



<b>Report To:</b>	South Holland District Council
<b>Date:</b>	Wednesday 26 February 2026
<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>Portfolio Holder:</b>	Portfolio Holder for Health & Wellbeing, Conservation & Heritage
<b>Report Of:</b>	Councillor Glynis Scalese
<b>Report Author:</b>	Samantha Bradley, Democratic and Electoral Services Support Officer
<b>Ward(s) Affected:</b>	N/A
<b>Exempt Report:</b>	N

### 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.

## **1. Health and Scrutiny Report**

### **NHS Humber Health Partnership Update**

This report provides South Holland District Council with an update following the most recent meeting of the Health Scrutiny for Lincolnshire Committee, with particular reference to the work of the National Health Service Humber Health Partnership.

#### **Background**

The Humber Health Partnership was formally established in August 2023. Its purpose is to strengthen clinical services, address long-standing workforce challenges, and ensure that specialist teams are sustainable. The Partnership aims to provide safe, consistent, and sustainable care for communities both now and in the future.

The Partnership delivers acute, specialist and community services across the Humber, parts of North Yorkshire and into Lincolnshire. In total, these services support a population of more than 1.5 million people.

### **Patient Flows by Local Authority**

The majority of patients cared for by the Humber Health Partnership—approximately eighty-nine per cent—reside within one of the four Humber local authorities:

- Hull
- East Riding of Yorkshire
- North Lincolnshire
- North East Lincolnshire

A significant number of patients also travel from outside the Humber area to access services. This includes:

- East Lindsey – approximately 9.8 per cent
- West Lindsey – approximately 5.8 per cent

### **Pressures on Hospital Flow**

As seen across the wider National Health Service, hospitals within the Humber Health Partnership are experiencing considerable pressures arising from several factors:

- High levels of emergency demand
- Increasing numbers of older patients

- Longer lengths of stay for people with complex needs.

A key challenge relates to patients who are medically ready for discharge but unable to leave hospital because:

- Care packages are not yet in place.
- Community or residential care capacity is limited.
- Housing or support arrangements are complex.

These issues affect the whole health and care system and cannot be resolved by hospitals alone. They require close collaboration between:

- Hospitals
- Community health services
- Adult social care
- Housing services
- Voluntary and community sector partners

### **Connection Between Emergency and Planned Care**

Hospital flow has a direct impact on the performance of emergency and elective services.

Delays in discharge and challenges in patient flow contribute to:

- Longer waiting times in emergency departments
- Delays in ambulance handovers
- Reduced capacity to deliver planned operations and procedures.

Improvements in hospital flow benefit:

- Patients who are ready to leave hospital with appropriate support.
- Patients waiting in accident and emergency departments.
- Patients awaiting elective treatment.

For this reason, hospital discharge processes, community capacity and overall hospital performance remain closely connected.

### **Implications for Lincolnshire**

The Humber Health Partnership has reaffirmed its commitment to:

- Maintaining safe, high-quality services and patient care
- Ensuring that specialist care is provided by sustainable clinical teams.
- Working effectively with local authorities and partner organisations

The focus of the Partnership continues to be:

- Protecting patient safety
- Delivering services through clinically led decision-making.
- Collaborating with partners to achieve safe and sustainable care.

### **Independent Evaluation of Lincolnshire's Community Connectors and Mental Health and Wellbeing Hubs**

This section provides an overview of the independent evaluation of Lincolnshire's Community Connectors and Mental Health and Wellbeing Hubs, following recent consideration by the Health Scrutiny for Lincolnshire Committee.

## **Overview of Provision**

There are currently fifteen Mental Health and Wellbeing Hubs commissioned across Lincolnshire. These hubs are positioned within the geographical footprints of the Primary Care Networks to ensure alignment with local health needs. In addition, approximately one hundred and thirty-five satellite and outreach projects have been established to extend accessibility and support to a wide range of communities across the county.

The Mental Health and Wellbeing Hubs provide welcoming, non-clinical environments where residents can access social connection, peer support, information, advice and signposting. A broad range of wellbeing activities is offered, including gardening, arts sessions and drop-in support. The hubs also address wider determinants of health, including employability and social isolation, helping individuals to maintain wellbeing and reducing escalation into crisis mental health services.

These services align strongly with national policy priorities, including those set out in the Department of Health and Social Care's "Fit for the Future: Ten Year Health Plan for England". The hubs reflect the national vision for integrated, place-based neighbourhood health centres that focus on prevention, early support and community resilience. Information regarding hub opening times is available through the "How Are You Lincolnshire" website.

## **Role and Impact of the Mental Health and Wellbeing Hubs**

The hubs provide:

- Safe, inclusive, and welcoming community spaces
- Access to a range of professionals and support services
- Opportunities for social connection and community participation
- A diverse programme of wellbeing activities, including arts, gardening, and peer-led sessions.
- Opportunities for personal development, confidence building and volunteering.

## **Community Connectors**

Community Connectors play a central role in the delivery model. Their work includes:

- Acting as trusted navigators within local communities
- Supporting individuals to access the right services at the right time.
- Building and maintaining strong local networks
- Encouraging community asset development and co-production of services
- Delivering person-centred, preventative, and transformative support

## **Impact of the Community Connector Model**

The independent evaluation shows that Community Connectors have:

- Strengthened local support systems.
- Improved access to services and increased effective signposting.
- Reduced pressure on statutory services
- Supported broader structural change through cross-sector collaboration.

## **Non-Emergency Patient Transport – Qualifying Criteria**

Patients may qualify for non-emergency patient transport if they meet one or more of the following criteria.

A patient may be eligible if they have a clinical need for transport, for example when they require oxygen and are unable to administer it themselves safely during the journey.

Eligibility may also apply when a patient need specialised medical equipment to be used or operated during transport, or when they require close clinical monitoring throughout the journey.

Patients may qualify if they need to be transferred from one hospital to another, or if they have a medical condition or have recently undergone major surgery, such as a transplant, where the nature of the procedure or the potential side effects of treatment mean they are likely to require assistance or monitoring while travelling.

Eligibility may also be granted when a patient has a medical condition or disability that could affect their dignity, or may cause concern to the public, if they were to travel on public transport, in a licensed taxi, or in a private hire vehicle. This criterion applies particularly when the patient does not have access to suitable private transport.

## **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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