

# Agenda Item 4

		<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>10 November 2021</b>
Subject:	<b>Chairman's Announcements</b>

## 1. Information Requested at the Last Meeting – 13 October 2021

### Lincolnshire Acute Services Review

At the last meeting, details were requested on three aspects of the Lincolnshire Acute Services Review (*Minute 37 refers*): -

- (a) usage numbers for the Grantham Urgent Treatment Centre;
- (b) follow-up appointments at Louth County Hospital for patients from the East Lindsey area, who had been treated at the proposed centre of excellence at Grantham; and
- (c) a summary of all services provided at Louth County Hospital.

(a) can be covered by the relevant item on this agenda. The Committee is due to consider orthopaedic surgery on 15 December, when (b) will be considered. Information on (c) is set out in section 8 below.

### Primary Care Networks

Information was requested on the fourteen Primary Care Networks in Lincolnshire (*Minute 39 refers*). The Lincolnshire Primary Care Network Alliance annual report for 2019/20 has been circulated. The 2020/21 annual report will be circulated to members of the Committee when available.

### The Local Recovery from the Impacts of Covid-19

Information was also requested on the local recovery from the impacts of Covid-19 (*Minute 41 refers*). This is set out in section 9 below.

## **2. United Lincolnshire Hospitals NHS Trust – Nuclear Medicine**

On 15 September 2021, the Committee considered an introductory item on Nuclear Medicine from United Lincolnshire Hospitals (ULHT) NHS Trust, whose Board is due to consider engagement proposals on 2 November 2021. Subject to the ULHT agreeing the proposals, the engagement exercise will be considered on 15 December 2021.

## **3. Humber Acute Services Review**

The agenda for this meeting had planned an item on the Humber Acute Services Review. The Review Team has requested that this item be deferred to the Committee's next meeting on 15 December 2021. Additional details on the review are set out in Appendix A.

## **4. Plans for the Expansion of A&E Department at Pilgrim Hospital, Boston**

On 26 October 2021, United Lincolnshire Hospitals NHS Trust announced more details on the plans for the expansion of the A&E Department at Pilgrim Hospital, Boston. These plans show how the department will:

- more than double in size;
- include state of the art innovations and infection prevention control measures;
- have a much bigger resuscitation zone for the sickest patients;
- have more cubicles in which to treat patients;
- have a separate area dedicated to providing emergency care for the hospital's youngest patients and their families;
- have more training rooms for staff; and
- have a much better environment for patients and staff.

ULHT stated that the plans would soon be submitted to Boston Borough Council as part of the planning process. Once planning permission has been granted, the next step would be to get final approval from the Department of Health and Social Care so that work could begin.

ULHT has stated that this represented a major milestone in the transformation of the emergency department at Pilgrim Hospital, and it had taken a while to finalise the plans, but this was because it was important to get it right for our patients, their families and ULHT's staff.

## 5. NHS: Our Plan for Improving Access for Patients and Supporting General Practice

On 14 October 2021, the NHS published *Our Plan for Improving Access for Patients and Supporting General Practice*, which can be found at:

<https://www.england.nhs.uk/coronavirus/publication/our-plan-for-improving-access-for-patients-and-supporting-general-practice/>

The document refers to steps to (a) increase and optimise capacity; (b) encourage good practice; and (c) improve communication with the public, including tackling abuse and violence against NHS staff. These are briefly summarised below:

### Increase and Optimise Capacity

For the period from 1 November 2021 to 31 March 2022, the Government has announced a new winter fund of £250 million, with two main uses:

- (i) to improve access to urgent, same day primary care, by increasing capacity and GP appointment numbers; and
- (ii) to increase the resilience of the NHS urgent care system during winter by expanding same day urgent capacity.

All local NHS systems were required to submit a plan by 28 October 2021.

### Address Variation and Encourage Good Practice

All GP Practices were expected to complete by 31 October 2021 a review of whether they had the balance right for patients between remote and in-person consultations. In addition, NHS England and the Department of Health and Social Care have asked the Royal College of General Practitioners to consider providing a further update to its guidance by the end of November 2021.

### Zero Tolerance of Abuse and Public Communications

The Government and NHS England will work with the trade unions and the Academy of Medical Royal Colleges to launch a zero-tolerance campaign on abuse of NHS staff. In addition, NHS England will work with the British Medical Association, the Royal College of General Practitioners and patient groups to help people to understand how they can access the care in general practice.

6. **Care Quality Commission Report: *The State of Health Care and Adult Social Care in England 2020/21*.**

On 22 October 2021, the Care Quality Commission's report: *The State of Health Care and Adult Social Care in England 2020/21* was circulated to members of the Committee via e-mail and is available at the following link:

[State of Care | Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/state-of-care)

The **key points** in the report have been grouped under four headings:

- People's Experiences of Care;
- Flexibly to Respond to the Pandemic
- Ongoing Quality Concerns
- Challenges for Systems

These are set out in Appendix B.

7. **Covid-19 Response – Autumn and Winter Plan 2021**

I would like to take this opportunity to remind you of the Government's *Covid-19 Response - Autumn and Winter Plan 2021*, which was published on 14 September 2021, and includes details of the Government's Plan A and Plan B for the response to Covid-19. The plan is available at the following link: [Covid-19 Response Autumn and Winter Plan 2021](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/98424/covid-19-response-autumn-and-winter-plan-2021.pdf)

**Plan A** includes the following measures: -

1. **Building defences through pharmaceutical interventions:** vaccines, antivirals and disease modifying therapeutics.
2. **Identifying and isolating positive cases to limit transmission:** Test, Trace and Self Isolation.
3. **Supporting the NHS and social care:** managing pressure and recovering services.
4. **Advising people on how to protect themselves and others:** clear guidance and communication.
5. **Pursuing an international approach:** helping to vaccinate the world and managing risks at the border.

The key points of the Government's contain framework are as follows:

1. Anyone with Covid-19 symptoms will be expected to self-isolate and take a PCR test.
2. Regular asymptomatic testing, using lateral flow devices, will be focused on those who are not fully vaccinated; those in education; and those in higher risk settings.

3. Community testing will continue to support local authorities to focus on disproportionately impacted and high-risk groups.
4. The legal requirement to self-isolate for 10 days if an individual tests positive, and for close contacts who are 18 and over and not fully vaccinated, will remain.
5. Contact tracing will continue throughout autumn and winter, with local authorities continuing to play an essential role in this through the local tracing partnerships.
6. People will continue to be encouraged to use the NHS Covid-19 App.
7. The Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020, continue to give local authorities the power to impose restrictions on individual premises, events and public outdoor places.
8. The Government will continue to support and work with local authorities and areas facing particular challenges.

The Autumn and Winter Plan included a contingency plan, Plan B, which would be used if the NSH was likely to come under sustained pressure. The contingency measures envisage:

- communicating to the public that the risk level had changed;
- mandatory vaccine certification for Covid-19 in certain settings;
- mandatory face coverings in certain settings (to be specified by the Government); and
- consideration being given to asking people to work from home.

The Government published details on mandatory Covid-19 certification on 27 September 2021, which can be found at: [details](#).

## **8. NHS Services at Louth County Hospital**

There are two main NHS providers at Louth County Hospital: Lincolnshire Community Health Services NHS Trust (LCHS); and United Lincolnshire Hospitals NHS Trust (ULHT). In addition Northern Lincolnshire and Goole NHS Foundation Trust operates some clinics at the hospital.

A full up-to-date list is being compiled. In the interim the following are the main services:

LCHS provides:

- a 24/7 urgent treatment centre;
- Archer Assessment Centre, providing frailty assessment with eight assessment beds and six short stay assessment areas;
- Archer Ward, 16 GP-led in-patient rehabilitation beds and four palliative care beds; and
- Cawthorpe Suite, a six chair unit focusing on ambulatory care and treatment for patients on a day case basis.

ULHT provides:

- orthopaedic surgery for day case patients and in-patients, with in-patients staying on Fortherby Ward;
- an endoscopy unit;
- a urology suite; and
- various outpatient services at the Woldside Unit.

## 9. The Local Recovery from the Impacts of Covid-19

At the last meeting of the Committee, information was requested on the local NHS's plans for recovery, following the Covid-19 pandemic. An extract of a report to the Lincolnshire CCG Board on 27 October is set out below, together with the latest information on the Lincolnshire Resilience Forum.

Extract from a Report to the Lincolnshire CCG Board on 27 October 2021

### Overview

*"All NHS services in Lincolnshire are continuing to experience exceptional levels of patient demand. This is particularly noticeable in urgent and emergency care services, where GPs, Urgent Treatment Centres, A&E services and EMAS Ambulance Services are reporting continuous levels of demand beyond that experienced in the depths of winter with high levels of acuity in hospital admissions. NHS staff in Lincolnshire are therefore under ongoing and continuous pressure, and it is anticipated that this position will continue through to Spring 2022.*

### Elective Operations

*"With regards to elective operations the increased pressure in hospitals of both Covid Inpatients combined with emergency demand has caused many nearby trusts to cancel routine electives and in Lincolnshire the trust is day by day assessing the ability to operate on patients who would require either an Intensive Care Bed (ICU) or High Dependency (HDU) bed post-surgery with a very small number of patients cancelled.*

*"In August 2021 the total waiting list size for Lincolnshire patients at all hospitals was circa 82,000 people, just over 1 in 10 of our population. This compares to 64,000 in August 2020.*

*"Whilst these patient numbers are a huge concern, Lincolnshire compares well with other systems in England, mostly because of the 'green site' arrangements at Grantham Hospital which meant that many elective procedures were still able to be undertaken in previous waves of Covid. Within Lincolnshire NHS our surgical teams are working exceptionally hard to improve our position for patients, and we are also supported by the Independent Sector.*

### Cancer Treatment

*Cancer Waiting times are beginning to rise again due to the operational pressures felt in Acute Trusts and the impact that has on ICU/HDU beds post-surgery. The largest backlogs remain in surgical specialities that are the same regionally therefore mutual aid to support is constrained. Trusts continue to clinically prioritise patients with the focus on treating those cancer patients that are clinically urgent - these are Priority 1 patients who need surgery within 72 hours, and Priority 2 patients who need surgery within a month.*

### Primary Care

*"Primary care is also seeing record numbers of patients compared to pre Covid levels. GP practices are open as they have been throughout the pandemic but are working differently in order to meet this rise in demand and protect the most vulnerable when they are attending appointments.*

*"The Lincolnshire Health Scrutiny Committee examined Primary Care and GP Access pressures when it met recently on 13th October, and fully discussed this important issue with John Turner, CCG Chief Executive, Dr Kieran Sharrock, LMC Medical Director and Sarah-Jane Mills, CCG lead for Primary Care. The Committee noted that across Lincolnshire GP Practices, 47% of patients who contact their GP are seen on the same day. Overall two thirds of all patient contacts in Lincolnshire are face-to-face, one third virtual.*

*"Most surgeries operate a form of triage system (Total Triage) where patients contact their practice either by telephone or by using an online tool; they provide basic information that allows the practice care navigators to direct the patient to the right professional. The professional will receive the information to assess patients and consider who needs to be seen in person or when a telephone or video consultation may be appropriate. There are many issues can be effectively and efficiently dealt with working this way and many patients welcome this. However where patients have multiple clinical issues Total Triage does not make it easy for all of these to be addressed.*

*"On 14 October, the Government issued a national document titled 'Supporting General Practice and Improving Access for Patients', with £250m additional investment. There are a wide range of proposals within the document which are designed to increase capacity in Primary Care and improve access. This includes additional workforce, making better use of community pharmacy and improving telephony services. The CCG is working to submit a plan in line for how this will be progressed in Lincolnshire to NHS England NHS Improvement by 28 October."*

#### Lincolnshire Resilience Forum

The Lincolnshire Resilience Forum (LRF) is now in the final stages of the 'oversight and assurance' phase of recovery. The LRF's Recovery Strategic Co-ordination Group has received assurance from the education; higher education; and community and voluntary sector representatives that, across the system, the direction of travel was positive and plans were in place at an organisational level to address risks, without the requirement for a wider LRF command structure being in place. This has built upon previous assurances provided by NHS and Public Health.

On that basis currently there is confidence that exit should proceed as planned with a target date of the end of the calendar year 2021. However, this timetable will be monitored and reviewed in line with any changes to either the local or the national position.

## Humber Acute Services Review - Programme One – Interim Clinical Plan

### Overview of Humber Acute Services Programme

Activity on the Humber Acute Services Review has been in three programmes, as set out below:

- Interim Clinical Plan (Programme One) – stabilising services within priority areas over the next couple of years to ensure they remain safe and effective, seeking to improve access and outcomes for patients.
- Core Hospital Services (Programme Two) – long-term strategy and design of future core hospital services, as part of broader plans to join up services across all aspects of health and social care.
- Building Better Places (Programme Three) – working with a wide range of partners in support of a major capital investment bid to government to develop our hospital estate and deliver significant benefits to the local economy and population.

The Committee's item on 15 December will focus on Programme Two, Core Hospital Services, as this programme is likely to include proposals for changes to services.

The Review Team has provided the following update on Programme 1 of the review, the interim clinical plan.

*Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust have committed to working together to address challenges in the most vulnerable or fragile specialties – this work is being undertaken through Programme One of the Humber Acute Services Programme (or the Interim Clinical Plan). The Interim Clinical Plan is about pooling resources, skills and expertise to provide more resilient services that patients across the Humber can access equitably.*

*The Interim Clinical Plan is one of a number of programmes of work and improvement activities underway across the Humber, Coast and Vale Health and Care Partnership and within individual acute trusts. Others include:*

- *Acute Care Collaborative – local hospitals working in partnership with one another to give patients access to the very best facilities and staff.*
- *Getting It Right First Time (GIRFT) – a national programme designed to improve medical care within the NHS by reducing unwarranted variations by sharing best practice between trusts.*
- *Elective Care Programme and COVID recovery – ensuring the care and safety of people is maintained whilst they are on a waiting list; as we continue to work hard to restore service levels following the coronavirus pandemic.*
- *Cancer Alliance – brings together all the organisations that commission and provide cancer services to improve patient experience, awareness and diagnosis, treatment and patient pathways.*

*For the Interim Clinical Plan we have adopted a consistent framework to review all specialties and established joint governance arrangements across both Trusts to oversee the programme of work. The paper (available at the link below) provides an outline of progress specialty-by-specialty, with some more detailed examples of progress in Neurology and Cardiology.*

*Engagement work has been undertaken across those services impacted by temporary service changes (i.e. Oncology, Haematology, Ear, Nose and Throat (ENT) and Urology). The outcomes of the review of these temporary changes will be reported by the end of 2021.*

More information is available at the following link:

<https://humbercoastandvale.org.uk/humberacutereview/>

## The State of Health Care and Adult Social Care in England 2020/21

The Care Quality Commission has set out the following key points from the report *The State of Health Care and Adult Social Care in England 2020/21*, which was published on 21 October 2021:

### People's Experiences of Care

- The impact of the pandemic on many who use health and social care services has been intensely damaging. Many people have struggled to get the care they need, and there is also evidence that some people have not sought care and treatment as a result of Covid-19.
- We have previously highlighted the ongoing issues that people from some groups have faced in accessing and receiving high-quality care. Over the last year, the pandemic has further exposed and exacerbated these inequalities.
- People with a learning disability have faced increased challenges as a result of the pandemic.
- The need for mental health care has increased, with children and young people particularly badly affected.
- The strain on carers has intensified. Carers UK estimated in June 2020 that an additional 4.5 million people had become unpaid carers since the pandemic began.
- Health and social care staff are exhausted and the workforce is depleted. People across all professions, and carers and volunteers, have worked tirelessly to help those who needed care. The negative impact of working under this sustained pressure, including anxiety, stress and burnout, cannot be underestimated.
- Despite the widespread disruption caused by the pandemic, surveys have shown that, when people were able to access the care they needed, they were often positive about that care.

### Flexibility to Respond to the Pandemic

- After the initial prioritisation of urgent care, there was a gradual push to bring systems back in line with pre-pandemic levels. Of the NHS acute areas we examined (cancer, cardiovascular, A&E, and mental health services), cancer services have achieved the best response and recovery.
- The NHS was able to expand its critical care capacity to respond to the needs of the patient population at a time of crisis, although it put extra pressure on staff and other types of care and treatment.
- We have serious concerns about ambulance handover delays at hospitals, which put the safety of patients at risk.

- The 'discharge to assess' model for managing transfers of care has helped to support services in both health and social care. It has been a good step towards helping people after they leave hospital, although there needs to be greater consistency in how it is implemented.
- The vital role of adult social care was made clear during the pandemic, but urgent action is needed to tackle staffing issues and the increased pressures and stresses caused by staff shortages.
- GP practices had to rapidly move to a more remote model of care in the pandemic – this was welcomed by many people needing GP care, but it did not benefit everyone and some struggled to get the appointments they wanted.
- Access to NHS dental care was an issue since before Covid-19, and there are clear signs that this has been compounded by the pandemic.

### **Ongoing Quality Concerns**

- Through our reviews of high-risk mental health services, we are concerned that people continue to be put at risk in a small number of services where there are warning signs of closed cultures.
- Improvements in maternity care are far too slow, with continuing issues around staff not having the right skills or knowledge, poor working relationships, and not learning from when things go wrong. Other concerns include a lack of engagement with local women by maternity services and limited action taken by these services to improve equitable access.
- While services have largely maintained levels of Deprivation of Liberty Safeguards during 2020/21, they need to have a continued focus on people subject to a deprivation of liberty. We continue to have concerns about delays in authorisations, which mean that individuals are deprived of their liberty longer than necessary, or without the appropriate legal authority and safeguards in place.

### **Challenges for Systems**

- Collaborative working was varied among the local systems we reviewed. Cross-sector working was helped by good communication, information sharing and shared values.
- There was a lack of integration of adult social care providers into system-level planning and decision-making.
- Most systems had some understanding that inequalities in care that existed in their areas before the pandemic, as well as how they had worsened or changed due to the pandemic. But tackling these inequalities was often not a main priority for them.
- Workforce planning is a major priority and challenge for local systems and providers. Recruitment and staff retention continue to be severe problems.
- In adult social care, the situation is serious and deteriorating. There must be a sharp focus on developing a clearly defined career pathway and training, supported by consistent investment that will enable employers to attract and retain the right people.