

# Agenda Item 5

## Lincolnshire Health and Wellbeing Board – 9 March 2021

### Chairman's Announcements

#### COVID-19 Vaccination Programme

The COVID19 Vaccination programme is a collaborative programme that is being supported by all health and care partners. In Lincolnshire, we began vaccinating people on the 8 December when Lincoln County was established as one of the first Hospital Hubs in the country. As the National programme has been rolled out, Lincolnshire has been at the forefront of establishing local provision. The current services are as follows:

Vaccination Service	Locations
Hospital Hub – Paused, awaiting start of second vaccination roll out	Lincoln County
	Pilgrim Hospital
Local Vaccination Services (LVS) – provided by Primary Care.  The arrangements for local service provision are influenced by the vaccine that the LVS receives.  The services provided by the LVS include provision at the designated site, home visits for residents that are housebound, outreach clinics to care homes and outreach clinics at local practices to facilitate local access.	Apex
	Rustons Sports and Social Club
	Boston
	The Sidings Medical Practice
	East Lindsey
	Louth County Hospital
	First Coastal Site 1
	The Storehouse, Skegness
	Four Counties
	St Marys Medical Practice, Stamford
	IMP
	Lincolnshire Showground
	K2 Grantham & Sleaford
	Table Tennis Club, The Meres, Grantham
	Marina
	Portland Medical Practice, Lincoln
SOLAS	
Franklin Hall, Spilsby	
South Lincoln Healthcare	
Waddington	
South Lincs and Market Deeping & Spalding PCNs	
Springfields, Spalding	
Trent Care Network	
John Coupland Hospital, Gainsborough	
First Coastal Site 2	
Mablethorpe	
Vaccination Centres – providing appointments for people booking through the national booking system and designated groups e.g. Health & Social Care workforce	Boston - Princess Royal
	Lincoln – Lincolnshire Showground

The order in which people are offered the vaccine is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI). The programme plan to offer all people in Cohorts 1 – 4 (see below) by 15 February 2021 has been completed. People who were unable to receive a vaccine, because they had been diagnosed within the last 4 weeks with COVID19, were too unwell or didn't want to accept the vaccine at that time will be offered further opportunities to have the vaccine.

Our aim is to ensure that we facilitate as high an uptake of vaccination as possible amongst all communities. To achieve this, the vaccination team and our PCNs will be working with community partners to establish links with people with health vulnerabilities and who are susceptible to health

and related inequalities. The vaccination programme in Lincolnshire has now begun providing vaccine to Cohorts 5 & 6

Cohort	
1 – 4	All residents in a care home for older adults and their carers All those 80 years of age and over and frontline health and social care workers All those 75 years of age and over All those 70 years of age and over and clinically extremely vulnerable individuals
5 - 6	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

### **Healthwatch Lincolnshire Vaccination Information Webinar**

On 21 January 2021, Healthwatch Lincolnshire held a Covid-19 Vaccination Information Webinar, during which members of the Lincolnshire Vaccination Team responded to questions put forward by the public. The webinar is available on demand via either [www.facebook.com/hwlincs](https://www.facebook.com/hwlincs) or [https://youtu.be/4PkKB7IE\\_-w](https://youtu.be/4PkKB7IE_-w)

### **White Paper: Integration and Innovation – working together to improve health and social care for all**

This [White Paper](#) published by the Department of Health and Social Care on 11 February 2021 sets out the legislative proposals for the forthcoming Health and Care Bill. It builds on the direction of travel set out in the NHS Long Term Plan (2019) and the Integrated Care System consultation document issued in November 2020. It recognises the progress that has been made during Covid-19 to remove barriers preventing integration and collaboration. Learning from the pandemic has therefore also helped shape the thinking to meet the Government’s goal of delivering joined up care for everyone in England. A briefing paper summarising the key proposals is attached in Appendix A.

### **Lincolnshire Partnership NHS Foundation Trust – Appointment of Chair**

On 25 January 2021, Lincolnshire Partnership NHS Foundation Trust (LPFT) announced that Kevin Lockyer would be taking up the position of Chair of the Trust from 1 May 2021. Kevin Lockyer has been a non-executive director at Lincolnshire Community Health Services NHS Trust since 2015 and has experience in the criminal justice system; housing; and public and voluntary sectors.

The Trust’s current Chair, Paul Devlin, will be stepping down after six years in the role, when his term of office expires on 30 April 2021.

### **Older People and Frailty Mental Health Services**

LPFT are asking for views as part of a new consultation on recent changes to local mental health service for older people. LPFT have been piloting a new home treatment approach over the last two years, following the major refurbishment of one of its older adult mental health wards in Lincoln. This new consultation seeks to hear from patients, carers and their families about the service they now receive and whether it meets their needs.

Details on the survey and more information about the proposals are available at [www.lpft.nhs.uk/older-people-mental-health-consultation](http://www.lpft.nhs.uk/older-people-mental-health-consultation). The consultation closes on 31 March 2021.

## BRIEFING NOTE

### INTEGRATION AND INNOVATION: WORKING TOGETHER TO IMPROVE HEALTH AND SOCIAL CARE FOR ALL WHITE PAPER

#### 1. PURPOSE

This briefing provides a summary of the [White Paper](#) published by the Department of Health and Social Care (DHSC) on 11 February 2021 which sets out the legislative proposals for a Health and Care Bill. It builds on the direction of travel set out in the NHS Long Term Plan (2019) and ICS consultation document issued in November 2020. It recognises the progress that has been made during Covid to remove barriers preventing integration and collaboration. Learning from the pandemic has therefore also helped shape the thinking to meet the Government's goal of delivering joined up care for everyone in England.

#### 2. THE ROLE OF LEGISLATION

In 2019, the NHS Long Term Plan set out the priorities for health and care over the next ten years, including legislative changes which form the foundation of this White Paper. The measures are designed to make it easier for NHS organisations and wider partners to work together to tackle the issues that matter the most to the people they serve. The pandemic has highlighted that neither the NHS nor local government can address all the challenges facing whole population health on their own. The ambition to reduce inequalities and support people to live longer, healthier and more independent lives will need joint effort.

The proposals aim to create a new framework that builds on the changes already made by the health and care system due to Covid-19, so the system is able to tackle the challenges of the future. Beyond the legislative proposals set out in this document, there are several other changes to the health and care system – including improved data sharing, financial arrangements to support integration and improvements to public health services – that the proposals are designed to support and to align with.

#### 3. PROPOSALS FOR LEGISLATION

##### **3.1 Working together and supporting integration: enabling different parts of the health and care system to work together effectively, in a way that will improve outcomes and address inequalities.**

The Covid-19 pandemic has demonstrated the importance of different parts of the health and care system working together. Legislation will be introduced to support integration, both within the health service, and between the health service and local government (specifically from a public health and adult care perspective). This involves:

- Legislating for **every part of England to be covered by an Integrated Care System (ICS)** to formally recognising the need to bring together NHS organisations, local government and wider partners at a system level to deliver more joined up approaches to improving health and care outcomes. Health and Wellbeing Boards will remain in place and will continue to have an important responsibility at place level to bring partners together. The ICSs will also need to take account of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy
- A new **duty to collaborate** across the health and care system.
- Introducing a **triple aim duty** on health bodies, including ICSs, which ensure they pursue simultaneously the three aims of better care for all patients, better health and wellbeing for everyone, and sustainable use of NHS resources.
- Introducing a power to impose **capital spending limits on Foundation Trusts**.

- Implementing NHS's recommendations to **remove barriers to integration through joint committees, collaborative commissioning approaches and joint appointments**, as well as the recommendation to preserve and strengthen the right to **patient choice** within systems.
- Ensuring more **effective data sharing** across the health and care system to enable the digital transformation of care pathways.

### 3.2 **Stripping out needless bureaucracy: turning effective innovation and bureaucracy-busting into meaningful improvements for everyone, learning from innovation during Covid-19.**

The Government wants to remove unhelpful 'rigidities' in the current legislation, where they fail to enhance accountability, or necessitate complex or bureaucratic workarounds making it difficult for the system to integrate. The pandemic has shown that health and care can quickly adapt and remove unnecessary bureaucratic barriers to deliver better outcomes. The DHSC's paper, [Busting bureaucracy: empowering frontline staff by reducing excess bureaucracy in the health and care system in England](#), sets out the Government's strategy for reducing excess bureaucracy. These actions are being taken forward through a variety of different projects, some led by the department, some by regulators and some by other bodies across the health and care system. In addition, legislation will be used to remove much of the transactional bureaucracy, specifically:

- The NHS should be able to make decisions on how it organises itself **without the involvement of the Competition and Markets Authority (CMA)**.
- Reforming **how health care services are arranged by creating a bespoke health services provider selection regime** which will give commissioners greater flexibility in how they arrange services than at present. The NHS will be consulted on the new regime shortly.
- New flexibilities will be reinforced by changes to the **tariff to enable the tariff to work more flexibly within system approaches**.
- Giving the Secretary of State powers to **create new trusts** to ensure alignment within an integrated system where that is helpful.
- The Government is also proposing to **remove Local Education Training Boards (LETBs)** from statute to give Health Education England (HEE) more flexibility to adapt its regional operating model over time.

### 3.3 **Enhancing public confidence and accountability: ensuring that we have the right framework for national oversight of our health system, that national bodies are streamlined, with clear roles and responsibilities, and that the public and Parliament can hold decision makers to account.**

The pandemic has highlighted the need for balance between national action with local autonomy. The adaptations of recent years have led to the concentration of decision-making in a relatively small number of national NHS bodies. To address this imbalance, legislative changes will give ICSs a stronger role and provide greater clarity about the role of Government and of Parliament. DHSC will have a critical role to play in overseeing the health and care system and in ensuring strong alignment and close working between public health, healthcare and social care. Specifically:

- NHS England and NHS Improvement will be formally merged into a **single legal organisation** with increased scope and centralised decision-making capacity. DHSC will also put in place a mechanism to ensure the new body can be held to account in an appropriate way.
- Recognising the evolution of NHSE, the introduction of a **complementary proposal to ensure the Secretary of State for DHSC has appropriate intervention powers** with respect to relevant functions of NHSE. This will support the Secretary of State to make

structured interventions to set clear direction, support system accountability and also enable the government to support NHSE align its work with wider priorities for health and social care.

- Introduction of a **more flexible mandate for NHSE** which will enable the Secretary of State to set its objectives.
- A new provision to **allow the Secretary of State to intervene in service reconfiguration change where required.**
- Measures to **ensure a more agile and flexible framework for national bodies** that can adapt over time and measures to remove the unnecessary **3-year time limit for Special Health Authorities from legislation.**
- A new duty for the Secretary of State to publish a report every Parliament to provide **greater clarity around workforce planning responsibilities.**

### 3.4 Additional proposals to support social care, public health, and quality and safety

The Government is proposing a number of further measures which are in addition to those put forward by the NHS. The proposals are not intended to form a coherent reform package in themselves but are intended to address specific problems or remove barriers to delivery, maximise opportunities for improvement, and have in some cases been informed by the experience of the pandemic.

**a) Social Care** – the Government will bring forward measures on:

- **system assurance and data** to ensure there are appropriate levels of oversight on the provision and commissioning of social care.
- **a payment power** which corrects a limitation in existing legislation preventing the Secretary of State for HSC making emergency payments directly to all social care providers.
- **greater flexibility as to what point assessments for care can be made.**
- **creating a standalone power for the Better Care Fund**, separating it from the NHS mandate setting process.

**b) Public Health** - the Government will bring forward measures to:

- make it easier for the Secretary of State to **direct NHS England to take on specific public health functions** (complementing the enhanced general power to direct NHS England on its functions)
- help **tackle obesity** by introducing further restrictions on advertising high fat, salt and sugar foods
- give ministers new powers to alter certain food labelling requirements to support consumers to make more informed choices.
- **streamline the process for the fluoridation of water in England** by moving the responsibilities, including consultation responsibilities, from local authorities to central government.

**c) Safety and Quality** - the Government will bring forward measures to:

- put the **Healthcare Safety Investigation Branch (HSIB)** on a statutory footing to improve the current regulatory landscape for healthcare professionals.
- establish a **statutory medical examiner system** within the NHS to scrutinise all deaths which do not involve a coroner.
- allow the Medicines and Healthcare products Regulatory Agency (MHRA) to develop and maintain publicly funded and operated medicine registries so that we can provide patients and their prescribers, as well as regulators and the NHS, with the evidence they need to make evidence-based decisions.
- enable the Secretary of State to set **requirements for hospital food.**
- **implement comprehensive reciprocal healthcare agreements** with countries outside the EEA.

## 4. CHAPTER THREE: DELIVERING FOR ALL

The legislative proposals are designed to support and accelerate change in the health and care system and need to sit alongside the use of non-legislative means such as having the right workforce in place, setting out clear guidance and getting the incentives and financial flows right. The proposals are not intended to address all the challenges by the health and care system. The Government is undertaking broader reforms to social care, public health and mental health which are not included in this White Paper.

DHSC recognises the significant pressures faced by the social care sector and remain committed to reform. Our objectives for social care reform are to enable an affordable, high quality and sustainable adult social care system that meets people's needs, whilst supporting health and care to join up services around people. A broad range of options are being explored for how best to accomplish these reform objectives, and we have committed to bringing forward proposals this year.

In due course the Government will also publish proposals on the future design of the public health system. These proposals will draw on the learning from Covid-19 and on the need to ensure we have a public health system fully fit for the future. The factors which prevent poor health are shaped by many different parts of government, public services and the broader health system. So rather than containing health improvement expertise within a single organisation, driving change in the future will mean many different organisations having the capability and responsibility for improving health and preventing ill health.

On current timeframes, and subject to Parliamentary business, the legislative proposals for health and care reform outlined in the White Paper will begin to be implemented in 2022.

## **5. IMPLICATIONS FOR LINCOLNSHIRE**

The focus for this potential White Paper is to bring forward legislation to deliver the ambitions set out in the NHS Long Term Plan (2019) to introduce ICSs across all areas in England to enable closer integration and collaboration between health and care. In addition, there is a very clear expectation that Ministers wish for greater leverage both on the NHS and also social care. There are no surprises in the potential White Paper as far as how it will impact on the approach being taken in Lincolnshire through the Better Lives Lincolnshire Alliance, which includes extending the functions of the Lincolnshire Health and Wellbeing Board to include the functions of the ICS Partnership Board. However, the additional leverage and oversight by Ministers may generate further reform along with a system for inspection of social care departments and, separation of the BCF from the NHS mandate. As such proposals generate the potential for significant impact that is neither clear or fully understood.

Prepared by:  
Public Health Division

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