

SOUTH HOLLAND DISTRICT COUNCIL

Report of: Councillor Brewis – Member of Health Scrutiny Committee for Lincolnshire

To: South Holland District Council - 23 January 2019

(Author: Councillor Brewis)

Subject Health Scrutiny Committee for Lincolnshire

Purpose: To update the Council after the latest meeting of the Health Scrutiny for Lincolnshire Committee.

Recommendation(s):

Councillor Brewis recommends:

That the report be noted.

1. TRANSFORMATION PLAN

A lot of the implementation, and public consultation, had been adversely affected by the delays in national guidance, largely caused by government having to concentrate on other matters.

There had been an announcement that Health Services would receive an extra 3 per cent per annum for the next five years. I happen to think that if it is intended that the 'tsunami' of health needs coming over the horizon, from patients who are now getting older, and would not have survived infancy or childhood in the 1930s and 1940s, is to be addressed, a huge investment in the NHS on an as yet unimagined scale will be needed.

There are currently 100,000 vacancies in the NHS, and that shortfall continues to grow. More and more medical staff are going on to 'locum' lists, in that (a) that is more lucrative for them, and (b) because it gives them more freedom. Long term the arrival of a medical school attached to Lincoln University will help, but there is a crisis, which means that for safety reasons some very unpalatable decisions may have to be taken in the not too distant future.

There needs to be a much greater emphasis on 'public health', and prevention, and training people to look after their own health much better than has been the case heretofore.

The priorities were Cancer, Digital Integration, and Prevention.

All branches of the NHS needed integration, and there were cases where the various branches of the NHS, like many areas of government, work in 'silos'.

Cross border arrangements, in the case of South Holland principally King's Lynn and Peterborough, remain very important, as three quarters of patients in our South Clinical Commissioning Group area go to Peterborough City or Queen Elizabeth for hospital appointments, which adversely affects the viability and financial position of the United Lincolnshire Hospitals Trust.

2. LOCAL AIMS 2019-2020

There remains a need for more integration, system-wide.

There was now one county-wide system of CCGs (Clinical Commissioning Groups) with the four Lincolnshire CCGs working as one.

Huge problems remain with finance and retaining and recruiting workforce.

There is a belief that there is a fighting chance of radically improving things through the transformation plan.

My belief is that there needs to be even closer integration between NHS, public health, and adult and children's social care.

3. ACUTE SERVICES REVIEW

The acute services review in Lincolnshire will possibly be completed in about four to six months, when there will be a full, open consultation. This will be a huge event within our county, covering all the issues, including integration and cross-border matters.

Recruitment events are being held in schools, and I mentioned again the need to talk to students who are much younger, rather than near the end of Year 11, when minds are made up, about the lifelong opportunities which exist in the health and caring fields.

A frank discussion elicited the already known fact that the finances are in a parlous state.

4. SOUTH AND SOUTH WEST CCG REPORTS

The two clinical commissioning groups in the south of Lincolnshire account for:

South:	£229 million.	168,000 people.
South West:	£182 million.	138,000 people.

Generally in Lincolnshire, and especially in the East CCG area, was a problem of the large number of people who 'live' here, but are not registered here, and choose Lincolnshire as their base for long periods of the year, whilst

another area, Nottinghamshire or Derbyshire for example, receive the NHS funding for their 'existence'.

So even though they 'use' Lincolnshire NHS services, our county's NHS services do not receive the funding towards that. There have been several attempts to find a way of counting this 'hidden' population, but the difficulty has always been experienced of trying to count people whose main object in life is 'not to be counted'!

Since April 2017 the South and South West CCGs had been operating as a joint organisation.

Deprivation was a big issue, as was the increasing number of people over retirement age. Life expectancy was rising, as was the incidence of diabetes.

More than twenty per cent of reception class children were now considered to be overweight.

Other issues were adult hearing loss, the success of general practice neighbourhood teams, and the slow progress on mental health issues, especially among young people.

One third of planned operations were cancelled in 2017.

The deficit for the two CCGs for 2017-2018 was £3,394,000.

Patient choice remained paramount, but there was a need for even more care in local communities, and less in acute hospitals.

Whilst large numbers of people from our district will always choose to go 'out of county', there was a chance that with excellent services, a number might be attracted back to services in Lincolnshire.

Missed appointments remain a huge problem, and texting or ringing to remind people was being done more and more. Services were continually adapting and being reshaped to reflect current needs.

Hoarding of drugs which can never be used again, and over prescription, remain serious, expensive problems.

5. NON-EMERGENCY TRANSPORT – THAMES AMBULANCE

There was still a huge amount of work to be done, despite being under new management for eight months.

Attrition of staff moving to work for EMAS instead remained a problem. There were currently 19 ambulance driver vacancies, which were expected to be filled by 28th December 2018. Five apprentices had been recruited.

A joint recruitment campaign with EMAS was taking place.

The CQC report had indicated improvement, but still areas of concern remained.

97 per cent of staff had undertaken all their statutory training. It was anticipated that fifteen out of eighteen KPIs (Key Performance Indicators) would be achieved by June 2019.

EMAS were recruiting new staff to Lincolnshire, and that meant that some of those would be existing TASL drivers!

More staff were needed, including at Spalding, where staff had left to join EMAS.

900 outstanding complaints had been dealt with, including 15 under the previous administration where no response had been made to a Member of Parliament.

In November 2018 there had been only three complaints.

He remained optimistic about the next visit from the Care Quality Commission.

Despite the assurances, the committee unanimously agreed to write to the relevant CCG, with a view to asking them when and if they might consider ending the contract with TASL and seeking another provider.

6. FUTURE

If any member has an item of *general* interest to all which they would like Health Scrutiny to consider looking into, then please let me know.

7. WARDS/COMMUNITIES AFFECTED

- a. All Wards

8. ACRONYMS

- a. **CCG** – Clinical Commissioning Group
- b. **NHS** – National Health Service
- c. **EMAS** – East Midlands Ambulance Service
- d. **TASL** – Thames Ambulance Service Limited
- e. **CQC** – Care Quality Commission

Background papers: - None

Lead Contact Officer

Name and Post: Gregory Watkinson Democratic Services Officer,
Democratic Services Officer
Telephone Number Tel: 01775 764599
Email: gwatkinson@sholland.gov.uk

Key Decision: N

Exempt Decision: N