

# Agenda Item 4

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>20 March 2019</b>
Subject:	<b>Chairman's Announcements</b>

## 1. **Grantham A&E Overnight Closure - Correspondence with Prime Minister**

On 1 March 2019, I received an email from the Correspondence Officer in the Prime Minister's Direct Communications Unit, which acknowledged receipt of the letter I sent to the Rt Hon Theresa May, the Prime Minister, following the Committee's last meeting on 20 February 2019.

If a substantive response is received by 20 March 2019, it will be reported to the Committee.

## 2. **Healthy Conversation 2019 – Listening and Engagement Exercise**

On 5 March 2019, the NHS in Lincolnshire launched the *Healthy Conversation 2019* listening and engagement exercise. Since the publication of the Lincolnshire Sustainability and Transformation Plan in December 2016, the Health Scrutiny Committee has recorded its frustration on several occasions over the lack of detail on how plans for acute service reconfiguration have been developing. So the launch of *Healthy Conversation 2019* provides an opportunity for as many residents as possible, as well as the Health Scrutiny Committee, to engage and put forward their views on how a range of NHS services should be delivered in Lincolnshire.

There is a full report on this at item 10 of this agenda. This will enable the Committee to have an initial discussion and identify the priority topics from *Healthy Conversation 2019* that it would like to consider from May 2019 onwards.

### **3. Community Pain Management Service**

On 1 March 2019, I received a briefing on the Community Pain Management Service from Lincolnshire West Clinical Commissioning Group (CCG), which is the lead CCG for commissioning this service in Lincolnshire.

Around 6,000 patients in Lincolnshire have been diagnosed with chronic pain, in most cases as a result of fibromyalgia, arthritis or back pain. These patients generate approximately 20,000 clinic and day case appointments across the county, where they are provided with injections and medication to alleviate chronic pain. These services are usually delivered in an acute setting.

On 28 March 2019, a new service will be formally launched, with Connect Health beginning a five year contract to deliver the service. This will see a new model of service delivery, with care delivered closer to home and predominantly in the community. The new model will also see the development of patient groups and outreach events in local venues. There will be three hub sites in Boston, Lincoln and Skegness, with smaller spoke sites at Gainsborough, Grantham, Louth and Spalding.

The clinical pathway will see a single point of access, with clinical triage by a team including consultants, GPs, advanced practitioners, occupational therapists, psychologists, pharmacists and nurses.

### **4. Implementing the NHS Long Term Plan - Proposals for Possible Changes to Legislation**

On 28 February 2019, NHS England launched 'a call for views' on how targeted amendments to the law could help local and national health organisations work together more effectively to improve services for patients. The document containing the proposals is entitled: *Implementing the NHS Long Term Plan - Proposals for Possible Changes to Legislation* and is available at the following link:

<https://www.longtermplan.nhs.uk/publication/implementing-the-nhs-long-term-plan/>

NHS England states that it is possible to implement the NHS Long Term Plan without primary legislation, but legislative change could make implementation easier and faster. Local NHS bodies need to be better able to work together to redesign care around patients, and the same is also true for the national bodies. NHS England states that the rules and processes for procurement, pricing and mergers create unnecessary bureaucracy that gets in the way of enabling the integration of care.

In relation to health overview and scrutiny committees, paragraph 69 of *Implementing the NHS Long Term Plan - Proposals for Possible Changes to Legislation* makes reference to local authorities continuing to have the right to review and scrutinise the health service in their area and, where there is a substantial development or variation, there would continue to be an obligation on NHS bodies or health service providers to consult with the local authority. This

means none of the proposals would affect the role of this Committee.

There are nine questions in the call for views document, and the closing date for the submission of responses is 25 April 2019. The questions are set out in Appendix A to the announcements, together with a brief explanation of the proposal.

## **5. Lincolnshire Partnership NHS Foundation Trust**

On 4 March, 2019, Paul Devlin, the Chair of Lincolnshire Partnership NHS Foundation Trust (LPFT) announced the appointment of Brendan Hayes as the new Chief Executive of LPFT. This followed an assessment and interview process involving more than 50 staff, governors and other stakeholders.

Brendan Hayes's current role is as the chief operating officer and deputy chief executive of Birmingham and Solihull Mental Health NHS Foundation Trust, a post he has held for over five years, and he has over 16 years' of senior NHS management experience overall. He remains registered as a mental health nurse.

The new chief executive is due to join LPFT in the summer and will take over from the interim Chief Executive, Anne-Maria Newham MBE.

## **Implementing the NHS Long Term Plan Proposals for Possible Changes to Legislation**

On 28 February 2019, NHS England launched 'a call for views' on *Implementing the NHS Long Term Plan Proposals for Possible Changes to Legislation*. The nine questions in the consultation document are set out below. For each question respondents are asked to strongly agree; agree; neutral; disagree; or strongly disagree. There is also an opportunity to provide 'free text' for each question and a general comment section at the end of the survey.

### **1. Promoting Collaboration**

- Do you agree with our proposals to remove the Competition and Markets Authority's functions to review mergers involving NHS foundation trusts?
- Do you agree with our proposals to remove NHS Improvement's powers to enforce competition?
- Do you agree with our proposals to remove the need for contested national tariff provisions or licence conditions to be referred to the Competition and Markets Authority?

### **2. Getting Better Value for the NHS**

This includes the following proposals: -

- a. Revoke regulations made under section 75 of the Health and Social Care Act 2012 and repeal powers in primary legislation under which they are made, subject to a new best value test
  - b. Remove arrangements between NHS commissioners and NHS providers from the scope of the Public Contracts Regulations, subject to a new best value test
- Do you agree with our proposals to free up procurement rules including revoking section 75 of the Health and Social Care Act 2012 and giving NHS commissioners more freedom to determine when a procurement process is needed, subject to a new best value test?

### **3. Increasing the Flexibility of National Payment Systems**

This includes the following proposals:

- a. Remove the power to apply to NHS Improvement to make local modifications to tariff prices, once integrated care systems are fully developed
- b. Enable the national tariff to include prices for 'section 7A' public health services
- c. Enable national prices to be set as a formula rather than a fixed value, so prices can reflect local factors
- d. Enable national prices to be applied only in specified circumstances
- e. Enable selected adjustments to tariff provisions to be made within a tariff period (subject to consultation)

- Do you agree with our proposals to increase the flexibility of the national NHS payments system?

#### 4. **Integrating Care Provision**

This proposal includes enabling the Secretary of State to set up new NHS trusts to provide integrated care.

- Do you agree that it should be possible to establish new NHS trusts to deliver integrated care?

#### 5. **Managing the NHS's Resources Better**

This includes the following proposals:

- a. Give NHS Improvement targeted powers to direct mergers involving NHS foundation trusts, in specific circumstances only, where there are clear patient benefits
- b. Give NHS Improvement powers to set annual capital spending limits for NHS foundation trusts

- Do you agree that there should be targeted powers to direct mergers or acquisitions involving NHS foundation trusts in specific circumstances where there is clear patient benefit?
- Do you agree that it should be possible to set annual capital spending limits for NHS foundation trusts?

#### 6. **Every Part of the NHS Working Together**

This includes the following proposals:

- a. Enable CCGs and NHS providers to create joint committees
- b. Give NHS England powers to set guidance on the formation and governance of joint committees and the decisions that could appropriately be delegated to them
- c. Allow the designated nurse and secondary care doctor appointed to CCG governing bodies to be clinicians who work for local providers
- d. Enable CCGs and NHS providers to make joint appointments

- Do you agree that CCGs and NHS providers be able to create joint decision-making committees to support integrated care systems (ICSs)?
- Do you agree that the nurse and secondary care doctor on CCG governing bodies be able to come from local providers?
- Do you agree that there should be greater flexibility for CCGs and NHS providers to make joint appointments?

#### 7. **Shared responsibility for the NHS**

This proposal would create a new shared duty for all NHS organisations to promote the 'triple aim' of better health for everyone, better care for all patients, and efficient use of NHS resources, both for their local system and for the wider NHS

- Do you agree that NHS commissioners and providers should have a shared duty to promote the 'triple aim' of better health for everyone, better care for all patients and to use NHS resources efficiently?

## **8. Planning Our Services Together**

This includes the following proposals:

- Enable groups of CCGs to collaborate to arrange services for their combined populations
  - Allow CCGs to carry out delegated functions, as if they were their own, to avoid the issue of 'double delegation'
  - Enable groups of CCGs to use joint and lead commissioner arrangements to make decisions and pool funds across all their functions
  - Enable NHS England to jointly commission with CCGs the specific services currently commissioned under the section 7A agreement, or to delegate the commissioning of these services to groups of CCGs
  - Enable NHS England to enter into formal joint commissioning arrangements with CCGs for specialised services
- Do you agree that it should be easier for NHS England and CCGs to work together to commission care?

## **9. Joined-up National Leadership**

This includes the following proposals:

- Bring NHS England and NHS Improvement together more closely, either by combining the organisations or providing more flexibility for them to work closely together
  - Enable wider collaboration between arm's length bodies
- Which of these options to join up national leadership do you prefer?
    - combine NHS England and NHS Improvement
    - provide flexibility for NHS England and NHS Improvement to work more closely together
    - neither of the above
  - Do you agree that the Secretary of State should have power to transfer, or require delegation of, arm's length body functions to other arm's length bodies, and create new functions of arm's length bodies, with appropriate safeguards?