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 July 2023**
Subject:	**Chairman's Supplementary Announcements**

1. Membership of the Committee

Councillor Jyothi Arayambath has stood down as Boston Borough Council's representative on this Committee. On 11 July 2023, Boston Borough appointed Councillor Suzanne Welberry as its representative, with Councillor Lina Savickiene as her named replacement member.

2. Change of Date of October Meeting

Owing to a diary clash, I would like to request that the date of the October meeting be changed from 11 October to 4 October, still beginning at 10 am. Subject to any objections from members of the Committee, I plan to confirm 4 October as the revised date.

3. Humber Acute Services Programme

Further to section 1 of my announcements circulated with the agenda, the NHS Humber and North Yorkshire Integrated Care Board met on 12 July 2023 and approved the pre-consultation business case for the Humber Acute Services Programme. As stated previously, maternity and neo-natal services have been excluded at this stage, and the services in scope are: urgent and emergency care, and paediatrics. In the preferred option, certain services would be consolidated at Diana Princess of Wales Hospital, Grimsby, with Scunthorpe General Hospital no longer providing several services.

The pre-consultation business case puts forward Grimsby as the preferred site for the consolidation of services as it has a requirement for capital funding of £25 million, compared to £89 million if Scunthorpe were the preferred site. Grimsby is thus the only option which satisfies the NHS England financial requirement that capital investment is funded 'internally'.

The following table, compiled from Board papers, summarises the proposals:

Service	Current Situation	Proposal	Impact Summary
Paediatrics	Paediatric inpatient services are provided at both Grimsby and Scunthorpe Hospitals.	Paediatric inpatient care (24 hours plus) would be provided at Grimsby, with a paediatric assessment unit at Scunthorpe.	**Three young patients per day** would be admitted to Grimsby instead of Scunthorpe.
Trauma	There is a trauma unit at both Grimsby and Scunthorpe, with a major trauma unit in Hull.	One trauma unit at Grimsby, with major trauma unit in Hull. No trauma unit at Scunthorpe.	A maximum of **two patients per day** would be treated at Grimsby instead of Scunthorpe.
Specialty Medicine: Cardiology, Gastroenterology and Respiratory	Grimsby and Scunthorpe Hospitals currently provide specialty medicine.	These services would be provided at Grimsby for patients requiring a higher level of care. Scunthorpe would provide in-reach assessment, short stay and general care of the elderly.	**Three patients per day** would transfer from Scunthorpe to Grimsby, post-72 hours.
Emergency Surgery	Emergency surgery is provided in both Grimsby and Scunthorpe.	Emergency surgery for patients requiring admission would be consolidated at Grimsby. Day case emergency surgery would be provided at Scunthorpe	This could impact up to **seven patients per day**.

Urgent Care	High numbers of patients attending emergency departments	Urgent care services would be co-located with Grimsby and Scunthorpe emergency departments.	**About 328 patients per day** would be treated by urgent care services, instead of emergency departments.

As stated previously, there is still an intention that the public consultation is launched during September 2023, and the review team has been requested to present an item to the Committee in September.

4. Hawthorn Medical Practice, Skegness – Care Quality Commission Report

On 12 July 2023, the Care Quality Commission (CQC) published a report on Hawthorn Medical Practice in Skegness. The report, based on an inspection on 19 April 2023, has given Hawthorn a rating of *requires improvement* and the CQC has removed it from the category of special measures, as the CQC has stated that significant improvements have been made to Hawthorn's quality of care. This follows a previous CQC rating of *inadequate* in August 2022. The current ratings for each of the five CQC domains are:

- safe - *requires improvement*;
- effective – *requires improvement*;
- caring – *good*;
- responsive – *requires improvement*; and
- well-led – *good*.

In order to improve further, the CQC states that Hawthorn must address issues such as the prescription of steroids for asthma patients; and recording the immunisation of all staff. Hawthorn should also review the practice nurse appointment system; review patient safety alerts; continue to improve the uptake of cancer screening and childhood immunisations; establish a patient participation group; and analyse data from the telephone system to better meet demand.

The full inspection report and evidence table is on the CQC's website: Hawthorn Medical Practice - Care Quality Commission (cqc.org.uk)

As a result of this report, there is now only one GP practice (out of 81 in Lincolnshire) rated as *inadequate* overall, which is the Branston and Heighington Family Practice.

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5. Magna House, Sleaford

On 7 July 2023, the Care Quality Commission (CQC) published a report on Magna House in Anwick, near Sleaford, following an inspection on 26 and 27 April 2023. Magna House, which is operated by Enbridge Healthcare Limited, was given a rating of *inadequate* and has been placed in special measures. This followed a previous rating of *requires improvement* from a CQC inspection in October 2022.

Magna House is registered with the CQC as a 29-bed independent hospital, providing care, treatment and rehabilitation services to people who are experiencing mental health issues. NHS Lincolnshire Integrated Care Board has advised that a handful of Lincolnshire NHS patients are treated at Magna House, as well as several NHS patients placed there by other NHS integrated care boards.

The CQC had a number of concerns including ligature points, staffing numbers, and incident reporting. Following its inspection, the CQC suspended all admissions to the unit, without its permission. Both NHS Lincolnshire Integrated Care Board (ICB) and NHS England have been seeking assurances from Magna House on its improvement plan, since the two inspections. The latest position, following visits and meetings by the ICB and NHS England over recent months, is that they believe the provider is making progress with its improvement plan. The CQC revisited Magna House in June also, and although its report is not yet published, the suspension of admissions to Magna House has been lifted. Owing to this suspension being in place from April to July, the number of patients had reduced from 16 in May to only four in July, well short of the 29 patient capacity.

The full inspection report is on the CQC's website: Magna House - Care Quality Commission (cqc.org.uk)

6. Report of the House of Commons Health and Care Select Committee – NHS Dentistry

On 14 July 2023, the House of Commons Health and Care Select Committee published its report on *NHS Dentistry*, which made a total of 26 recommendations to the government. These recommendations cover the topics of access, the national dental contract, workforce, and integrated care systems. Appendix A to these announcements sets out the conclusions and recommendations from the report of the Select Committee. The response from the Government to the Select Committee's report will be circulated when it is available.

The full report is available at: NHS dentistry - Health and Social Care Committee (parliament.uk)

7. Lincolnshire Community Health Services NHS Trust - Chief Executive

Maz Fosh, who has been the Chief Executive of Lincolnshire Community Health Services NHS Trust (LHS) for the last four years, has announced that she is standing down with effect from 31 July 2023. LCHS provides community-based health care services across the county, including urgent care, occupational therapy, physiotherapy, speech and language services, community nursing, school age immunisations and children's therapy services. The Trust also provides services, including urgent treatment centres, at four community hospitals in Lincolnshire: John Coupland Hospital, Gainsborough; the Johnson Hospital, Spalding; Louth County Hospital; and Skegness Hospital.

LCHS and United Lincolnshire Hospitals NHS Trust (ULHT) have agreed to move towards a group model with a single chief executive across for trusts. Andrew Morgan, the Chief Executive of ULHT, will begin a joint role with effect from 1 August 2023, whilst a national recruitment process starts for a new joint chief executive. This is because, as reported previously, Andrew Morgan will step down from full-time chief executive duties at the end of March 2024.

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Appendix A

Extract from Report of House of Commons Health and Social Care Select Committee Report on *NHS Dentistry* (July 2023)

Conclusions and Recommendations

Access

1. We believe there is a crisis of access in NHS dentistry. Many people are unable to access an NHS dentist or are travelling significant distances to get to one. Access varies across the country and is being experienced unequally by different groups. We believe everyone should be able to access an NHS dentist when they need one, wherever they live.

2. We welcome the Government's ambition for everyone who needs an NHS dentist to be able to access one. This ambition must ensure access within a reasonable timeframe and a reasonable distance. The Government must set out how they intend to realise this ambition and what the timeline will be for delivery. It is vital that this ambition is the central tenet of the Government's forthcoming dental recovery plan. Once the plan has been published, we will revisit the recommendations in this report to assess it against this criterion.

3. A lack of public awareness about NHS dental services and how practices operate is contributing to access issues. The Government and NHS England should roll-out a patient information campaign with the aim of improving awareness of how NHS dentistry will work and ensure the public are better informed about what they are entitled to. This should clarify common misconceptions, for example, about patient registration, recall periods, and NHS dental charges and exemptions.

4. Practices should abide by NICE recall guidelines of up to two years for most adult patients, recognising the need for more regular recall for some, but people should not automatically be removed from dentists' registers of NHS patients without good reason. This should be monitored by NHS England to ensure it is being carried out.

The Dental Contract

5. We welcome the fact that to try and address the underspend, NHS England is applying a ringfence for 2023/24, to ensure that no ICB can divert funding away from NHS dentistry. We recommend that this ringfence applies permanently, and NHS England puts in place transparent scrutiny to ensure compliance.

6. We also welcome measures by NHS England to intervene on providers who are under-delivering on contracted NHS activity. We look forward to an update on how this work is progressing. We welcome this funding being used flexibly, however there cannot be further delays in doing so.

7. Fundamental reform of the dental contract is essential and must be urgently implemented, not only to address the crisis of access in the short-term, but to ensure a more sustainable, equitable and prevention-focussed system for the future. We are concerned that any further delay will lead to more dentists leaving the NHS and exacerbate the issues patients are experiencing with accessing services.

8. We welcome the Government's recognition of the need for dental contract reform. The Department and NHS England must urgently implement a fundamentally reformed dental contract, characterised by a move away from the current UDA system, in favour of a system with a weighted capitation element, which emphasises prevention and person-centred care. This should be based on the learnings from the Dental Contract Reform Programme and in full consultation with the dental profession.

9. We believe patient registration under a reformed capitation-based contract will better enable those patients who currently can't access a dentist to be able to do so.

10. We uphold the recommendation from our predecessors' 2008 report into Dental Services, that the Department should reinstate the requirement for patients to be registered with an NHS dentist.

Workforce

11. The Government states that the number of NHS dentists has increased over the past year. However, while the headcount has gone up over the past year, it has gone down over the past three years, and moreover headcount alone does not reflect how much NHS work these dentists are undertaking. We heard repeatedly that a lack of dentists and dental care professionals undertaking NHS work is the main driver behind both lack of access to appointments for patients, and the underspend in primary care dentistry.

12. The Government and NHS England should commission a dental workforce survey to understand how many full-time and part-time-equivalent dentists, dental nurses, therapists and hygienists are working in the NHS, and how much NHS and private activity they are undertaking, alongside demographic data such as age and location.

13. The Government and NHS England must improve the routine data that is collected on the number of NHS dentists and the wider dental team, and the levels of NHS activity they undertake, as well as data on demand, to assist with workforce planning and identifying gaps in provision. This must be addressed in the forthcoming dental recovery plan. Until such a time, the Government should focus on statistics which show the levels of NHS dental activity.

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14. Any contract reform now will almost certainly be too late for those dentists who have already left the NHS or are considering doing so in the near future. The Government must urgently introduce incentives to attract and retain dentists to undertake NHS work. These should include, but not be limited to, the reintroduction of NHS commitment payments, incentive payments for audit and peer review, and the introduction of late career retention payments. The development of a careers framework should be considered, including on-going education, supervision and support. This should form part of a wider package, accompanied by a communications drive, to entice professionals to return to NHS dentistry.

15. The Government, NHS England and ICBs must ensure that the reformed contract ensures that full use is made of the skills of the whole dental team.

16. We support the implementation of the work of the Advancing Dental Care Review. Centres for Dental Development could have the potential to change how we approach training dentists in the UK to meet the needs of the populations who most require care. However, these are in their early stages and their outputs will need to be assessed. We also recognise that incentives are required in the short-term to address the immediate challenges with supply and demand.

17. The backlog of applications for the Overseas Registration Exam is unacceptable and resolving this represents an opportunity in the short term to increase the number of dentists working in the NHS, and therefore create more appointments to enable patients to access much-needed services.

18. The Government must work with the General Dental Council to ensure the backlog of applications for the Overseas Registration Exam is cleared in a timely manner, and to speed up changes to the process of international registration for new applicants seeking to work in the NHS.

19. We are concerned that the absence of explicit mention of the dental contract in the Long Term Workforce Plan reflects the lack of priority given by the Government and NHS England to contract reform. We believe it indicates a lack of recognition of the urgent need for reform before any other workforce initiatives can be implemented.

20. Given the varying views expressed regarding a tie-in for new graduates into NHS dentistry, we urge NHS England and the Government to ensure full consultation with professionals and representative bodies, as they seek to explore the potential merit of such a policy, although its success depends on fundamental contract reform, and should be accompanied with a careers framework.

Integrated Care Systems

21. The dental profession should be represented on Integrated Care Boards to ensure they have the necessary expertise to inform decision-making around contracting and flexible commissioning. This should include wider engagement with the profession locally, for example through Local Dental Committees and Local Dental Networks.

22. We contest the Department's rejection of the recommendation in our 'Integrated Care Systems: autonomy and accountability' report, and reiterate that they should centrally gather information relating to the membership of ICBs, including the specific role of members and their area of expertise. We also recommended the Department should review that information with a view to understanding whether the policy of keeping mandated representation to a minimum is the right one and whether any specialties are especially under-represented. We believe this is particularly relevant in the case of NHS dental services.

23. We welcome the initiatives outlined by the Chief Dental Officer to help ICBs commission dental services in a way that best meets the needs of their local populations. NHS England should provide evidence of the effectiveness of these initiatives, so that ICBs can see for themselves which options they could most usefully pursue and best practice is spread.

24. In light of the current national contracting arrangements, NHS England must provide clarity to ICBs about what flexibilities they have with regard to commissioning NHS dental services and targeting resources according to the needs of their populations.

25. ICBs have been delegated responsibility for commissioning dental services by NHS England. They offer an opportunity to improve access locally, better integrate services around patients and address inequalities.

26. By the end of July 2024, every ICB should have undertaken an oral health needs assessment, in consultation with service users, patient organisations and the profession. NHS England should provide support to ICBs to undertake this, including sharing examples of best practice and learnings from other ICBs. NHS England must also ensure each assessment is sufficient to meet its intended purpose.

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