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:	**18 April 2017**
Subject:	**Chairman's Announcements**

1. Grantham and District Hospital – Lincolnshire Acute Services Review

Members of the Committee have received an email from several members of the public on proposals for removing 'orthopaedic trauma' from Grantham Hospital. I have replied to this email and copied my reply to members of the Committee.

I would like to stress that United Lincolnshire Hospitals NHS Trust has stated that no changes to orthopaedic trauma have taken place at Grantham Hospital, or are planned in the immediate future. As stated in my letter, I believe there have been discussions on this topic as part of the Lincolnshire Acute Services Review. However, the Acute Services Review is a very early stage in the process of developing a formal proposal. The Acute Services Review is also subject to approval by NHS England, and following any approval by NHS England, a pre-consultation business case has to be prepared, again for submission to and approval by NHS England. All of this is in advance of any formal public consultation.

The Committee's powers are set out in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, and these powers have most effect, when there is a formal public consultation. The Committee will consider any proposals for Grantham Hospital at this stage.

Furthermore, if any changes are implemented on the grounds of safety of patients, the public or staff, these will be considered by the Committee as a matter of urgency, but no such changes have taken place or are planned.

The Committee is obliged to work within its legal powers. These powers are concentrated on formal public consultations.

2. Humber Acute Services Review

On 22 March 2018, an update for stakeholders was issued by the Humber Acute Services Review programme, which is part of the Humber, Coast and Vale Sustainability and Transformation Partnership.

The Humber Acute Services Review programme has produced an Issues Paper, which is available at the following link:

http://humbercoastandvale.org.uk/wp-content/uploads/2018/03/Issues-document_final_webversion1.pdf

The *Issues Paper* provides some detailed information about the challenges in the Humber area, and the reasons for undertaking a review of hospital services. It identifies a shortage of clinical staffing across a number of disciplines, resulting in a 40% increase in spending on agency and locum staff.

The Humber Acute Services is relevant for Lincolnshire patients from West Lindsey and East Lindsey who may use Northern Lincolnshire and Goole hospitals. As reported to the Committee in March, there are particular issues affecting Diana Princess of Wales Hospital in Grimsby, and Scunthorpe General Hospital, such as:

- Since 1 September 2017, all inpatient Ear, Nose and Throat services have been provided in Grimsby instead of Scunthorpe. Day case procedures and outpatient appointments continue at Scunthorpe.
- Since 1 September 2017, emergency urology services (for patients requiring admission) have been provided at Scunthorpe, but inpatient care, day case procedures and outpatient appointments continue at Grimsby.
- From October 2017, a group of complex chemotherapy treatments moved from Grimsby to Castle Hill Hospital in Cottingham near Hull. Outpatient and day case procedures continue at Grimsby and Scunthorpe.

The *Issues Paper* stresses that the above changes are temporary and it is important that the views of patients, public, clinicians and other stakeholders are taken into account when considering the long term future of these services, which have been given priority within the Humber Acute Services Review.

The *Issues Paper* also identifies a gap in finances in the Humber Health and Care System of around £320 million by 2020, if no changes are made. In the 2017/18 financial year, the collective deficit of the NHS organisations in the Humber area was forecast to be around £60 million.

3. North Lincolnshire Non-Emergency Patient Transport Service

On 26 March 2018, North Lincolnshire CCG announced that it would commission a new patient transport service. Thames Ambulance Service (TASL) began providing non-emergency patient transport (PTS) in North Lincolnshire in October 2016 and North Lincolnshire CCG had been working closely with them for a number of months to address ongoing performance issues. The Care Quality Commission had also required TASL to improve in a number of areas.

North Lincolnshire CCG stated that whilst it has seen improvements in performance, patients are still continuing to experience difficulties with the service provided. As a result North Lincolnshire CCG served notice to TASL advising them of its intention to commission a new service.

North Lincolnshire CCG would continue to work closely with TASL to ensure the service to patients would not be affected and that people working for the organisation in North Lincolnshire were kept informed and fully supported to ensure a smooth transition to a new service.

4. Planning, Assuring and Delivering Service Change for Patients

On 29 March 2018, NHS England issued an updated version of *Planning, Assuring and Delivering Service Change for Patients*. This document is described as a good practice guide for commissioners on the NHS England assurance process for major service changes and reconfiguration. This document is relevant to the Committee's future consideration of service reconfigurations proposed as part of the Lincolnshire Sustainability and Transformation Partnership and any other STPs which impact on Lincolnshire residents.

The executive summary has been copied into Appendix A to these announcements, while the full document is available at the following link:

https://www.england.nhs.uk/publication/planning-assuring-and-delivering-service-change-for-patients/

5. East Midlands Clinical Senate

On 22 March 2018, East Midlands Councils circulated information prepared by the East Midlands Clinical Senate, which is seeking to raise its profile. The relevant extracts of the information received is set out in Appendix B to these announcements.

PLANNING, ASSURING AND DELIVERING SERVICE CHANGE FOR PATIENTS
(NHS England – Updated Version March 2018)

E X E C U T I V E S U M M A R Y

Key Messages

- There is no legal definition of service change but broadly it encompasses any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered.
- Service changes should align to local Sustainability and Transformation Partnership plans and the service, sustainability and investment priorities established within them.
- NHS commissioners and providers have duties in relation to public involvement and consultation, and local authority consultation. They should comply with these duties when planning and delivering service change.
- The public involvement and consultation duties of commissioners are set out in s.13Q NHS Act 2006 (as amended by the Health and Social Care Act 2012) for NHS England and s.14Z2 NHS Act 2006 for CCGs.
- NHS trusts and foundation trusts are also under a duty to make arrangements for the involvement of the users of health services when engaged with the planning or provision of health services (s.242 NHS Act 2006).
- The range of duties for commissioners and providers covers engagement with the public through to a full public consultation. Public involvement is also often referred to as public engagement.
- Where substantial development or variation changes are proposed to NHS services, there is a separate requirement to consult the local authority under the Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the 2013 Regulations”) made under s.244 NHS Act 2006. This is in addition to the duties on commissioners and providers for involvement and consultation set out above and it is a local authority which can trigger a referral to the Secretary of State and the Independent Reconfiguration Panel.
- Where a proposal for substantial service change is made by the provider rather than the commissioner, the 2013 Regulations require the commissioner to undertake the consultation with the local authority on behalf of the provider.
- Both commissioners and providers need to ensure that they have satisfied their statutory duties to involve and consult. In general, where there is commissioner led consultation with the local authority on a substantial service change, full public consultation will also be required.
- In practice, where there are public involvement and consultation duties on both commissioners and providers it should be possible to coordinate and consolidate any involvement and consultation requirements so that they are run in parallel to consultation with any relevant local authorities. In those circumstances a provider can make arrangements to satisfy its duty to involve and consult service users through a commissioner led consultation.

Nevertheless, providers would need to engage with commissioners and address consultation responses in order to comply with their duties.

- There is no legal definition of 'substantial development or variation' and for any particular proposed service change commissioners and providers should seek to reach agreement with the local authority on whether the duty is triggered. Regular local authority engagement should continue through the lifecycle of service change.
- Service reconfiguration and service decommissioning are types of service change.
- Change of site from which services are delivered, even with no changes to the services provided, would normally be a substantial change and would therefore require consultation with the local authority and public consultation.
- Effective service change will involve full and consistent engagement with stakeholders including (but not limited to) the public, patients, clinicians, staff, neighbouring STPs and Local Authorities.
- All service change should be assured against the government's four tests:
    - Strong public and patient engagement.
    - Consistency with current and prospective need for patient choice.
    - A clear, clinical evidence base.
    - Support for proposals from clinical commissioners.
- Where appropriate, service change which proposes plans significantly to reduce hospital bed numbers should meet NHS England's test for proposed bed closures and commissioners should be able to evidence that they can meet one of the following three conditions:
    - Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and the new workforce will be there to deliver it; and/or
    - Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
    - Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).
- Prior to public consultation NHS England will assure proposals for substantial service change in accordance with the process set out within this guidance.
- For any service change requiring public consultation which also requires capital funding, NHS England and NHS Improvement will assess any proposals to provide assurance that they do not require an unsustainable level of capital expenditure and that they will be affordable in revenue terms.
- Not all substantial service changes require capital expenditure. However where this is the case and the scheme has been assessed by NHS England and NHS Improvement as having a reasonable expectation that the level of capital required will be available, public and local authority consultation should be undertaken before a Strategic Outline Case for capital funding is submitted to NHS Improvement.
- When service change proposals are being considered, early engagement with NHS England Regional Offices who can provide further information and support is recommended.

Information Sheet: What is the Role and Core Purpose of the Clinical Senate?

Our Role, the Breadth of our Membership, and our Offer to STPs/ Commissioners

Clinical Senates are a source of independent, strategic advice and guidance to commissioners, Sustainability and Transformation Partnerships (STPs), and other stakeholders, to assist them to make the best decisions about healthcare for the populations they represent. The Clinical Senate Council co-ordinates and manages the Senate's business. It maintains a strategic overview across our region and it is responsible for the formulation and provision of clinical advice working with the broader Senate Assembly.

The role of the Head of Clinical Senate is to provide oversight and management of all aspects of Senate activity. The Head of Clinical Senate is supported by a Senate Administrator. The Senate Office is the support function and these are the only paid positions. All Senate Council and Assembly members work in a voluntary capacity.

How we develop advice for STPs/commissioners

Clinical Senates review the service change proposals through **clinical review panels.** Review panels are made up of a group of clinicians and patient representatives brought together for that specific purpose. Review panel members are not associated in any way with the proposals and are primarily drawn from the Clinical Senate Assembly. With the Head of Clinical Senate, the sponsoring organisation determines the question on which it is asking the Clinical Senate to provide advice. Once that has been developed, terms of reference will be agreed and panel members secured. The panel members will review the case for change and evidence and agree the key lines of enquiry for the panel day.

The review panel is usually one day or less and may include site visits if it is considered to be appropriate for the matter under review. On the panel day, the panel convenes and meets with members of the sponsoring organisation for them to be able to answer any questions panel members may have. The panel then has confidential discussions on the case for change and evidence presented and formulates its advice which is provided in a confidential report.

The Role of Clinicians and Patients in the Senate

The Clinical Senate Council has two co-chairs and the Council is a multi-professional Steering Group, including patient representatives. The wider Assembly membership is made up of clinicians and patient representatives.

How the Clinical Senate works in collaboration with Patient and Public Involvement (PPI) Groups

The Academic Health Science Network (AHSN) is a non-voting member of the Senate Council. The Clinical Senate works closely with AHSN's PPI Senate through this established link and PPI Senate members have participated in clinical reviews representing a patient voice, which is on a par with clinicians.

How Evidence from other Senates' Work is used

The Clinical Senates have developed a central repository of all our work across the twelve geographic footprints (in 2017-18), and this is currently being populated – This will enable the East Midlands Senate to easily search the extensive activity that has been undertaken elsewhere in the country by other Clinical Senates.

How do STPs and Members of the Public Access Information, Resources, and Clinical Reviews?

Each clinical senate has its own website and independent clinical reviews undertaken are published here (the outputs, reports and recommendations from the Clinical Senates are the property of the sponsoring organisations. Public domain access to the clinical senate review reports is made only on the express permission of the sponsoring organisation). Work is currently underway to look at a single hub for all twelve clinical senates.

The Senate's mandate

This is clearly articulated in the joining instructions/ acceptance letter. The integrity of the Clinical Senate needs to be maintained at all times, including managing potential conflicts of interest to ensure that clinical advice remains independent and impartial.

Does the Senate Consider Cost in its Clinical Reviews?

Whilst clinical senates are independent in their clinical advice given, they all adhere to the NHS England Single Operating Framework to ensure consistency and accountability.

At the heart of the NHS England assurance process for service change are the four tests from the Government's Mandate to NHS England. The four tests, intended to apply in all cases of major NHS service change, are:

- strong public and patient engagement
- consistency with current and prospective need for patient choice
- a clear clinical evidence base
- support for proposals from clinical commissioners

In addition to these four tests, NHS England also identifies a range of best practice checks for service change proposals, these include:

- clear articulation of patient and quality benefits
- the clinical case fits with national best practice and clinical sustainability
- an options appraisal includes consideration of a network approach, cooperation and collaboration with other sites and / or organisations

As part of the NHS England assurance process, clinical senates are requested to review a service change proposal against the appropriate key test (clinical evidence base) and the best practice checks that relate to clinical quality.

Does the Senate Receive Feedback on the Clinical Advice provided as part of Clinical Reviews?

The Clinical Senate would always endeavour to provide feedback to all members who participate in its clinical reviews, including patient representatives.

Any final decision rests with the sponsoring organisation (for example, the clinical commissioning group) that commissioned the Senate to undertake a clinical review; however, the Senate endeavours to maintain a dialogue to be aware of may have happened as a result of the recommendations.

Purpose of Clinical Senates[1]

The purpose of clinical senates is clearly defined in NHS England's Operating Framework – it is important to remind STPs, as they develop and mature, about how clinical senates can support more broadly, and that by maintaining a positive dialogue with the STPs, this will ensure that they are reminded of how we can help.

Clinical senates support health economies to improve health outcomes of their local communities by providing **independent, impartial and evidence-based clinical advice.**

Clinical senates engage a wide range of health and care professionals, with patients and the public, so that clinical advice draws on a **breadth of knowledge, expertise and leadership.**

Guiding Principles

Clinical senates have a set of values to guide their work, consistent with the NHS Constitution.

Clinical senates support commissioners to put outcomes and quality at the heart of commissioning, and to promote the needs of patients above the needs of organisations or professions.

Senate members maintain an objective and impartial view, openly declaring conflicts of interest and respecting the need for confidentiality.

Patients and citizens have an equivalent voice.

Diversity and equality is valued and promoted.

Advice is independent and impartial informed by the best available evidence; where evidence is limited, Clinical Senates seek to build and reflect consensus.

Business processes, decision making, governance and accountability will be open and transparent and adhere to the Nolan principles.

[1] Clinical Senates in England Single Operating Framework 2014-15

Clinical Senates will work together and co-ordinate activities where required, within and between regions, to ensure they reflect cross boundary patient journeys and coherence in advice provided, avoid duplication and secure best value from their collective resource.

Organisational model

Clinical senates are independent advisory bodies comprising a Clinical Senate **Council** and a wider clinical senate **Assembly**.

The Clinical Senate **Assembly** is a diverse multi-professional group enabling ready access to experts from a broad range of health and care professions and the patient and public voice. Members encompass the full spectrum of NHS care.

The Clinical Senate **Council,** a smaller multi-professional leadership group, including the patient and public voice, is responsible for co-ordinating and managing the Clinical Senate's work, assuring the process through which advice is formulated and approving the definitive advice provided.

Each Clinical Senate has a support team funded through a budget allocated by NHS England.

Accountability and Governance

Clinical Senates are non-statutory bodies. Commissioners remain accountable for the commissioning of services and providers remain accountable for service delivery.
The East Midlands Clinical Senate chair is accountable to the Medical Director of NHS England Central Midlands for ensuring that:

- The Clinical Senate operates as a credible source of advice and that its advice is always independent and impartial of any organisation to which it is provided
- The guiding principles are adhered to
- The Clinical Senates' business functions and processes are effective

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