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:	**23 June 2021**
Subject:	**Supplementary Chairman's Announcements**

1. Covid-19 Data

The UK Government and NHS England / NHS Improvement continue to publish extensive data on the pandemic, which includes:

- detailed weekly updates on the number of vaccinations administered;
- regular updates on the number of in-patients with Covid-19; and
- daily infection rates, based on the number of positive Covid-19 tests.

Set out in Appendix A is information on the vaccination programme, the number of Covid-19 in –patients in local trusts, and infections rates for 21 June 2021.

2. Integrated Care Systems – Design Framework

On 16 June 2021, the NHS England and NHS Improvement published *Integrated Care Systems: Design Framework.* This document follows the Government White Paper (*Integration and Innovation: Working Together To Improve Health and Social Care for All*) published on 11 February 2021 and is in advance of the publication of the Health and Social Care Bill. This document provides advice to local systems on the actions to be taken in preparation for the introduction of statutory Integrated Care Systems from 1 April 2022.

The Introduction and Summary from *Integrated Care Systems: Design Framework* is attached at Appendix B, with the full document available at:

https://www.england.nhs.uk/publication/integrated-care-systems-design-framework/

3. Quality Accounts 2020/21

The Committee's working group on quality accounts for 2020/21, comprising Councillors Carl Macey, Angela White, Linda Wootten and Ray Wootten, met on 2 and 8 June 2021, and prepared statements on behalf of the Committee on the draft quality accounts of the East Midlands Ambulance Service NHS Trust and United Lincolnshire Hospitals NHS Trust. These accounts focus on quality, not finance, which is covered by each provider's annual report and accounts.

Final quality accounts, including the Committee's statements, are due to be published on 30 June 2021. In addition to the information in these accounts on the quality of services over the preceding year, 2020/21, quality accounts also include at least three priorities for the coming year, and a report summarising priorities will be submitted to the next meeting on 21 July.

APPENDIX A

COVID-19 DATA

A. VACCINATIONS IN LINCOLNSHIRE

The following table, which has been compiled based on data included in the NHS Covid-19 weekly report for period 8 December 2020 to 13 June 2021, shows the number of first and second doses of Covid-19 vaccine given by age group in Lincolnshire. As of 13 June 2021, 74.5 per cent of people aged over sixteen in Lincolnshire had received their first dose, and 58.7 per cent of people had received both doses. This compares well with the figures for all England to the same date, which were 68.4 and 49.9 per cent respectively.

Age Range	Population	Dose	Vaccinations Given	Percentage of Population
u25	79,860	1st	15,273	19.1
		2nd	10,193	12.8
25-29	48,279	1st	18,519	38.4
		2nd	9,246	19.2
30-34	50,927	1st	30,252	59.4
		2nd	10,829	21.3
35-39	48,455	1st	32,983	68.1
		2nd	12,280	25.3
40-44	45,653	1st	35,151	77.0
		2nd	15,843	34.7
45-49	49,607	1st	41,545	83.7
		2nd	24,367	49.1
50-54	57,589	1st	50,822	88.2
		2nd	44,974	78.1
55-59	59,760	1st	54,281	90.8
		2nd	49,984	83.6
60-64	52,984	1st	49,169	92.8
		2nd	46,829	88.4
65-69	47,526	1st	44,924	94.9
		2nd	43,915	92.4
70-74	50,545	1st	48,577	96.1
		2nd	47,895	94.8
75-79	37,516	1st	36,393	97.0
		2nd	35,877	95.6
80+	46,793	1st	45,362	96.9
		2nd	44,618	95.4
Total	**675,494**	**1st**	**503,251**	**74.5**
		2nd	**396,850**	**58.7**

The population figures uses in this table given are based on the National Immunisation Management Service, and it should be noted that the population figure for those under 25 includes those aged over sixteen.

B. IMPACT ON HOSPITAL SERVICES

There are a number of ways of measuring the impact of the pandemic on hospital services. One way is the impact on the number of in-patient beds occupied by patients with confirmed Covid-19. Daily figures are reported to and compiled by NHS England. The following table has been compiled showing the figures for the status of beds on 15 June 2021 and represent a snapshot .

	Adult and General Acute Beds – Occupation Levels				Critical Care Beds – Occupation Levels			
	Covid-19 Patients	Non-Covid-19 Patients	Unoccupied	Unoccupied and available to non-Covid-19 Patients	Covid-19 Patients	Non-Covid-19 Patients	Unoccupied	Unoccupied and available to non-Covid-19 Patients
United Lincolnshire Hospitals	4	797	45	38	1	21	6	6
Doncaster and Bassetlaw	3	570	40	26	0	22	3	3
Northern Lincolnshire and Goole	2	567	33	n/a	0	12	2	n/a
North West Anglia	2	775	12	5	0	13	9	0
Nottingham University Hospitals	4	1256	190	122	1	67	8	5
QEH, King's Lynn	2	490	16	12	1	8	2	2
Sherwood Forest Hospitals	3	506	44	43	0	10	11	11

C. INFECTION RATES

Rates of positive Covid-19 tests are reported on a daily basis. These figures have been compiled from the daily report for 21 June 2021.

	Covid-19 Cases per 100,000	Positive Covid-19 Tests Recorded	
		Weekly 15-21 June 2021	Daily 21 June 2021
England	**89.4**	**68,449**	**7**
Boston	62.7	53	7
East Lindsey	39.5	46	9
Lincoln	48.3	52	0
North Kesteven	25.7	25	5
South Holland	24.2	27	6
South Kesteven	40.7	62	8
West Lindsey	41.8	30	7

APPENDIX B

Integrated Care Systems: Design Framework
Introduction and Summary

Everyone across the health and care system in England, in the NHS, local authorities and voluntary organisations, has made extraordinary efforts to manage the Covid-19 pandemic and deliver the vaccination programme while continuing to provide essential services.

We still face major operational challenges: tackling backlogs; meeting deferred demand, new care needs, changing public expectations; tackling longstanding health inequalities; enabling respite and recovery for those who have been at the frontline of our response; and re-adjusting to a post-pandemic financial regime. The intensity of the incident may have abated, but we are still managing exceptional pressure and uncertainty, with differential impacts across the country.

As we respond, Integrated Care Systems (ICSs) will play a critical role in aligning action between partners to achieve their shared purpose: to improve outcomes and tackle inequalities, to enhance productivity and make best use of resources and to strengthen local communities.

Throughout the pandemic our people told us time and time again that collaboration allowed faster decisions and better outcomes. Co-operation created resilience. Teamwork across organisations, sectors and professions enabled us to manage the pressures facing the NHS and our partners.

As we re-focus on the ambitions set out in the NHS Long Term Plan, it is imperative we maintain our commitment to collaborative action, along with the agility and pace in decision-making that has characterised our response to the pandemic.

We want to do everything we can to support this nationally and give you the best chance of making effective and enduring change for the people you serve.

This means seizing the opportunities presented by legislative reform to remove barriers to integrated care and create the conditions for local partnerships to thrive. And it means asking NHS leaders, working with partners in local government and beyond, to continue developing Integrated Care Systems during 2021/22, and preparing for new statutory arrangements from next year.

We know this is a significant ask. This document sets out the next steps. It builds on previous publications to capture the headline ambitions for how we will expect NHS leaders and organisations to operate with their partners in ICSs from April 2022. It aims to support you as you continue to deliver against the core purpose of ICSs and put in place the practical steps to prepare for their new arrangements that we expect to be enabled by legislation in this Parliamentary session.

The ambition for ICSs is significant and the challenge for all leaders within systems is an exciting one. Successful systems will align action and maintain momentum during transition, with systems continuing to make progress in improving outcomes and supporting recovery while embedding new arrangements for strategic planning and collective accountability across partners. The collective leadership of ICSs and the organisations they include will bring teams with them on that journey and will command the confidence of NHS and other public sector leaders across their system as they deliver for their communities. The level of ambition and expectation is shared across all ICSs – and there will be consistent expectations set through the oversight framework, financial framework national standards and LTP commitment – with ICSs adjusting their arrangements to be most effective in their local context.

It is important that this next year of developing ICSs and implementing statutory changes, if approved by Parliament and once finalised, builds on progress to date and the great work that has already taken place across the country. Effective transition will see high performing systems taking their existing ways of working and creatively adapting these to the new statutory arrangements. It is an acceleration, in the current direction.

This document begins to describe future ambitions for:

- the **functions of the ICS Partnership** to align the ambitions, purpose and strategies of partners across each system

- the **functions of the ICS NHS body**, including planning to meet population health needs, allocating resources, ensuring that services are in place to deliver against ambitions, facilitating the transformation of services, co-ordinating and improving people and culture development, and overseeing delivery of improved outcomes for their population

- the **governance and management arrangements** that each ICS NHS body will need to establish to carry out those functions including the flexibility to operate in a way that reflects the local context through place-based partnerships and provider collaboratives

- the opportunity for **partner organisations** to work together as part of ICSs to agree and jointly deliver shared ambitions

- **key elements of good practice** that will be essential to the success of ICSs, including strong clinical and professional leadership, deep and embedded engagement with people and communities, and streamlined arrangements for maintaining accountability and oversight

- the key features of the **financial framework** that will underpin the future ambitions of systems, including the freedom and mechanisms to use resource flexibly to better meet identified needs and to manage financial resources at system level

- the roadmap to **implement new arrangements** for ICS NHS bodies by April 2022 to establish new organisations, appoint leadership teams to new statutory organisations and to ensure that people affected by change are offered a smooth transition that allows them to maintain focus on their critical role in supporting recovery from the pandemic.

Further information or guidance, developed through engagement with systems and stakeholders, will be made available to support detailed planning. Where relevant, this will follow the presentation of proposed legislation to Parliament.

We have heard a clear message from systems that they are looking for specificity about the consistent elements of how we will ask them to operate, alongside a high degree of flexibility to design their ways of working to best reflect local circumstances. This document aims to achieve both: to be clear and specific on the consistent requirements for systems and to define the parameters for the tailoring to local circumstances which is key to success. It goes beyond likely minimum statutory requirements and sets out the ambition from NHS England and NHS Improvement on what will be necessary for systems to be successful as they lead our recovery from the pandemic and the wider delivery of the Long Term Plan.

The Framework does not attempt to describe the full breadth of future ICS arrangements or role of all constituent partners but focuses on how we expect the NHS to contribute. For non-NHS organisations, we hope this document will provide helpful framing on how the NHS will be approaching the proposed establishment of ICS NHS bodies, and inform broader discussions on the creation of system-wide and place-based partnership arrangements.

From the outset, our ambition for ICSs has been co-developed with system leaders, people who use services and many other stakeholders. We will continue this approach as we develop guidance and implementation support, based on feedback and ongoing learning from what works best.

The Framework is based on the objectives articulated in Integrating Care: next steps, which were reflected in the Government's White Paper. But content referring to new statutory arrangements and duties, and/or which is dependent on the implementation of such arrangements and duties, is subject to legislation and its parliamentary process. Systems may make reasonable preparatory steps in advance of legislation but should not act as though the legislation is in place or inevitable.