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:	**17 February 2021**
Subject:	**Supplementary Chairman's Announcements**

1. Vaccination Update

Further to Section 1 of my announcements circulated with the agenda, NHS England and NHS Improvement (NHSE/I) issued a further weekly report on 11 February 2021, which set out the numbers of vaccinations for the period 8 December 2020 to 7 February 2021. The information for first doses of the vaccine is below:

First Doses (8 Dec 20 – 7 Feb 21)					
	80+	**75-79**	**70-74**	**Under 70**	**Total**
Lincolnshire Number	44,681	33,743	34,027	50,466	162,917
Lincolnshire Percentage	96.1%	96.6%	67.8%	10.1%	25.9%

This shows that since the previous report for the period up to 31 January a further 38,219 first-dose vaccines were given in Lincolnshire. According to ONS population estimates there are 498,312 16-69 year olds in Lincolnshire. Using these figures, it is calculated that one in four adults in Lincolnshire had received a first dose by 7 February 2021.

On 14 February 2021, the Government announced that its target for everyone in the first four priority categories to have been offered a vaccine by 15 February 2021 had been met. Vaccines are now being offered to people in the next two priority groups as recommended by the Joint Committee on Vaccination and Immunisation: those aged 65 and over; and people with underlying health conditions which mean they are clinically vulnerable to Covid-19. The vaccine will also be offered to unpaid carers.

Second Doses (8 Dec 20 – 7 Feb 21)					
	80+	**75-79**	**70-74**	**Under 70**	**Total**
Lincolnshire Number	1,589	9	16	1,440	3,054
Lincolnshire Percentage	3.4%	0.0%	0.0%	0.3%	-

2. Woolsthorpe Branch Surgery

On 10 February 2021, the CCG's Primary Care Commissioning Committee approved the recommendations to support the closure of the Woolsthorpe Branch Surgery and the transfer of the Stackyard Surgery to East Leicestershire and Rutland Clinical Commissioning Group.

3. Temporary Closure of Ashley House, Grantham, and Redeployment Staff to Ash Villa and Community Rehabilitation

Ashley House in Grantham and Maple Lodge in Boston are two long-stay low intensity mental health rehabilitation wards in Lincolnshire, operated by Lincolnshire Partnership NHS Foundation Trust (LPFT). Currently, these two units are operating at 50% occupancy (14 of 30 beds in use). Owing to a combined impact of Covid-19 and vacant posts, provision of staffing (primarily registered nurses) is in a critical position across LPFT's adult inpatient services. As of 8 February 2021, 36% of the registered nursing posts in the adult inpatient wards are either vacant or filled with staff unavailable to work owing to Covid-19.

Lincolnshire is committed to opening Ash Villa as a female acute mental health treatment ward in March 2021, as part of the comprehensive plan to meet the national mandate of zero inappropriate out of area acute mental health placements by 31 March 2021. Currently, there are insufficient members of staff to open Ash Villa.

The NHS In Lincolnshire has made a decision to temporarily consolidate the patients from the two mental health rehabilitation units to one site, Maple Lodge, which is a Care Quality Commission compliant setting for mixed genders, whereas Ashley House is limited to patients of the same gender. This would release the staff from Ashley House to enable Ash Villa to open, expand the existing Community Rehabilitation Team to support more rehabilitation patients in the community, and to provide greater resilience to the inpatient workforce. This would enable the eleven female acute patients currently placed out of area to be returned to Lincolnshire, in line with the national mandate; and based on current demand, no open rehabilitation patients would need to be placed out of area.

The Lincolnshire NHS has stated that the decision has not been taken lightly, but has been made in response to current operational pressures faced at LPFT, linked to the Covid-19 pandemic. Through close collaborative working, LPFT and the CCG are in agreement that this temporary change is necessary in order to provide much needed resilience to essential services and to maximise treatment outcomes for patients. The situation will be kept under review.

4. Integration and Innovation: Working Together to Improve Health and Social Care for All

On 11 February 2021, the Secretary of State for Health and Social Care presented the health and social care white paper: *Integration and Innovation: Working Together to Improve Health and Social Care for All.* The executive summary is attached as Appendix A to these notes. The full document is available at:

https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all

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APPENDIX A

Integration and Innovation: Working Together to Improve Health and Social Care for All

(Presented to Parliament on 11 February 2021 by the Secretary of State for Health and Social Care)

1. Executive Summary

1.1 We are living through the greatest challenge our health and care system has ever faced. The Coronavirus (Covid-19) pandemic caused an unprecedented external shock, bringing intense pressure that could have been devastating to the system itself and to all of us as individuals. And yet, the extraordinary dedication, care and skill of the people who work in our communities and our hospitals has been unwavering, serving as a reminder once again of just how precious our health and care services are to us all.

1.2 This is no ordinary moment. We have seen collaboration across health and social care at a pace and scale unimaginable even a little over a year ago. The NHS and social care providers have delivered outstanding care to those in need while at the same time radically changing ways of working, reducing bureaucracy and becoming more integrated. New teams have been built, adoption of new technology has been accelerated, new working-cultures developed, and new approaches to solving difficult problems pursued. As a result, NHS capacity grew; new hospitals were built in just a matter of days; and new ways of treating patients have become the norm. As we look towards the future and to the recovery of our society, our health and care system will continue to be central to our national wellbeing and prosperity in the years ahead.

1.3 In recent years, we have seen our health and care system adapt and evolve to meet the challenges facing health systems around the world. Not only is our population growing in size, people are also living longer but suffering from more long-term conditions. One in three patients admitted to hospital as an emergency has five or more health conditions, up from one in ten a decade ago. While smoking rates may be decreasing; diabetes, obesity, dementia and mental health issues are on the rise. Faced with these challenges, as well as those from Covid-19, the case couldn't be clearer for joining up and integrating care around people rather than around institutional silos – care that focuses not just on treating particular conditions, but also on lifestyles, on healthy behaviours, prevention and helping people live more independent lives for longer. We need the different parts of our health and care system to work together to provide high quality health and care, so that we live longer, healthier, active and more independent lives.

1.4 And so, this paper sets out our legislative proposals for a Health and Care Bill. Many of the proposals build on the NHS's recommendations in its Long Term Plan, but they are also founded in the challenge outlined above. There will be those who will say that this is simply the wrong time to make any kind of change in health and social care. Even if it will help the professionals who know best to do their jobs better, unhindered by systems and processes that might slow down or even prevent them from doing their jobs in the way they would want to. The response to Covid-19 is our current priority but we must also prepare for the recovery of our health and care system and learn lessons from this experience. Our legislative proposals capture the learning from the pandemic and are driven by the context of a post-Covid world, which is now in reach. And they make permanent the innovations that Covid-19 has accelerated and

encouraged the system to improvise new and better ways of working. Our proposals will help the NHS and local government in the immediate work of recovery from the pandemic by making joint planning and delivery of services easier, and over the long term by helping to address the needs of everyone, from children to older people, at different stages of their lives.

1.5 We have seen the brilliance of our doctors, nurses, carers and other healthcare professionals in providing world-class care to those in need. What has gone unseen by many is that in order to provide this level of care the traditional dividing lines between health professionals have been cast aside to allow unprecedented levels of collaboration.

1.6 If we are to improve the lives and life-chances of all in this country, no matter where they are from, their ethnicity or social background we must be ready for whatever may come next.

1.7 The response to Covid-19 - led by those who know best - has shown us new ways to deliver care using innovative and creative solutions, exploiting the potential of digital and data, instead of needless bureaucracy. We must not go back to the old ways of working. The gains made through these new approaches must be locked in.

1.8 The founding principles of the NHS – taxpayer-funded healthcare available to all, cradle-to-grave, and free at the point of delivery – remain as relevant now as they were in 1948. Local government delivery is also rooted in firm foundations: in serving its residents, with strong local democratic accountability, and expertise in the health, public health and care needs of its populations. To protect these principles, which are so close to all our hearts, we must back those who make them a reality every day of their lives - by building and constantly renewing a culture of collaboration.

1.9 Integrating care has meant more people are seeing the benefits of joined up care between GPs, home care and care homes, community health services, hospitals and mental health services. For staff, it has enabled them to work outside of organisational silos, deliver more user-centred and personalised approaches to care, and tackle bureaucracy standing in the way of providing the best care for people. It enables greater ambition on tackling health inequalities and the wider determinants of health – issues which no one part of the system can address alone. It both relies on the power of digital and data to join up care and uses that power to drive transformation of care. The experience of the pandemic has made the case for integrated care even stronger and has redoubled the government's determination to ensure that public health, social care and healthcare work more closely together in the future than ever before.

1.10 High-performing teams and organisations have vibrant cultures that create the conditions for people to perform at their very best. They are collaborative and open organisations, people focussed with processes that support rather than suffocate the efforts of individuals to do good work. And so, this White Paper sets out our proposals for legislation to support and enable the health and care workforce, organisations and wider system to work together to improve, integrate and innovate.

1.11 In this paper we refer to health and care partners for brevity's sake, but to be clear, we believe that this means everyone who works tirelessly to deliver high-quality care and support to people all over the country, including NHS organisations, local authorities, voluntary partners and charities.

Working Together to Integrate Care

1.12 At the heart of the changes being taken forward by the NHS and its partners, and at the heart of our legislative proposals, is the goal of joined up care for everyone in England. Instead of working independently every part of the NHS, public health and social care system should continue to seek out ways to connect, communicate and collaborate so that the health and care needs of people are met. Healthy, fulfilled, independent and longer lives for the people of England will require health and care services, local government, NHS bodies, and others to work ever more closely together. Different professions, organisations, services and sectors will work with common purpose and in partnership. This will be especially important when we seek to focus on the people and communities that are most in need of support.

1.13 There are, then, two forms of integration which will be underpinned by the legislation: integration within the NHS to remove some of the cumbersome boundaries to collaboration and to make working together an organising principle; and greater collaboration between the NHS and local government, as well as wider delivery partners, to deliver improved outcomes to health and wellbeing for local people.

1.14 The NHS and local authorities will be given a duty to collaborate with each other. We will also bring forward measures for statutory Integrated Care Systems (ICSs). These will be comprised of an ICS Health and Care Partnership, bringing together the NHS, local government and partners, and an ICS NHS Body. The ICS NHS body will be responsible for the day to day running of the ICS, while the ICS Health and Care Partnership will bring together systems to support integration and develop a plan to address the systems' health, public health, and social care needs. Both bodies will need to draw on the experience and expertise of front-line staff across health and social care. The legislation will aim to avoid a one-size-fits all approach but enable flexibility for local areas to determine the best system arrangements for them. A key responsibility for these systems will be to support place-based joint working between the NHS, local government, community health services, and other partners such as the voluntary and community sector. Frequently, place level commissioning within an integrated care system will align geographically to a local authority boundary, and the Better Care Fund (BCF) plan will provide a tool for agreeing priorities. This will be further supported by other measures including improvements in data sharing and enshrining a ‘triple aim’ for NHS organisations to support better health and wellbeing for everyone, better quality of health services for all, and sustainable use of NHS resources.

Reducing Bureaucracy

1.15 Stakeholders have said that existing legislation is overly detailed and prescriptive in some areas. We intend to reform the existing legislation to support the workforce by creating the flexibility NHS organisations need – to remove the barriers that prevent them from working together and to enable them to arrange services and provide joined up care in the interests of service users. We will put pragmatism at the heart of the system. Enabling the NHS and local authorities to arrange healthcare services to meet current and future challenges by ensuring that public and taxpayer value – and joined up care – are first and foremost. This will require changes to both competition law as it was applied to the NHS in the Health and Social Care Act 2012 and the system of procurement applied to the NHS by that legislation. These changes will enable the NHS and local authorities to avoid needless bureaucracy in arranging healthcare services while retaining core duties to ensure quality and value. This will be

supported by further pragmatic reforms to the tariff and to remove the statutory requirement for Local Education and Training Boards.

Improving Accountability and Enhancing Public Confidence

1.16 We are also bringing forward several measures to improve accountability in the system in a way that will empower organisations and give the public the confidence that they are receiving the best care from their health and care system, every time they interact with it. The de facto development in recent years of a strongly supportive national NHS body in the form of a merged NHS England and NHS Improvement will be placed on a statutory footing and will be designated as NHS England. This will be complemented by enhanced powers of direction for the government over the newly merged body which will support great collaboration, information sharing and aligned responsibility and accountability. In addition, we will legislate to further ensure the NHS is able to respond to changes and external challenges with agility as needed. Measures will include reforms to the mandate to NHS England to allow for more flexibility of timing; the power to transfer functions between Arm's Length Bodies and the removal of time limits on Special Health Authorities. An improved level of accountability will also be introduced within social care, with a new assurance framework allowing greater oversight of local authority delivery of care, and improved data collection allowing us to better understand capacity and risk in the social care system. Our measures recognise this, and we therefore plan to introduce greater clarity in the responsibility for workforce planning and a clear line of accountability for service reconfigurations with a power for ministers to determine service reconfigurations earlier in the process than is presently possible.

Additional Measures

1.17 We also intend to bring forward other measures to support social care, public health and the NHS. These are designed to address specific problems or remove barriers to delivery, maximise opportunities for improvement, and have in most cases been informed by the experience of the pandemic.

1.18 These measures are not intended to address all the challenges faced by the health and social care system. The government is undertaking broader reforms to social care and public health which will support the system in helping people to live healthier, more independent lives for longer. In particular, the Department recognises the significant pressures faced by the social care sector and remains committed to reform. We want to ensure that every person receives the care they need and that it is provided with the dignity they deserve. We have committed to bringing forward proposals this year but, in the meantime, our legislative proposals will embed rapid improvements made to the system as it has adapted to challenges arising from Covid-19. Similarly, on public health, our experience of the pandemic underlines the importance of a population health approach, informed by insights from data: preventing disease, protecting people from threats to health, and supporting individuals and communities to improve their health and resilience. The government will publish in due course an update on proposals for the future design of the public health system, which will create strong foundations for the whole system to function at its best. But the measures in this legislation will address issues that require intervention through primary legislation.

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1.19 In social care, we have set out a number of measures that apply the core themes of these proposals set out above in the specific context of social care. Integration will be enhanced through the position of social care in the ICS structure, a new standalone legal basis for the Better Care Fund and allowing 'Discharge to Assess' models to followed. A legal power to make direct payments to providers will reduce bureaucracy in providing future additional support to the sector. Finally, an enhanced assurance framework and improved data collection will improve accountability within the social care sector.

1.20 For public health, alongside the population health element of our "triple aim", we intend to bring forward measures to: make it easier to secure rapid change updates in NHS England public health functions; help tackle obesity by introducing further restrictions on the advertising of high fat, salt and sugar foods; as well as a new power for Ministers to alter certain food labelling requirements. In addition, we will be streamlining the process for the fluoridation of water in England by moving responsibilities for doing so from local authorities to central government.

1.21 Finally, we plan to bring forward measures that contribute to improved quality and safety in the NHS, including placing the Health Services Safety Investigations body on a statutory footing; establishing a statutory medical examiners system; and allowing the Medicines and Healthcare products Regulatory Agency to set up national medicines registries. We are also putting in place legislation to enable the implementation of comprehensive reciprocal healthcare agreements with countries around the world.

Next steps

1.22 As we set out in chapter one, legislation is best seen as an enabler of change that is most effective when combined with other reforms and drivers of change within the health and care system. We have seen the NHS adapt in recent years, developing innovations to support more joined up care and to tackle bureaucracy. This provides a foundation to build upon and our aim is to use legislation to provide a supportive framework for health and care organisations to continue to pursue integrated care and other sources of value for service users and taxpayers in a pragmatic manner. As the system emerges from the pandemic, these legislative measures will assist with recovery by bringing organisations together, removing the bureaucratic and legislative barriers between them and enabling the changes and innovations they need to make.

1.23 On current timeframes, and subject to Parliamentary business, our plan is that the legislative proposals for health and care reform outlined in this paper will begin to be implemented in 2022. This means they will form a critical part of the recovery process from the pandemic, and so we must ensure that our approach is enabling and flexible. Many of the lessons of the pandemic are clear, but it will take time to fully understand them all. We need to combine the realism required in recognising we do not know all the answers with the urgency of working to successfully apply the insights we do have as soon as possible. Legislation can only ever be part of the picture, and will need to support and accompany wider reforms in areas such as data and finance, which will play a key role in the years ahead to meet the changing needs of the population, to deal with the challenges caused by the pandemic, and to tackle the health inequalities exposed by Covid-19.

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