

Agenda Item 4

		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:	16 September 2020
Subject:	Chairman's Announcements

1. Third Phase of NHS Response to Covid-19

On 31 July 2020, Simon Stevens, NHS Chief Executive, and Amanda Pritchard, NHS Chief Operating Officer, issued the 'third phase' letter on the NHS's response to Covid-19. This followed the first and second phase letters, issued on 30 January and 29 April 2020 respectively. The 31 July letter stated that the national incident level had been reduced from level 4 to level 3 with effect from 1 August.

The third phase letter and supporting guidance are available at the following link:

<https://www.england.nhs.uk/coronavirus/publication/third-phase-response/>

The letter details the NHS's priorities from 1 August 2020, with a focus on:

A. Accelerating the return to near-normal levels of non Covid-19 health services, making full use of the capacity available in the 'window of opportunity' between now and winter:

- A1 **Restoring full operation of all cancer services.** This work will be overseen by a national cancer delivery taskforce, involving major patient charities and other key stakeholders. Systems should commission their Cancer Alliance to rapidly draw up delivery plans for September 2020 to March 2021.
- A2 **Recovering the maximum elective activity possible between now and winter**, making full use of the NHS capacity currently available, as well as re-contracted independent hospitals.
- A3 **Restoring service delivery in primary care and community services.**
- A4 **Expanding and improving mental health services and services for people with learning disability and/or autism.**

B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid-19 spikes locally and possibly nationally:

B1 Continuing to follow good Covid-19 practice to enable patients to access services safely and protect staff, whilst also preparing for localised Covid-19 outbreaks or a wider national wave.

B2 Preparing for winter by sustaining current NHS staffing and bed capacity; expanding the flu vaccination programme; expanding 111 First; and continuing to work with local authorities.

C. Learning the lessons from the first Covid-19 peak; keeping beneficial changes; and explicitly tackling fundamental challenges such as support for staff, and action on inequalities and prevention:

C1 Workforce - keeping staff safe; flexible working; addressing systemic inequality; new ways of working; growing the workforce; and workforce planning.

C2 Health inequalities and prevention – protecting the vulnerable; accelerating preventative programmes; strengthening leadership and accountability; and ensuring complete data.

Each sustainability and transformation partnership area will be required to submit a summary plan by 21 September 2020.

2. National Institute of Health Protection

On 18 August 2020, the Government announced the establishment of the National Institute for Health Protection. The new organisation will bring together Public Health England and NHS Test and Trace, as well as the analytical capability of the Joint Biosecurity Centre under a single leadership team as a the first step towards becoming a single organisation.

The new organisation will report directly to the Secretary of State for Health and Social Care, with responsibilities including local health protection teams; support to local authorities; the Covid-19 testing programme and contact tracing; emergency response and preparation; research laboratories; and surveillance of all infectious diseases.

The Government has stated that preventing ill health and reducing health inequalities remain a top priority and it is considering the future options for Public Health England's remaining health improvement functions.

3. Ash Villa, Near Sleaford - New Mental Health Ward for Women

On 22 July 2020, the Committee was advised that, in the overall context of the pilot of the Child and Adolescent Mental Health Services, Ash Villa, near Sleaford, was no longer fit for purpose for mixed in-patient care for young people.

On 10 August 2020, Lincolnshire Partnership NHS Foundation Trust (LPFT) announced that Ash Villa would be providing fifteen additional acute treatment beds for women, who are experiencing a severe, short term episode of mental ill health, and who cannot be safely supported by community services.

Ash Villa will complement existing adult acute mental health wards in Boston and Lincoln, where patients will receive their initial assessment. Following their assessment, female patients, can be transferred to Ash Villa for their treatment and support before discharge, if this approach is supported by their assessment.

LPFT has stated that it wants to eliminate the number of patients travelling for acute care for some time and Covid-19 has magnified this challenge. Over the last two years there have been more females admitted to acute inpatient services than males and these additional beds will allow us flexibility across its entire adult acute inpatient services.

Lincolnshire Clinical Commissioning Group has stated that the Lincolnshire health and care system has been committed to eliminating the inappropriate use of out of area hospital care for mental health patients and there is likely to be increasing demand for mental health services following the pandemic, requiring additional local ward capacity to support those with acute mental health.

LPFT will undertake minor works to the current building and is recruiting a new ward team, with the plans for the ward to be operational by the end of 2020.

4. Allocation of Funding to Accident and Emergency Departments

On 11 August 2020, the Prime Minister announced that 117 acute hospital trusts would be sharing a funding allocation of £300 million to upgrade their accident and emergency facilities in readiness for winter 2020/21. Hospitals are expected to use the funding to increase the number of treatment cubicles and expand waiting areas. This should increase accident and emergency capacity, and thus reduce overcrowding and improve infection control measures. This should in turn help people to feel confident about visiting an accident and emergency department. Projects will be completed by the start of 2021, so hospitals benefit from the upgrades during the peak of winter.

The allocation to United Lincolnshire Hospitals NHS Trust (ULHT) is £2 million; North West Anglia NHS Foundation Trust has an allocation of £3.7 million; and Nottingham University Hospitals NHS Trust will receive £2 million. No allocation has been made to Northern Lincolnshire and Goole NHS Foundation Trust.

ULHT has stated that the £2 million will be used to provide additional clinical space and a new waiting area at Pilgrim Hospital's A&E Department. This will support social distancing and the emergency department will be able to accept patients from ambulance crews with improved speed and safety. All of the work from the £2 million allocation will be completed ahead of this winter.

ULHT has confirmed that this funding is in addition to the £21.3 million allocated in 2019 for larger scale improvements at Pilgrim's A&E. On 4 August 2020, the ULHT Trust Board agreed to seek outline planning permission and will discuss the plans with NHS England and NHS Improvement, in order to obtain the required approval for the release of the funding. It is planned that works for the longer term transformation will begin in late spring of 2021 and be completed by early 2024.

5. Midlands Cancer Services Rapid Review

NHS England / Improvement (NHSE/I) has provided a briefing on its rapid review of cancer services. Urgent cancer treatment was one of the services that was maintained during the Covid-19 pandemic. However, pauses in treatment for other patients, interruptions to screening and a general concern about visiting GPs or hospitals are creating a backlog of patients who need to be seen and treated.

NHSE/I states that the full restoration of cancer services has been complicated by their dependence on screening and people's confidence to attend clinics. The longer it takes for screening and confidence levels to return to normal, the greater the backlog becomes. NHSE/I has concluded that doing nothing is not an option, so is reviewing the whole cancer pathway to increase capacity and workforce.

Recommendations will be made at the end of August. This will be followed by joint development of more local implementation plans, and a regional strategy and capacity recommendation document.

6. Breast Screening Restoration of Services

NHS England / Improvement (NHSE/I) has issued an update on restarting NHS breast screening services in the Midlands, which have been affected by the Covid-19 pandemic, with local breast screening services rescheduling invitations and appointments to a later date. NHSE/I, as commissioners of breast screening services, have been working with providers to restore the programme, focusing on the highest priority patient groups.

There has been a reduction in screening capacity owing to the requirements for personal protective equipment, enhanced infection control and social distancing. This, together with invitations, has unfortunately resulted in a backlog of appointments.

Phase 1 Restoration

Phase 1 restoration guidance focuses completing the screening pathway for:

- women who are high risk,
- women who have screened positive
- women whose results were not processed or
- women who were invited but not screened.

Phase 2 Restoration

Under phase 2 women based on the priorities below:

1. women aged 53 and not previously invited;
2. women aged 71+ who were due screening pre-Covid-19 but who have not been screened; and
3. women aged 50 to 70 years.

Any woman aged 71 or over who contacts the service to request an appointment will be advised that self-referrals are not currently available. However, if women notice any symptoms, they should contact their GP.

Open Invitations

A national decision has been taken, as an interim measure, to encourage providers to move to issuing 'open invitations' for routine clients where possible, as opposed to issuing a letter with a date and time for an appointment. Open invitation letters will ask women to contact the service to book a convenient appointment by phone or email. The use of open invitations is intended to reduce *Do Not Attend* rates and maximise the numbers of women screened.

7. Cardiac Services Rapid Review

NHS England / NHS Improvement (NHSE/I) has advised that the Covid-19 pandemic has led to the following: -

- an approximate 35% reduction in the number of heart attack admissions to hospital;
- an increase in cardiovascular mortality in the community, with more than 4,200 excess cardiovascular deaths, predominantly at home or in care homes, not associated with Covid-19;
- an increase in the number of cardiovascular patients presenting to hospital with an out-of-hospital cardiac arrest; and
- a reduction in the number of interventional procedures for cardiovascular disease.

Activity continues to be well below pre-Covid-19 levels, with surgery capacity remaining challenging; infection prevention and control measures impacting diagnostics and catheter laboratories; some staff still re-deployed, shielding or sick; and a decrease in the number of patients presenting and being referred.

For these reasons, following a rapid review NHSE/I has developed a plan and will work jointly with NHS colleagues across the Midlands to:

- provide sustained equitable access to cardiac services;
- adopt new technologies to enhance patient and clinical pathways;
- develop greater integration with primary care;
- develop a commissioning framework and greater collaboration; and
- to support patients whose planned procedures have been delayed.

NHSE/I intends to establish a regional cardiac services strategic delivery board, with six operational delivery networks. Over the next few months, each operational delivery network will develop plans to address the factors limiting recovery from Covid-19, for example, by ring-fencing beds; repatriating redeployed staff; and using the independent sector as well as evening and weekend working. Derbyshire, Nottinghamshire and Lincolnshire are located in one operational delivery network.

NHSE/I will provide further updates as plans develop.

8. East Midlands Renal Services Review

As reported to the Committee on 22 July 2020 (*Paragraph 2, Supplementary Chairman's Announcements*), NHS England and NHS Improvement (NHSE/I) had re-started a rapid review of renal services in the Midlands as part of the national renal strategy. This review had been paused in early 2020, owing to the Covid-19 pandemic.

NHSE/I has provided an update on the rapid review, which has made eight recommendations for further activity:

- (i) Funding a Midlands Renal Network to support, disseminate and implement innovation and across the Midlands and to reduce inequality of access.
- (ii) Developing a transplant capacity model through the Renal Network, to include a shared waiting list for equitable access, to reduce waiting times.
- (iii) Developing 'pathway integration' with commissioners and providers to improve services and outcomes.
- (iv) Providing equitable access to home therapies, as infection risks are much lower for home dialysis than dialysis received in a unit, including a dedicated team to improve education, support training and provide initial set up.

- (v) Identification of transplant patients in renal centres through access to staff with specialist transplant knowledge.
- (vi) Providing mental health support, as transplant and dialysis patients often have depression and anxiety, which in turn can reduce medical adherence and lead to less positive outcomes.
- (vii) Improving access to vascular and diagnostic services In order to improve access to vascular and diagnostic services, a range of measures are being considered to allow more patients to be prepared for either dialysis or transplants. Mutual aid and day case surgery are all being investigated. The review recommends that providers identify and protect capacity for vascular access so that no patient experiences unnecessary delays. It is also recommended that transplant and chronic kidney disease patient diagnostic requirements are included in trusts' plans for restoration of diagnostic services
- (viii) Renal Services in Adult Critical Care - Many Covid-19 patients required renal replacement therapy. It is the intention to ensure that workforce in adult critical care can support current and future capacity for renal replacement therapy.

The network is developing a plan to take forward these recommendations which includes options appraisals, review of upcoming guidance and development of baseline capacity models. NHSE/I has indicated it will provide more updates as the review progresses.

9. Care Quality Commission - Provider Collaboration Reviews

The Care Quality Commission (CQC) is undertaking a programme of provider collaboration reviews on integrated care system or sustainability and transformation partnership areas. In the first round, the CQC is focusing on eleven areas, which include the Lincolnshire Sustainability and Transformation Partnership.

The CQC states that provider collaboration reviews will look at how health and social care providers are working together and will aim to help providers learn from each other's experience of responding to Covid-19. The CQC's ambition is to produce one national report on the themes and learning that can be used to inform planning for any subsequent waves of Covid-19 and planning for the coming winter.

The CQC will not be making a judgment on any one system and will not identify individual providers or systems within the report, but with the agreement of the provider may name services where there are examples of practice from which others may wish to learn.

The CQC will undertake the reviews virtually, gathering the views of people, who use services and speak with a range of health and social care providers.

10. Dental Services – Mablethorpe

As previously reported to the Committee, from 8 June 2020 NHS Dental Services have been allowed to re-open, provided the appropriate measures are in place to ensure the safety of staff and patients. This followed their closure for face-to-face consultations in response to the Covid-19 pandemic.

Dental care in Mablethorpe has been an issue, irrespective of Covid-19. NHS England / NHS Improvement (NHSE/I) was unable to secure a new provider of NHS Dental Services in the area, following a procurement exercise in 2019.

From 11 August 2020, urgent NHS dental care sessions have been available at Marisco Medical Practice, Stanley Avenue, Mablethorpe, as an interim measure until 31 March 2021. No walk-in services are allowed to ensure the safety of all patients and staff.

NHSE/I has stated the long term provision of NHS dental services in the Mablethorpe area is a commissioning priority and they will continue to work to address the provision of routine dental care in the area and plan to commission new services during 2020.

11. Annual Reports and Accounts 2019/20 and Annual Meetings

The annual reports and accounts of local NHS organisations have been published, with online annual public meetings scheduled to take place during September. Details are set out below: -

Lincolnshire Clinical Commissioning Group

Lincolnshire Clinical Commissioning Group (CCG) has published the 2019/20 annual reports and accounts for the four former Lincolnshire CCGs, which ceased to exist on 1 April 2020 following the establishment of the Lincolnshire CCG, covering the whole of the county. The four reports are available at: -

<https://lincolnshireccg.nhs.uk/annual-report-and-accounts-2019-2020/>

United Lincolnshire Hospitals NHS Trust

The annual report and accounts for 2019/20 for United Lincolnshire Hospitals NHS Trust are available at:

<https://www.ulh.nhs.uk/about/trust/annual-reports/#annual-reports>

Lincolnshire Community Health Services NHS Trust

Lincolnshire Community Health Services NHS Trust's annual report and accounts for 2019/20 will be available at the following link:

<https://www.lincolnshirecommunityhealthservices.nhs.uk/about-us/our-publications/annual-reports>

The Trust's annual public meeting is due to be held on 8 September 2020 at 12.15pm. Details of this meeting were emailed to the Committee prior to the despatch of this agenda.

Lincolnshire Partnership NHS Foundation Trust

Lincolnshire Partnership NHS Foundation Trust's annual report and accounts for 2019/20 will be available at the following link:

<https://www.lpft.nhs.uk/about-us/accessing-our-information/annual-reports-and-accounts>

The Trust's annual public meeting is due to be held on 17 September 2020 at 1.30pm – 4.30 pm. Details of this meeting were emailed to the Committee prior to the despatch of this agenda.

East Midlands Ambulance Service NHS Trust

The annual report and accounts for 2019/20 for the East Midlands Ambulance Service (EMAS) are available at the following link:

<https://www.emas.nhs.uk/about-us/trust-documents/>

EMAS's annual public meeting is due to be held on 9 September 2020 at midday. Details of this meeting were emailed to the Committee prior to the despatch of this agenda.

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