

# Agenda Item 4

## Agenda Item 4A

		<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>11 November 2020</b>
Subject:	<b>Supplementary Chairman's Announcements</b>

### 1. **NHS Response to Covid-19 – Return to Incident Level 4**

With effect from 5 November 2020, the NHS returned to Incident Level 4. This means the NHS has moved from the regionally-managed, but nationally-supported Incident Level 3 to one that is co-ordinated nationally. The NHS had previously been at Level 4 from 30 January to 31 July 2020. Further guidance from Sir Simon Stevens, the NHS Chief Executive, and Amanda Pritchard is awaited.

### 2. **Lincolnshire CCG's Primary Care Commissioning Committee – 11 November 2020**

The agenda and reports for the Lincolnshire Clinical Commissioning Group's Primary Care Commissioning Committee (PCCC) for 11 November 2020 are available at the following link:

<https://lincolnshireccg.nhs.uk/download/pccc-meeting-papers-november-2020/>

The agenda includes a report on the proposal from Lakeside Healthcare for the permanent closure of the St Mary's Medical Centre in Stamford, which was considered by this Committee on 14 October 2020. The item begins on page 24 of the agenda pack and includes on pages 472-490 the equality impact assessment for the proposal.

The proposal from the Vale Medical Group on the proposed closure of the Woolthorpe Branch Surgery is not included on this agenda. The next meeting of the PCCC is in January 2021.

### 3. Grantham Hospital – Correspondence with the Minister of State for Health

Following a decision by this Committee on 16 September 2020, I replied to a letter to Edward Argar MP, the Minister of State for Health, querying the role of NHS England and NHS Improvement on local NHS decision-making, in particular on significant reconfigurations. On 29 October 2020, the Minister of State replied as follows:

*Thank you for your further correspondence of 25 September about the role of NHS England and NHS Improvement (NHSE&I) in relation to NHS services in Lincolnshire.*

*I read the correspondence with care and I recognise your commitment to this issue. The NHSE&I's role is to support commissioners and their local partners, including providers, to develop clear, evidence based proposals for service change, and to undertake assurance to ensure they can progress, with due consideration for the Government's four criteria of service change.*

*These criteria are:*

- *support from GP commissioners;*
- *clarity about the clinical evidence bases underpinning proposals;*
- *arrangements for public and patient engagement, including local authorities, being further strengthened; and*
- *the need to develop and support patient choice.*

*NHSE&I's assurance levels are determined by the scale, complexity and risk within the proposed changes. All local service changes are reviewed and assured at a regional level to ensure they are suitable for the local population. National assurance is then sought when a scheme has significant capital dependency, or if it is larger scale and/or could have a broader impact on the local population.*

*In the case of Grantham and more specifically Lincolnshire Acute Services, we can confirm that regional NHSE&I colleagues have been working closely with Lincolnshire Clinical Commissioning Group to support the development of the public consultation and business case over recent months, ahead of a regional assurance panel and National approvals thereafter. The pressures caused by Covid-19 on all organisations and at all levels mean that the timescales are somewhat variable, however we and NHSE&I are committed to a timely and sustainable outcome for the population of Lincolnshire."*

#### **4. Planning Application for Urgent Treatment Centre at Lincoln County Hospital**

On 2 November 2020, United Lincolnshire Hospitals NHS Trust submitted a planning application to the City of Lincoln Council for a proposed extension and new entrance to form a new urgent treatment centre fronting the existing A&E department at Lincoln County Hospital.

The application states that the Urgent Treatment Centre would be a single storey construction and would be located within the car park immediately to the north of the existing A&E entrance, which would satisfy an operational requirement for the new facility to work in an integrated manner with the existing facility.

#### **5. Continuing Healthcare: Getting It Right First Time**

On 30 November 2020, the Parliamentary and Health Service Ombudsman (PHSO) issued a report: *Continuing Healthcare: Getting It Right First Time*. This report is relevant to the Committee's consideration under item 9 on this agenda whether an item on NHS Continuing Healthcare should be added to the Committee's work programme. This report is available in full on the Parliamentary and Health Service Ombudsman website:

<https://www.ombudsman.org.uk/publications/continuing-healthcare-getting-it-right-first-time>

This report is the result of a detailed look at complaints PHSO has handled about NHS Continuing Healthcare (NHS CHC). The objective is to support those on the frontline of NHS CHC to learn from mistakes, improve quality, and consistently apply national guidance to deliver care packages that meet people's needs.

PHSO states that it made decisions on 336 complaints about NHS CHC between April 2018 and July 2020. This report focuses on the two main themes the PCSO has seen in these recent complaints. Although this is a small proportion of the 112,000 people newly assessed as eligible in 2019-20, there are lessons for the system to apply to ensure NHS CHC meets the needs of the people who are entitled to it.

PHSO also states that it found that failings in care and support planning result in people and their families being forced to fund care, on top of that funded by NHS CHC. PHSO also found that poor communication around care plans and packages can have similar outcomes, with people being unaware of their entitlements and the processes to challenge decisions where they believe shortfalls are occurring.

The PHSO found CCGs, with support from NHS England and NHS Improvement, need to make sure frontline staff have the skills and resources to deliver high-quality, comprehensive and inclusive care and support planning that meets individuals' care needs. The PHSO also emphasises the importance of good communication and involvement, so people are aware of what is covered in an NHS CHC package and how to challenge decisions about them. The PHSO's report makes six recommendations:

### Recommendation 1: Supporting the Skills and Experience of NHS CHC Practitioners Locally

CCGs should assure themselves that those involved in assessing care needs and developing care and support plans are appropriately skilled and experienced to perform that role by using the CHC Competency Framework. Regular training should be made available to frontline practitioners to ensure best practice is followed. At the least, CCGs should ensure frontline practitioners have undertaken learning from the NHS England and NHS Improvement e-learning tool to increase their knowledge and understanding.

### Recommendation 2: Sharing Learning Nationally

In the short-term, NHS England and NHS Improvement should review the NHS CHC e-learning tool and other learning opportunities to ensure they take account of the learning from the case summaries included here. They should update these learning opportunities to ensure they provide effective support to the frontline NHS CHC workforce responsible for care and support planning and commissioning.

### Recommendation 3: Putting Learning into Practice

In the long-term, NHS England and NHS Improvement should consider what additional support and coaching it can provide to care systems, CCGs and NHS CHC frontline staff to ensure they are appropriately supported and skilled in care and support planning and commissioning.

### Recommendation 4: Supporting People and Providers through the NHS CHC Process

CCGs should ensure all parties to an NHS CHC-funded package of care are aware of the principles of NHS CHC funding and arrangements for additional services. CCGs should clearly explain in care and support plans what is included in the care package to meet the assessed needs, and the process that should be followed if any additional services or charges need to be considered.

### Recommendation 5: Developing National Guidance

The Department of Health and Social Care (DHSC) and NHS England and NHS Improvement should consider the approach to previously unassessed periods of care dating from after 2012 and develop guidance to clarify CCGs' obligations. Guidance should set out explicitly how CCGs should respond to requests to retrospectively assess people's eligibility for NHS CHC-funded care such as Ms W's and Ms K's, whose requests relate to periods of time after the 2012 closedown. This guidance should make clear what CCGs' obligations are and give clear and specific timeframes for CCGs to meet these obligations. If deadlines for requests are imposed, these should be effectively communicated by CCGs to anyone who may have been affected to ensure no one is disadvantaged.

## Recommendation 6: Delivering Capability in the NHS CHC System

Once this guidance is in place, CCGs should assure themselves, with support from NHS England and NHS Improvement, that they have sufficient capability to successfully meet their obligations as set out in the guidance. Where assessments of previously unassessed periods of care are required by the guidance, CCGs should ensure they can complete timely and quality reviews.

### Next Steps

The PHSO has asked the Department of Health and Social Care, and NHS England and NHS Improvement to write to the Public Administration and Constitutional Affairs Committee and the Health and Social Care Select Committee in six months with an update on progress in planning and delivering these recommendations.

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