


# Public Document Pack

		<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

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**In accordance with the powers granted by the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 this will be a virtual meeting.**

**A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 16 December 2020 at 10.00 am as a Virtual - Online Meeting via Microsoft Teams**

Access to the meeting is as follows:

Members of the Health Scrutiny Committee for Lincolnshire and officers of the County Council supporting the meeting will access the meeting via Microsoft Teams.

Members of the public and the press may access the meeting via the following link: <https://lincolnshire.moderngov.co.uk/ieListDocuments.aspx?CId=137&MId=5540&Ver=4> where a live feed will be made available on the day of the meeting.

## **MEMBERS OF THE COMMITTEE**

**County Councillors:** C S Macey (Chairman), C J T H Brewis (Vice-Chairman), M T Fido, R J Kendrick, C Matthews, R A Renshaw, M A Whittington and R Wootten

**District Councillors:** S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), Mrs S Harrison (East Lindsey District Council), S Barker-Milan (North Kesteven District Council), G P Scalese (South Holland District Council), Mrs R Kaberry-Brown (South Kesteven District Council) and Mrs A White (West Lindsey District Council)

**Healthwatch Lincolnshire:** Dr B Wookey

## **AGENDA**

<b>Item</b>	<b>Title</b>	<b>Pages</b>
<b>1</b>	<b>Apologies for Absence/Replacement Members</b>	
<b>2</b>	<b>Declarations of Members' Interest</b>	
<b>3</b>	<b>Minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 11 November 2020</b>	<b>3 - 14</b>

<b>Item</b>	<b>Title</b>	<b>Pages</b>
<b>4</b>	<b>Chairman's Announcements</b>	15 - 24
<b>5</b>	<b>United Lincolnshire Hospitals NHS Trust - Covid-19 Update</b> <i>(To receive a report from United Lincolnshire Hospitals NHS Trust, (ULHT) which provides the Committee with an update regarding Covid-19. Senior representatives from ULHT will be in attendance for this item)</i>	25 - 34
<b>6</b>	<b>Covid-19 Update</b> <i>(To receive a report from Derek Ward, Director of Public Health, which provides the Committee with a summary of the Covid-19 Winter Plan, issued by the Government on 23 November 2020 and the implications for Lincolnshire. An overview of the latest Covid-19 data for Lincolnshire will be provided at the meeting)</i>	35 - 40
<b>7</b>	<b>Health Scrutiny Committee for Lincolnshire - Work Programme</b> <i>(To receive a report from Simon Evans, Health Scrutiny Officer, which sets out the Committee's work programme, with items listed for forthcoming meetings. The Committee is also asked to consider a change to the date of its March 2021 meeting)</i>	41 - 48

Debbie Barnes OBE  
Chief Executive  
8 December 2020



## HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE 11 NOVEMBER 2020

### **PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)**

#### Lincolnshire County Council

Councillors C J T H Brewis (Vice-Chairman), M T Fido, R J Kendrick, C Matthews, R A Renshaw, M A Whittington and R Wootten.

#### Lincolnshire District Councils

Councillors S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), Mrs S Harrison (East Lindsey District Council), G P Scalese (South Holland District Council), Mrs R Kaberry-Brown (South Kesteven District Council), Mrs A White (West Lindsey District Council) and Mrs L Hagues (North Kesteven District Council).

#### Healthwatch Lincolnshire

Dr B Wookey.

#### Also in attendance

Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Maz Fosh (Chief Executive, Lincolnshire Community Health Services NHS Trust), Sarah-Jane Mills (Chief Operating Officer (West Locality), Lincolnshire Clinical Commissioning Group) and Tracy Pilcher (Director of Nursing, Lincolnshire Community Health Services NHS Trust).

County Councillor Dr M E Thompson, (Executive Support Councillor for NHS Liaison and Community Engagement) attended the meeting as an observer.

Dr Majid Akram, (Clinical Director, Market Deeping and Spalding Primary Care Network) and Dr Sadie Aubrey (Clinical Director, Lincoln City South Primary Care Network) were also in attendance and participated in the meeting.

### 34 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor S Barker-Milan (North Kesteven District Council).

The Committee noted that Councillor Mrs L Hagues (North Kesteven District Council) had replaced Councillor S Barker-Milan (North Kesteven District Council) for this meeting only.

An apology was also received from Councillor Mrs S Woolley, (Executive Councillor for NHS Liaison and Community Engagement).

35 DECLARATIONS OF MEMBERS' INTEREST

No declarations of members' interest were made at this stage of the proceedings.

36 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE MEETING HELD ON 14 OCTOBER 2020

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 14 October 2020 be agreed and signed by the Chairman as a correct record.

37 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated prior to the meeting.

The supplementary announcements provided information on the following:

- NHS response to Covid-19 – Return to Incident Level 4;
- Lincolnshire CCG's Primary Care Commissioning Committee – 11 November 2020;
- Grantham Hospital – Correspondence with the Minister of State for Health;
- Planning Application for Urgent Treatment Centre at Lincoln County Hospital; and
- Continuing Healthcare: Getting It Right First Time.

RESOLVED

That the Supplementary Chairman's announcements circulated and the Chairman's announcements as detailed on pages 19 to 27 of the report pack be noted.

38 INTEGRATED URGENT CARE IN LINCOLNSHIRE (PROVIDED BY  
LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST)

The Chairman invited Maz Fosh, Chief Executive, Lincolnshire Community Health Services NHS Trust (LCHS) and Tracy Pilcher, Director of Nursing and Deputy Chief Executive, LCHS to present the report, which provided the Committee with an update on LCHS's urgent care services. The report as detailed on pages 29 to 36 focussed on the Clinical Assessment Service (CAS), the urgent treatment centres (UTCs), and minor injuries units (MIUs) provided by LCHS.

The Committee was provided with an overview of the latest position in relation to Covid-19 second surge. It was noted that as of Tuesday 10 November 2020, United Lincolnshire Hospitals NHS Trust (ULHT) had 117 Covid-19 positive in-patients in their acute hospitals; and LCHS had 13 Covid-19 positive in-patients in their community hospitals. It was noted further that LCHS were also caring for 532 patients in the community.

It was also highlighted that Covid-19 was having an impact on workforce availability, and that currently ULHT had 272 staff absences as a result of Covid-19. This figure included staff who were self-isolating, or waiting for test results. The Committee was advised that out of the 98 absences LCHS had, 34 were as a result of Covid-19.

It was reported that LCHS were taking all the necessary steps to meet the requirements of the government's guidance and as a result patients were being encouraged to ring 111; and that 'Talk Before You Walk', was being promoted to protect patients and staff.

The Committee were reminded that urgent care included services where treatment required was not life threatening, but was required on the same day for patient wellbeing, satisfaction and quality of life. It was highlighted that urgent care differed from emergency care, where the need was more acute or life-threatening and this was provided by accident and emergency departments.

It was reported that when Lincolnshire patients called NHS 111, and their call was categorised as being suitable for LCHS services, the calls were transferred to the Clinical Assessment Service (CAS). It was noted that the CAS was well established and operated 24/7, 365 days a year, providing phone-based clinical advice and guidance.

Pages 30 and 31 of the report provided the Committee with details of the number of cases handled, call-back times, cases closed by CAS, and monthly performance information.

It was noted that between 1 February 2020 and 20 October 2020 a total of 83,757 cases had been handled, representing an average of 9,306 cases per month, which had peaked at 11,018 in March 2020.

The Committee was advised that the average call-back wait time in the past 30 days had reduced to 19 minutes for interim cases and 17 minutes for emergency cases. The Committee was advised further that the figure for the number of cases closed by the CAS had increased to 67%, with no referral to any other service. It was also noted that the proportion of cases closed without being referred to emergency care remained at 90%.

It was reported that since July 2020, there had been a further 32,588 attendances at UTCs during August, September and October 2020. It was highlighted that during this period 98.89% of patients had been seen within four hours.

Pages 32 and 36 of the report pack provided the Committee with UTC/MIU attendance and performance information relating to all sites; a site by site summary of the services provided by LCHS, and the changes made at those sites during the Covid-19 pandemic; and activity profiles by site for 2019 and 2020.

During discussion, the Committee raised the following points:

- Assurance was sought regarding the temporary arrangements at Grantham Hospital. The Committee was advised that the decision for the temporary arrangements at Grantham Hospital had been taken by the ULHT Board, and that LCHS were providing that temporary service until 31 March 2021, unless Grantham Hospital ceased operating as a 'green site;'
- Clarification was sought as to staffing required for 24/7 UTC provision against 24/7 A & E provision. The Committee noted that there was a fundamental difference between UTCs and A & Es, with A & Es required to operate in accordance with the Royal College of Emergency Medical Standards, which meant that the skill set of staff needed were more specialist, and completely different to that of a UTC, which was primarily a GP led service. An A & E's role was to deal with the most acute and life threatening needs; and a UTC's role was to deal with non-life threatening health issues, that could be deal with on the same day;
- The need for the use of digital technology in the future was stressed to continually enhance services being provided;
- The effect of increasing Covid-19 cases on the 'green site'. The Committee noted that if the number of Covid-19 cases were to exceed the agreed threshold, it would be up to ULHT to determine whether and when to rescind the temporary arrangements and revert to an A & E service at Grantham Hospital;
- Some concern was expressed to the lack of UTC provision in the south east of the county. Particular reference was made to Spalding MIU. It was reported that activity at Spalding MIU had seen a reduction of 82% during the Covid-19 peak. Reassurance was given that patients were still able to access a full range of services. A request was made for a more detailed report on the potential for UTC provision in the south east of the county. The Committee noted that Lincolnshire Clinical Commissioning Group was responsible for commissioning services across Lincolnshire, and that this was not the responsibility of LCHS;
- Thanks were extended to LCHS staff for the excellent service provided at Grantham Hospital;
- Concern was expressed at the lack of overnight UTC provision at Skegness and along the east coast. Some members felt that there was an inequality of provision along the coast and a reduced provision was having a negative effect. A further question was asked as to how many home visits were being undertaken. Reassurance was given to the Committee that the reduction in 24/7 operation at the Skegness UTC had been as a result of a reduction in attendances at the UTC. The Committee was advised that between 10pm and 8am patients continued to be triaged via NHS 111 and signposted to ensure that appropriate care was provided. The Committee also noted that home

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**11 NOVEMBER 2020**

visits were being made from a number of bases across the county. The Committee was advised that LCHS services were responding to a pandemic, and as such steps had been put in place to protect patients and staff to keep them safe in accordance with national guidelines. Reassurance was also given that Skegness Hospital, including its UTC was a key NHS service, meeting the needs of the local community;

- Some concern was also expressed to the lack of confidence in NHS 111. A further question was asked as to how many patients were being displaced as a result of reduced services at UTC's. The Committee was advised that postcode analysis was obtained to identify where patients were accessing treatment; and that this was continually monitored. The Committee was advised that patients were encouraged to ring NHS 111 rather than just walking into a UTC; as this then protected others in the population; with a booked appointment being safer; and for those unable to attend a UTC, a home visit would be arranged;
- Reasons for the reduction in attendances at UTCs and MIUs. The Committee noted that some patients were now choosing to use digital platforms for consultations, guidance and prescriptions. Reassurance was given that all activity would continue to be monitored. There was also appreciation that some patients were still reluctant to make contact and that national campaigns were underway to encourage patients to make contact if they had any health concerns;
- Clarification was sought whether the 'temporary' closure of Skegness and Louth UTC's overnight actually meant 'temporary' or was it a repeat of what had happened at Grantham Hospital. Again, the Committee were advised that the aim was to maintain these hospitals as vibrant hubs; there was a commitment to community hospitals, for example apprenticeships were currently being offered to build in resilience for the future staffing provision. Reassurance was given that the current measures were temporary to help protect patients and staff and reduce the transmission of Covid-19;
- Staff were also commended at the Skegness UTC for the services provided and for their professionalism;
- Some concern was expressed to the decision of East Lindsey District Council to extend the caravan park season; and whether this was likely to have an impact on the number of people needing access to urgent care; and whether this factor would be taken into consideration with extending the overnight closures. It was reported that the situation was being monitored and if there was an increase in activity, the service would be reviewed; and
- A request was also made for list of locations for community hubs.

The Chairman on behalf of the Committee extended thanks to the presenters for their update.

**RESOLVED**

1. That the Committee's support and thanks to all staff providing urgent care in Lincolnshire be recorded.

2. That the Trust be supported and commended on the opening of the Gainsborough Urgent Treatment Centre on a walk in basis, from 8am to 8pm from 2 November 2020.
3. That the Committee's view be confirmed that the changes to the opening times at Louth and Skegness Urgent Treatment Centres should only be a temporary measure during the Covid-19 pandemic, and that there should be an aim to re-open these two centres in the longer term on a 24/7 'walk-in' basis, as set out in the Healthy Conversation engagement exercise of 2019.

### 39 PRIMARY CARE SERVICES

The Chairman welcomed Sarah-Jane Mills, Chief Operating Officer, Lincolnshire Clinical Commissioning Group to the meeting and invited her to present the report to the Committee.

The item as detailed on pages 37 to 77 of the agenda pack provided the Committee with information of GP primary care services in Lincolnshire. The report also provided an overview of the national requirements from primary care during Phases 1, 2 and 3 of the responses to Covid-19; the current arrangements and plans for continuing to ensure local people can access primary care services; and the future development of primary care services as part of the wider integrated care offer from health and care.

Attached to the report were the following Appendices for the Committee to consider:

- Appendix 1 – A copy of the Lincolnshire Primary Care Network Alliance – Annual Report 2019-20;
- Appendix 2 – Primary Care Access Arrangements; and
- Appendix 3 – Case Study regarding the introduction of Ask my GP.

The Committee was advised that since 5 November 2020, the NHS had returned to Incident Level 4. This meant the NHS had moved from regionally-managed, but nationally supported Incident Level 3 to one that was co-ordinated nationally.

The Committee was advised that the most significant changes patients had experienced in recent months had been the introduction of remote consultation. Appendix 2 to the report provided the Committee with a list of all practices and the arrangements that had been adopted to facilitate remote consultation. It was highlighted that there were three methods being used by GP practices across Lincolnshire, these were: Telephone consultation; E-Consult; and Ask My GP (Appendix 3 to the report provided details of a case study of Ask My GP).

It was reported that one of the core services provided by GPs was to support patients who were vulnerable. The type of additional support provided included the review of care/treatment plans; remote consultations and home visits when necessary; home delivery of medications; and outreach contacts from wellbeing services and volunteers.



The Committee noted that when the NHS had declared a national level four incident, the Clinical Commissioning Group had established a Primary Care Cell. It was noted further that the role of the Primary Care Cell was to provide direct support to GPs and primary care colleagues; co-ordinate a response to the national request; and assist teams and managers to manage local issues and integrate with the wider system.

Page 45 of the report pack provided the Committee with details of the on-going development of primary care services. It was noted that Primary Care Teams would continue to provide support to GP practices, as they worked together as Primary Care Networks and other agencies to develop service provision arrangements.

In conclusion, the Committee was advised that primary care services were and would continue to be available to people across Lincolnshire. There was recognition however, that the accelerated introduction of remote consultations had not, in some instances given time for practices and their patients to understand how best to use the new facilities. The Committee noted that feedback from patients and practices pre-Covid-19 had shown that the arrangements could be effective. It was further noted that some practices needed to upgrade their infrastructures; particular reference was made to telephony systems, as some practices were having problems coping with increasing demands.

During discussion, the Committee raised the following points:-

- What level of complaints the Clinical Commissioning Group (CCG) and Primary Care Networks (PCNs) were receiving regarding the lack of access to GP appointments and telephone access problems. A request was made for numbers and trends regarding complaints to be shared with the Committee. Confirmation was given that there had been some complaints and the Trust was happy to share this information with the Committee. The Committee was reminded that the changes had been expedited as a result of Covid-19, and that specific areas of concern highlighted were being addressed. The Committee noted that the use of E-Consult had provided patients at some surgeries with greater access. PCNs had also gone from strength to strength, as GPs were able to signpost patients to the right professional, as in some cases, the GP was not always the right person to see. Some members provided examples of their personal experiences, which in one instance had highlighted that patients were not being made aware of the different access options available open to them from their surgery. Some concern was also expressed at the length of messages a patient was confronted with when making contact with a practice. The Committee was advised that work was on-going in relation to national message requests; and that the CCG was supporting practices to develop their own individual messages;
- Reference was made to pages 73-75 of the report which stated that a number of the PCNs had e-consultations planned. A question was asked whether the timescales for this was available and could this information be shared with the Committee. The Committee was advised that this information would be shared with the Committee;

- What future planning had been done to take into consideration an increasing population, as a result of increasing housing development and the effect this would have on GPs and PCNs. Confirmation was given that there was no development threshold at which the NHS should be consulted. Reassurance was given that the NHS was working with all district councils on developer contributions for health care facilities, and that any help for practitioners regarding this matter would be appreciated;
- Funding of additional professional roles within a PCN. The Committee noted that each PCN had a budget to recruit professionals required, based on the needs of the local community. The Committee noted further that the last six months had seen better recruitment and that First Contact Practitioners was an initiative that would be rolled out across the whole of England;
- Reassurance was sought as to whether there was sufficient Personal Protective Equipment available to deal with the second surge of Covid-19. Reassurance was given to the Committee that stronger supply arrangements were now in place for GPs; and that supplementary arrangements were also in place in Lincolnshire;
- Support for care homes. The Committee was advised that there had been significant developments over the last few months which included more collaborative working arrangements to minimise the number of professionals attending a care home; and the implementation of Telemedicine and WHZAN, a Telehealth early warning detection and monitoring kit. The Committee noted that there was still more to be done;
- Feedback from Healthwatch. The Committee was advised that the NHS always welcomed feedback from Healthwatch and that some planned engagement work was due to be discussed with representatives from Healthwatch in the following week; and
- When face to face appointments were likely to return to normality. Clarification was given that face to face appointments were still available to patients and that patients were being seen who needed to be seen. The Committee noted that even pre-Covid-19 new ways of working were being explored which had been accelerated as a result of Covid-19; and that steps were being taken to continue improvements to services; and that the learning from Covid-19 was a positive experience for primary care.

The Chairman on behalf of the Committee extended his thanks to the presenters.

#### RESOLVED

1. That the Primary Care Services update be received.
2. That further information be requested relating to:
  - The timetable for GP practices to adopt e-consultations;
  - The level of and type of complaints on GP practices; and
  - Any feedback from patients on AskMyGP, and additional data in relation to the presented case study.

40 COVID-19 UPDATE

The Chairman invited Derek Ward, Director of Public Health, to provide the Committee with an update relating Covid-19. Pages 91 – 92 of the report pack advised the Committee of the role of the County Council, as the lead public health authority in Lincolnshire; and provided a summary of the outbreak management arrangements in Lincolnshire.

The Committee was advised that Lincolnshire continued to see a lower than average England rate, although there was some variation across the districts.

It was noted that Lincolnshire was seeing an upward trend of Covid-19 cases, but it was hoped that this would see a levelling out by the end of the new restrictions. It was noted further that if at the end of the new restrictions on 2 December 2020 there was a downward trend, this would be expected to continue for a period of 10 days and then there was an expectation that the rate would increase again.

During discussion, the Committee raised the following points:

- Whether there would be mass testing in Lincolnshire. The Committee was advised that mass testing would only be considered by the government for areas with a high prevalence of the virus;
- If a vaccine became available in December, how the vaccine would be distributed to patients. The Committee noted that roll-out of the vaccine would be led by the NHS and that it was understood that it would be made available to priority groups first. The Committee noted further that the NHS may have to use other personnel to help with logistics of delivering the vaccine, and that conversations regarding this matter were on-going at the moment;
- Some concern was expressed to the disregard for Hands, Space, Face. The Committee was advised that there had been a very active communication programme by the County Council and the Lincolnshire Resilience Forum;
- Whether wearing a mask reduced transmission rates. The Committee was advised that evidence was developing as things progressed. It was highlighted that face masks helped protect others and that was why it was necessary to keep two metres or more from other people, and that all three factors Hands, Face and Space were helping to reduce infection rates; and
- Take up in Lincolnshire of 'Track and Trace.' The Committee was advised that as the Track and Trace system was anonymous; there was no record of what the take-up was in Lincolnshire. It was however noted that a future model might look different after the national restrictions, as this was an issue that was currently out for discussion. Local track and trace was a suggested option, as Lincolnshire had a Public Protection Team to help with this process.

The Chairman on behalf of the Committee extended his thanks to the Director of Public Health for his update.

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RESOLVED

That a further Covid-19 Update be requested for the 20 January 2021 meeting and that an update on the Covid-19 vaccine be received at the 16 December 2020 meeting.

41 LOUTH AND SKEGNESS URGENT TREATMENT CENTRES PATIENT SURVEY - ARRANGEMENTS FOR THE COMMITTEE'S RESPONSE

The Chairman invited Simon Evans, Health Scrutiny Officer to present the item to the Committee, which was detailed on pages 83 and 84 of the report pack.

The Committee were reminded at its meeting on 14 October 2020 it had been agreed that the Committee would respond to the patient survey on a continuation of the temporary closure of Louth and Skegness Urgent Treatment Centres between 10pm and 8am; as the temporary overnight closure arrangements were due to remain in place until March 2021.

The Committee was advised that the survey was due to close on 13 November 2020.

As the Committee had already expressed their concerns regarding the temporary arrangements in item 5 of the agenda. The Committee agreed to respond to the survey.

RESOLVED

That the Chairman be authorised to write to Lincolnshire Community Health Services NHS Trust, expressing the views that the changes to the opening times at Louth and Skegness Urgent Treatment Centres should only be a temporary measure during the Covid-19 pandemic, and there should be an aim to re-open these two centres in the longer term on a 24/7 'walk-in' basis as set out in the Healthy Conversation engagement exercise of 2019.

42 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Chairman invited Simon Evans, Health Scrutiny Officer to present the item to the Committee. The item was detailed on pages 85 to 94 of the report pack.

The Committee were invited to consider the work programme detailed on pages 86 and 87.

Appendix A to the report set out the previous work undertaken by the Committee.

The Committee noted that following the request from a member of the public referring to the eligibility of a specific case for NHS-funded continuing healthcare (as detailed in paragraph 5 of the report). The Chairman advised he had responded advising that this was not a matter that the Committee could get directly involved in an individual case, as it was not within the Committees remit.

The Committee was however asked whether it would like to include an item on NHS Continuing Healthcare in its work programme. Page 89 of the report provided expenditure figures on NHS Continuing Healthcare for 2019/20 for three of the four former Clinical Commissioning Groups for the Committee's information.

Also, the Committee noted that Section 3 of the Chairman's supplementary announcements provided information on a recent publication by the Parliamentary and Health Service Ombudsman on NHS Continuing Healthcare.

During a short discussion, a suggestion was made to the Committee for further consideration on the use of opioids. The Committee noted that a request would be made for this to be included in the update from the Community Pain Management Service, which was scheduled to be considered by the Committee at the 24 March 2021 meeting. A further request was made for the inclusion of an item on the potential for UTC provision in the south east of the county.

The Committee also agreed to the inclusion of Continuing Healthcare as a future agenda.


#### RESOLVED

That the work programme presented be agreed subject to the inclusion of the items mentioned above.

The meeting closed at 1.08 p.m.

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# 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>16 December 2020</b>
Subject:	<b>Chairman's Announcements</b>

## 1. The UK Government's Covid-19 Winter Plan

On 23 November 2020, the Government published its *Covid-19 Winter Plan*, which confirmed that from 2 December 2020 England would return to the three-tier approach in response to Covid-19. The *Covid-19 Winter Plan* detailed all the restrictions for each tier and is available on the Government website:

<https://www.gov.uk/government/publications/covid-19-winter-plan>

The Government has stated that decisions on which tier would apply to an area would be primarily based on five epidemiological indicators:

- case detection rates in all age groups;
- case detection rates in the over-60s;
- the rate at which cases are rising or falling;
- positivity rate (the number of positive cases detected as a percentage of tests taken); and
- pressure on the NHS, including current and projected occupancy.

On 26 November 2020, the Government announced that Lincolnshire would be in tier 3 (very high alert) for the following reason:

"There has been an overall improvement, but case rates remain high throughout the county, at 307 per 100,000 and in the over 60s it is 281 per 100,000. NHS pressures in Lincolnshire remain high and show signs of increasing, particularly for the units treating the more serious cases."

The Humber (including North East Lincolnshire, North Lincolnshire), Leicestershire and Nottinghamshire have also been placed in tier 3. Cambridgeshire (including Peterborough), Norfolk, Northamptonshire and Rutland have been placed in tier 2 (high alert).

On 30 November 2020, the Government published *Analysis of the Health, Economic and Social Effects of Covid-19 and the Approach to Tiering*. The tiers allocated to each area are due to be reviewed by the Government on 16 December 2020, with any changes implemented from 19 December 2020.

## **2. Vaccine Arrangements for Covid-19**

### Approval of Pfizer / BioNTech Vaccine

On 2 December 2020, the Government announced that it had accepted the recommendation from the Medicines and Healthcare Products Regulatory Agency (MHRA) to approve the Pfizer / BioNTech Covid-19 vaccine. This followed clinical trials and an analysis of the data by the MHRA, who concluded that the vaccine met its standards for safety, quality and effectiveness.

This vaccine is given in two doses, three weeks apart, and data from clinical trials showed the vaccine is 94% effective, with trials suggesting it works equally well in people of all ages, races and ethnicities. The MHRA has reported no serious safety concerns in the trials.

### Vaccine Priority Groups

Also on 2 December, the Joint Committee on Vaccinations and Immunisations (JCVI) published its final advice for the priority groups to receive the vaccine, which the Government accepted. The priority groups for Phase 1 are:

1. residents in a care home for older adults and their carers
2. all those 80 years of age and over and frontline health and social care workers
3. all those 75 years of age and over
4. all those 70 years of age and over and clinically extremely vulnerable individuals (essentially those in the 'shielding' group)
5. all those 65 years of age and over
6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7. all those 60 years of age and over
8. all those 55 years of age and over
9. all those 50 years of age and over

The JCVI also advised that implementation of the Covid-19 vaccine programme should aim to achieve high vaccine uptake and an age-based programme would likely result in faster delivery and better uptake in those at the highest risk. The JCVI added that deployment at a local level should be flexible, with due attention to:

- mitigating health inequalities, such as might occur in relation to access to healthcare and ethnicity;
- vaccine product storage, transport and administration constraints;
- exceptional individualised circumstances; and
- availability of suitable approved vaccines, for example for specific age cohorts.



## Delivery of the Vaccine Programme

On 20 November 2020, in preparation for any approved vaccine, NHS England and NHS Improvement, had written to all NHS chief executives, on the deployment arrangements for Covid-19 vaccines. United Lincolnshire Hospitals NHS Trust was selected as one of the 53 hospital trusts in England to act as hubs for the distribution of the vaccine. Any further information on the deployment of the vaccine in Lincolnshire will be reported to the Committee.

### **3. Louth and Skegness Urgent Treatment Centres – Patient Survey**

On 11 November 2020, the Committee approved its response to the patient survey on the temporary closure of Louth and Skegness Urgent Treatment centres each night between 10 pm and 8 am, which was introduced in March 2020 in response to the Covid-19 pandemic.

This patient survey was undertaken by Lincolnshire Community Health Services NHS Trust (LCHS), and the results are due to be considered by the next LCHS Trust Board on 12 January 2021, when they will be published.

### **4. Lakeside Healthcare at Stamford**

On 11 November 2020, Lincolnshire CCG's Primary Care Commissioning Committee (PCCC) considered a proposal from Lakeside Healthcare to close the St Mary's Medical Centre in Stamford, and consolidate all its primary care services at the Sheepmarket Surgery, on the Stamford and Rutland Hospital campus. Following the PCCC's decision, discussions are continuing between the CCG and Lakeside Healthcare, and any update will be reported at the meeting.

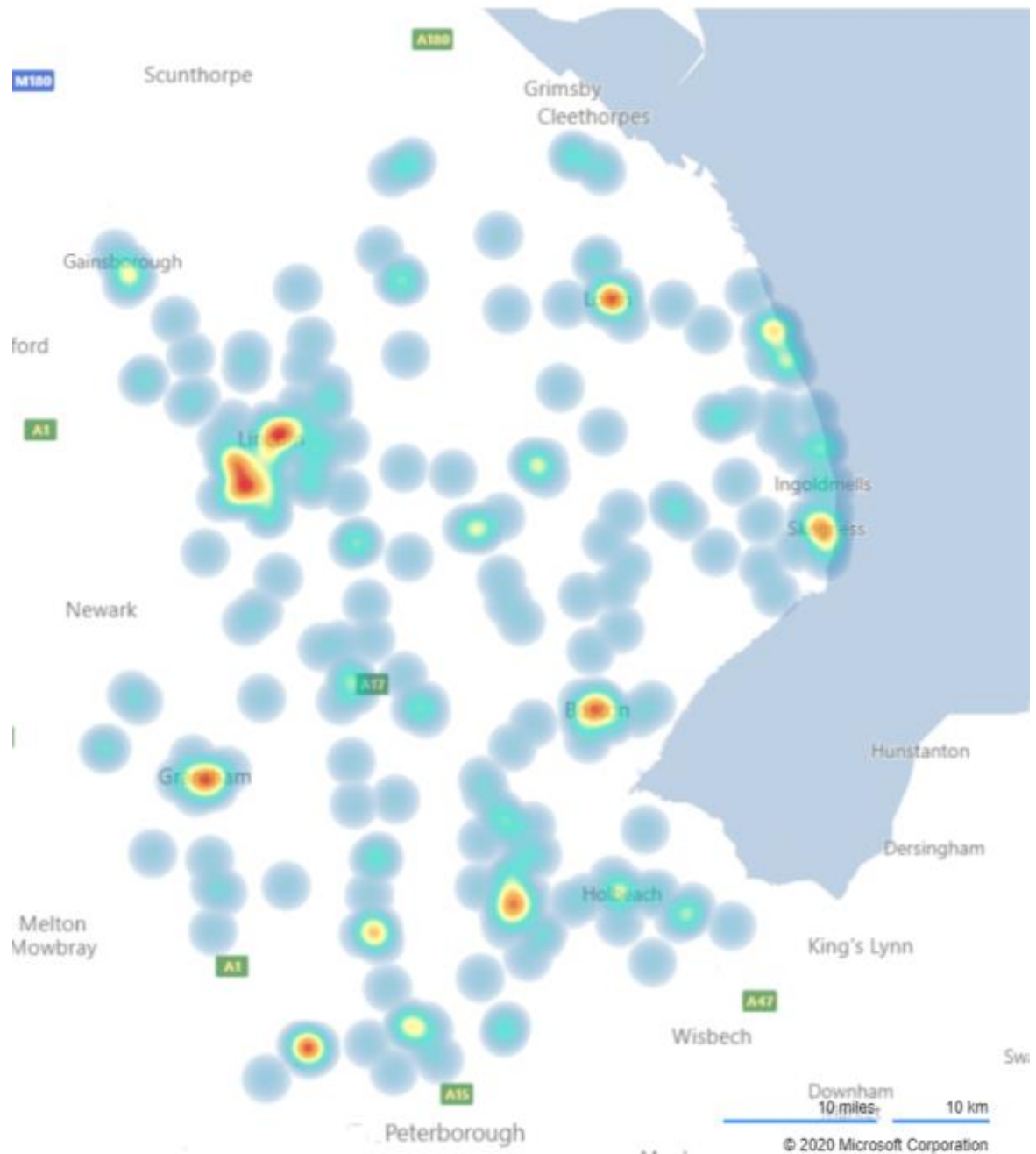
### **5. Woolsthorpe Branch GP Surgery**

A proposal from the Vale Medical Group to close the Woolsthorpe Branch Surgery was considered by this Committee on 14 October 2020, and the Committee agreed to respond to the patient survey exercise. This proposal is due to be considered by the Lincolnshire CCG's Primary Care Commissioning Committee (PCCC) at a forthcoming meeting.

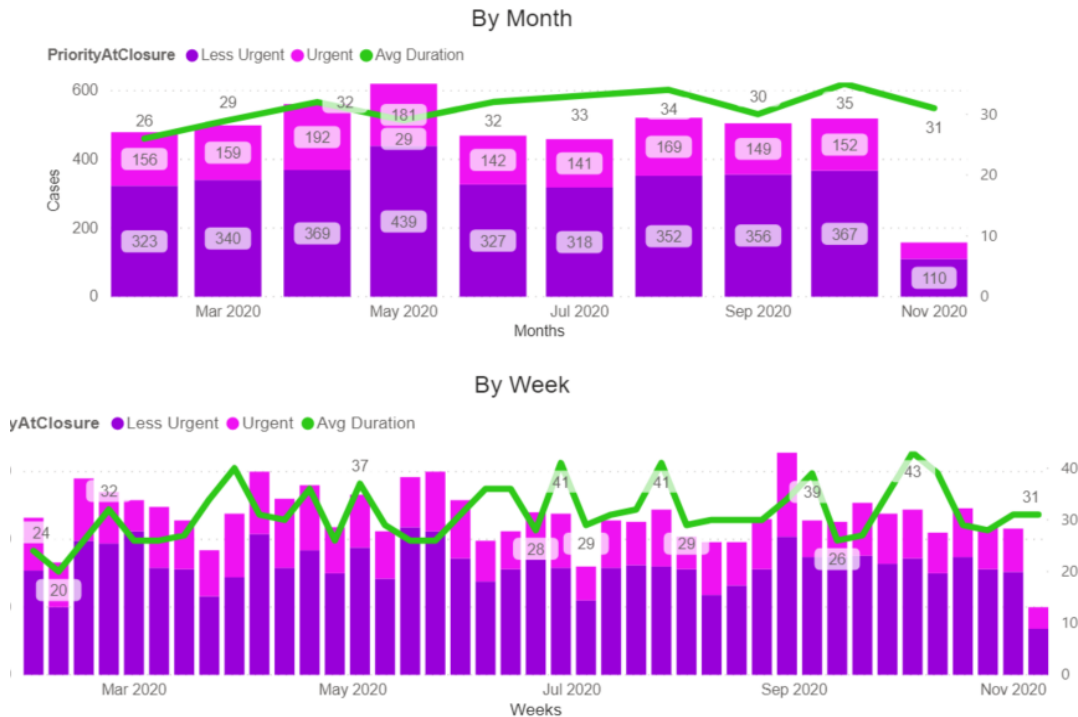
## 6. Lincolnshire Community Health Services - Hubs

On 11 November 2020, the Committee as part of its consideration of a report from Lincolnshire Community Health Services NHS Trust (LCHS) on urgent care requested additional information on home visiting hubs.

LCHS has advised that home visiting hubs are located in Gainsborough, Grantham, Lincoln and Spalding. Staff based in these hubs undertake visits across the county, which is shown by the heat-map below:



The following two graphs show the number of home visits undertaken by the service, and the average duration of the visits, by month and by week.



## 7. NHS Dental Services in Lincolnshire - Update

### Continuation of Arrangements

NHS England / NHS Improvement has advised that dental practices have continued to remain open and anyone needing urgent dental care should seek it and should feel reassured about the safety measures in place.

As previously reported, most practices are providing face to face care and 90% are offering aerosol-generating procedures, for example treatments using drills. However, infection control and social distancing measures restrict the capacity for dental practices to see patients. These measures include the requirement for each treatment room to be left for up to 30 minutes between patients, prior to deep cleaning following an aerosol-generating procedure.

For above reason, patients requiring urgent care and those in vulnerable groups have been the priority for many practices and most dentists will require patients to be clinical assessed by phone or video consultation prior to any visit to a surgery. Dental practices can prescribe antibiotics or painkillers by phone. Patients are still expected to pay standard NHS dental charges, unless exempt. Patients should not be charged extra for NHS dental care nor should they be told that they can only access care privately. People should continue to contact their local dental surgery by phone for advice on dental care and treatment and out of hours patients should contact NHS 111.

## Unregistered Patients

Patients who do not have a regular dentist or have not recently accessed NHS dental care, are advised to contact NHS 111. Patients will then be directed to a dental practice, who can assess patients by phone and if needed face to face care at a practice or one of the seven urgent dental centres in Lincolnshire will be offered.

## Christmas / New Year Holiday Arrangements

Dental practices will continue to provide services over the Christmas and New Year period, although opening hours for individual practices may vary. Any dental practices operating reduced hours during the festive period or opting to close on 'contracted' days, remain responsible for their patients and must ensure that suitable alternative arrangements are in place for anyone needing access to urgent dental care. NHS England / NHS Improvement has written to all Lincolnshire NHS dental practices to remind them that if they intend to operate other than their usual hours they must arrange suitable local NHS provision with a "buddy" practice and have a dedicated telephone number to enable their patients to access the alternative local service.

During normal contracted hours a practice should not divert patients to NHS111, out of hours providers or local urgent dental centres. Normal local out of hours arrangements will be in place to provide urgent dental care cover on the public holidays.

## **8. National Rehabilitation Centre**

On 16 September 2020, the Committee approved its response to the consultation on the proposed NHS Rehabilitation Centre at the Stanford Hall Rehabilitation Estate, near Loughborough.

Over 760 survey consultation responses were received and, and as reported to Nottingham and Nottinghamshire CCG Governing Body, they showed:

- 77% strongly support the proposal to create a NHS Rehabilitation Centre at the Stanford Hall Estate. A further 9% slightly support it.
- 52% strongly support the proposal to transfer the service currently provided at Linden Lodge in Nottingham to the NHS Rehabilitation Centre. A further 15% slightly support this.
- 65% feel it is appropriate for NHS patients to be treated on the same site as military personnel. A further 22% perceive that it is to some extent.
- 33% feel that it would be very easy for them to access the NHS Rehabilitation Centre at the Stanford Hall Estate, whilst 19% perceive it will be easy. In contrast, 24% stated it would be difficult or very difficult and 24% neither easy nor difficult.
- 60% feel that the provision of three rooms for families to stay, free parking and superfast broadband would help to reduce the impact of increased travel time that some might face. A further 26% perceive that it would to some extent.

- 73% feel that the care that patients would receive at the NHS Rehabilitation Centre will be excellent. A further 17% perceive it will be very good.
- 66% feel the range of health and social care professionals that patients would have access to is excellent. A further 21% perceive it is very good.
- 72% feel confident that patients' mental health is being taken into account. In contrast, 22% feel that although patients' mental health is being taken into account more could be done and 7% that more needs to be done.

The Decision Making Business Case for the National Rehabilitation Centre was approved by the CCG governing body on 2 December 2020. There are several further steps in the development of the rehabilitation centre, including an outline business case being prepared by Nottingham University Hospitals NHS Trust, which is the lead provider for services at the centre. The timetable reported to the CCG stated that construction of the centre was expected to begin in July 2022 and be completed by 2024.

## **9. Influenza Vaccination Programme**

This season's influenza vaccine has been offered free of charge to 30 million people in England. From 1 December 2020, the programme has been extended to people aged between 50 and 64 years, in order to minimise the impact of influenza on the NHS during the Covid-19 pandemic. Before this date the programme had focused on the following priority groups:

- all children aged two to eleven;
- people aged 65 years or over;
- those aged from six months to less than 65 years of age, in a clinical risk group;
- all pregnant women;
- household contacts of those on the NHS Shielded Patient List, or of immune compromised individuals;
- people living in long-stay residential care homes or other long-stay care facilities;
- those in receipt of a carer's allowance, or who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill; and
- all health and social care staff.

NHS Lincolnshire CCG is reminding people in this age group to book in for their vaccination at either their GP practice or their local community pharmacy.

## 10. Integrating Care - Next Steps to Building Strong and Effective Integrated Care Systems Across England

On 24 November 2020, NHS England and NHS Improvement published *Integrating Care - Next Steps to Building Strong and Effective Integrated Care Systems Across England*, which is available at the following link:

<https://www.england.nhs.uk/integratedcare/integrated-care-systems/>

The document explains the requirements on local health systems to develop collaborative ways of working with partners. From April 2021 this will require all parts of England's health and care system to work together as Integrated Care Systems (ICSs), involving:

- stronger partnerships between the NHS, local government and others;
- provider organisations working in formal collaborative arrangements that allow them to operate at scale; and
- developing strategic commissioning with a focus on population health outcomes; and
- the use of digital and data to drive system working.

The document also proposes two options for making ICSs statutory entities, which would require legislation:

Option 1 – a statutory ICS Board/ Joint Committee with an accountable officer. This would establish a mandatory, rather than voluntary, statutory ICS Board through the mechanism of a joint committee and enable NHS commissioners, providers and local authorities to take decisions collectively.

Option 2 – a statutory ICS body. ICSs would be established as NHS bodies, partly by “repurposing” CCGs and would take on the commissioning functions of CCGs. CCG governing bodies would be replaced by a board consisting of representatives from the system partners.

NHS England and NHS Improvement are inviting views on these four questions by Friday 8 January 2021:

- (1) Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?
- (2) Do you agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?
- (3) Do you agree that, other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?
- (4) Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?

Prior to the issue of *Next Steps to Building Strong and Effective Integrated Care Systems Across England*, the Lincolnshire Health and Wellbeing Board had initiated a review of its own working arrangements, with a view to it functioning as the ICS Partnership Board. On 2 December 2020, the Health and Wellbeing Board supported a proposal to align its functions of the anticipated Lincolnshire Partnership Board.

**11. Retirement of Chief Executive of Lincolnshire Partnership NHS Foundation Trust**


Brendan Hayes, the Chief Executive of Lincolnshire Partnership NHS Foundation Trust (LPFT) has announced that he is retiring.

LPFT has appointed Sarah Connery, Director of Finance and Information, as its Acting Chief Executive, and the recruitment for Brendan's replacement will commence over the next few weeks.

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# Agenda Item 5

		<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

Open Report on behalf of Andrew Crookham  
Executive Director - Resources

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>16 December 2020</b>
Subject:	<b>United Lincolnshire Hospitals NHS Trust – Covid-19 Update</b>

**Summary**

This item enables the Health Scrutiny Committee for Lincolnshire to consider a Covid-19 update from United Lincolnshire Hospitals NHS Trust (ULHT). The information submitted to the Committee comprises the report by the ULHT Chief Executive, Andrew Morgan, to the ULHT Board on 1 December 2020.

This Committee considered its last Covid-19 Update from ULHT on 16 September, followed by consideration of ULHT's review of the Grantham 'green site' arrangements on 14 October 2020.

Management representatives from ULHT are due to attend the meeting to present the information and respond to questions.

**Actions Required**

- (1) To consider the information presented by United Lincolnshire Hospitals NHS Trust as part of its update on its response to the Covid-19 pandemic.
- (2) To consider the timing of the Committee's next update from the United Lincolnshire Hospitals NHS Trust.

## 1. Previous Committee Consideration

Since the resumption of meetings by the Health Scrutiny Committee on 17 June 2020, the Health Scrutiny Committee for Lincolnshire has considered updates from United Lincolnshire Hospitals NHS Trust at three meetings on 17 June, 16 September and 14 October 2020.

## 2. Latest Information

The information submitted to the Committee at this meeting comprises the report by the ULHT Chief Executive, Andrew Morgan, to the ULHT Board of Directors on 1 December 2020, which is attached at Appendix A.

## 3. Consultation

This is not a direct consultation item.

## 4. Conclusion

The Committee is invited to consider the information presented by United Lincolnshire Hospitals NHS Trust Board.

## 5. Appendices

These are listed below and attached to this report: -

Appendix A	Report to United Lincolnshire Hospitals NHS Trust Board of Directors (1 December 2020) – Report of Chief Executive
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## 6. Background Papers

No background papers, as defined by Part VA of the Local Government Act 1972, were used to a material extent in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, Lincolnshire County Council, who can be contacted via 07717 868930 or [Simon.Evans@lincolnshire.gov.uk](mailto:Simon.Evans@lincolnshire.gov.uk)



Meeting	<i>Public Trust Board</i>
Date of Meeting	<i>1 December 2020</i>
Item Number	<i>Item 6</i>
<b>Chief Executive's Report</b>	
Accountable Director	<i>Chief Executive</i>
Presented by	<i>Andrew Morgan, Chief Executive</i>
Author(s)	<i>Andrew Morgan, Chief Executive</i>
Report previously considered at	<i>N/A</i>

How the report supports the delivery of the priorities within the Board Assurance Framework	
1a Deliver harm free care	
1b Improve patient experience	
1c Improve clinical outcomes	
2a A modern and progressive workforce	
2b Making ULHT the best place to work	
2c Well Led Services	X
3a A modern, clean and fit for purpose environment	
3b Efficient use of resources	
3c Enhanced data and digital capability	
4a Establish new evidence based models of care	
4b Advancing professional practice with partners	
4c To become a university hospitals teaching trust	

Risk Assessment	<i>N/A</i>
Financial Impact Assessment	<i>N/A</i>
Quality Impact Assessment	<i>N/A</i>
Equality Impact Assessment	<i>N/A</i>
Assurance Level Assessment	<i>Insert assurance level</i> <ul style="list-style-type: none"> <li>• <i>Significant</i></li> </ul>

Recommendations/ Decision Required	<ul style="list-style-type: none"> <li>• <i>To note</i></li> </ul>

### 1. Introduction

This report is presented in a different format this month. As well as the usual updates from the CEO, there are updates from Directors on key issues. This is in recognition of the need to reduce the burden on Directors of writing reports during the current Wave 2 of COVID, whilst still providing appropriate assurance to the Board.

### 2. CEO System Overview

- Planning is underway across the system for the mobilisation of the COVID vaccination programme. This includes work relating to distribution of the vaccine, identifying mass vaccination sites, local sites, identifying priority groups, confirming the delivery model in terms of who will be giving the vaccinations, recruiting staff, communications, and a NHS staff vaccination programmes. All of this is subject to the vaccine(s) being approved for use.
- Alongside work on the COVID vaccination programme, work is continuing to improve the uptake of the flu vaccination amongst NHS staff. The aim is to get to 90% of front-line staff having been vaccinated by the end of November.
- Much of the focus within the system is on managing Wave 2 of COVID. An update is provided elsewhere in this paper. There is a system winter preparedness review with NHSE/I on the 25<sup>th</sup> November. A verbal update will be provided to the Board at its meeting on 1<sup>st</sup> December.
- There was a positive Acute Services Review (ASR) Panel review meeting with Midlands NHSE/I on 12<sup>th</sup> November. A formal letter is awaited. If NHSE/I are content with the proposals and the Pre-Consultation Business Case, the next stage would be for it to proceed to the National Panel for review and hopefully approval.
- Work continues across the system on preparing for the end of the EU Transition period on 31<sup>st</sup> December. Each organisation has a SRO leading on the implications of the ending of the transition period and the mitigating actions that may be required. These actions will be influenced by whether or not there is a trade agreement with the EU and what is contained in any such agreement.

### 3. CEO Trust Overview

- The Trust has now taken delivery of the Lateral Flow testing kits to enable patient-facing staff to test themselves for COVID twice weekly. These are being distributed to staff along with training and usage instructions. The tests can be done at home in approximately 5 minutes and the results are available within approximately 30 minutes. If a member of staff tests positive, a PCR swab is then arranged to confirm the result, with the member of staff self-isolating in the meantime.
- The Integrated Improvement Plan Big Conversations with staff have now concluded. A video version of the presentation will be made available to those staff who did not book onto one of the live events. A booking

system will be put in place for this video presentation so that there is a record of the proportion of staff who have accessed this information.

- I am pleased to confirm that Simon Evans has been appointed as the substantive Chief Operating Officer for the Trust. This follows the final interview stage of the recruitment process. The post was advertised nationally. Simon has been acting into the role since early 2020.
- The national advert for the Trust’s new Medical Director has now closed. There were 19 applications and the shortlisting process is now underway.

#### 4. Covid – Incident and Operational Update

On 5<sup>th</sup> November 2020 the NHS returned to a level 4 incident level putting in place national direction of the response to the pandemic and increasing number of cases of Covid-19 in hospitals across the country.

In response to this the Trust put in place immediately a full Incident Command Centre approach echoing the model used in the initial stages of the pandemic in March.

Plans developed in March this year did consider the need to return to this status and therefore the Trust has now activated its MANAGE phase plan to respond to the current challenges; its objectives and the associated plans and polices are described below.



##### Objective

- Put in place the necessary resources and management operations
- Immediately necessary changes; constraints based and preparation for surge

##### Policies

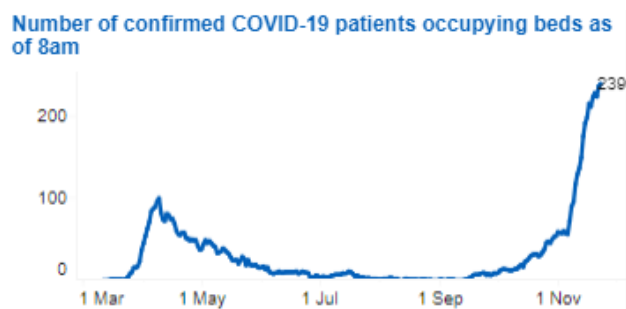
- Pandemic Influenza Plan, and
- Major Incident Plan

##### Plans developed

- Surge Plan v8 – Triggers in Critical Care and Ward Based Demand
- Oxygen & Bed Allocation Plan
- Workforce Plan

Unlike Wave 1 the most recent increase in Covid-19 demand on services and staff is in the context of much busier hospitals conducting emergency and elective care at levels similar to pre-Covid-19 pandemic. A number of factors are driving this:

- Wave 1 Urgent Care demands were reduced by 60% at times reducing the number of patients requiring inpatient care and demand on Emergency Departments
- There are increased numbers of patients that are Covid-19 positive that require care that cannot be supported by homes/services in the community in wave 2 increasing delays to discharge.
- Cancer and clinically urgent care appointments/treatments cannot be cancelled or delayed in wave 2. Wait times cannot be extended for these patients as they were in wave 1.
- The prevalence of Covid-19 in Lincolnshire in recent weeks is significantly higher than in Wave 1, resulting in more than double the number of patients in our hospitals.



- The level of staff absence and reduced agency staff fill rates

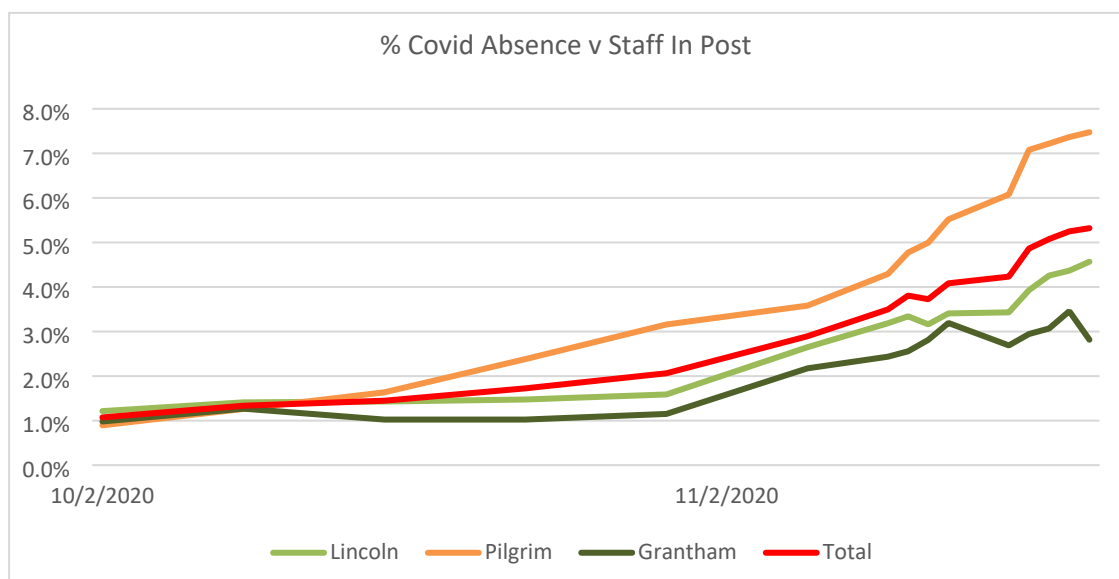
Grantham Green site remains critical to protecting Cancer and clinical urgent care capacity throughout the Wave 2 response. This is more important as Green pathways at LCH and PHB hospitals have not been able to sustain Green pathways because of the level of Covid-19 demands on those sites.

Triggers set for the return to pre Covid-19 configuration at Grantham have not been met in the last month. A critical incident was declared at ULHT on November 13<sup>th</sup> as a result of compromised urgent care provision however a system response was enacted and the Trust stepped down from this within 72 hours.

Models forecasting future demands predict a peak of more than 300 positive Covid-19 patients in our hospitals in early-mid December 2020. Surge plans and associated workforce plans are being developed to maximise capacity available to respond to these increased demands.

### 5. Staff Absence

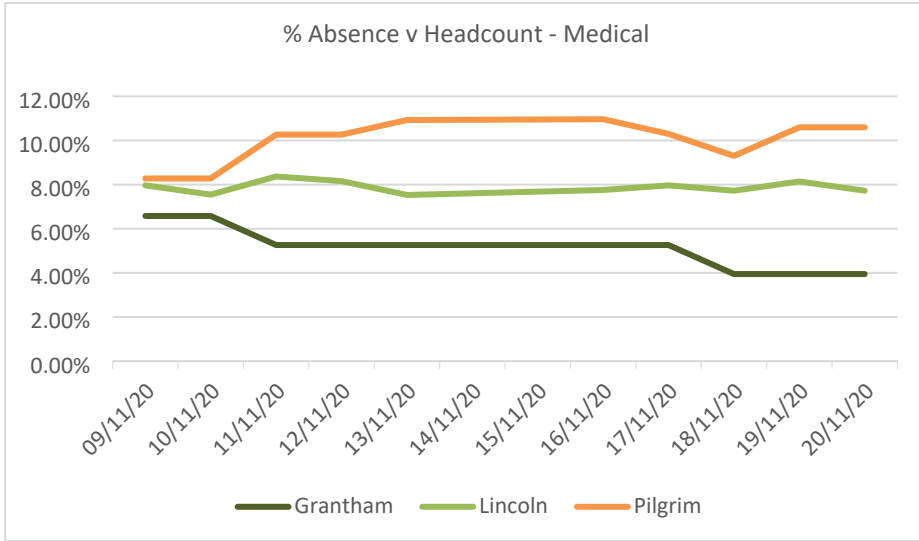
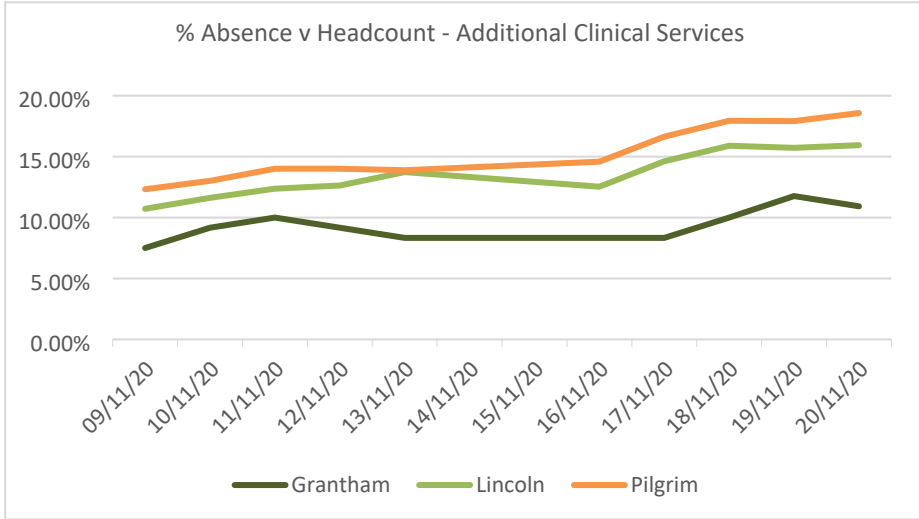
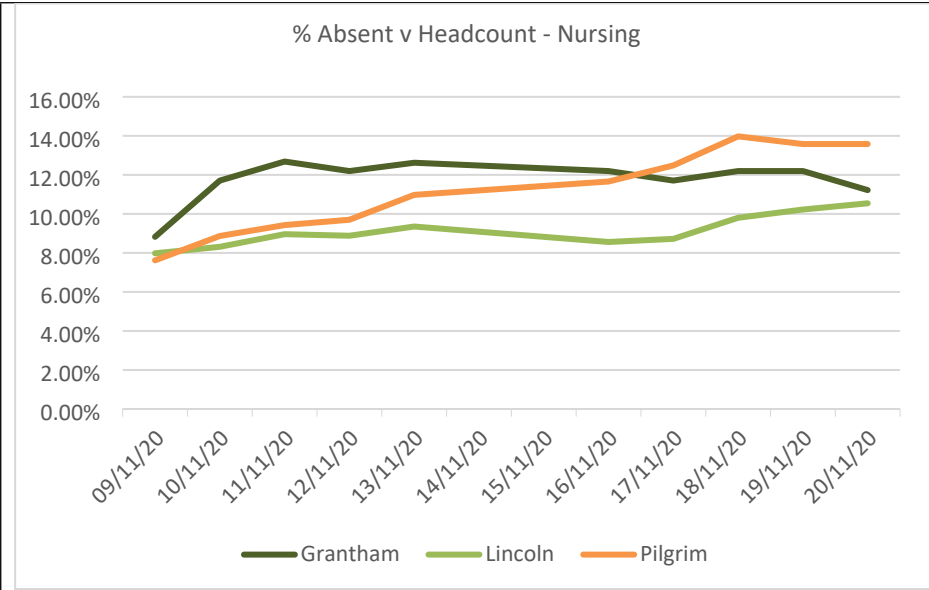
As of 23<sup>rd</sup> November, the overall percentage absence rate was 11%. The chart below shows the COVID percentage absence rate, which has risen significantly since the end of October.

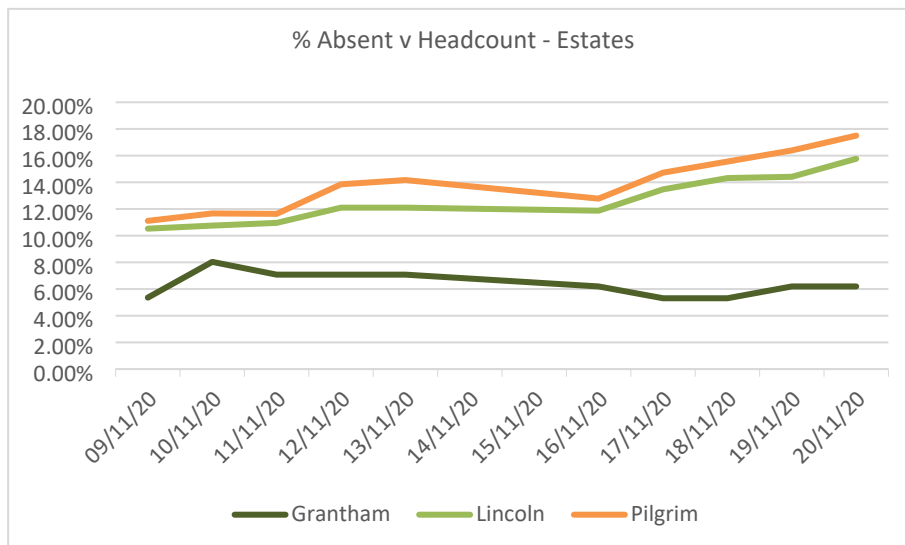


What this table does not show however is the variance between different staff groups. Those staff groups directly involved in patient care have absence rates higher than 11%. The charts below show the specific rates for Medical Staff, Nursing, Additional Clinical Services and estates. Staff absence is having a significant impact on our ability to deliver patient care.

COVID absence covers staff who are ill with COVID, are shielding or are isolating because members of their families are symptomatic.

We have been managing a number of staff clusters.





## 6. Keeping our staff safe

- 96% of our staff have had a COVID risk assessment and adaptations have been made to their working arrangements where necessary e.g. to work on a green pathway. 100% of our BAME staff have had an assessment and that assessment has been amended to reflect latest best practice guidance.
- 43 staff are shielding at home as a consequence of revised Government guidance issued at the start of the second lockdown.
- The twice daily staff well-being checks (including a temperature check), which has been in place since the Grantham Green Site commenced, is being extended to other sites, with the expectation this will be in place by early December.
- Lateral Flow (“Home”) Testing is being rolled out during w/c 23<sup>rd</sup> November to 6600 “frontline staff”
- We are swabbing staff who are symptomatic, get a positive test through Lateral Flow and where we have a cluster of COVID positive staff in any part of the organisation. We also swab any symptomatic relatives of our staff members.
- We have a target to vaccinate against flu 90% of that same staff group by the end of November (before commencing COVID vaccination of staff). As of 23<sup>rd</sup> November, we had vaccinated 65%. We have received a further delivery of vaccines and have re-supplied our peer to peer vaccinators and have set up a number of additional flu clinics, including at the collecting points for the home testing kits.
- Arrangements are being made to commence the vaccination of our staff against COVID 19 at the beginning of December (separate to the community vaccination programme). This is a complex vaccination to deliver
- There is regular communication about the appropriate use of PPE. Where we have been concerned about inappropriate use of PPE, we have introduced



a process where staff are taken through a rapid training programme on PPE and are strongly reminded of our expectations of them as employees.

## **7. Well-Being**

Our extensive well-being offer has been in place through the COVID pandemic. This is regularly reviewed by our representative Well-Being Team and publicised to our staff (incorporating help-lines, wobble rooms, access to information). We have recently introduced Well-Being Hubs at Pilgrim and Lincoln which offers a “drop-in” facility for staff who need support open for 12 hours per day. We have publicised our broader well-being offer for staff at Grantham and Louth. The SBAR (Situation, Background, Assessment, Recommendations) provides a regular communication to staff on the Trust response to COVID. ELT Live ensures the Executive Leadership Team have visibility and the Team continue to visit different sites.

## **8. Increasing Supply**

Issues around supply and demand are discussed on a daily basis at the Workforce Cell. Issues around nursing supply are exacerbated by a reduction in agency staff available.

The system has responded to requests for mutual aid, when requests have been made. We have also more informally sought to access staff at LPFT and Lincolnshire County Council to bolster our bank numbers.

The following actions have been taken by the Cell to respond to the supply challenges:

- Redeployment of clinical staff on a risk basis to cover the twin challenge of increasing numbers of COVID patients and reduced staff numbers
- Redeployment of support staff into new ward support roles
- The introduction of incentive payments for nursing and cleaning roles to encourage staff to join the bank and offer more shifts
- Reinvigorating the COVID bank so that we can draw down staff to support Estates and Facilities staff in particular
- Other staff have volunteered to undertake cleaning and moving patients when needed.

## **9. National Finance Regime**

- The national NHS M1-M6 financial regime which provided sufficient central resource to enable each organisation to break-even has now ended and has been replaced for M7-M12 with an STP based income envelope.
- The Lincolnshire income envelope is inclusive of proposed block arrangements for each of the three Providers and the CCG and £87m ‘top up, growth and COVID related’ income that the STP has agreed an apportionment of planned support across the four organisations.

## **10. ULHT Month 7 Financial Headlines**

- In M7 the Trust has delivered a surplus of £145k for the month; this is after planned support from the Lincolnshire system of £11.9m.

- The income position is breakeven for the block and STP planned support with a minor upside on other operating income.
- Expenditure is overall aligned to the plan with an underspend of £0.4m in Pay offset by an over spend of £0.4m in Non-pay.
- The favourable pay movement relates to lower than expected growth in agency costs as part of the Trusts response to the Restore phase of Covid.
- The pressure in Non-Pay relates to higher than forecast energy costs as a result of a breakdown and the associated repairs, this pressure will continue into November and then is anticipated to revert back to forecast levels.
- The Trust incurred £0.7m of additional expenditure in relation to Covid-19 in M7 (£15.2m year to-date) – spend within the forecast levels.
- The Trust incurred £0.6m of additional expenditure in relation to Restore in M7 (£3.3m year to-date) which was £0.7m lower than in Month 6 due to non-recurrent expenditure of £0.7m in Month 6 at Gonerby Road – spend within the forecast levels.
- Capital expenditure for the year to date stands at c£7.3m which is c£10m behind plan. The forecast CRL expenditure remains on track, with the newly formed Capital Delivery Group providing oversight.
- The month end cash balance is £63.2m which is an increase of £49.5m against cash at 31 March, this is driven by the national finance regime.

#### **11. System Financial Position**

- Against the STP income envelope the Lincolnshire system submitted a planned year-end deficit of £4m.
- 100% of this deficit position sits within the CCG with the three Provider trusts planning a zero break-even position.
- The overall system position reported at Month 7 shows a deficit of £16k. This represents a positive variance against plan of £0.5m, a number of factors are driving this position including the ULHT favourable M7 position
- The system-wide forecast position remains in line with plan.

# Agenda Item 6

		<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

Open Report on behalf of Derek Ward, Director of Public Health

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>16 December 2020</b>
Subject:	<b>Covid-19 Update</b>

## Summary:

This report provides a summary of the Covid-19 Winter Plan, issued by the Government on 23 November 2020 and the implications for Lincolnshire. An overview of the latest Covid-19 data for Lincolnshire will be provided at the meeting.

## Actions Required:

The Health Scrutiny Committee for Lincolnshire is asked to note the content of this report.

## 1. Background

### 1.1 Context

The [Covid-19 Winter Plan](#), published by the Government on 23 November 2020, sets out the arrangements for managing the virus from 2 December 2020 when the national lockdown was lifted. It also provides details of the revised tiering system and the steps to be taken to return to normality.

The Government's strategy has three objectives:

- Bringing R below 1 and keep it there on a sustained basis
- Find new and more effective ways of managing and enabling life to return closer to normal
- Minimise damage to the economy and society, jobs and livelihoods. Education will be safeguarded in nurseries, schools, colleges and universities.

## 1.2 Route Back to Normality

### 1.2.1 Vaccination Programme

The first Covid-19 vaccine has been approved by the regulators and the roll out is happening from December 2020. The Joint Committee on Vaccinations and Immunisation (JCVI) is advising the government on the prioritisation for all the vaccines based on consideration of the final phase 3 clinical trial data.

Frontline health and care workers, people over the age of 80 and care residents will be amongst the first to receive the vaccine.

### 1.2.2 Treatment

The Government is funding clinical trials into effective treatments for Covid-19 as there will continue to be a need to manage the virus even as vaccines are rolled out, especially for those people who cannot be vaccinated. Potential treatments are being tested in primary, acute and intensive care settings and further trials are being planned.

### 1.2.3 Testing

The Government is working to improve turnaround times for testing and is working with local Directors of Public Health (DPHs) to ensure local authorities play a key role in helping to deploy testing to support people most at risk of having the virus and in settings where there is the highest risk of transmission. This will be supplemented by work to improve contact tracing which will include the roll out of tracing partnerships with local authorities to ensure a greater proportion of people who have tested positive are reached and helped to self-isolate.

To date, testing has focused on symptomatic testing but the winter plan sets out steps to introduce frequent testing as an alternative to the need for self-isolation for people who have had close contact with someone who has Covid-19. Instead, contacts will be offered regular tests as an alternative to isolation and only have to self-isolate if they test positive.

The priority for the expansion in asymptomatic testing is set out in the table below and there is a plan to increase capacity further in 2021.

<b>Rapid Testing Strand</b>	<b>Status</b>
<b>NHS Patient facing staff</b> – <i>testing to be offered to all high contact staff twice a week</i>	Already underway
<b>Care home staff and residents-</b> <i>increasing the frequency of testing to twice weekly for staff and weekly for residents</i>	To go live in December
<b>Care home visits</b> – <i>test available for up to two visitors per resident to be tested twice a week in all care homes</i>	Pilots underway, rollout early December
<b>High risk extra care &amp; supported living staff and residents</b> – <i>twice weekly testing for staff and weekly for residents</i>	To go live in December

<b>Rapid Testing Strand</b>	<b>Status</b>
<b>Registered domiciliary care staff – testing available weekly</b>	To start rollout immediately
<b>Other social care settings – testing other home care workers including personal assistants</b>	Phased introduction from December
<b>Food manufacturing plants – beginning weekly testing for all staff</b>	Pilots underway, national rollout in December
<b>Closed settings including prisons and asylum centres – weekly testing for all staff and prisoners</b>	Pilots underway, phased introduction to start in December
<b>Vaccine/testing operational staff – weekly testing for key staff in operational delivery and the supply chains</b>	To go live December

As a Tier 3 area, Lincolnshire is able to introduce a community testing programme to target specific populations or high significant settings. A Local Testing Strategy for Lincolnshire is currently being developed.

### **1.3 Tiering Approach in England**

The tiered regional approach in England was reimposed when the lockdown measures were lifted on 2 December. The aim is to suppress the virus through the winter period and target measures at the appropriate geography to stop outbreaks at source. The new tier restrictions are summarised in Appendix A. The tiers are, overall, more restrictive than those applied in October.

The Government will review the tiering allocations every **14 days**. However, as prevalence remains high it is likely that it will be longer before many places move down tiers. The tiering regulations will lapse at the end of March 2021, at which point the Government will need to return to Parliament with any proposals for further economic and social restrictions.

The latest data will be used to inform decision making, including the impact of current measures. Decisions will primarily be based on five key indicators:

- Case detection rates in all age groups;
- Case detection rate in the over 60s;
- The rate at which cases are rising or falling;
- Positivity rate (the number of positive cases detected as a percentage of tests taken);
- Pressure on the NHS, including current and projected occupancy

## **2. Consultation**

This report is for information and noting.

## **3. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy**

Not applicable

#### 4. Conclusion

This report summarises the new approach being taken in England to suppress the spread of the virus and ensure life returns to some form of normality as quickly as possible.

5. **Appendices** – These are listed below and attached to the report.

Appendix A	Summary of Measures under each Tier in England
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#### 6. Background Papers

Document	Where it can be accessed
Covid-19 Winter Plan for England	<a href="https://www.gov.uk/government/publications/covid-19-winter-plan">https://www.gov.uk/government/publications/covid-19-winter-plan</a>

This report was written by Alison Christie, Programme Manager, who can be contacted at [alison.christie@lincolnshire.gov.uk](mailto:alison.christie@lincolnshire.gov.uk)


## Summary of Measures under each Tier in England

	<b>Tier 1 – Medium Alert</b>	<b>Tier 2 – High Alert</b>	<b>Tier 3 – Very High Alert</b>
<b>Meeting friends and family</b>	Maximum of six indoors or outdoors, other than single households or support bubbles	No mixing of households indoors – apart from support bubbles. Maximum of six outdoors	No mixing of households indoors or most outdoor places, apart from support bubbles. Maximum of six in some outdoor public places
<b>Bars, pubs and restaurants</b>	Venues must be table service only. Must stop taking orders at 10pm and close by 11pm	Pubs and bars must close unless operating as restaurant. Hospitality venues can only serve alcohol with substantial meals. Last orders at 10pm and must close by 11pm	Hospitality is closed with the exception of sales by takeaway, drive through or delivery
<b>Retail</b>	Open	Open	Open
<b>Entertainment</b>	Open	Open	Indoor venues closed
<b>Personal care</b>	Open	Open	Open
<b>Travelling</b>	Walk or cycle if possible. Avoid travel into Tier 3 areas except for work, education, medical attention or caring responsibilities	Reduce the number of journeys made where possible. Avoid travel into Tier 3 areas except for work, education, medical attention or caring responsibilities	Avoid travelling out of the area, other than where necessary such as for work, education, medical attention or caring responsibilities. Reduce the number of journeys made where possible.
<b>Overnight stays</b>	Permitted with household, support bubble, or up to 6 people	Permitted with household and support bubble	No overnight stays outside of local area, unless for work, education, medical attention or caring responsibilities
<b>Accommodation</b>	Open	Open	Closed with limited exceptions such as work or where people cannot return home

	<b>Tier 1 – Medium Alert</b>	<b>Tier 2 – High Alert</b>	<b>Tier 3 – Very High Alert</b>
<b>Work and Business</b>	Everyone who can work from home should do so		
<b>Education</b>	Early years settings, schools, colleges and universities open. Registered childcare, other supervised activities for children and childcare bubble permitted		
<b>Places of worship</b>	Open but cannot interact with more than six people	Open, but cannot interact with anyone outside household or support bubble	Open, but cannot interact with anyone outside household or support bubble
<b>Weddings and funerals</b>	15 guests for weddings, civil partnerships, wedding receptions and wakes; 30 for funerals	15 guests for weddings, civil partnerships, wedding receptions and wakes; 30 for funerals	15 guests for weddings, civil partnerships and wakes; 30 for funerals. Wedding receptions not permitted.
<b>Exercise</b>	Classes and organised adult sport can take place outdoors but must follow the rule of six indoors. Organised activities for elite athletes, under 18s and disabled people can continue.	Classes and organised adult sport can take place outdoors but cannot take place indoors if there is any interaction between people from different households. Organised activities for elite athletes, under 18s and disabled people can continue.	Classes and organised adult sport can take place outdoors, but people should avoid higher risk contact activity. Group exercise activities and sports indoors should not take place, unless with household or bubble.  Organised activities for elite athletes, under 18s and disabled people can continue.
<b>Large Events – elite sport, live performances and business</b>	Open to the public but limited to 50% capacity, or 4000 outdoors/1000 indoors (whichever is lower). Social contact limits apply.	Open to the public but limited to 50% capacity, or 2000 outdoors/1000 indoors (whichever is lower). Social contact limits apply.	Events should not take place. Drive-in events permitted.



# Agenda Item 7

 <b>Lincolnshire</b> COUNTY COUNCIL <i>Working for a better future</i>		<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

Open Report on behalf of Andrew Crookham  
Executive Director - Resources

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>16 December 2020</b>
Subject:	<b>Health Scrutiny Committee for Lincolnshire - Work Programme</b>

**Summary**

This report sets out the Committee's work programme, with items listed for forthcoming meetings. The Committee is also asked to considering a change to the date of its March meeting.

The report also includes a schedule of the items previously considered by the Committee since 2017.

**Actions Required**

- (1) To consider and comment on the Committee's work programme.
- (2) To consider an alternative date for the Committee's meeting in March 2021.

## 1. Background

At each meeting, the Committee is given an opportunity to review its forthcoming work programme. Typically, at each meeting three to four substantive items are considered, although fewer items may be considered if they are substantial in content.

## 2. Today's Work Programme

The items listed for today's meeting are set out below: -

<b>16 December 2020 – 10 am</b>	
<i>Item</i>	<i>Contributor</i>
United Lincolnshire Hospitals NHS Trust – Covid-19 Update	Senior Management Representatives from United Lincolnshire Hospitals NHS Trust
Covid-19 Update	Derek Ward, Director of Public Health, Lincolnshire County Council

## 3. Future Work Programme

Planned items for the Health Scrutiny Committee for Lincolnshire are set out below:

<b>20 January 2021 – 10 am</b>	
<i>Item</i>	<i>Contributor</i>
Director of Public Health's Annual Report	Derek Ward, Director of Public Health
Lincolnshire Community Health Services NHS Trust – Covid-19 Update	Senior Management from Lincolnshire Community Health Services NHS Trust

<b>17 February 2021 – 10 am</b>	
<i>Item</i>	<i>Contributor</i>
Child and Adolescent Mental Health Services – Community Intensive Home Treatment Service	Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust
Lincolnshire Partnership NHS Foundation Trust – General Update	Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust
Lincolnshire Sustainability and Transformation Partnership Update	Sarah-Jane Mills, Chief Operating Officer, West Locality Lincolnshire Clinical Commissioning Group

It is expected that the notice of county council elections on 6 May 2021 will be published on 22 March 2021, thus beginning the pre-election period. In view of this, it is suggested that the Committee consider an alternative date in the week beginning 15 March 2021.

<b>24 March 2021 – 10 am</b>	
<i>Item</i>	<i>Contributor</i>
Community Pain Management Service	Sarah-Jane Mills, Chief Operating Officer, West Locality, Lincolnshire Clinical Commissioning Group Tim Fowler, Assistant Director, Contracting and Performance, Lincolnshire Clinical Commissioning Group
Non-Emergency Patient Transport	Sarah-Jane Mills, Chief Operating Officer, West Locality Lincolnshire Clinical Commissioning Group Tim Fowler, Assistant Director, Contracting and Performance, Lincolnshire Clinical Commissioning Group

Items to be added to the Work Programme

- NHS Continuing Care
- East Midlands Ambulance Service Update
- Urgent Treatment Centres – County Coverage

**4. Previous Committee Activity**

Appendix A to the report sets out the previous work undertaken by the Committee in a table format.

**5. Conclusion**




The Committee's work programme for the coming meetings is set out above. The Committee is invited to highlight any additional scrutiny activity which could be included for consideration in the work programme.

**6. Background Papers** - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.




This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at [Simon.Evans@lincolnshire.gov.uk](mailto:Simon.Evans@lincolnshire.gov.uk)































































## HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE: AT-A-GLANCE WORK PROGRAMME

	2017					2018					2019					2020																					
KEY	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct	22 Jan	19 Feb	17 June	22 July	16 Sept	14 Oct	11 Nov	16 Dec			
✓	Substantive Item																																				
α	Chairman's Announcement																																				
■	Planned Item																																				
<i>Meeting Length - Minutes</i>	170	225	185	170	205	230	276	280	270	230	244	233	188	280	160	275	185	200	150	265	130	130	220	244	245	265	203	205	160	200	192	242					
<b>Breast Screening Restoration</b>																																					
<b>Cancer Care</b>																																					
General Provision																✓																					
CT and MRI Scanners																																					
Midlands Rapid Review																																					
Performance																																					
Head and Neck Cancers																																					
<b>Cardiac Services</b>																																					
Midlands Rapid Review																																					
<b>Care Quality Commission</b>																																					
General																																					
Provider Collaboration Reviews																																					
<b>Children's Social Care</b>																																					
<b>Clinical Commissioning Groups</b>																																					
Annual Assessment																																					
Lincolnshire (from 1-4-20)																																					
Lincolnshire East																																					
Lincolnshire West																																					
South Lincolnshire																																					
South West Lincolnshire																																					
<b>Community Defibrillators</b>																																					
<b>Community Maternity Hubs</b>																																					
<b>Community Pain Management</b>																																					
<b>Community Pharmacy</b>																																					
<b>Covid-19 Response</b>																																					
<b>Dental Services</b>																																					
<b>Elections – Impact</b>																																					
<b>Falls Service</b>																																					

	2017					2018					2019					2020																						
KEY	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct	22 Jan	19 Feb	17 June	22 July	16 Sept	14 Oct	11 Nov	16 Dec				
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 Chairman's Announcement																																						
 Planned Item																																						
<b>GPs and Primary Care:</b>																																						
Boston – The Sidings																																						
Cleveland Health Centre Gainsborough																																						
Crossroads Medical Practice, N Hykeham																																						
Extended GP Opening Hours																																						
GP Provision Overall																																						
Lincoln GP Surgeries																																						
Lincoln Walk-in Centre																																						
Louth GP Surgeries																																						
Online Triage Systems																																						
Out of Hours Service																																						
Primary Care Network Alliance																																						
Skellingthorpe Health Centre																																						
Sleaford Medical Group																																						
Spalding GP Provision																																						
Stamford (Lakeside Healthcare)																																						
Woolsthorpe (Vale Medical Group)																																						
Grantham Minor Injuries Service																																						
<b>Health and Wellbeing Board:</b>																																						
Annual Report																																						
Joint Health and Wellbeing Strategy																																						
Pharmaceutical Needs Assessment																																						
Health Scrutiny Committee Role																																						
Healthwatch Lincolnshire																																						
<b>Lincolnshire Community Health Services NHS Trust</b>																																						
Big Conversation																																						
Care Quality Commission																																						
Healthcare Awards																																						
Integrated Urgent Care																																						
Louth Inpatient Care																																						
Louth Urgent Treatment Centre																																						
Skegness Urgent Treatment Centre																																						
Learning Disability Specialist Care																																						



	2017					2018					2019					2020																				
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 Chairman's Announcement																																				
 Planned Item																																				
NHS Debt Write-Off																																				
NHS Continuing Healthcare																																				
<b>NHS Covid-19</b>																																				
Response to Covid-19 Measures																																				
Return to Incident Level 4																																				
NHS Test and Trace																																				
National Institute of Health Protection																																				
National Rehabilitation Programme																																				
Northern Lincolnshire and Goole NHS Foundation Trust																																				
North West Anglia NHS Foundation Trust																																				
<b>Organisational Developments:</b>																																				
Annual Reports 2019-20																																				
CCG Joint Working / Merger																																				
Integrated Care Provider Contract																																				
National Centre for Rural Care																																				
NHSE and NHSI Joint Working																																				
Lincoln Medical School																																				
<b>Patient Transport:</b>																																				
Ambulance Commissioning																																				
East Midlands Ambulance Service																																				
Non-Emergency Patient Transport																																				
Sleaford Ambulance & Fire Station																																				
<b>Pharmaceutical Needs Assessment</b>																																				
<b>Public Health:</b>																																				
Child Obesity																																				
Covid-19 Update																																				
Director of Public Health Report																																				
Immunisation																																				
Influenza Vaccination Programme																																				
<b>Renal Services</b>																																				

	2017					2018					2019					2020																						
KEY	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct	22 Jan	19 Feb	17 June	22 July	16 Sept	14 Oct	11 Nov	16 Dec				
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Midlands Rapid Review																																						
Quality Accounts																																						
St Barnabas Hospice																																						
Skegness Hospital																																						
United Lincolnshire Hospitals NHS Trust:																																						
A&E Funding																																						
Introduction																																						
Care Quality Commission																																						
Children/Young People Services																																						
Covid-19 Restoration of Services																																						
Financial Special Measures																																						
Five Year Strategy																																						
Grantham A&E																																						
Lincoln Urgent Treatment Centre																																						
Orthopaedics and Trauma																																						
Smoke Free Policy																																						
Stroke Services																																						
Winter Resilience					