Lincolnshire COUNTY COUNCIL Working for a better future		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:	**19 April 2023**
Subject:	**Chairman's Announcements**

1. Closure of Dental Practices Providing NHS Treatment

BUPA operates several dental practices in Lincolnshire, where patients are offered NHS treatment. It has been reported that BUPA is closing its dental practice in Skegness and is reviewing a further two practices, in Boston and Sleaford, and these may also close. NHS Lincolnshire Integrated Care Board has been requested to provide an update to the Committee on the impact of this closure on NHS dental services, as well as the impacts from other possible closures.

2. Care Quality Commission – Inspection and Regulation Arrangements

On 15 March 2023, as part of the Committee's consideration of the item on Quality Accounts, a request was made for more information on how the Care Quality Commission plans its inspections. This was because the latest overall inspection rating for several of the providers was three or more years old. A briefing paper is attached at Appendix A to these announcements.

3. Use of Opioids

At the last meeting there was a request for information on the use of opioids. On 2 March 2023, NHS England announced a new action plan to further reduce the use of opioids. This followed a reduction of 450,000 in the number of prescriptions for opioids in England in under four years. The action plan is called *Optimising Personalised Care for Adults Prescribed Medicines Associated with Dependence or Withdrawal Symptoms – Framework for Action for Integrated Care Boards and Primary Care*, and is available at: new framework for local health and care providers.

NHS England has stated that new action plan aims to further reduce inappropriate prescribing of high-strength painkillers and other addiction-causing medicines, like opioids and benzodiazepines, where they might no longer be the most clinically appropriate treatment for patients. The plan would support GPs and clinical pharmacists to provide patients with a review of their medicines and make a shared decision about whether a change in treatment is needed, such as moving patients away from potentially-addictive prescribed drugs, especially in cases where the clinical benefit for an individual remaining on a treatment decreases.

NHS England states that in under three years the number of opioid painkillers prescribed has fallen by 8%, which is estimated to have saved nearly 350 lives and prevented more than 2,100 incidents of patient harm. The numbers of benzodiazepines and sleeping pills prescribed in England has also fallen by 170,000 (13.9%) and 95,000 (10.2%) respectively.

A previous review had found that in 2017-18 one in four adults in England had been prescribed benzodiazepines, z-drugs, gabapentinoids, opioids for chronic non-cancer pain or antidepressants.

NHS England states that it is supporting integrated care boards, community health services, public health teams and primary care networks to create personalised and innovative support for patients who have used addictive drugs or suffer from a condition that would have historically seen them prescribed such a drug, to better manage their long-term physical and mental health.

4. Nuclear Medicine

On 13 April 2022 the Committee approved its response to the consultation by United Lincolnshire Hospitals NHS Trust (ULHT) on its proposals for its nuclear medicine service. On 4 October 2022, the Board of ULHT considered the outcomes of the consultation and decided to move to a single-site model of care, based at Lincoln County Hospital.

Nuclear medicine uses small doses of radioactive substances (radiopharmaceuticals) in the diagnosis and treatment of diseases. Unlike conventional imaging, such as x-rays, nuclear medicine enables assessment of the function of organs, using up to twenty different tests. Nuclear medicine uses a gamma camera to detect the radiation in the patient.

As reported to the Committee on 9 November 2022, the ULHT Board on 2 October 2022 had approved the centralisation of all nuclear medicine services at Lincoln County Hospital. The projected timeline, as reported to the Board, envisaged closing the service at Pilgrim Hospital from January 2023. At this time, it was proposed that a report be submitted six months after the closure of the service at Pilgrim Hospital and it is proposed to keep this item scheduled for September 2023.

5. The Hewitt Review – An Independent Review of Integrated Care Systems

On 4 April 2023, *The Hewitt Review – An Independent Review of Integrated Care Systems* was published. The Rt Hon Patricia Hewitt was commissioned by the Secretary of State for Health and Social Care with a remit to consider how the oversight and governance of integrated care systems can best enable them to succeed. Recommendations were sought on three areas:

- how to empower local leaders, giving them control while making them more accountable;
- the scope and options for a significantly smaller number of national targets for which NHS integrated care boards should be both held accountable for and supported to improve; and
- how the role of the Care Quality Commission can be enhanced in system oversight.

The review, which contains 36 recommendations in total, is available at: Hewitt Review: an independent review of integrated care systems - GOV.UK (www.gov.uk). The executive summary of the review is attached at Appendix B.

Role of Health Overview and Scrutiny Committees

The review considers the local accountability framework and states the following on health overview and scrutiny committees:

> "Health overview and scrutiny committees are another important part of the local accountability framework, allowing councillors to scrutinise significant changes or issues in health and care provision and hold local NHS leaders to account. Although (like integrated care systems themselves) they may vary somewhat in effectiveness and maturity, it is important to the success of integrated care systems that they provide effective, proportionate scrutiny.
>
> "I therefore recommend recognising health overview and scrutiny committees (and, where agreed, joint health overview and scrutiny committees) as having an explicit role as system overview and scrutiny committees. The Department of Health and Social Care should work with local government - through the Local Government Association, the Office for Local Government and the Centre for Governance and Scrutiny - to develop a renewed support offer to health overview and scrutiny committees and to provide support to integrated care systems where needed in this respect. In assessing the maturity of integrated care systems, the Care Quality Commission should consider the effectiveness of system oversight provided by health overview and scrutiny committees or joint health overview and scrutiny committees, or both.

Recommendation

"Health overview and scrutiny committees (and, where agreed, joint health overview and scrutiny committees) should have an explicit role as system overview and scrutiny committees. To enable this, the Department of Health and Social Care should work with local government to develop a renewed support offer to health overview and scrutiny committees and to provide support to integrated care systems where needed in this respect."

The above recommendation, together with the review's other 35 recommendations, will be considered by the Secretary of State for Health and Social Care.

APPENDIX A

BRIEFING PAPER ON CARE QUALITY INSPECTION ARRANGEMENTS

Inspection Arrangements since March 2020

During the pandemic the Care Quality Commission (CQC) suspended its routine inspections. In July 2021, the CQC introduced a monthly review of providers of NHS services, to prioritise its activity. Where the CQC's review indicates that a service may be of lower risk, it publishes a statement on its website. The monthly review arrangements apply to providers, who:

- are rated as either good or outstanding;
- are meeting all the regulations;
- are not be subject to any regulatory activity; and
- show no evidence requiring a re-assessment of the rating or quality at that time.

The CQC states that where its review indicates there may be higher risk, it will make additional checks, including gathering people's experiences of care and contacting the provider. Where the CQC considers a service to be very high risk, it will carry out an inspection. Sometimes the CQC inspects all core services (a comprehensive inspection) and sometimes the CQC look at specific areas of concern (a focused inspection). As inspections are often 'unannounced' the CQC does not publish a future programme.

Inspection Arrangements from 1 April 2023

The CQC has announced the following plans from 1 April 2023:

Registration

The CQC states it will prioritise applications from new services that will add capacity to help the current challenges in health and social care; and continue its rigorous approach to registering services for people with a learning disability and/or autistic people in line with its Right Support, Right Care, Right Culture guidance.

Hospital Services

- The CQC states that it will respond to new and emerging information of concern in NHS organisations, including inspecting core services and the well-led key question. This includes NHS acute hospitals, ambulance, community health and NHS 111 services. The CQC will also prioritise services with inherent risk including unrated locations and locations we haven't yet inspected.
- The CQC will continue to inspect mental health services and independent health providers, and carry out Mental Health Act monitoring visits as planned.
- The CQC will continue its national programme of inspections in maternity services.

Primary Medical Services (GP providers: out-of-hours, NHS 111 and urgent care services)

- The CQC will respond to new and emerging information of concern.
- The CQC will prioritise inspections of services where there is inherent risk, including those in special measures, services rated as inadequate or requires improvement, newly registered services, and inspections to follow up enforcement action.
- The CQC will continue its monitoring calls with GP providers.

Dental and Other Primary Medical Services

- The CQC will continue our inspections and monitoring activity.
- Across all sectors the CQC will prioritise inspections of services for people with a learning disability and autistic people where it has not received updated information in the last twelve months or it has not inspected for three or more years.
- The CQC will continue to develop the next steps in delivering its strategy. This includes its approach to local authority and integrated care system assessments, which it published recently. The CQC will share an update on implementing its new regulatory approach in the coming weeks.

East Midlands Ambulance Service NHS Trust

The most recent full inspection report of the East Midlands Ambulance Service (EMAS) was published in July 2019. However, in July 2022 a report was published by the CQC on EMAS's emergency operations centres, including the one located in Lincolnshire, following an inspection in April 2022. As this was a partial inspection, the CQC's finding was "inspected but not rated". In effect this means that EMAS's July 2019 rating of *Good* continues to apply.

Lincolnshire Community Health Services NHS Trust

Lincolnshire Community Health Services NHS Trust (LCHS) has not received a comprehensive or focused inspection since 2018.

Lincolnshire Partnership NHS Foundation Trust

Lincolnshire Partnership NHS Foundation Trust (LPFT) has not received a comprehensive or focused inspection since 2020.

Conclusion

Representatives of the CQC are due to present to the Committee in the autumn of this year. This will provide an opportunity for members of the Committee to obtain more information on the CQC's approach to assessing risk and programming inspections of providers.

APPENDIX B

THE HEWITT REVIEW – AN INDEPENDENT REVIEW OF INTEGRATED CARE SYSTEMS

Executive Summary

Integrated care systems (ICSs) represent the best opportunity in a generation for a transformation in our health and care system. Effective change will require the combination of new structures with changed cultures. Everyone needs to change, and everyone needs to play their part.

The review has identified six key principles, that will enable us to create the context in which ICSs can thrive and deliver. These are: collaboration within and between systems and national bodies; a limited number of shared priorities; allowing local leaders the space and time to lead; the right support, balancing freedom with accountability and enabling access to timely, transparent and high-quality data.

From Focusing on Illness to Promoting Health

Delivering these principles will require genuine change in how the health and care system operates. While there will always be immediate pressures on our health care system, shifting the focus upstream is essential for improving population health and reducing pressure on our health and care system.

This will require a shift in resources - the share of total NHS budgets at ICS level going towards prevention should be increased by at least 1% over the next five years. It will also require cross-governmental collaboration to embed a national mission for health improvement and the establishment of a new Health, Wellbeing and Care Assembly.

Our use of data must also support this mission, with improved data interoperability and more effective use of high-quality data. Alongside this we need to empower the public through greater use of the NHS App and further long-term commitment for the development of citizen health accounts.

Delivering on the Promise of Systems

ICSs hold enormous promise, bringing together all those involved in health, wellbeing and care to tackle both immediate and long-term challenges. To do this effectively, national and regional organisations should support ICSs in becoming 'self improving systems', given the time and space to lead - with national government and NHS England significantly reducing the number of national targets, with certainly no more than ten national priorities.

We should encourage and deliver subsidiarity at place, system, regional and national levels. We are currently one of the most centralised health systems in the world, and ICSs give us an opportunity to rebalance this.

The most effective ICSs should also be encouraged to go further, working with NHS England to develop a new model with a far greater degree of autonomy, combined with robust and effective accountability.

For every ICS, increased transparency is vital to enabling local autonomy. The availability of timely, transparent and high-quality data must be a priority, and NHS England and the Department of Health and Social Care (DHSC) should incentivise the flow and quality of data between providers and systems. The Federated Data Platform can provide the basis for a radical change in oversight, to replace situation reports (SITREPS), unnecessary and duplicative data requests.

Both the Care Quality Commission (CQC) and NHS England will continue to have a vital role to play in oversight and accountability, but they should ensure that their improvement approaches are as complementary as possible, and complementary to peer review arrangements between systems.

Finally, it will be vital to ensure the right skills and capabilities are available to ICSs as both systems and national organisations manage through a period of challenge for the nation's finances. There needs to be consideration given to the balance between national, regional and system resource with a larger shift of resource towards systems.

Unlocking the Potential of Primary and Social Care and Their Workforce

In order to make the promise of ICSs a reality, we also need to pull down some of the barriers that currently exist for primary care, social care and the way we train health and care workforce.

Given the interdependence of health and social care, the government should produce a complementary strategy for the social care workforce. More should also be done to enable flexibility for health and care staff, both in moving between roles and in the delegation of some healthcare tasks.

National contracts present a significant barrier to local leaders wanting to work in innovative and transformational ways. I have recommended that work should be undertaken to design a new framework for General Practice (GP) primary care contracts, as well as a review into other primary care contracts.

Work also needs to be done to ensure that there is the flexibility to competitively recruit and train more specialists in fields such as data science, risk management, actuarial modelling, system engineering, general and specialised analytical and intelligence.

Resetting our Approach to Finance to Embed Change

We are currently not creating the best health value that we could from the current investment in the NHS. Instead of viewing health and care as a cost, we need to align all partners, locally and nationally, around the creation of health value.

NHS funding remains over-focused on treatment of illness or injury rather than prevention of them and ICS partners struggle to work around over-complex, uncoordinated funding systems and rules in order to shift resource to where it is most needed.

Instead, it is important to identify the most effective payment models, nationally and internationally, with an aim to implement a new model with population-based budgets, which will incentivise and enable better outcomes and significantly improve productivity. There should also be a review into the NHS capital regime to address the inflexibility in use of capital and the layering of different capital allocations and approvals processes.

NHS England should also ensure that systems are able to draw upon a full range of improvement resources to support them to understand their productivity, finance and quality challenges and opportunities.

This page is intentionally left blank