



REPORT TO:	South Holland District Council
DATE:	Thursday, 29 February 2024
SUBJECT:	Health Scrutiny for Lincolnshire Report
PURPOSE:	To provide South Holland District Council with an update following the latest meeting of the Health Scrutiny for Lincolnshire Committee
KEY DECISION:	<i>N</i>
PORTFOLIO HOLDER:	Portfolio Holder for Health & Wellbeing, Conservation & Heritage
REPORT OF:	Councillor Glynis P Scalese
REPORT AUTHOR:	Samantha Bradley Democratic Services Support officer
WARD(S) AFFECTED:	<i>N/A</i>
EXEMPT REPORT?	<i>N</i>

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 officers 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.

RECOMMENDATIONS

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.

Health and Scrutiny Report

Details of the Health and Scrutiny report for East Midlands Ambulance Service Response

- Category 1; Immediate response to a life-threatening condition, such as cardiac or respiratory arrest.
- Category 2; A serious condition, such as stroke or chest pain, which would require rapid assessment and/or urgent transport.
- Category 3; An urgent medical issue, such as an uncomplicated diabetic issue, which required treatment and transport to an acute setting.
- Category 4; A non-urgent medical issue, such as stable clinical cases, which required transportation to a hospital ward or clinic.

Despite fluctuations in performance and demand, the protective nature of the Emergency Department Conveyance in Lincolnshire had remained stable, equal or ahead of regional and national peers.

Ambulance output hours had grown over the course of the year, many staff positions recruited had developed into patient-facing roles following initial education and inductions.

Additionally, the growth of private ambulance provision, to serve temporarily, whilst the Ambulance Service recruit and train new staff over the upcoming month's/years, had continued to grow in tandem.

Sickness/Absence Management

Sickness 2023:

- East Midland Ambulance Service trust – year to date 7.6%
- Accident and Emergency Operations – year to date 7.98%
- Lincolnshire Division – year to date 6.5%

Recruitment

- A more streamlined approach to internal career progression had been explored by the trust. Lincolnshire Division had expressed a keen interest to pilot schemes in support of enhanced recruitment and retention opportunities, in an already challenged environment for the entire health and care system in Lincolnshire.
- The workforce lead would focus on recruitment and retention strategies for the next two years to enable the Division to be in a more stable position for future years.

- An overall Workforce Plan would be developed to encompass internal career progression, alongside plans to work with the system partners on career portfolio options for all staff.
- East Midlands Ambulance Service, had a statutory obligation under law to;
 - Assess the risk of emergencies occurring and use the data to inform contingency planning.
 - Put in place emergency loans.
 - Put in place business continuity management arrangements.
 - Put in place arrangements to ensure information would be available to the public regarding civil protection matters.
 - Include a strategy to warn, inform and advise the public in the event of an emergency.
 - Share information with other local responders to enhance co-ordination.
 - Co-operate with other local responders to strengthen efficiency.

Long Term Vision of an Enhanced Role for Ambulance Services in Urgent and Emergency care (UEC)

- Provision of high quality, timely and integrated UEC
- Keeping patients out of hospital when nonessential.
- Reducing inequalities in access to healthcare, patient experience, and outcomes.

The NHS Long Term Plan

- Increased co-ordination in NHS care.
- More proactive in the service it provides.
- Offer differentiation in its support to individuals.

Delivery Plan for Recovering Urgent and Emergency Care Service

- Increased clinical assessment of calls in Emergency Operation Centres, to prioritise ambulances and escalate triage to further alternative services.
- Improved prognosis of demand and intelligent routing of 999 calls.
- Expansion of mental health expertise and provision within the ambulance service.
- Provide access to clinical advice paramedics through a single point contact.

In addition – the NHSE plan sets out five key areas of focus.

- Increased capacity - investment in additional hospital beds.
- Ambulance force to maximise current capacity to improve patient flow.
- Growing the workforce, not only by increasing the volume, but the ability of staff to work in a flexible environment to support patient needs.
- Improve discharging procedures from hospital, which would refine hospital ambulance handovers.
- Expand and liaise with health and care outside of hospital to enable people to convalesce at home to aid their physical and mental health needs.
- Deliver the correct care in the right place in a timely, efficient way.

The Views of the Public

The public were asked to share their main concerns, the responses were as follows;

- Response times
- Compassionate care

- Investing in, developing, and supporting staff
- Use of technology and digital opportunities
- Patient and public education
- Collaboration.

Clinical Strategy

- Place the patient at the centre of all we do, corroborate to provide a holistic approach to clinical care.
- Develop a personalised care approach by enabling patient choice, shared decision making and community-based support.
- Clinical collaboration and integration by default.
- To strive for equality in all that we do, to reduce health inequalities and improve clinical outcomes for all.
- Design and deliver clinical care as close to our local population and patients as is possible.

Non – Emergency Patient Transport – Service Delivery Principles.

- Improve delayed discharge due to transport failure.
- Provide a timely service for Renal Dialysis patients – for arrival/collection no earlier than one hour before.
- Provide a timely service for all patients – arrival/collection no earlier than one hour before.
- Provide prompt discharges with no excessive waiting time – two hours after collection time.
- Provide prompt discharges with no excessive waiting time – four hours after booked collection time.
- Fast track - collected no more than 60 minutes after booked collection time.
- Fast track - mean response minutes.

Development of Accommodation for Asylum Seekers at the Former RAF Scampton

- To reduce the risk of transmittable disease.
- To provide primary care
- To provide mental health support

The Home Office has committed to providing –

- Facilities and funding to support the establishment and the provision of the following;
 - Comprehensive health check for all residents on arrival
 - Isolated accommodation
 - On site medical care
 - On site primary care provided by a dedicated general practice team
 - On site mental health support provided by a dedicated mental health team
 - Monitoring and utilisation of the other health provision to ensure that there is no adverse impact on access to services for the Lincolnshire population.

The NHS Lincolnshire Integrated Care Board (ICB) had worked closely with the Home Office, NHS England, and other partners in relation to the Scampton site development. If the scheme progresses the ICB is confident that health services would have a positive impact on NHS services available within the local population. Services would be supported by the Home Office funding.

APPENDICES

None

BACKGROUND PAPERS

No background papers as defined in Section 100D of the Local Government Act 1972 were used in the production of this report.

CHRONOLOGICAL HISTORY OF THIS REPORT

A report on this item has not been previously considered by a Council Body

REPORT APPROVAL

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