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:	**23 June 2021**
Subject:	**Chairman's Announcements**

1. Lincolnshire Acute Services Review - Consultation

NHS England / NHS Improvement (NHSE/I) are expected shortly to sign off the Lincolnshire Acute Services Review, following which a Pre-Consultation Business Case will be prepared for submission to and approval by the Lincolnshire Clinical Commissioning Group governing body. Once the Pre-Consultation Business Case is approved by the CCG Board, the next step in the process will be to launch the full public consultation on the Lincolnshire Acute Services Review. The consultation is expected to be launched in the weeks following the CCG approval.

2. Lincolnshire Integrated Care System

On 19 March 2021, Lincolnshire was designated an integrated care system (ICS) with effect from 1 April 2021. NHS England and NHS Improvement states that ICSs are partnerships between the organisations that meet health and care needs across an area; and ICSs coordinate services and plan to improve population health and reduce health inequalities.

Governance Arrangements

Each ICS is required to establish a partnership board. In Lincolnshire, the functions of the ICS Partnership Board (ICSPB) have been incorporated into the Lincolnshire Health and Wellbeing Board, with the latter's terms of reference and membership adjusted accordingly.

On 11 February 2021, the Department of Health and Social Care published *Integration and Innovation: Working Together to Improve Health and Social Care for All*. This white paper sets out legislative proposals, which are likely to appear in a Health and Care Bill. This includes proposals for an 'ICS NHS body' and an 'ICS health and care partnership'.

The following functions are expected to be allocated to each entity:

- The **ICS NHS body** would be responsible for NHS strategic planning and funding allocation decisions and would merge some of the strategic planning functions currently being fulfilled by non-statutory ICSs, with the functions of clinical commissioning groups (CCGs), which would be abolished, with their staff transferring over to the ICS NHS body. The ICS NHS body would not have any powers to direct NHS trusts or foundation trusts, as these would remain separate statutory bodies.

- Each **ICS health and care partnership** would be responsible for developing a plan to address the system's health, public health and social care needs, which the ICS NHS body and local authorities would be required to 'have regard to' when making decisions.

3. Care Quality Commission Report: Protect, Respect, Connect – Decisions about Living and Dying Well During the Covid-19 Pandemic

In October 2020, the Department of Health and Social Care commissioned the Care Quality Commission (CQC) to conduct a rapid review of how *Do Not Attempt Cardiopulmonary Resuscitation* (DNACPR) decisions were used during the coronavirus pandemic, following concerns that they were being inappropriately applied to people without their knowledge.

An interim report by the CQC in December 2020 found that a combination of unprecedented pressure on care providers and rapidly developing guidance may have led to decisions concerning DNACPR being incorrectly conflated with other clinical assessments around critical care.

The final CQC report, published on 18 March 2021, contains eleven recommendations, several of which are directed at the Department of Health and Social Care or other national organisations.

The following three recommendations are directed towards providers of NHS care:

- **People must always be at the centre of their care, including advance care planning and DNACPR decisions.**
  To do this, providers must ensure that people and/or their representatives are included in compassionate, caring conversations about DNACPR decisions as part of advance planning conversations. This includes making reasonable adjustments for disabled people to remove any information or communication barriers. Providers must also ensure that clinicians, professionals and workers have the necessary time to engage with people well.

- **Clinicians, professionals and workers must have the knowledge, skills and confidence to speak with people about, and support them in, making DNACPR decisions.**
  To do this, there needs to be clear and consistent training, standards, guidance and tools for the current and future workforce. This needs to be in line with a national, unified approach to DNACPR decision making. Providers also need to ensure that there is training and development available for all health and care professionals.

- **People, their families and representatives need to be supported, as partners in personalised care, to understand what good practice looks like for DNACPR decisions.**
  This should include what their rights are and how to challenge and navigate experiences well. In addition, there needs to be positive promotion of advance care planning and DNACPR decisions, as well as a more general focus on living and dying well. To do this, there needs to be more widely publicised and accessible information available via a national campaign and in partnership with the voluntary sector and advocacy services.

The following three recommendations are directed towards ICSs:

- **Everyone needs to have access to equal and non-discriminatory personalised support around DNACPR decisions that supports their human rights.**
  To do this, health and social care systems must consider diversity, inequality and mental capacity factors when planning care for the local population, in partnership with local communities, including voluntary and community services.

- **People need to have more positive and seamless experiences of care, including DNACPR decisions, when moving around the health and care system.**
  This requires the system to ensure digital compatibility between providers, enabling them to share real-time updates and information between professionals, services and sectors.

- **Integrated care systems need to be able to monitor and assure themselves of the quality and safety of DNACPR decisions.**
  To do this, there needs to be a consistent dataset and insight metrics across local areas.

The Committee is invited to consider if it would wish include in its work programme an item on how local providers and the Lincolnshire ICS is responding to these recommendations.

4. Care Quality Commission's Strategy from 2021: A New Strategy for the Changing World of Health and Social Care

On 28 May 2021, the Care Quality Commission (CQC) launched a new strategy for regulation and inspection of health and care services. The CQC has four themes to its activities:

- **People and Communities -** The CQC states it will make it easier for people, their families and advocates to give feedback; the CQC will identify better ways to gather experiences from a wider range of people; the CQC will change the way feedback is recorded and analysed; the CQC will be clearer how the feedback has been used; and the CQC will improve the way services are assessed
- **Smarter Regulation**: The CQC states that on-site inspections are a vital part of its performance assessments and it is essential to observe the care people receive; the CQC will build stronger relationships with services; the CQC will visit when there is a clear need to do so; and the CQC will be ready to act more quickly in a more targeted way.
- **Safety through Learning**: The CQC states this means regulating for stronger safety cultures across health and care, prioritising learning and improvement and collaborating to value everyone's perspectives
- **Accelerating improvement**: The CQC states that this will enable health and care services and local systems to access support to help improve the quality of care where it's needed most

Full details on the new strategy are available at:

https://www.cqc.org.uk/about-us/our-strategy-plans/new-strategy-changing-world-health-social-care-cqcs-strategy-2021

5. Non-Emergency Patient Transport

Lincolnshire Clinical Commissioning Group (CCG) is undertaking the procurement of a new contract for non-emergency patient transport with a view to the contract being let from 1 July 2022. On 16 March 2021, the Health Scrutiny Committee requested sight of the copies of the non-emergency patient transport procurement specifications, which were emailed to members of the Committee on 27 May 2021. Following questions from a member of the Committee, the following information has been confirmed.

(1) Contract Length - The contract length is nine years and nine months with no extension included (The nine months will regularise the contract year end date with the NHS year end date at 31 March)

Increasingly, the Lincolnshire Integrated Care System will be looking for longer term partnerships with providers and the length of the contract is designed to support a partnership arrangement with the provider as a key part of the Lincolnshire Health System. Longer term contracts were also a key theme in the feedback received from providers following our market engagement event. In the event of issues with delivery of the service the CCG has a number of options set out in the Contract to remedy this including, ultimately, terminating the Contract.

(2) Covid-19 - The specification mentions support to and recovery from Covid-19. This is because Covid-19 will be present for a number of years. The response to any future pandemic is covered by the NHS Standard Contract which requires the provider to support any national, regional or local health emergency or incident.

(3) Assessment of Tenders - The evaluation and award process has to be fair, open and transparent. The assessment process includes a number of pass or fail questions which bidders have to pass and which will be reviewed and assessed by an evaluation panel. In addition, the evaluation panel will score the bidders' written answers to quality questions and accounts for 70% of the overall score. 30% of the overall score relates to finance and this is based on a cost difference score. The quality score and financial score are added together and the bidder with the highest score would be awarded the contract.

(4) Timeline - The expected timeline is in the table below. The CCG may extend the evaluation period if we receive a large number of bids.

Milestones	Date
Invitation to Tender (ITT) sent for publication	14 May 2021
Deadline for receipt of clarification questions from prospective Bidders	17:00 11 June 2021
Deadline for receipt of ITT submissions (Bids) from Bidders	17:00 25 June 2021
Evaluation Period for evaluating ITT submissions and Clarification period ((clarifications may be sent to you at any point; however, this is the anticipated time this will occur)	29 June to 30 July 2021
Preferred Bidder announced and 10-day Standstill Period commences	w/c 9 August 2021
Advise Preferred Bidder(s) of completion of Standstill Period	w/c 23 August 2021
Contract Award	w/c 23 August 2021
Mobilisation	w/c 23 August 2021
Service commencement	1 July 2022

6. Woolsthorpe Branch Surgery

Between 1 September and 27 October 2020, the Vale Medical Group undertook a consultation exercise on its proposal to permanently close its branch surgery in Woolsthorpe, which is about six miles west of Grantham. In addition to the Woolsthorpe Branch Surgery, the Vale Medical Group operates the Stackyard and the Long Clawson Surgeries in Leicestershire. Woolsthorpe Branch Surgery had been closed on a temporary basis from March 2020, as the premises could not comply with Covid-19 requirements such as social distancing. Following consideration of the Vale Medical Group's proposal, this Committee in its response to the consultation concluded that it was not convinced that the proposal was in the best interests of patients in Woolsthorpe, and thus opposed the permanent closure.

Final decisions on any GP surgery closure rest with the Primary Care Commissioning Committee of the Lincolnshire Clinical Commissioning Group (CCG). On 10 February 2021, the CCG's Primary Care Commissioning Committee (PCCC) approved the permanent closure of the Woolsthorpe Branch Surgery. At the same time the PCCC approved the transfer of Stackyard Surgery to East Leicestershire and Rutland CCG. However, a petition of 163 signatures on this topic, which had been received by the CCG on 18 November 2020, had not been considered by the PCCC. In accordance with CCG procedures, the petition should have been considered by the PCCC as part of its deliberations and also considered by the CCG's Board. In the light of this, the PCCC suspended its decision.

On 10 March 2021, after consideration of the petition, the PCCC re-affirmed its previous decision, with the proviso that in six months' time a report is submitted to the PCCC on the steps taken by the Vale Medical Group to minimise any deleterious effect to patients in the Woolsthorpe and surrounding area. On 31 March 2021, the CCG's Board of Directors considered and noted the petition, as well as the decision made by the PCCC on 10 March 2021.

7. Dental Services

On 9 June 2021, NHS England and NHS Improvement (Midlands) issued a stakeholder briefing on dental services, which is attached to these announcements (Appendix 1).

8. High Court Judgement on Patient Involvement

On 16 April 2021, the High Court issued a judgement (*Case No: CO/3239/2020*) on a claim brought against United Lincolnshire Hospitals NHS Trust (ULHT) by a service user. The claim related to arrangements under section 242 of the National Health Service Act 2006 requiring service users to be involved in the development and consideration of NHS service change proposals. In this instance the service changes related to the temporary designation of Grantham and District Hospital into a Covid-19 free 'green site' from 22 June 2020 to at least 31 March 2021. This meant there would be no Covid-19 treatment at the hospital, and there would be an increase in elective treatment, chemotherapy and diagnostics. In addition, outpatient services and unplanned admissions, which were usually provided at the hospital, would be undertaken at other hospitals.

The judgement included a finding that ULHT had not made or implemented arrangements to secure meaningful or fair involvement of service users in the development and consideration of the proposal or the decision.

The full judgement may be found at:

https://allcatsrgrey.org.uk/wp/download/law/928.pdf

APPENDIX 1

STAKEHOLDER LETTER FROM NHS ENGLAND AND NHS IMPROVEMENT ON DENTAL SERVICES – 9 JUNE 2021

Dear Stakeholder,

NHS dentistry and Covid-19 update

As you are no doubt aware, we are not yet able to offer people a dental service in line with the care they would have experienced before the pandemic.

Last year we set up 90 urgent dental care clinics across the Midlands to treat those patients who needed emergency care, and other dental surgeries have since reopened offering treatment. Levels of NHS dental activity in the Midlands have risen safely and significantly.

However, dental teams continue to face real challenges. There are important infection prevention and control measures that dentists have to abide by to ensure the safety of their patients, staff and themselves. This includes social distancing as well as ventilation and cleaning between patients.

This has an impact on the number of patients that a dentist can see in a single day, and in line with dentistry's standard operating procedure dentists are continuing to prioritise patients with the highest need or priority such as children and those most at risk of oral disease. There is also a significant backlog of people who will not have seen a dentist recently. When you total up the period during which practices were closed completely and the subsequent months at reduced capacity there has been a whole year's worth of lost appointments.

There are no circumstances when a practice should prioritise a routine case over an urgent case. It is a condition of the practice's income that they prioritise all patients who are known and unknown to the practice who require urgent dental care if contacted directly or via 111 services. Ultimately, dentists and their teams are skilled clinicians and they use their clinical judgement to assess and respond to patient need. This will however mean that they are less able to offer routine appointments than was previously the case before the pandemic.

Safely restoring access over the next six months

Our focus is firmly on supporting dentists and their teams to see as many patients as safely possible. Infection prevention and control means a return to normal practice is not yet possible, but we are asking practices to manage a minimum of 60 per cent of pre Covid-19 dental activity, and a minimum of 80 per cent of pre Covid-19 orthodontic activity in order to care for more patients whilst ensuring that the practices are supported financially to allow them to stay open and continue providing care.

We expect these measures to be in place until October 2021 when they will be reassessed.

Access to a dentist

We often receive enquiries asking how people can register with a dentist. It is not necessary to register with a dentist. Unlike GPs, you do not have to be on a dentist's list, and you can move to dentists that are more convenient to you or who have been recommended.

However, not all dentists choose to be NHS dentists. Some only take private patients, some undertake NHS work, or a mixture of both NHS and private. It may however be difficult at present to find a dentist who is taking on new NHS patients.

For many dental practices NHS appointments might be booked for some weeks in the future, and people may be told the surgery is full and not accepting new patients. Practices should, however, be prioritising patients with an urgent need regardless of whether or not you are a regular patient – this is provided that they have the capacity to see you. This will not necessarily be the case for routine check-ups and many practices still have insufficient capacity to be able to see patients as routinely as they would have before the pandemic. Being seen and treated for an urgent need does not necessarily guarantee that the practice will be able to see you on an ongoing basis.

Patients should not be pressured into private care where they wish to have treatment on the NHS and it should not be the case that you are unable to get an urgent NHS appointment where a practice has capacity to offer routine private check-ups.

Find a dentist - NHS (www.nhs.uk) provides a list of local dentists, although not all may currently be taking on new patients. If you have an urgent dental need then you should contact NHS111 who will provide advice and information on services to contact.

Access to an Orthodontist

We have been receiving queries regarding long waiting lists for treatment.

Patients are welcome to express their preference of location of orthodontic treatment; however, the ongoing effects of the Covid-19 pandemic has unfortunately led to an increase in the waiting times and reduced availability for patients whilst the services recover. Patients who have a clinical need to start treatment quickly may have to travel further than anticipated to receive care such as fitting of braces – particularly in a hospital setting.

We are aware of the current waiting time and are closely monitoring the situation. Guidance has been issued to orthodontists to prioritise urgent referrals and waiting lists should be reviewed on a regular basis to make sure this continues. Any patient who has not yet started treatment will be invited as soon as there is availability – this does mean there may be longer waits than usual for patients waiting for routine care. Patients who have been referred before they turn 18 will remain eligible for NHS funded care even if they start treatment after their eighteenth birthday and will not have to pay patient charges.

Patients that are offered dental appointments in whatever setting, including hospitals, are reminded that they should comply with instructions from practice staff when attending appointments and wear masks (unless exempt) – this is for their own safety and the safety of dental practice staff.

We hope this information is useful to you. We will update you when the situation changes.