- Clarification was sought relating to page 18, third paragraph, which stated that general adolescent units were out of scope at this stage. The Committee was advised that non general adolescent units were out of scope for this exercise as they were for a different group of children and young people. Most non general adolescent unit beds were catered for out of county at specialist centres. It was however highlighted that the Lincolnshire pilot was already reducing the number of young people with eating disorders being catered for out of county, as a result of the early intervention of the Intensive Home Treatment service. It was agreed that a list of mental health definitions would be made available to the Committee;
- Page 21, final paragraph stated that in-patient care could be provided on another site within Lincolnshire. One member asked where that site would be located? It was highlighted that this would be a decision to consider, if raised via the engagement, as to whether in-patient care provision was required in Lincolnshire. Confirmation was given that no decision had been made as to any location; and
- Following the above, a further comment made was that if the decision was not to have an in-patient site in Lincolnshire, what support would be available to children and families with regard transport and accommodation. The Committee noted that the service would do everything possible in the first instance to avoid admittance, and that with the early intervention; only a small number of young people would need to go out of area for specialist care. The young people that had to go out of area, places would be sought through the provider collaboration for the East Midlands. It was suggested that further consideration should be given to the provider collaboratives; and
- The need to review provision for the period when a child transitions into adult services. Reassurance was given that systems and practices were being improved and strengthened.

**RESOLVED**

1. That the joint report from Lincolnshire Partnership Foundation Trust and NHS Improvement on CAMHS Intensive Home Treatment Team be noted.
2. That a further update be received by the Committee at its June meeting, which should also include information relating to provider collaboratives.

64 LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST - GENERAL UPDATE

The Chairman invited Jane Marshall, Director of Strategy, Planning and Partnerships, Lincolnshire Partnership NHS Foundation Trust, to present the report to the Committee, which provided a general update from LPFT and also its response to the Covid-19 pandemic.

Detailed at Appendix A was a copy of a report by the Acting Chief Executive to the Lincolnshire Partnership NHS Foundation Trust Board of Directors (28 January 2021) for the Committee's consideration.

It was reported that Covid-19 had been a challenge for LPFT, but Trust staff had responded brilliantly. Staff had managed outbreaks well, ensuring that patients and staff had been kept safe. Despite the extra challenge of Covid-19, the Trust had still managed to make progress on transformation work.

The Committee noted that the Trust had undertaken its annual flu vaccination campaign for staff with an aim of achieving 90% take-up of the vaccine. The Committee noted further that the response by the Trust staff had been exceptional resulting in the Trust achieving 92% take-up, which had resulted in LPFT being cited as the top performer in the midlands region, and the country.

The Trust had been a key player in supporting the county-wide Covid-19 vaccination programme.

The Committee was advised that the Trust had been awarded £37 million to eradicate dormitory accommodation across adult acute wards in Lincoln and Boston. This was excellent news for the Trust and for the Lincolnshire health and care system.

It was reported that the Trust remained committed to having zero inappropriate out of area adult and older adult Acute and PICU placements by April 2021. Details of the work currently underway on two specific schemes to build in-patient capacity were shown on page 27 of the report pack. These were: repurposing Ash Villa into a 15 bed acute ward for women; and repurposing the Wolds Ward at Discovery House, Lincoln, from long-stay rehabilitation to a short-stay reablement service.

The Committee was advised that as the Trust had encountered difficulties in recruiting Band 5 registered nursing staff and current operational pressures faced by the Trust, linked to the Covid-19 pandemic; a decision had been taken to temporarily close Ashley House in Grantham. It was noted that Ashley House was one of two long-stay intensity mental health rehabilitation wards, which was currently operating at 50% capacity. The Committee was advised that patients at the unit would be moved to Maple Lodge, Boston, which was a Care Quality Commission compliant setting for mixed genders. The temporary closure would then release staff from Ashley House to enable Ash Villa to open; and also expand the existing Community Rehabilitation Team to support more rehabilitation patients in the community, and provide greater resilience to the in-patient workforce. It was noted further that that

the temporary change had been necessary in order to provide much needed resilience to essential services and to maximise treatment outcomes for patients. The Committee noted that the situation would be kept under review.

Reference was made to the publication of the Independent Safeguarding Adults Review – Long Leys Court. The Committee noted that the Trust welcomed the recommendations in the report; and would be continuing to work with all agencies involved to ensure all services delivered provided the very best care for people with a learning disability.

During discussion, the Committee raised the following points:

- Whether provider partners were NHS providers or private providers. The Committee was advised that the East Midlands Provider Collaboratives were both NHS and private providers. Reassurance was given that private providers had committed to abide by a set of principles;
- Some disappointment was expressed at the temporary closure of Ashley House, Grantham. Reassurance was sought that sufficient capacity existed for those displaced. Reassurance was given that some inpatients would be relocated to Maple Lodge; and some would be reintegrated back into the community with support from the Rehabilitation Team. The Committee was offered a regular update on the temporary arrangements for Ashley House;
- Clarity was sought as to whether the Integrated Care System (ICS) would be just a Lincolnshire system or a wider East Midlands approach. Further information on ICS would be provided to the Committee;
- Some concern was expressed to the length of time patients had to wait for the CAMHS. The Committee was advised that meeting times for CAMHS were currently being met. The Committee noted that as a result of Covid-19 there had been a surge in the number of people needing support. The Committee noted further that measures had been put in place to help people access help such as a 24/7 helpline for those suffering with mental health issues; community assessments; Mental Health Matters, a system linked to the NHS 111, which signposted the caller to appropriate help. The Committee was advised that LPFT and the Lincolnshire Clinical Commissioning Group had been successful in accessing some Community Transformation Funding in 2019, which was a programme of work in communities, such as social prescribing. It was suggested that this might be an area the Committee might want to consider at a future meeting;
- Clarification was sought as to whether the extra funding to upgrade dormitory accommodation across adult acute wards in Lincoln and Boston would include the Boston ward accommodation being on the ground floor. The Committee was reassured that it was the intention;
- Recruitment of staff for Ash Villa – One member enquired whether the location of Ash Villa was a contributory factor as to why it was difficult to recruit staff. The Committee noted that the Trust was finding it hard to recruit Band 5 nursing staff, and that measures were being put in place to encourage staff to stay in Lincolnshire. One member enquired whether the Trust had considered

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overseas recruitment. Confirmation was given that the Trust had not looked at this option previously;

- Thanks were extended to the Trust for the all the work and help provided to young people experiencing mental health issues. The Committee was advised that the service provided to young people was provided in partnership with the county council as commissioners and other agencies; and
- One member enquired what areas in Lincolnshire were currently covered by the personality and complex trauma team and the community rehabilitation team; and whether when the results of the bid for funding was received, would the service be rolled out to the rest of the county. The Committee was advised that the pilot covered one third of the county which included Grantham, Lincoln South and Gainsborough; and that the proposal was if the bid for funding was successful, it was proposed to make the service available county wide.

The Chairman on behalf of the Committee extended his thanks to the Director of Strategy, Planning and Partnerships for her presentation.

**RESOLVED**

1. That thanks be extended to all staff at Lincolnshire Partnership NHS Foundation Trust for their efforts in response to the Covid-19 pandemic.
2. That a regular update be received in relation to the temporary arrangements in place for Ashley House as part of the Chairman's Announcements; and that the following items be considered for inclusion in the Committee's work programme: Provider Collaboratives; Community Transformation Funding; and Personality and Complex Trauma Team.

**65      UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - COVID-19 UPDATE**

The Committee gave consideration to a report from United Lincolnshire Hospitals NHS Trust (ULHT), which provided a Covid-19 update.

The Chairman invited Andrew Morgan, Chief Executive of ULHT and Simon Evans, Chief Operating Officer, ULHT, to present the report to the Committee.

Attached as Appendix A to the report was a copy of a report to United Lincolnshire Hospitals NHS Trust Board of Directors (2 February 2021) from their Chief Executive for the Committee to consider.

The Committee was advised that since the start of the Covid-19 pandemic, nearly a year ago, the Trust had dealt with 2,754 Covid-19 positive in-patients, and as of 16 February 2021, 1,874 in-patients had been discharged home and 748 patients had died.

It was reported that currently, the NHS was continuing to operate at level 4 and was governed by national direction.

The Committee noted that currently the Trust was looking after 85 Covid-19 positive in-patients, 56 in-patients at Lincoln County Hospital and 29 in-patients at Pilgrim Hospital, Boston.

The Committee noted further that the number of Covid-19 positive in-patients was starting to decline; and that the Trust was also seeing staff absences reducing from 14% to 7%, which was an improving positive position for the Trust.

It was highlighted that hospitals remained busy, with bed occupancy levels at 90%. The Committee noted that the Trust had to ensure that Covid-19 positive in-patients were kept separate from non Covid-19 in-patients and as a result some beds had to be kept vacant, this then had an impact on bed occupancy figures. It was reported that intensive care had been very busy and that a rise in activity had been mirrored across the country. As a result of the increase in activity, staff had been moved around hospital sites to support intensive care units (ICUs), which was then having an effect on other hospital services.

The Committee noted that the Trust was making progress with recruitment; and had been successful in making job offers to over 200 health care support workers and over 200 overseas recruits. Details of the measures in place to keep staff safe and well was shown on pages 39 and 40 of the report pack.

During discussion, the Committee raised the following comments:

- A question was asked whether Lincolnshire had experienced any issues procuring PPE in Lincolnshire, with particular reference to fraudulent suppliers. The Committee was advised that there had not been any problems in Lincolnshire in this regard;
- The Committee extended their thanks to all NHS staff for their hard work;
- Clarification was sought as to when the Acute Services Review would be finalised. The Committee was advised that the Trust was just about to submit a revised pre-consultation business case to NHS England/Improvement, and that there was no confirmed date for its consideration;
- The effectiveness of the Winter Plan model – The Committee was advised that the Winter Plan had worked; but there had been significant pressures as a result of the increase in Covid-19 inpatients; which had impacted on other services;
- Bed Occupancy - The Committee was advised that workforce safety was paramount, and that the Trust was not able to increase staffing levels to meet capacity; as a result, help had been sort from other services to help meet demand. It was highlighted that empty wards had been created to enable deep clean operations. Bed occupancy figures at this time were misleading as some beds were empty to protect non Covid-19 in-patients from Covid-19;
- Financial position – Page 41 of the report provided the Committee with details of the financial headlines. The Committee noted that the Trust still had the £80m deficit;
- The need for better communication with the general public regarding changes to services;



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- The potential of a third wave. It was reported that the Trust was not seeing evidence of a third wave, and at the moment there was a slow reduction in the number of Covid-19 positive in-patients;
- One member extended personal thanks to NHS and EMAS staff for their excellent service;
- The poor condition of hospital car parks. The Committee noted that deteriorating car parks was an issue for the Trust; and that during Covid-19 other matters had been prioritised. It was noted further that there was an investment proposal; and that work to repair potholes would be commencing in the next couple of months; and that more substantial investment was planned in the future;
- How was staff moral – It was noted that staff morale at the moment was mixed, but the Trust was doing all it could to help its staff get through a very challenging year. Page 40 of the report provided details of the extensive wellbeing offer available to staff; and
- The percentage of ULHT staff that had been vaccinated – The Committee noted that just under 90% of Trust staff had been vaccinated against Covid-19.

RESOLVED

1. That thanks be extended to all staff at United Lincolnshire Hospitals NHS Trust for their efforts in response to the Covid-19 pandemic.
2. That the update from United Lincolnshire Hospitals NHS Trust as part of its response to the Covid-19 pandemic be noted.
3. That a further Covid-19 Update be received at the June 2021 meeting.

66 GRANTHAM GREEN SITE ARRANGEMENTS - SECOND QUARTERLY REVIEW

The Chairman invited Andrew Morgan, Chief Executive, ULHT and Simon Evans, Chief Operating Officer, ULHT to present the report, which provided an update from the Trust on the Grantham 'green site' arrangements.

Attached at Appendix A was a copy of a report presented to United Lincolnshire Hospitals NHS Trust Board of Directors (2 February 2021) – *Second Quarterly Review following Temporary Conversion of Grantham Hospital to a Covid-19 Green Site Model* for the Committee to consider.

Note: Councillor R J Kendrick left the meeting at 12.03pm.

The Committee had considered a report from United Lincolnshire Hospitals NHS Trust on 14 October 2020 on its first quarterly review of the 'green site' arrangements at Grantham Hospital.

In guiding the Committee through the significant quarterly report the Chief Operating Officer made reference to: that the primary aims of the Grantham 'green site' model had been maintained, which were: Infection prevention control (IPC) excellence,

capacity to deliver at scale; and future service resilience. It was noted that at the quarterly review all three aims had been achieved. From the thousands of patients treated at the site, no patient receiving elective surgery had contracted Covid-19 whilst in Grantham Hospital. It was noted further although the site had not been entirely absent of Covid-19, investigations had supported that no patient had contracted Covid-19 as an inpatient through failure of IPC excellence, which was credit to all the staff involved.

It was highlighted that the review report reviewed whether circumstances were different or whether the overriding criteria needed changing. The Committee was advised that the ULHT Board had determined that there were not sufficient grounds for changing the current temporary arrangements; and that the action was reinforced by the national Covid-19 alert level 5; and the need to continue to protect the most vulnerable patients. It was noted that the Board did not approve what would be happening on the temporary arrangements for the Grantham 'green site' after 31 March 2021.

During discussion, the Committee raised the following comments:

- The number of outpatients using the Gonerby Road site and the suggestion that these would only be available for a further three months after the 1 April 2021. Clarification was also sought as to whether the two additional theatres were permanent or temporary. The Committee was advised that at the moment there were no plans to close the Gonerby Road site or the two additional theatres or to keep them, and a further assessment of the risk factors would need to be completed before a decision was made;
- Extended waiting times at the Urgent Treatment Centre and that the referral of 1,024 patients to A & E warranted the return of an A & E back in Grantham. The Committee were reminded that the measures currently in place were temporary and specific to Covid-19, and that when those arrangements ceased, the arrangements would be returned to the model that was in place previously. The Committee noted that a proportion of patients seen at Grantham had always been transferred to either Lincoln or Boston, due their specialisms. The Committee noted that across the Trust between 7am and 7pm, more patients had been seen and assessed within 15 minutes; and that substantial improvements had been made to the number of patients being seen within 60 minutes. It was noted further that when patients required admission, delays were occurring;
- One member enquired how likely was the Trust to revert back to the pre Covid-19 model in April, and whether the proposed extension of three months would be extended further, and whether by then as the arrangements would have been in place for a full twelve months whether this arrangement could then still be classed as temporary? The Committee noted that the second report had put suggestions to the Board which had not yet been agreed, and that the proposal to extend for an extra three months was to provide a greater level of capacity and access to services. Clarification was given that there was a presumption that the Board at an extraordinary meeting on 16 March 2021 would revert the temporary arrangement back to the June 2020 position;

and that planning was already underway to ensure that this could be implemented on the 1 April 2021;

- Clarification regarding wording in the first report relating to the 'green site' model (page 79) October 2021. Reassurance was given that this date should read October 2020;
- The success of outpatient services for the residents of Grantham;
- The success of the 'green site' for cancer patients across Lincolnshire;
- The need for better terminology and clarification in relation to A & E and Emergency Departments (ED);
- Lower response rate relating to the Grantham Health Centre. The Committee was advised that the lower response rating could be as a result of the health centre not having a full range of services unlike the Kingfisher Unit; as there were shared facilities with other services, and it tended to become overcrowded;
- Data contained on pages 67 to 70 of the report pack relating to the Urgent Treatment Centre figures for 2019, a suggestion was made for some clarity to be provided as to what was being compared. The Committee was advised that the figures compared the pre Covid-19 model (A & E with reduced hours) with the post Covid-19 model;
- The use of terminology, particular reference was made to ED and A & E, and the need to ensure that some clarity was provided for members of the public. Reassurance was given that future reports would provide a glossary to help explain the difference between the two models;
- The number of patients who when visiting the Lincoln and Boston hospital green site had contracted Covid-19. Clarification was given that one patient at Grantham during recovery had contracted Covid-19 as a result of transit from one site to the other. The Committee noted that no patient on the surgical pathway had contracted Covid-19 at the Grantham 'green site';
- Clarity regarding Covid-19 positive and non Covid-19 wards. The Committee noted that for twelve months the Trust had Covid-19 positive wards, wards where Covid-19 was suspected; wards where patients had come into contact with someone Covid-19; and then non Covid-19 wards;
- The NHS definition of word 'temporary'. The Committee was reassured that the NHS definition was as said temporary. The Committee noted that there was recognition that the Acute Services Review had taken too long and as a result had put the whole process in disrepute, and that arrangements would revert back to those that had been in place in June 2020;
- Cost of the 'green site' provision – The Committee was reminded that the 'green site', had significantly reduced harm to thousands of patients and had saved lives. The Committee was advised that the cost of changes at multiple sites in response to Covid-19 was £1.6m;
- 24 hour ward access. The Committee noted that the new model had restricted the access of visitors to wards. It was reported that the out of hours provision at the hospital was provided by the Lincolnshire Community Health Services with enhanced primary care interventions; and that this would be maintained as services were restored as part of the front of house A & E. A request was made for the 24/7 availability to be publicised better to the public and to ambulance services, so that they had the option to take patients to Grantham;

- How much elective surgery had been cancelled at Grantham and whether these cancellations were likely to reduce in the coming weeks? It was noted that elective surgery had reduced to 60%, with 40% being cancelled, to enable more support to be given to Intensive Care Units (ICUs); and that this surgery was now being carried out and that this figure would soon be back to 100% as and when the number of ICU in-patients reduced;
- How many staff had been redeployed from the 'green site' to Pilgrim Hospital, Boston and Lincoln County Hospital, due to the increased Covid-19 pressures; and what area of care have these staff been transferred from? It was noted that at times the number of staff redeployed had been low, but in recent weeks, the number redeployed would match those mentioned above relating to elective surgery;
- Under the current plan, would the x-ray and fracture clinic be brought back within the site? It was reported that plans being pursued as per recommendation 4 of the report was to put all services back in the ED, which would provide a greater offer of services within that suite; and
- How many staff were currently off sick from Grantham hospital and how was staff morale? The Committee was advised that morale was mixed; and that the re-deployment of staff to ICUs had put extra pressure on staff, which had affected their morale. The Committee was advised that staff were being supported through this difficult time. The Committee noted that currently 56 staff at Grantham were off sick and that of the 56, 12 members of staff were off as a result of Covid-19 related issues.

The Chairman on behalf of the Committee extended thanks to the two representatives.

#### RESOLVED

1. That the information presented by United Lincolnshire Hospitals NHS Trust on the second quarterly review of the 'green site' at Grantham Hospital be noted.
2. That a further update be received from the United Lincolnshire Hospitals NHS Trust on this topic be received at the June 2021 meeting.

#### 67 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

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

Consideration was given to the work programme and to items listed for forthcoming meetings shown on pages 94 to 95 of the agenda pack.

Appendix A to the report provided details of previous work activity undertaken by the Committee since 2017.

Items highlighted to be included on the work programme were:

- Update on CAMHS;
- Provider Collaboratives;
- Community Transformation Funding;
- Personality and Complex Trauma Team;
- Update on the Grantham Green Site Arrangements; and
- United Lincolnshire Hospitals NHS Trust – Covid-19 Update.

The Chairman advised the Committee that during the meeting he had received an email from the Lincolnshire Clinical Commissioning Group, (CCG) concerning the Woolsthorpe Branch surgery, operated by the Vale Medical Group. The email had advised that the CCG had become aware that whilst the receipt of a petition had been referenced in the report to the Primary Care Commissioning Committee (PCCC), the petition had not been reviewed in line with the CCG's processes. It had therefore been agreed that the decision made by the PCCC would be paused and that consideration would be given to the petition. Confirmation was also given that the Vale Medical Group had been made aware of this information.

Thanks were extended to Simon Evans, Health Scrutiny Officer and Katrina Cope, Senior Democratic Services Officer, for all their help and support to the Committee.

#### RESOLVED

That the work programme presented be received subject to the inclusion of the items listed above.

The meeting closed at 1.09 p.m.

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