

Agenda Item 4

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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	Health Scrutiny Committee for Lincolnshire
Date:	21 July 2021
Subject:	Supplementary Chairman's Announcements

1. Paediatric Services at Pilgrim Hospital, Boston - Short Stay Paediatric Assessment Unit

Section 5 of my announcements, which were circulated with the agenda referred to consideration of paediatric services at Pilgrim Hospital by the Board of Directors at United Lincolnshire Hospitals NHS Trust on 6 July 2021.

On 20 July 2021, I received a copy of a letter, dated 19 July 2021, from Alison Marriott, on behalf of *SOS Pilgrim – Call to Action*, to Dr S Joachim (Divisional Clinical Director, Family Health) and Mr Simon Hallion (Managing Director, Family Health Division). This letter is attached at Appendix A to these announcements.

I propose to write to the Chief Executive at United Lincolnshire Hospitals NHS Trust on behalf of the Committee, seeking to clarify the conclusions reached on this topic.

2. Covid-19 Data

A selection of Covid-19 data is set out in Appendix B.

3. Influenza Vaccination Programme - Winter 2021/22

On 17 July 2021, the Department of Health and Social Care announced plans for the winter 2021/22 influenza vaccination programme. These plans follow the expanded vaccination programme for 2020/21, which saw a record number of people receive the flu vaccine: 80.9% of people aged 65 and over in England received their flu vaccine last year, which exceeded the World Health Organization target of 75%.

For 2021/22 the flu vaccine will be made available to over 35 million people for this season, including:

- all children aged two and three on 31 August 2021
- all children in primary school and all children in school Years 7 to 11 in secondary school
- those aged between six months to under 50 years in clinical risk groups
- pregnant women
- those aged 50 years and over
- unpaid carers
- close contacts of immuno-compromised individuals
- frontline health and adult social care staff

The Government also advised that as a result of the non-pharmaceutical interventions for Covid-19, such as mask-wearing, physical and social distancing, and restricted international travel, flu levels were lower than expected across the world in 2020/21. It is possible there will be higher levels of flu this winter, with more of the population susceptible given the low levels last season.

Working with the NHS, the Government is preparing to deliver this expanded flu programme alongside any booster programme for Covid-19 vaccines. The Joint Committee on Vaccination (JCVI) and Immunisation has published interim advice on who would be prioritised for a possible third vaccine from September 2021. The booster programme, which would be designed to ensure millions of people most vulnerable to Covid-19, continue to have the protection they need ahead of the winter and against new variants, will be informed by the JCVI's final advice expected later in the summer.

4. Additional Funding for East Midlands Ambulance Service

On 14 July 2021, NHS England and NHS Improvement (NHSE/I) announced that the ten ambulance trusts in England would be given an extra £55 million to boost staff numbers ahead of winter. NHSE/I has said that the funding would help the services to recruit more 999 call handlers, crews, clinicians to work in control rooms and liaison officers, who manage the handover of patients between ambulances and hospitals. Each service would decide locally how best to spend their allocation, but there is an expectation to put plans in place as soon as possible.

Based on the number of patients served in each area, the share for the East Midlands Ambulance Service (EMAS) will be £3.8 million. Richard Henderson, the Chief Executive of EMAS, has stated that EMAS welcomes the extra funding, which would enable EMAS to put in place initiatives to respond to the pressure on the ambulance service. EMAS will now be work with its commissioners and integrated healthcare systems to agree the use of the additional funding in our area.

NHSE/I explained its rationale for the additional funding by referring to the 890,000 999 calls received in June 2021, which was 300,000 more calls than in June 2020 and 150,000 more calls than in June 2019. There was a record 2.1 million A&E attendances at major departments in June 2021, and the NHS answered more than 1.5 million calls to NHS 111 in June 2021, the equivalent of more than 50,000 a day, and almost 300,000 more than in the same month in 2020.

PAEDIATRIC SERVICES AT PILGRIM HOSPITAL

Letter from Alison Marriott on behalf of *SOS Pilgrim – Call to Action*, to Dr S Joachim (Divisional Clinical Director, Family Health) and Mr Simon Hallion (Managing Director, Family Health Division)

19th July 2021

Mrs S. Joachim

suganthi.joachim@ulh.nhs.uk

Divisional Clinical Director, Family Health

Mr Simon Hallion

Simon.Hallion@ulh.nhs.uk

Managing Director, Family Health Division

By email

Dear Simon & Suganthi,

Proposal to make SSPAU model permanent at Pilgrim Hospital via public engagement instead of formal statutory public consultation

Thank you for your recent email correspondence following the decision reached with the Health Scrutiny Committee for Lincolnshire to proceed with non-statutory public engagement on the permanent downgrading of Pilgrim inpatient children's ward.

Thank you for offering to meet with me and other members of the group. As you will remember, we have met on at least two previous occasions and we have always been represented at the paediatric public engagement meetings, and most of the public engagement meetings on the long-term plan for health services in Lincolnshire held in 2019.

As a result, we have always made it clear in all our conversations to date, that full public consultation would be necessary on permanent service provision changes. This is also in line with the statutory requirements and the statutory duty to have regard to "Planning, assuring and delivering service change for patients".

This document makes it clear that formal public consultation is necessary when there is a proposed service change. Also, that changes made temporarily, which are subsequently proposed to make permanent, should follow the full consultation process. This is contained in section 3.1, pages 10 and 11 of the above-mentioned document, which covers Public and Local Authority Consultation.

It is appropriate in line with the guidance that the Health Scrutiny Committee and ULHT have worked together in reaching a decision, this is in line with the statutory guidance. I have read the correspondence between Cllr Carl Macey (Chair, Health Scrutiny Committee for Lincolnshire) and Mr

Andrew Morgan (CEO – ULHT) which sets out your joint decision to allow the changes temporarily made in August 2018 to become permanent and to do this via public engagement rather than public consultation. This regrettably means that you have jointly failed to follow the statutory guidance, along with any other parties who may have been party to this decision.

It is outside of the powers of SOS Pilgrim to make any decision - we are not party to any statutory duty under any of the relevant Acts or statutory guidance. But we can assure you that our decision would have been a) to follow the statutory guidance in full, and even go beyond it to meet the needs of our local population, so that any permanent service provision change was only made after b) full, completely transparent public consultation, with clear information for the widest audience possible to understand, on the basis of informed consent in terms of positive and negative impact, including “domino effect” on the rest of services at the hospital all set out, so that anyone could pick it up and understand what they were being consulted on, and the impact on the future of the Pilgrim Hospital as a District General Hospital.

Incidentally according to the ULHT website, the hospital is no longer described as a DGH, despite it being described as such on the main NHS.uk website, so we would respectfully ask where was the public consultation on that?

We presented substantial evidence in 2018 to show that the changes proposed at Pilgrim would have a detrimental effect, but in the “emergency situation” which occurred in 2018 (which we demonstrated could have been avoided with appropriate succession planning and recruitment measures during the lengthy period where staffing difficulties were foreseen), meant that we had no recourse in terms of effective challenge to the temporary change.

However, a permanent change is a different matter and at no stage have we supported any proposal which would disregard the right to public consultation before the 2018 changes become permanent.

We would respectfully suggest that we have gone beyond any further meetings with you at this stage, and that it is now time for the statutory decision-makers, with the wealth of resources available to them including access to legal advice, to make the right decision regarding public consultation.

I would also suggest that from the detail in your most recent emails, it is now becoming a question of semantics regarding the service provided for children rather than the name “short stay” reflecting the true service model. From what you have described, you might have more success if you revert back to the inpatient model again with transfer to specialist services where absolutely necessary, as per the pre-2018 model. Time has passed since 2018 and all credit is due to the staff for reducing the length of stay for patients and achieving great feedback from families, but we are sure they would be capable of sustaining this regardless of whether it were called a short-stay PAU, inpatient PAU, or simply children’s ward once again.

It makes us wonder what (and who) is the driver for insisting that it become a short stay paediatric assessment unit permanently? If there are only 3 patients per month transferring, as you state, why not revert to an inpatient ward again? Particularly as that figure includes those on the eating disorder pathway - which is understandably a specialist pathway and we trust that this service will be readily-available to all who need it, as close to home as possible due to the emotional support required and the family dynamics involved in this illness.

This would save you a public consultation process, or potential legal challenge if you do not do this. Or perhaps there are patients who never reach Pilgrim hospital and are going to other hospitals,

which is why the monthly transfer figure is now only 3 patients on average? If this is the case, then greater transparency is necessary and this would reinforce the case for full statutory public consultation, with the duty to share all the information with the public.

Urology – for Anna Richards

Anna has been in touch to ask where the questions about urology were raised. They were asked in the public survey earlier this year, and on our Facebook group which is open to the public and monitored by the CCG and our MP, and no doubt content is fed back to ULHT.

In summary the questions are:-

1. How has the shortage of staff arisen? What has been the succession planning for the retirement of staff at both hospitals?
2. Where is your impact assessment on all other services provided at Pilgrim, including but not limited to maternity and gynaecology?
3. Can you confirm that no aspect of any other service provided at Pilgrim will be affected by this proposal?

We trust that you will be able to move forward on the right statutory path, and we thank you for the opportunity to be involved. However, SOS Pilgrim cannot support the decision to proceed to public engagement on the SSPAU model. SOS Pilgrim will only support an unlimited-stay children's service and full public consultation on any permanent changes.

The hospital has already been chipped-away at significantly by ULHT in order to sustain Lincoln County, and we will not play any part in furthering this.

Yours sincerely,

Alison

Mrs Alison Marriott

On behalf of SoS Pilgrim – Call to Action

CC:

Mr Matt Warman, Member of Parliament for Boston &

Skegness Mr Paul Skinner, Leader of Boston Borough Council

Mr Carl Macey, Chair - Health Scrutiny Committee for Lincolnshire

Mrs Anna Richards, Associate Director, Communications & Engagement,

ULHT Mr John Turner, Accountable Officer, NHS Lincolnshire CCG

SELECTION OF COVID-19 DATA

A. VACCINATIONS IN LINCOLNSHIRE

The following table has been compiled based on data included in the NHS Covid-19 latest weekly report, published on 15 July 2021, for period 8 December 2020 to 11 July 2021. The table shows the number of first and second doses of Covid-19 vaccine given by age group in Lincolnshire. As of 11 July 2021, 83.7 per cent of people aged over eighteen in Lincolnshire had received their first dose, and 66.9 per cent of people had received both doses.

Age Range	Population	Dose	Vaccinations Given	Percentage of Population
Under 18	150,998	1 st	2,475	n/a
		2 nd	857	n/a
18-24	63,366	1 st	41,348	65.3
		2 nd	11,018	17.4
25-29	48,488	1 st	30,524	63.0
		2 nd	10,572	21.8
30-34	50,030	1 st	33,973	66.6
		2 nd	13,377	26.2
35-39	48,505	1 st	34,978	72.1
		2 nd	17,099	35.3
40-44	45,661	1 st	35,942	78.7
		2 nd	27,774	60.8
45-49	49,670	1 st	42,131	84.8
		2 nd	37,583	75.7
50-54	57,519	1 st	51,084	88.8
		2 nd	49,033	85.2
55-59	59,817	1 st	54,550	91.2
		2 nd	52,883	88.4
60-64	53,077	1 st	49,365	93.0
		2 nd	47,951	90.3
65-69	47,575	1 st	45,035	94.7
		2 nd	44,338	93.2
70-74	50,495	1 st	48,571	96.2
		2 nd	48,080	95.2
75-79	37,421	1 st	36,318	97.1
		2 nd	35,929	96.0
80+	46,484	1 st	45,087	97.0
		2 nd	44,505	95.7
Total 18 +	659,108	1st	548,915	83.7
		2nd	440,142	66.9

The population figures used in this table given are based on the National Immunisation Management Service. Young people aged between 16 and 18 have been offered vaccination, if they are in a priority group, for example if they were vulnerable to Covid-19 or who live with people who are clinically vulnerable.

On 19 July 2021, the Government announced that the vaccine would be made available to other groups under 18, such as those aged over 12, who are vulnerable to Covid-19 or those who live with people who are clinically vulnerable, as well as those approaching their eighteenth birthday.

B. IMPACT ON HOSPITAL SERVICES

There are a number of ways of measuring the impact of the pandemic on hospital services. One way is the impact on the number of in-patient beds occupied by patients with confirmed Covid-19. Daily figures are reported to and compiled by NHS England. The following table has been compiled using the figures for the status of beds on 13 July 2021 at 8 am). The figures represent a snapshot of the availability of adult and general acute beds, and critical care bed occupancy.

	Adult and General Acute Beds – Occupation Levels				Critical Care Beds – Occupation Levels			
	Covid-19 Patients	Non-Covid-19 Patients	Unoccupied	Unoccupied and available to non-Covid-19 Patients	Covid-19 Patients	Non-Covid-19 Patients	Unoccupied	Unoccupied and available to non-Covid-19 Patients
United Lincolnshire Hospitals	16	795	70	62	3	16	9	9
Doncaster and Bassetlaw	14	572	27	13	2	22	1	1
Northern Lincolnshire and Goole	14	585	28	n/a	3	3	8	n/a
North West Anglia	6	786	11	7	1	14	7	0
Nottingham University Hospitals	45	1,249	171	97	10	58	15	6
QEH, King's Lynn	0	494	16	12	0	7	6	6
Sherwood Forest Hospitals	8	501	34	32	3	10	8	8
University Hospitals of Leicester	33	1,327	72	72	10	51	20	20

C. INFECTION RATES

Rates of positive Covid-19 tests are reported and vary on a daily basis. These figures have been compiled from the daily reports for 14 July 2021.

	Covid-19 Cases per 100,000 (14 July)	Positive Covid-19 Tests Recorded	
		Seven Day Rolling Rate of Cases up to 14 July 2021	Increase in Cases (Percentage) over Previous Seven Days
Boston	377.6	265	58.7
East Lindsey	324.6	460	19.8
Lincoln	392.8	390	17.5
North Kesteven	230.9	270	14.4
South Holland	193.6	184	152.1
South Kesteven	259.8	370	54.2
West Lindsey	322.0	308	24.7
Lincolnshire	295.2	2,247	33.8

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