



<b>REPORT TO:</b>	South Holland District Council
<b>DATE:</b>	Thursday, 3 March 2022
<b>SUBJECT:</b>	Health Scrutiny for Lincolnshire report
<b>PURPOSE:</b>	To provide South Holland District Council with an update following the latest meeting of the Health Scrutiny for Lincolnshire Committee
<b>KEY DECISION:</b>	N/A
<b>PORTFOLIO HOLDER:</b>	N/A
<b>REPORT OF:</b>	Councillor Glynis P Scalese
<b>REPORT AUTHOR:</b>	Samantha Bradley, Democratic Services Support Officer
<b>WARD(S) AFFECTED:</b>	N/A
<b>EXEMPT REPORT?</b>	No

#### **SUMMARY**

This report is provided in accordance with Standing Order 5 of Part 4A (Procedural Standing Orders) of the Council's Constitution which states that written reports will be received from Councillors who represent the Council on outside bodies. Reports will normally be for information only however, members may recommend that a matter be considered or investigated by officers and that the investigating officer be asked to submit a further detailed report.

Councillor Scalese is SHDC's representative to the Health Scrutiny Committee for Lincolnshire. This report is provided for information purposes only, and members are requested to note it.

#### **RECOMMENDATION:**

That the report be noted.

#### **REASONS FOR RECOMMENDATIONS:**

To provide members with an update following the latest meeting of the Health Scrutiny Committee for Lincolnshire, in line with the requirements of the Council's Constitution.

## **OTHER OPTIONS CONSIDERED:**

Not to note the report; or

To note the report and request that a matter be considered or investigated by officers, and that the investigating officer submit a further detailed report.

## **1.0 LAKESIDE MEDICAL PRACTICE, STAMFORD**

### **1.1 Lessons learned report**

\*The CCG (Clinical Commissioning Group) clearly articulates its approach to managing primary care provider contractual compliance with clear roles and responsibilities defined across commissioning, contracting and quality teams. This should involve pro-active identification and management of potential issues where possible and include management of providers working across system boundaries in partnership with neighbouring commissioners where appropriate.

- Expectations of Provider, Improved Contract Management, potential for better outcome
- Timely and improved engagement with patients
- Engagement with external stakeholders, reduced criticism of the system
- Aligned outcomes
- Condition of Premises
- Understand level of risk
- Give assurance in relation to safety
- Reduced Risks
- Assist with Estates Strategies
- Communications. Reduction in Patient public and stakeholders' complaints. Improved confidence in process.
- Reinstatement of Primary Care Service,
- Reduction in patient, public and stakeholder's complaints. Improved confidence in process.

An initial meeting had been held with Lakeside on 23rd April with follow up meetings taking place, and updates from Lakeside currently on hold as Lakeside deal with their CQC inspection group.

## **2. CLINICAL CARE PORTAL DATA SHARING UPDATE**

2.1 Phase 1 - Health. Data viewable via Mosaic. Approximately 850. Care Mosaic users have had access to view an agreed dataset of patient data (read only) in the portal via an in-context viewer tab in Mosaic since February 2021. Data is retrieved in real time from source systems, with the NHS number as the common patient identifier.

2.2 Phase 2 - Social care data viewable via Portal. This is currently in the development and testing stage. As agreed, dataset from Mosaic is to be shared (read only) via a Social Care Tab in the Portal. Data is retrieved in real time from Mosaic, with the NHS number as the common patient identifier.

2.3 Additionally, the County Council's Adult Care and Community Wellbeing Hospital Teams are currently involved in piloting shared care planning via the Care portal, alongside health colleagues at Lincoln County Hospital and Boston Pilgrim. These users have direct Care Portal access.

2.4 The anticipated benefits of integrating Mosaic and the Portal are;

- Holistic view of the service user/patient record for all professionals involved
- Tell us once /make every Contact Count MECC approach
- Shared data to inform social prescribing in health and care
- Accurate up to date, timely, relevant information sharing
- Standardised datasets
- Reducing delays currently caused by requests for information from/to other agencies
- Sharing of alerts and warnings (within a common dataset)
- Reducing duplication of effort in contact with the service user/patient and seeking in formation.
- Increased security in data sharing - currently via physical transfer of paper files, email attachments, or verbal communications (telephone).

### **3. PUBLIC HEALTH ANNUAL REPORT**

- Children and young people in Lincolnshire
- Priorities and recommendations moving forward.
- Keep schools and other child settings open.
- Offer universal programmes whilst targeting disadvantage.
- Reduce health inequalities and disease burden.
- Use creative and innovative ways of working and engaging.
- Monitor and maintain Cristal services.
- Get young people the right support at the right time.
- Support children to eat well and get active.
- Catch-up on vaccinations, dental and physical health needs.
- Support the mental health and wellbeing of people in Lincolnshire.
- Prioritise recruitment, maximise staff mix and work together.

### **4.0 BURDEN OF DISEASE**

- Cardiovascular Disease. Contributing Risk Factors.
- High blood pressure (Hypertension)
- Smoking
- High Cholesterol
- Obesity
- Physical inactivity
- Excessive alcohol consumption
- Poor diet

### **5.0 MUSCULOSKELETAL CONDITIONS**

- Smoking
- Physical inactivity

- Air quality

## 6.0 ALZHEIMERS DISEASE

- Some of the risk factors are the same as for CVD

## 7.0 HEADACHES

- Primary headaches are not associated with an underlying condition, for example, tension or migraines
- Secondary headaches occur because of trauma or infection.

## 8.0 DEPRESSION

- The cause of depression is unknown, but it is likely to result from complex interaction of biological, psychological, and social factors.

## 9.0 ACRONYMS

9.1 NHS – National Health Service

9.2 UTC – Urgent Treatment Centre

9.3 CQC – Care Quality Commission

9.4 GP – General Practice

### APPENDICES

None

### BACKGROUND PAPERS

None.

### REPORT APPROVAL

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