

# MINUTES

COUNCIL  
TUESDAY, 14 JUNE 2022  
1.00 PM



SOUTH  
KESTEVEN  
DISTRICT  
COUNCIL

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## PRESENT

Councillor Helen Crawford (Chairman)  
Councillor Gloria Johnson (Vice-Chairman)

Councillor Harrish Bisnauthsing	Councillor Philip Knowles
Councillor Louise Clack	Councillor Penny Milnes
Councillor Richard Cleaver	Councillor Charmaine Morgan
Councillor Kelham Cooke	Councillor Robert Reid
Councillor Phil Dilks	Councillor Kaffy Rice-Oxley
Councillor Richard Dixon-Warren	Councillor Ian Selby
Councillor Barry Dobson	Councillor Adam Stokes
Councillor Paul Fellows	Councillor Lee Steptoe
Councillor Ben Green	Councillor Rosemary Trollope-Bellew
Councillor Breda-Rae Griffin	Councillor Sarah Trotter
Councillor Jan Hansen	Councillor Hilary Westropp
Councillor Graham Jeal	Councillor Linda Wootten
	Councillor Ray Wootten

## OFFICERS

Karen Bradford (Chief Executive)  
Alan Robinson (Deputy Chief Executive)  
Richard Wyles (Chief Finance Officer)  
Andrew Cotton (Director of Housing and Property)  
Nicola McCoy-Brown (Director of Culture and Growth)  
Graham Watts (Assistant Director of Governance and Deputy Monitoring Officer)  
Gary Andrew (IT Manager)  
Chris Prime (Interim Communications Manager)  
Louise Field (Executive Assistant to the Leader of the Council)  
Patrick Astill (Communications Officer)  
Lucy Bonshor (Democratic Services Officer)  
Jordan Brooks (IT Helpdesk Engineer)

## 19. Statement

The Chairman of the Council, prior to the commencement of formal proceedings and further to his request, invited Councillor Ian Selby to make a statement.

Councillor Selby referred to comments he had made at the previous meeting of Full Council regarding working from home which, in hindsight, he felt he should have made more tactfully. At the meeting he had said that working from home could lead to a culture of laziness. Councillor Selby explained he was not insinuating that everyone who worked from home was lazy and apologised for the implication of that comment.

## **20. Apologies for absence**

Apologies for absence were received from Councillors Ashley Baxter, David Bellamy, Pam Bosworth, Bob Broughton, George Chivers, John Cottier, John Dawson, Rosemary Kaberry-Brown, Anna Kelly, Jane Kingman, Nikki Manterfield, Annie Mason, Virginia Moran, Nick Robins, Penny Robins, Susan Sandall, Jacky Smith, Judy Smith, Judy Stevens, Ian Stokes, Jill Thomas, Rosemary Trollope-Bellew, Dean Ward, Hannah Westropp, Amanda Wheeler, Mark Whittington, Jane Woods and Paul Woods.

## **21. Disclosure of Interests**

No interests were disclosed.

## **22. Grantham and District Hospital**

The Chairman introduced the item and confirmed that thirteen Councillors had signed a requisition to call for this extraordinary meeting to consider the outcome of the Lincolnshire Clinical Commissioning Group's Acute Service Review, which included a proposed permanent downgrade of Grantham and District Hospital Accident and Emergency facility to an Urgent Treatment Centre.

Councillor Charmaine Morgan proposed the following motion:

"South Kesteven District Council opposes any downgrade of Grantham and District Hospital Accident and Emergency Services. We call for a full restoration of 24/7 Accident and Emergency services and acute beds available at Grantham and District Hospital prior to its nights closure in August 2016.

Any loss of acute care at Grantham and District Hospital will result in the most sick, most vulnerable including our elderly, our children, our lowest income, our disabled residents and those without cars or unable to drive, having to travel among the furthest for Acute medical treatment. This includes the latest proposal to downgrade Grantham and District Accident and Emergency by Lincolnshire Clinical Commissioning Group in its Acute Service Review 2021 which will cement the reduction in acute services made by the Clinical Commissioning Group and United Lincolnshire Hospitals NHS Trust over several years. According to the Lincolnshire Clinical Commissioning Group's Acute Service Review 2021, this will require up to 700 acutely ill local people a year to travel to alternative Accident and Emergency

sites for appropriate care. It will result in worsened medical outcomes for those people and put lives at risk.”

The proposal was seconded by Councillor Ian Selby.

Councillor Morgan in presenting the motion made the following points:

- Grantham and District Hospital served a community of over 120,000 people, however, for over a decade public health bodies had nurtured a strategic objective to streamline acute NHS services and centralise them as much as possible at Lincoln County Hospital
- There had been numerous attempts to close or downgrade Grantham and District Hospital’s Accident and Emergency facility
- A significant obstacle faced by campaigners was a denial that Grantham and District Hospital had an Accident and Emergency facility at all. Through Freedom of Information requests, evidence of which was used to support a judicial review, it was proven that such a facility had been in place at the hospital based on the type and severity of conditions treated there, ranging from minor to life-threatening injuries
- Prior to the night closure, over 36,000 people visited the Accident and Emergency facility each year with over 4,400 patients being admitted directly into the hospital via emergency ambulances alone, staying in 77 acute beds
- Grantham was at least 25 miles away from the next nearest alternative Accident and Emergency facility and required a minimum journey time of 45 minutes depending on time of day and road conditions
- Independent evidence indicated that in an acute emergency, distance and time could mean the difference between life and death, risk increasing with every mile travelled
- The consultation carried out by the Lincolnshire Clinical Commissioning Group was contentious and lacked key details, including comparison with the services that were being provided against those proposed to be lost
- The majority of respondents living in the Grantham area objected to the proposals
- The offer of a 24/7 service via an Urgent Treatment Centre appeared attractive but the acute services available in such a centre did not compare with those in an Accident and Emergency unit
- A highly qualified member of staff at the hospital had indicated that if these proposals were introduced they would be irreversible and another Accident and Emergency would not be seen at the hospital for over 50 years. It would end Grantham as a District Hospital altogether in respect of acute beds and the consultancy team which sat behind the Accident and Emergency would also be lost
- At least 700 acutely ill patients would be forced to go elsewhere for treatment away from local support, many being critically ill and elderly residents
- The loss of 50 acute beds already at the hospital, a decision taken prior to this public consultation, was hugely worrying and meant that emergency patients could not be admitted into their local hospital. The hospital needed these beds back

- As elderly people lived longer with complex needs the care in the community proposal was no match for the team of consultants and equipment the hospital had in its acute wards which saved and extended lives
- As had been experienced at the Louth Urgent Treatment Centre in respect of cuts, even if such a centre was put in place in Grantham a question was asked as to how long it would remain open as a 24/7 unit
- Local, acute care was required which all people could afford to access. People were entitled to be treated fairly, however, the proposals would mean that someone living in or around Grantham would not receive the same level of access to care as someone living near any other large town or city in the county, despite growth plans for Grantham

Councillor Ian Selby, having seconded the motion, made the following points:

- When people were ill and in pain, needing urgent assistance, they wanted to be taken somewhere as close as possible as opposed to having to travel 30 or 40 miles across the county
- Grantham residents were being treated as second class citizens as a result of the proposals and it appeared that they were an inconvenience to the Clinical Commissioning Group and United Lincolnshire Hospitals NHS Trust
- Numerous arguments and points had been made in the past regarding the retention of the Accident and Emergency facility at Grantham and District Hospital
- The current fuel price hikes would add to the burden not just for the public but also for the ambulance service
- Thousands of new houses were being built in the area which meant that the population was increasing and this should be even more justification to increase health services
- The Clinical Commissioning Group and United Lincolnshire Hospitals NHS Trust were both unelected bodies. An elected Health Commissioner should be introduced in a similar role to that of Police and Crime Commissioners, with powers of appointment to key roles

Councillor Adam Stokes stated that Grantham and District Hospital was a very important and emotive issue which had been debated in the town for many years. He proposed an amendment to the original motion which meant it read as follows:

“South Kesteven District Council opposes any further downgrade of Grantham and District Hospital. We support the return of 24/7 access to Grantham and District Hospital, irrespective of what it might be called – to ensure that individuals can seek help when required.

The proposed way forward decided upon by NHS Leaders' has the assurance that 97% of all cases can be administered by Grantham & District Hospital, with the remaining being taken to centres of excellence for the best treatment possible with specialists in this field, which result in better outcomes for patients. The model being proposed will also support a community led-local service working alongside our local GP's.

South Kesteven District Council also supports the continued investment over the last two years into Grantham Hospital and wider Lincolnshire with:

- £5m for two new laminar flow theatres at Grantham Hospital.
- £3.3m to refurbish and expand the critical surgical wards at Boston & Grantham hospitals.
- £1.1m towards the replacement of the digital cardiology system.
- £2.5m for an artificial intelligence solution to support triage and management of the patient waiting list.
- £600k for a digital solution to support the MSK Pathway.
- Grantham Hospital being chosen to be one of 40 national community diagnostic centres.
- £3.8m funding for new CT scanners and imaging technology.
- £1.4m for improvements to endoscopy services.
- £1.6m on a new MRI scanner.
- £378m of ULHT debt written off by Government, the most of any NHS trust outside of London.

Whilst the decision of what happens at Grantham Hospital ultimately is taken by both the United Lincolnshire Hospitals NHS Trust and the Lincolnshire Clinical Commissioning Group, our aim is to secure the best services for residents who live in Grantham and the surrounding area. As the Town continues to grow and develop, we will work with the trust to bring further services and investment to Grantham and be a part of the long-term discussion to plan for the future of healthcare in our area.”

The amendment was seconded by Councillor Robert Reid.

*The meeting temporarily adjourned at this stage of proceedings.*

In debating the amendment the following points were noted:

- The amendment represented support for never having a 24/7 Accident and Emergency facility again at Grantham
- An Urgent Treatment Centre was effectively a glorified GP surgery which could not be compared to the acute services offered by an Accident and Emergency facility
- A cross-party consensus on this issue would have been the ideal situation, building on recent positive cross-party working such as the Community Governance Review for Grantham
- The community would be disappointed with this amendment and deserved better
- Previous reviews had focussed on saving money and cost efficiencies as opposed to saving lives
- A fair and reasonable strategy would be to put a plan of operation in place whereby Grantham and District Hospital had 24/7 opening hours, even if initially as an Urgent Treatment Centre, with the intention of bringing services back into the 21<sup>st</sup> Century as a matter of urgency as opposed to the permanent introduction of an Urgent Treatment Centre

- A local resident had recently suffered a heart attack and if this had not have happened within the current opening hours of the Accident and Emergency facility at Grantham and District Hospital the gentleman almost certainly would have lost his life
- There had been a huge increase in the local population recently, with further growth expected in the future. The planning of healthcare provision should therefore focus on the longer term and make more effort to secure a fair share of funding
- Lincolnshire as a county had been underfunded for some considerable time, particularly in respect of healthcare investment, and the Council should engage with Lincolnshire's Members of Parliament on this matter
- A Member of the Council reported that they had recently suffered a stroke and in sharing their experience highlighted that he had arrived at Lincoln County Hospital at 3.30pm and had to wait until 4.45am, thirteen hours, to be admitted
- The outcome of the Acute Services Review was hugely disappointing considering the amount of hard work and campaigning that had taken place over many years to save the hospital's services
- Reassurance had been given that 97% of patients could be served by the Urgent Treatment Centre in Grantham, whereas the most important consideration should be that residents had access to the best possible services, open 24/7
- There were genuine concerns that Lincoln County Hospital would not be able to cope with patient numbers arriving from Grantham, as waiting times were already too long
- Patient outcomes were the most important factor
- During the Covid-19 pandemic, Grantham District Hospital became a green site which dealt with the backlog of operations
- The original decision to close the Accident and Emergency at Grantham and District Hospital by United Lincolnshire Hospitals NHS Trust in 2016 on safety and staffing issues was challenged at judicial review. The subsequent provision, and current provision in place, consisted of a daytime Accident and Emergency service together with an overnight GP out of hours service
- Grantham and District Hospital had consistently been the lowest denominator, with services being lost to hospitals at Boston and Lincoln. The hospital had been through the Sustainability Rationalisation Plan, Healthy Conversations and now the Acute Services Review. The key issue appeared to relate to staffing and finance and the fact that the United Lincolnshire Hospitals NHS Trust could not support three Accident and Emergency facilities in the county
- An Urgent Treatment Centre could treat sprains, strains, suspected broken limbs, minor head injuries, cuts, grazes, bites, stings, eye problems, scolds and minor burns, coughs and colds. Grantham residents wanted more than just an Urgent Treatment Centre
- No reason had been presented as to why the amendment was more appropriate than the original motion
- An assurance had been received that 97% of existing patients could be treated at the Urgent Treatment Centre, but a question was asked as to what

would happen if this figure was optimistic and in practice reduced to 95%, 90% or even 85%

- The proposed amendment undermined the original motion
- Vulnerable and elderly people would be amongst the 3% who would not be able to be treated at the Urgent Treatment Centre. This group, equating to 700 people a year, had been dismissed as a result of the amendment and could potentially lose their lives or suffer as a result of travelling across the county or even out of the county
- A vote in favour of the amendment would be a failure to those people who had campaigned and protested against the closure of the Accident and Emergency facility at Grantham and District Hospital
- The Clinical Commissioning Group was challenged as to how it had reached the figure of 97% who at the time could not even confirm the services that would be provided as part of the Urgent Treatment Centre. The figure was therefore unquantifiable
- There was already pressure on ambulance crews and this proposal would see increasing demands placed upon them
- In respect of the Equalities Act, one of the most significant concerns regarding the proposal was the dismissal of those who would be most affected. Those most affected, making up the 3% of people who could not be treated at an Urgent Treatment Centre, would be people with protected characteristics. This alone should have been enough to persuade the Clinical Commissioning Group to withdraw the proposals
- Consultants would not want to work in an Urgent Treatment Centre in Grantham which in itself could undermine the services Grantham and District Hospital provided in the future. This represented a strategic mistake by the Clinical Commissioning Group which was contrary to its own strategy policy
- Examples were given of poor communication between Grantham and District Hospital and Lincoln County Hospital, whereby patients were being referred and upon their arrival at the respective hospital were found to have no record of an appointment. In one case a patient, referred from Grantham and District Hospital to Lincoln County Hospital, upon arrival in Lincoln, was immediately sent back to Grantham due to Grantham and District Hospital being their local hospital. Issues like this were occurring whilst an Accident and Emergency facility was still in place in Grantham, so a question was raised as to what the situation would be like when it was replaced with an Urgent Treatment Centre
- Something needed to be done to improve the way of working between the two hospitals and questions were raised as to how Lincoln County Hospital would deal with the anticipated additional workload

Councillor Richard Cleaver sought to make the following amendments to Councillors Stokes' amendment:

- Amendment to the first paragraph so that it reads:  
“South Kesteven District Council deeply regrets the downgrade of emergency services at Grantham and District Hospital. We support the return of 24/7 access to Grantham and District Hospital, and strongly hope that this

will be permanent and look forward to the expansion of the range of services offered as the town grows further.”

- Additional third paragraph to read:

“However, the Council notes that 21,500 Lincolnshire patients already travel over 45 minutes to Accident and Emergency and that these new arrangements will add a further 750 patients to that total.”

- Amendment to the final sentence of the final paragraph so that it reads:

“As the town continues to grow and develop, we will encourage United Lincolnshire Hospitals NHS Trust, primary care networks and the new integrated care system bodies, to bring further services and investment to Grantham and be a part of the long-term discussion to plan for the future of healthcare in our area.”

*The meeting temporarily adjourned at this stage of proceedings.*

Councillors Adam Stokes and Robert Reid, as proposer and seconder of the original amendment, respectively, agreed to accept the proposed changes to their amendment.

In debating the revised amendment, the following points were noted:

- Tributes were paid to those Councillors across all political parties who had campaigned for services at Grantham and District Hospital
- No reasons had been put forward as to why the amendments proposed were better than the original motion
- It was important for the Council to provide a unified voice on this matter
- Grantham’s proximity to north and south routes in terms of the road and railway network meant that decent healthcare services should be restored at Grantham and District Hospital
- It was a retrograde step that patients would need to travel further distances to receive the care and treatment they required
- A question was raised as to whether the Trust would take any notice as to the outcome of the Council’s deliberations on this matter
- The decision as to what happened at Grantham and District Hospital was ultimately taken by the United Lincolnshire Hospitals NHS Trust and the Lincolnshire Clinical Commissioning Group, outside of which the County Council’s Health Scrutiny Committee for Lincolnshire had a remit to hold them to account. It was noted that the Health Scrutiny Committee for Lincolnshire had this item on the agenda for its meeting scheduled to be held later in the week
- Healthcare across the Grantham area was incredibly important, but issues had been experienced with the Accident and Emergency facility at Grantham and District Hospital. Previous discussions and considerations had been undertaken regarding the status of the facility and what level it was, but the



key issue was to ensure that doors were open 24/7, with unrestricted access so residents knew that they were able to go there if they needed to

- The introduction of the Urgent Treatment Centre could ensure that patients were stabilised prior to being referred to a centre of excellence, but this was what most people would want in terms of ensuring they were at the best place possible, with the best specialists to ensure that they received the best possible care
- Grantham did have growth plans moving forwards and that population growth would support improved services into hospitals
- The proposals put forward would ensure closer working with community-led GP's
- Grantham and District Hospital in being allocated as a green site during the Covid-19 pandemic worked on the backlog of operations not only for patients in the local area but for people across the country
- A devolution deal for Lincolnshire would ensure a greater local say in investment and budgets and provide the power required to shape healthcare across the county
- The NHS in this area suffered, not specifically from funding but in terms of people not necessarily choosing to live in South Kesteven or wider Lincolnshire. The Council's principal ambition to make South Kesteven the best place to live, work and visit would therefore help attract people to work in the district or county and fill vacancies in hospitals, recognising that the market was currently extremely crowded due to staff shortages in the NHS
- The NHS clinicians, as professionals in this sector, were using statistics and data to shape their strategic decision-making to provide the best possible healthcare to residents in terms of what they believed was right for the area
- There had been continued investment into Grantham and District Hospital and the wider Lincolnshire area
- A debate needed to take place on the long-term healthcare provision for the district as future growth plans needed to be factored in to ensure that South Kesteven had the best healthcare available moving forwards
- The original motion proposed to oppose the downgrade of Grantham and District Hospital's Accident and Emergency facility whereas the amendment replaced the word 'oppose' with the words 'deeply regrets', which removed one of the key aspects of the motion
- During the judicial review the previous united voice of the District Council opposing the downgrade of the Accident and Emergency facility and also the closure of the hospital at no notice in 2020 was referred to during the judgement, it being weighted heavily that the Council supported the community and its desire to retain acute services at Grantham. The amendments proposed did not go far enough in this respect and may even undermine any subsequent judicial review
- In reference to patients being stabilised in the Urgent Treatment Centre, this could only occur if the ability and skills were there to facilitate this
- GPs were already completely overloaded so there should not be any further pressure placed on the services they provided

- Care in the community was already significantly overburdened, particularly with regard to the difficulties experienced by people trying to secure GP appointments and homecare provision
- The key positive from the proposal for Grantham going forward was that the Urgent Treatment Centre would secure permanent 24/7 access to emergency healthcare and represented an upgrade compared to the current situation which consisted of a daytime Accident and Emergency facility and, effectively, a GP's practice overnight
- There were recruitment issues associated with medical professionals who did not necessarily see hospitals in Lincolnshire as their preferred places of employment, instead opting for facilities in cities such as London or Nottingham where teaching hospitals were located
- There were doctors who lived in Grantham and worked at Grantham and District Hospital celebrating the move from the Accident and Emergency facility to the Urgent Treatment Centre. It was not a retrogression and represented a forward step

Councillor Charmaine Morgan, as proposer of the original motion, responded to a number of points raised during the debate as part of her right of reply and made the following comments:

- There were not issues in the appointment of staff at Grantham and District Hospital, which itself was a training hospital
- The only reason that a full 24/7 Accident and Emergency facility was not currently in place at the hospital was due to the United Lincolnshire Hospitals NHS Trust taking a decision in 2018 not to re-open it on this basis, even though the hospital had the required number of employees on its establishment

A Point of Order was raised which sought to challenge the validity of the amendment proposed. It was confirmed that the amendment was valid.

Having been proposed and seconded, upon being put to the vote the revised amendment was **AGREED**.

Councillors were invited to debate the substantive motion. No further contributions were made.

Having been proposed and seconded, upon being put to the vote the substantive motion was **AGREED**.

#### **DECISION:**

Full Council **AGREED** the following motion:

South Kesteven District Council deeply regrets the downgrade of emergency services at Grantham and District Hospital. We support the return of 24/7 access to Grantham and District Hospital, and strongly hope that this will be permanent and look forward to the expansion of the range of services offered as the town grows further.

The proposed way forward decided upon by NHS Leaders has the assurance that 97% of all cases can be administered by Grantham and District Hospital, with the remaining being taken to centres of excellence for the best treatment possible with specialists in this field, which result in better outcomes for patients. The model being proposed will also support a community led-local service working alongside our local GP's.

However, the Council notes that 21,500 Lincolnshire patients already travel over 45 minutes to Accident and Emergency and that these new arrangements will add a further 750 patients to that total.

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- £1.6m on a new MRI scanner
- £378m of ULHT debt written off by Government, the most of any NHS trust outside of London

Whilst the decision of what happens at Grantham Hospital ultimately is taken by both the United Lincolnshire Hospitals NHS Trust and the Lincolnshire Clinical Commissioning Group, our aim is to secure the best services for residents who live in Grantham and the surrounding area. As the town continues to grow and develop, we will encourage United Lincolnshire Hospitals NHS Trust, primary care networks and the new integrated care system bodies, to bring further services and investment to Grantham and be a part of the long-term discussion to plan for the future of healthcare in our area.

The meeting closed at 15:00