

Lincolnshire Health Scrutiny Committee for Lincolnshire – 17 July 2024

There was no meeting in June because of the General Election, so the review of Urgent Treatment Centres has been adjourned until September and the Lincolnshire Suicide Prevention Strategy is now due in October.

Teaching Hospital Status: A final decision is still awaited.

Whooping Cough: Cases have been increasing during 2024 with 4793 recorded cases in England between January and April this year, with eight infant deaths. This is the highest number since 2012. The importance of vaccination of mothers during pregnancy, infants and children under 10 was stressed, particularly as vaccination rates have dropped from 75% in December 2017 to 59% in December 2023.

Learning Disability and Autism Services: there is a review of services in place which will include Community Home Assessment and Treatment Team and Transforming Care Liaison Service. Feedback has been sought from people with autism, with learning disabilities, their families or carers to restructure two current teams to provide enhanced community care, enhanced in-reach Mental Health Hospitals and Community Liaison. The enhanced model would provide:

- 7 day 8am - 8pm support for people at risk of placement breakdown or hospital admission
- Support for up to 12 weeks with access to psychiatry, psychology, speech and language therapy and occupational therapy
- Liaison with mainstream services to support reasonable adjustments
- In-reach into mainstream mental health services to ensure timely discharge.

Ash Villa: An inspection in June of Ash Villa, a 15-bed acute mental health treatment ward at Greylees near Sleaford, was conducted after concerns about medicine management. The CQC found these claims to be without substance.

Hospital Service Reconfiguration in Grimsby and Scunthorpe: A consultation exercise between September 2023 and January 2024 by the NHS Humber and North Yorkshire Integrated Care Board and the results were made public this month. Almost 4000 responded to the consultation and the main reasons for support were faster and better access to specialist care, overcoming long standing staffing issues, enhancing skills and competencies and delivering a more sustainable future service. However, concerns were raised about the system's ability to respond to major incidents, safety concerns related to the potential need for out of hours emergency surgery and the impact of proposed changes on paediatric care for children. Travel problems were highlighted as well as the impact on ambulances and current targets and the impact on current staff of any proposed move. The future of Scunthorpe Hospital was also raised. Benefits, impacts and mitigations were also considered. It was felt the consultation had not been conducted effectively so it was agreed to refer the matter to the Secretary of State.

Grantham Urgent Treatment Centre: Following up a consultation exercise in May 2022 it was agreed that Grantham should step down as an Accident and Emergency Department to become a 24/7 Urgent Treatment Centre. Taking a structured approach a phased implementation plan was brought in supporting both walk in and booked appointment system. Phase 1 was introduced in October 2023, phase A1 followed in December and Phase 2 came in February 2024 and is now fully operational. Nurse staffing modelling was planned to ensure safe and effective patient care was provided and has been well received and there is now an expectation within the next 18 months prescribing courses will be offered so staff will be able to operate as autonomous practitioners. The medical rotation is

currently also fully established but may be increased if the level of demand continues. There has been an increase in attendances of 45% since the scheme went live - an average of 36 extra patients per day, which is at the upper end of the modelling, so this will be monitored, and appropriate action then taken. The service change was deemed a tremendous success. "The service change has been a good example of system working with all partners to deliver a long-term strategy for the people of Lincolnshire and should be celebrated by all."

Section 106 Planning Agreements: Financial contributions towards medical improvements to meet the needs of increasing numbers of residents can be requested as part of the planning process. This is known as Section 106 of the 1990 Town and Country Planning Act and as such is legally binding. In the past the process was managed by NHS England but in 2020 this was paused due to the pandemic. Then late in 2020 the process was transferred to the Lincolnshire CCG and subsequently to the Integrated Care Board. This has seen a strengthening of the process and a more consistent approach to all developments of 10 or more homes. An officer now works regularly with the districts to secure funding for infrastructure projects i.e. capital projects rather than staffing costs. Development contributions can only be made to GP practices with registered patient lists where there is a direct link between a service in a specific area and a housing development. There are legal tests which ensure:

- It is necessary to make the development acceptable in planning terms
- Directly related to the development
- Fairly and reasonably related in scale and kind to the development - the ICB calculates the maximum that can be requested based on factors such as the type and number of dwellings.

In return the ICB must release information on:

- Where the money will be going and why
- Provide evidence the contribution is required
- Details of the project and explanation of how this will mitigate the impact of the proposed development.

In Lincolnshire 48 GP practices are owned and 66 have rented accommodation.

East Lindsey receives the lowest payment in Lincolnshire- the multiplier is 2.2 and £ per dwelling is £605; this compares with 2.4 multiplier and £660 in Boston and South Holland. For a single bed occupancy in a care home situation the multiplier is 1.43 and £393.25 per dwelling and a multiplier of 2.86 and £786.50 for double bed occupancy.

The monies are usually paid when a trigger point is reached but lost if the money is not spent within the stipulated period. There are examples of how this has been implemented on the Lincolnshire County Council health scrutiny website.

Extended Temporary Closure of Manthorpe Unit, Grantham: The 18-bed unit caring for older people with dementia needs was temporarily closed in April 2020 due to the COVID crisis affecting staffing. Since then, new ways of working have been piloted and this has seen positive clinical outcomes with significantly fewer people admitted to hospital. There is now a countywide Dementia Home Treatment Service operating as a hospital at home. The service is now being evaluated by the East Midlands Clinical Senate and there is on-going consultation with recipients of care and their families about extending the closure and enhancing the pilot model.