

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE 17 OCTOBER 2018

SUPPLEMENTARY CHAIRMAN'S ANNOUNCEMENTS

1. Grantham and District Hospital – Overnight Closure of Accident and Emergency Department

Correspondence

As reported to the Committee on 12 September, I had received a letter from Steve Barclay, MP, Minister of State for Health, in relation to Grantham A&E and the Committee's referral in January 2018. Following the meeting on 12 September, I wrote the Minister of State, stating that I looked forward to receiving the information on how South West Lincolnshire Clinical Commissioning Group (CCG) and United Lincolnshire Hospitals NHS Trust (ULHT) plan to carry out engagement and consultation on Grantham A&E.

I also sought clarification from the Minister of State on the status of the referral made by the Committee on 31 January 2018. In particular, I requested an indication whether the Minister's letter represented a determination of the January 2018 referral.

A response from the Minister of State is awaited.

Referral Processes

It is usual practice for the Secretary of State to pass referrals to the Independent Reconfiguration Panel (IRP) for initial advice, but guidance on the IRP's website indicates that this is not the practice in every instance and there is no legal requirement to do this. The Health Scrutiny Committee's referral in January 2018 was submitted on the grounds that the Committee "**found that consultation on the continued closure [of Grantham A&E overnight] had not been adequate**". As part of its submission, the Committee cited the IRP's report of March 2017, including the following advice:

"... CCGs, as commissioners must as a matter of urgency work with the local providers (including mental health care and community providers as well as ULHT) and the HSC to engage and consult the public across Lincolnshire on current services and what might be achievable and sustainable in the future."

It could be interpreted that seeking plans for engagement and consultation from the CCG and ULHT represents an implicit acceptance by the Minister of State of the Committee's arguments for consultation. Furthermore, a request was made to detach the consultation on Grantham A&E from the rest of the Lincolnshire Sustainability and Transformation Plan / Acute Services Review, but this has not been accepted.

2. Who Cares Wins – Best Nurse Award

Ward Sister Kat Mayer, who works at Lincoln County Hospital, has been awarded *The Sun's Who Cares Wins Best Nurse* prize. She spent more than three hours walking ten miles to get to through the snow during the 'Beast from the East' to get to work in March this year.

After Sister Kat Mayer realised that driving was not possible, she decided to film and live stream her treacherous journey to motivate herself. Her live stream caught the nation's attention and was widely viewed.

Sister Mayer has acknowledged that she was not the only one who walked to work that day, she was just the only one to film herself doing it. She has stated that the award is for every one who went the extra mile that day.

Agenda Item 8

County Offices, Newland,
Lincoln, LN1 1YL
www.lincolnshire.gov.uk



Dr Stephen Baird
Chair and Clinical Lead
Lincolnshire East CCG

County Offices
Newland
Lincoln
LN1 1YL

(via email)

18 October 2018

Dear Dr Baird

LOUTH COUNTY HOSPITAL INPATIENT SURVEY

Set out below is the response of the Health Scrutiny Committee to the survey by Lincolnshire East CCG on in-patient provision at Louth County Hospital.

Inpatient Options

At this stage, the Health Scrutiny Committee for Lincolnshire is recording its preference for Option 2. This is based on the information so far presented by Lincolnshire East CCG.

The Committee accepts that the reduction from 50 beds that took place in June 2017 was for fire safety reasons and understands that was made on a temporary basis. As Option 2 includes a proposal for 20 beds (16 beds, plus 4 four flexible beds), the Committee would like to see the evidence that supports the rationale for a permanent reduction from 50 beds to 20 beds. For example, is the rationale based on the level of patient need, or is it for fire safety or staffing capacity reasons? With this additional information the Committee would be fully assured that Option 2 is the better choice. The Committee recommends that this additional information is made available in a report.

The Committee notes the developments at Louth County Hospital aim to ensure that "people have the right support to stay safely at home or are not unnecessarily admitted or re-admitted". The Committee supports this approach but would like assurance that the GP practices and community health services are able to provide the required health care and support to patients when they are discharged. This applies not only to Louth, but to the surrounding towns and villages, such as Alford,

DRAFT RESPONSE FOR CONSIDERATION AND APPROVAL

Mablethorpe, Saltfleet and Sutton on Sea. The Committee formally requests that the CCG make this information available.

Arrangements for the Survey Period

The Health Scrutiny Committee notes that the CCG has stressed that the engagement with the public is a 'survey' rather than a consultation. The Committee understands that the NHS has a particular definition of consultation, which differentiates it from public engagement or a survey. Even so, good practice principles ought to be applied to a survey period as much as a consultation period.

The survey period was launched on 6 September with an initial closing date of 10 October. The dates for the engagement events were not available at the time of the launch on 6 September, and were subsequently arranged for 2 October (Louth) and 16 October (Skegness, subsequently changed to Mablethorpe). The Committee assumes that as one of these events was arranged to take place after the initial closing date, this was changed to 19 October. The Committee understands that the venue was changed from Skegness to Mablethorpe as Louth Hospital has more patients from Mablethorpe than Skegness.

The Committee would like to see public events planned and fixed at the time that any consultation or survey period begins. This would avoid any confusion and enable more members of the public to engage with the survey process. The Committee would like to have seen appropriately detailed evidence and supporting information issued with this survey. The Committee believes that a period of full consultation could address the Committee's concerns, which have been set out above.

Other Services

The Health Scrutiny Committee for Lincolnshire notes that there are several other services provided at Louth County Hospital. For example, Lincolnshire Community Health Services provides the out of hours service and the 24/7 urgent care centre; and United Lincolnshire Hospitals NHS Trust provides a range of outpatient services, as well as day case surgery. As stated by Lincolnshire East CCG, Louth County Hospital is well used and liked by local people and clinicians. For the avoidance of doubt in the local community, the Health Scrutiny Committee would urge Lincolnshire East CCG continually to restate its commitment to the continuation of these important services in Louth.

Louth Urgent Care Centre

Although not part of the inpatient survey, the Health Scrutiny Committee is aware of NHS England's drive to create a network of urgent treatment centres across the country, in accordance with a national specification. So far, the Committee understands that no definite plans have been developed in Lincolnshire, but would expect to see an urgent treatment centre established at Louth County Hospital, which in the Committee's view should operate 24/7, rather than open between 8am and 8pm, as indicated in the national guidance.

DRAFT RESPONSE FOR CONSIDERATION AND APPROVAL

Views of East Lindsey District Council and Louth Town Council

Both East Lindsey District Council and Louth Town Council have put on record their views about Louth County Hospital. The Health Scrutiny Committee requests that the CCG responds to these views as part of its engagement with the local community.

Future Provision

The Lincolnshire Sustainability and Transformation Plan (published in December 2016) referred to a proposal for between £25 million and £35 million of capital funding to support the remodelling of Louth County Hospital, including additional clinical services. Assuming this level of capital funding is made available, plans for any new build to replace the existing buildings in Louth would be supported. The Committee expects such substantial changes to Louth Hospital to be subject to full public consultation.

Conclusion

The Health Scrutiny Committee for Lincolnshire requests that Lincolnshire East CCG provides information on the rationale for the selection of the number of beds in Option 2; and assurances that GP and community health services in Louth and the surrounding area are capable of providing the right care and support to assist patients in their homes. The Committee formally invites representatives from Lincolnshire East CCG to attend the Committee when the results of the survey are made available. At that point the Committee can advise whether consultation would be necessary.

Yours sincerely



Councillor Carl Macey
Chairman of the Health Scrutiny Committee for Lincolnshire

cc. Samantha Milbank, Accountable Officer, Lincolnshire East Clinical
Commissioning Group
Andrew Morgan, Chief Executive, Lincolnshire Community Health Services
NHS Trust
Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust

This page is intentionally left blank

East Lindsey District Council – Council Resolution – 10 October 2018

With our increasingly elderly population coupled with the impact of rural poverty and deprivation, our struggling ambulance provision, the lack of public transport and our adopted District Plan giving rise to the building of thousands of new homes within East Lindsey, I am asking councillors to support our motion to require Lincolnshire East CCG to maintain the quality and level of services at Louth Hospital.

Recognising the outstanding Care Quality Commission rating Louth recently received, we urge the LECCG to maintain this level of excellence

This Council implores the LECCG to engage in a full and proper consultation with the community before any decision is made.

Louth Town Council – Council Resolution – 9 October 2018

This Council notes:

- a. That the Lincolnshire East Clinical Commissioning Group has engaged on changing the provision at County Hospital, Louth on Manby and Carlton wards, and the options are between 16 beds plus six chairs; or 20 beds plus 6 chairs.
- b. That East Lindsey's Local Plan mandates minimum house building for Louth of 1204 homes, and an overall district wide housing requirement of 7819 homes for the period 2017-2031. This growing local population will need increasing health infrastructure and jobs.
- c. The significant transport difficulties due to East Lindsey's rurality, and the burden placed on residents who will have to travel further should hospital provision be reduced.

This Council resolves to:

- a. Recognise that the reduction from 50 beds prior to the fire inspection at Manby and Carlton wards, now reduced to 20 or 16, is a decrease in local hospital bed provision that should only be introduced when there is adequate neighbourhood working and social care.
- b. Communicate our support for Louth Hospital, continued services in both outpatient and inpatient departments and to build on this.

This page is intentionally left blank

Agenda Item 9

		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

RESPONSE OF HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE TO THE CONSULTATION ON THE INTEGRATED CARE PROVIDER CONTRACT

Question 1 - Should local commissioners and providers have the option of a contract that promotes the integration of the full range of health, and where appropriate, care services? *Yes/No/unsure; and please explain your response.*

Response of the Health Scrutiny Committee for Lincolnshire

Yes. The Health Scrutiny Committee for Lincolnshire supports any contractual arrangements which promote the integration of health and social care. The Committee believes that any ICP contract should be fully accountable to commissioners, including local authorities and their local communities. The accountability arrangements should be clearer in terms of decision making, particularly as ICP contracts could be as long as ten years.

The Health Scrutiny Committee would like the ICP contract arrangements to make full use of health and wellbeing boards, who have a statutory role is the promotion of integration between health and social care. Health and wellbeing boards already have a basis in existing legislation.

The Committee would like to emphasise the phrase: "have the option", as participation in any ICP should be on a voluntary basis, and incentives should not be used as a means of compelling local participation.

For ICP contracts of ten years, the Committee emphasises the need for robust contract performance and management arrangements.

Question 2 - The draft ICP contract contains new content aimed at promoting integration, including:

- Incorporation of proposed regulatory requirements applicable to primary medical services, included in a streamlined way within the draft ICP contract
 - Descriptions of important features of a whole population care model, as summarised in paragraph 30.
- a) Should these specific elements be amended and if so how exactly?
Yes/no/unsure; and please explain your response.
- b) Are there any additional requirements which should be included in the national content of the draft ICP Contract to promote integration of services?
Yes/no/unsure; and please explain your response.

Response of the Health Scrutiny Committee for Lincolnshire

- a) Yes. As stated in the response to question 1, the Health Scrutiny Committee for Lincolnshire would like the ICP contract arrangements to make full use of health and wellbeing boards, who have a statutory role is the promotion of integration between health and social care.
- b) Yes. The Health Scrutiny Committee for Lincolnshire understands that joint strategic needs assessments and joint health and wellbeing strategies will continue, would like clarification of the intention for ICPs "to provide an analysis of population health needs and to develop strategies to improve health and wellbeing" (*paragraph 30 of the consultation document*).

In relation to shared electronic patient records (*paragraph 30 of the consultation document*), the Health Scrutiny Committee would like to be assured that appropriate safeguards are in place to protect confidentiality, but overall the concept of shared records is supported.

Question 3 - The draft ICP contract is designed to be used as a national framework, incorporating core requirements and processes. It is for local commissioners to determine matters such as:

- The services within scope for the ICP
- The funding they choose to make available through the contract, within their overall budgets
- Local health and care priorities which they wish to incentivise, either through the locally determined elements of the financial incentive scheme or through additional reporting requirements set out in the contract

Have we struck the right balance in the draft ICP contract between the national content setting out requirements for providers, and the content about providers' obligations to be determined by local commissioners? *Yes/no/unsure; and please explain your response.*

Response of the Health Scrutiny Committee for Lincolnshire

Yes. However, the Health Scrutiny Committee for Lincolnshire is concerned that incentivising commissioners to award an ICP contract may in effect compel them to participate, when the basis of the ICP contract arrangements should be voluntary, as they may not work in all parts of the country.

It is important that any ICP is focused on local people and communities, and they act as an independent advocate in this role, within an integrated system/process.

Question 4 - Does the bringing together of different funding streams into a single budget provide a useful flexibility for providers? *Yes/No/unsure; and please explain your response.*

Response of the Health Scrutiny Committee for Lincolnshire

Yes. The Health Scrutiny Committee for Lincolnshire supports the principle of pooled budgets. As stated above, contract performance and management arrangements would need to be robust.

Question 5 - We have set out how the ICP contract contains provisions to:

- guarantee service quality and continuity
 - safeguard existing patient rights to choice
 - ensure transparency
 - ensure good financial management by the ICP of its resources.
- a) Do you agree or disagree with our proposal that these specific safeguards should be included? *Agree/ Disagree/unsure; and please explain your response.*
- b) Do you have any specific suggestions for additional requirements, consistent with the current legal framework, and if so what are they? *Yes/No/unsure; and please explain your response.*

Response of the Health Scrutiny Committee for Lincolnshire

- a) Agree. It is important these safeguards are included to ensure that high quality services are provided to communities. There also needs to be transparency on the part of the ICP on how it allocates resources. Health overview and scrutiny committees should have a role in seeking assurance on the transparency of decision making.
- b) No comment.

Question 6

- a) Should we create a means for GPs to integrate their services with ICPs, whilst continuing to operate under their existing primary care contracts? *Yes/No/unsure; and please explain your response.*
- b) If yes, how exactly do you think we should create this?
- c) Are there any specific features of the proposed options for GP participation in ICPs that could be improved? *Yes/No/unsure; and please explain your response.*

Response of the Health Scrutiny Committee for Lincolnshire

- a) Yes.
- b) The consultation document sets out the proposed approach in paragraph 73 (first bullet point), whereby an integration agreement is established between GPs and the ICP.
- c) No comment.

Question 7

- a) Do you think that the draft ICP contract adequately provides for the inclusion of local authority services (public health services and social care) within a

broader set of integrated health and care services? *Yes/No/unsure; and please explain your response.*

b) If not, what specifically do you propose? *Please explain your response.*

Response of the Health Scrutiny Committee for Lincolnshire

a) Yes. The Health Scrutiny Committee for Lincolnshire believes that it is important that local authorities have discretion on whether to participate in an ICP contract arrangement. Where local authorities participate, it is important that there is equality between health and social care services and recognition of health and social care are partners in a very complex system.

Where local authorities are involved, the role of the local health and wellbeing board, which has a statutory responsibility for the promotion of the integration of health and social care, should have a clear and defined role in relation to the decision making arrangements for the contract.

b) Not applicable.

Question 8 - The draft ICP contract includes safeguards designed to help contracting parties to ensure commissioners' statutory duties are not unlawfully delegated to an ICP:

- It provides a framework within which decisions can be taken by the ICP, based on a defined scope of services which the commissioners require the ICP to deliver
- It includes a number of specific protections, outlined in paragraph 83, which together prohibit the provider from carrying out any activity which may place commissioners in breach of their statutory duties

Are there any other specific safeguards we should include to help the parties to ensure commissioners' statutory duties are not unlawfully delegated to an ICP? *Yes/No/unsure; and please explain your response.*

Response of the Health Scrutiny Committee for Lincolnshire

The response to this question is largely set out in paragraph 86 of the consultation document, which states: "*NHS England and NHS Improvement will seek assurance that before the contract is awarded the CCG has taken legal advice on its ability to carry out its statutory functions.*"

Question 9 - The draft ICP contract includes specific provisions, replicating those contained in the generic NHS standard contract, aimed at ensuring public accountability, including:

- requirements for the involvement of the public as explained in paragraphs 89-93
- requirement to operate an appropriate complaints procedure
- complying with the 'duty of candour' obligation

- a) Should we include much the same obligations in the ICP contract on these matters as under the generic NHS standard contract? *Yes/No/unsure; and please explain your response.*
- b) Do you have any additional, specific suggestions to ensure current public accountability arrangements are maintained and enhanced through an ICP contract? *Yes/No/unsure; and please explain your response.*

Response of the Health Scrutiny Committee for Lincolnshire

- a) Yes.
- b) The Health Scrutiny Committee for Lincolnshire, as stated in the responses to questions 1 and 7 emphasises the statutory role of health and wellbeing boards in promoting the integration of health and social care.

The Health Scrutiny Committee for Lincolnshire would also like to see the local authority health scrutiny function acknowledged. Health overview and scrutiny committees fulfil an important role, in that they enable councillors to reflect the concerns of their communities, and hold both commissioners and providers of NHS-funded services to account for the planning, provision and delivery of local health services. It should be confirmed that any organisation awarded an ICP should be required to engage appropriately with health overview and scrutiny committees, on the same basis as the existing arrangements.

Question 10 - It is our intention to hold ICPs to a higher standard of transparency on value, quality and effectiveness, and to reduce inappropriate clinical variation. In order to achieve this the draft ICP contract builds on existing NHS standards by incorporating additional provisions describing the core features of a whole population model of care and new requirements relating to financial control and transparency:

- a) Do you think that the draft ICP contract allows ICPs to be held to a higher standard of value, quality and effectiveness and to reduce inappropriate clinical variation? *Yes/No/unsure; and please explain your response.*
- b) Do you have any additional, specific suggestions to secure improved value, quality and effectiveness, and reduce inappropriate clinical variation? *Yes/No/unsure; and please explain your response.*

Response of the Health Scrutiny Committee for Lincolnshire

- a) Unsure.
- b) Yes. Transparency is important.

Question 11 - In addition to the areas covered above, do you have any other suggestions for specific changes to the draft ICP contract, or for avoiding, reducing or compensating for any impacts that introducing this contract may have? *Yes/No/unsure; and please explain your response.*

Response of the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee for Lincolnshire believes that the learning from areas where ICP contracts are initially introduced needs to be shared as soon as possible.

The Committee also emphasises the importance of public engagement and consultation with the decision-making process to award any ICP contract.

Question 12 - Are there any specific equality and health inequalities impacts not covered by our assessment that arise from the provisions of the draft ICP contract? *Yes/No/unsure; and please explain your response.*

Response of the Health Scrutiny Committee for Lincolnshire

Yes, the ICP Contract needs to include an explicit understanding that there will be appropriate clinical variation but that this should only be to address health inequalities.

Note on the Health Scrutiny Committee for Lincolnshire

Lincolnshire County Council has delegated its health scrutiny functions, as set out in section 244 of the National Health Act 2006 and Regulations 20 – 29 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 to the Health Scrutiny Committee for Lincolnshire.

There are 16 members of the Health Scrutiny Committee for Lincolnshire. Eight of these are Lincolnshire County Councillors. Seven are Lincolnshire District Councillors, representing each of the seven district council areas in Lincolnshire. One member of the Committee represents Lincolnshire Healthwatch.

This response was approved by the Committee on 17 October 2018.