

## SOUTH HOLLAND DISTRICT COUNCIL

**Report of:** Councillor C J T H Brewis

**To:** Council – 17 December 2014

**(Author:** Councillor C J T H Brewis)

**Subject:** Lincolnshire County Council - Health Scrutiny Committee for Lincolnshire

**Purpose:** To advise full Council of matters considered at the meeting of the Lincolnshire County Council Health Scrutiny Committee held on 19 November 2014

### **Recommendation:**

- 1) That the report be noted.

### **1.0 BACKGROUND**

- 1.1 The Council's Constitution provides that ordinary meetings of the Council will receive written reports from Councillors who represent the authority on outside bodies. In particular it is proposed that reports should be submitted where matters considered or determined by the outside body may have an impact on the Council or affect the Council's stewardship of the district.
- 1.2 The following issues were considered at a meeting of the Health Scrutiny Committee for Lincolnshire held on Wednesday 19 November 2014.

### **2.0 Commissioning Support**

- 2.0.1 On the 18 November 2014 we received notification that the Greater East Midlands Commissioning Support Unit and the Arden Commissioning Support Unit would be merging with effect from 1 April 2015, to form one of the largest commissioning support units in the country. Commissioning Support Units provide back office functions to clinical commissioning groups, such as commissioning intelligence, contract management, procurement support, finance, human resources, information technology and communications.

### **2.1 Healthwatch**

- 2.1.1 I am attending a Healthwatch seminar at the start of December, to look specifically at the work of Healthwatch Lincolnshire in four areas; mental health services, young people services, pharmacy services and the impact of patients not attending their GP appointments.

### **2.2 Lincolnshire West Clinical Commissioning Group**

- 2.2.1 A progress report was given. Questions were asked by members about the structure of the Clinical Commissioning Group, the advisability of rewarding GPs with £55 for diagnosing dementia earlier and the questioning of the suitability of opening hours of GP practices.

2.2.2 It was also generally thought that many patients were unaware of just how many services could be provided through community pharmacies, thus reducing the 'clogging up' of GP surgeries and Accident and Emergency departments. It was felt that there needed to be an effective awareness campaign on this issue.

### 2.3 **United Lincolnshire Hospitals NHS Trust**

2.3.1 We were informed in detail of progress which had been made following an earlier critical report from the Care Quality Commission who oversees health premises.

2.3.2 Good news was that mortality rates were now below the national average (classed as (100) at 98.4).

2.3.3 There was a serious issue with medical records, of which there are 180,000, all paper records kept in 'old fashioned' folders. I have to confess that I was unaware that records were, in some areas, still kept that way! My first ever full time job was for three months sorting out the medical records in Salisbury General Infirmary many years ago, and I had assumed, as it turns out incorrectly, that records were somehow kept electronically.

2.3.4 They are updating and tidying 9,000 of these records. The confusion in the system is what causes a number of appointment cancellations in the hospitals.

2.3.5 Of the 58 international nurses recruited the Pilgrim, only 7 had returned to their countries of origin.

2.3.6 Increase of 15% in demand had impacted on waiting times, and the week wait target had been reached in September on just over 92% of occasions, against a target of 95%.

2.3.7 There remain a number of challenges both in Cancer treatment and in breast services.

2.3.8 Across all the hospital sites there are currently 76 unfilled vacancies. They are spread across the sites at Grantham, Boston, Lincoln and Louth. Much work thus remained to be done.

### 2.4 **Congenital Heart Services**

2.4.1 Only 35% of congenital heart problems were identified prior to birth. Antenatal identification of problems needs improving, as heart problems occur in roughly 1% of babies.

2.4.2 Buildings and locations are not the main issue of the new consultation.

2.4.3 There are approximately 1,100 standards against which locations are to be judged.

2.4.4 Our main concern, as mentioned some months ago, is the Glenfield site at Leicester. Were it to go, DN postcode children in Lincolnshire would have to travel to Newcastle-upon-Tyne, LN postcodes to Birmingham, and PE postcodes to Great Ormond Street Hospital in London.

2.4.5 The decision is unlikely to be taken prior to May 2015 because of the intervening General Election.

2.4.6 Issues were to be tackled in the consultation, included:

- Mobile surgical teams – how practical was that?
- Timescale for centres to comply with the new standards?
- Extra Corporeal Membrane Oxygenation – available at Leicester?
- A minimum of 125 operations, per consultant, per annum?
- A minimum of 4 consultants per centre?

2.4.7 There were about 4,750 operations per annum.

2.4.8 I am on a working party drafting the Committee's formal response.

## 2.5 **Lincolnshire/Nottinghamshire Air Ambulance**

2.5.1 A really positive and excellent report was given concerning Lincolnshire/Nottinghamshire.

2.5.2 Very technical interventions could now be undertaken, and of the 1,000 (approx.) per annum calls out they received, they could reach virtually anywhere within 17 minutes from their base at RAF Waddington. They could be airborne within 2 minutes on many occasions.

2.5.3 They are totally funded through voluntary contributions, and it was generally felt that it was to Nottinghamshire's/Lincolnshire's advantage that the public knew that, rather like the RNLI, and that voluntary contributions were at present keeping pace with demand.

2.5.4 Main calls were road traffic collisions (42%), leisure or sporting related accidents (17%), medical emergencies (17%), falls (7%), industrial and farming accidents (3%) and miscellaneous (14%).

2.5.5 60% of incidents were in Lincolnshire, 27% in Nottinghamshire and 13% in other neighbouring counties.

2.5.6 The presentation was very positive and we all felt grateful for the excellent additional service which is this air ambulance provides for our residents.

## 2.6 **Suicide and Self Harm**

2.6.1 Suicide and self harm was a nationwide problem. It affected all ages, although incidents in Lincoln Prison were not included within the figures. Social media was not thought to be the principal reason for young people's self harm, but could exacerbate the problems. Deprivation was not the main indicator, either, but financial problems could be a contributory factor.

2.6.2 Two thirds of incidents were in the home, and there were no figures at all on the number of people who had engaged with mental health services who did not then self harm or worse.

2.6.3 A very sobering report was given for all to consider.

## 2.7 **East Midlands Ambulance Service (EMAS)**

2.7.1 Members will be delighted to know that there had been a halt called in the so-called 'Estates Strategy', we suspect partly because of the pilot now running in Long Sutton and Woodhall Spa, and shortly to 'go live' in Stamford, of EMAS and Fire and Rescue co-responders working closely together.

2.7.2 As mentioned before, that pilot runs for a year, and initial reports seem optimistic. We will be getting regular updates on the pilot, which is the first of its kind in the country.

## 2.8 **Papers**

2.8.1 If any member would like a copy of any papers which went to Health Scrutiny, then please let me know, and I will provide one.

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Background papers:- None

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### **Lead Contact Officer**

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**Key Decision:** No

**Exempt Decision:** No