

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
MEETING – 4 OCTOBER 2023

New MacMillan Psychological Support Service - people with cancer are more likely to be affected by sadness, depression, worry, fear or anxiety as a result of their diagnosis - and one in four people in the East Midlands who have cancer suffer these (above the national average.) So from the beginning of this month we have had a new psychological support service with four clinical psychologists to work across the county to provide therapy and support. These professionals will not only work with patients but their families and carers too.

Hartsholme Centre - Male Psychiatric Intensive Care Unit - this will re-open to four patients initially after being closed last November and it is hoped will be fully functional from next March now that staffing issues have been resolved and the building made fit for purpose.

Female equivalent - there are a number of events being held to assess the interest in providing a similar equivalent to the Hartsholme Centre. There will be one such event at the Storehouse, North Parade, Skegness on Wednesday November 8 from 10am to midday. If you miss this there will be another in Boston the next day from 2 to 4pm.

Dementia Strategy for Lincolnshire - this strategy is being revised as a result of engagement exercises. In the future it is expected the strategy will focus on more information about preventing avoidable dementia and encouraging people to age well; earlier support for insidiously with mild cognitive impairment; improving experiences for people diagnosed with dementia and having to learn to live it, by joining up services to help timely intervention and referral including new delirium and falls process; preventing people reaching crisis by support and personalised care planning, so that they can live well and get the right support when they need it. Full details of the draft on www.lpft.nhs.uk/Dementia-Strategy. Comments can be made to the Lincolnshire Dementia Programme Board.

Emergency and Urgent Care

Update given on progress since the spring. The NHS published a National Recovery Plan and local Response back in January. The key areas to address were:

Increased capacity

Growing Workforce

Improving Discharge

Expanding and better joining up health and care outside hospital

Making it easier to access the right care

And this came with two main ambitions -

1. Patients being seen more quickly in emergency departments with treating and discharging or admitted 76 percent of patients was the new target from April, with the recovery plan requiring this to rise to 95 percent. In August we achieved 67.2 percent against a national figure of 67.8 percent...the England performance in August was 73 percent but Lincolnshire had the busiest summer ever!
2. Ambulances getting to patients quicker. Unfortunately the 30 minute mean performance has not been achieved in Lincolnshire since June 2021. There was a spike in delays last December but whilst overall response times are down in Lincolnshire we remain just above the national average.

Lincolnshire is working with NHS England to access improvement support for locally identified champions, focusing on high impact interventions such as the Acute Respiratory Infection Hub development - this targets high intensity users, a system single point of access, inpatient flow. Whilst there is more work to do the officers are confident changes are taking them in the right direction.

Refreshed governance oversees the delivery of the Urgent and Emergency Care system project in conjunction with the Northern Lincolnshire and Goole Trust as well as the North West Anglia NHS Foundation Trusts. This concentrates on additional needed discharge capacity, additional home care capacity, a frailty assessment centre and frailty same day emergency care service, expansion of services including transfer of care hubs, same day emergency care services and the clinical assessment service, implementation of front door initiatives and an expansion of children's services.

The Integrated Care System Winter Plan is currently being developed to incorporate national best practice learning from previous winter periods. The increased demand together with the impact of industrial action leaves Lincolnshire at significant risk but there is an ambition to create a "safer" winter with robust oversight of clinical risk and how this is balanced across the entire health and care system. At present specific plans for Christmas and the New Year are being finalised.

The NHS Lincolnshire ICB system co-ordination centre was established last December 9th the county on track to achieve 100 percent implementation by this December. This centre will operate from 8am to 8pm, 7 days a week and has oversight of performance and delivery in real time using the date resilience system as the monitoring mechanism.

There is a focus on reducing unnecessary hospital attendances and admissions, managing people closer to home so patients can access services best suited to meet their needs. This includes virtual arms, urgent community response and urgent treatment centres.

Virtual Care through Virtual Wards supports patients in their own homes who otherwise would be in hospital. Patients enjoy enhanced clinical support and remote monitoring. The services covered are cardiology, frailty, respiratory, complex neurology, acute medicine, hospital at home. There are presently 127 virtual beds and there has been a 70 percent occupancy level, which it is hoped will rise to 80 percent this autumn.

A two hour urgent community response service is an established service which provides assessment, treatment, and support to patients at home who are experiencing some sort of crisis and otherwise might be admitted to hospital. Care is provided by a multi-skilled team. This urgent community response targets falls or collapse where there is no apparent acute injury, a patient found on the floor, sudden loss of mobility, sudden loss of function, new sudden acute confusion, requirement for equipment and end of life palliative care. This service is expected to increase to 1092 patients over the quarter.

Frailty is serviced through same day emergency care at Boston and Lincoln as part of the frailty pathway. A further unit will be established at Grantham.

Urgent Treatment Centres, which are seeing an increase in activity throughout the county, are presently located at Boston, Lincoln, Louth, Gainsborough, Skegness and Spalding with a GP minor injury unit at Sleaford. Patients can book appointments through 111 rather than sit and wait for treatment. A full review of these centres and out of hours provision is planned and will include the volume of activity, time profiles of attendances, clinical presentation, pathways of care and workforce. These centres have nationally set standards - open 7 days a week, 12 hours a day minimum; see both booked and walk-in patients; see both minor injuries and minor ailments; see

patients of all ages; have a named senior clinical leader supported by an appropriate workforce; provide investigative and diagnostic offering on site with clear protocols; accept appropriate ambulance arrivals. These centres are required to report daily activity nationally.

* Louth was closed at night from Tuesday to Thursday as highly trained nursing staff were needed at Lincoln and Boston A and E Departments - 80 percent of the medical directorate including radiographers were on strike. There can be no guarantee this will not happen again if the strike action continues. However the chairman Coun Carl Macy was insistent if the review changes any of the operating circumstances at UTCs that there must be community consultation before any changes are made.

There is an app which helps patients chose which UTC to access by providing them with current wait times. This will be factored into the review!

NHS 111 - The Lincolnshire service is presently provided by Derbyshire Health United Healthcare. However there has recently been a new procurement process and at present "we are in a standstill period" but a contract is being awarded! Algorithms support non-clinical call handlers who then decide where next to direct patients. The number of people using the service in Lincolnshire remains relatively stable but there was a peak last December which related to pressures at the time and the respiratory virus around at that time. There is a CAS system available via 11 where patients can access local community services including virtual wards, two hour urgent community response, home visiting and some more specialist services. There is additional investment in this to create capacity and improve patient outcomes. There are talks going on with the ambulance service to help with the lower level ambulance requests. CAS takes in excess of 10,000 calls a month to support pateints to remain in their homes.

A & E - presently three in Lincolnshire, Boston, Lincoln and Grantham but the latter is to become an urgent treatment centre. Activity numbers remain high but relatively stable. There is a four hour standard and the number of patients spending more than 12 hours in these departments is a top priority for the system and is currently reviewed on a daily basis. There is an achievement target of 76 percent to be reached by next March but presently performance is not achieve in this. The recovery plan has five key priorities - improve front door triage and streaming; additional Matrons for Medicine; expansion of operational hours of same day emergency care and review of access pathways; ED flow improvement; Organisational Development support package for staff. This should ensure the right treatment by the right professionals in the right place.

Ambulance Handovers - still challenging both locally and nationally. Pre-handover should be completed within 15 minutes and post-handover completed within a further 15 minutes. So ambulance should not be delayed at the main hospitals for more than 30 minutes. There has been a sustained improvement post-handover at the two main A and E sites which are now achieving the national target but pre-handover delays have been more challenging with average times each month have often been over one hour.

Winter Plan - NHS Lincolnshire Integrated Care Board is currently leading on the development of a robust system winter plan to support the delivery of safe services during the winter period. Surge planning is factored in along with ensuring high impact interventions and effective systems working across all parts of the system. There is additional funding of £600m for local authorities to support adult social care in winter which will help support demand and capacity. Workforce capacity in particular is being addressed. In Lincolnshire the strategic leaders and clinical leads are concentrating on acute respiratory infection hubs, intermediate care, frailty and virtual wards and the teams are working with NHS England Universal Improvement Office ahead of winter, taking advice from Australia where respiratory hubs have proved highly successful where flu is concerned.

Lincolnshire Intermediate Care is in its early stages of development locally with an agile referral allocation layer for seamless referrals, ensuring all partners have the same vision and team ethos and an integrated demand model to create the new model. Virtual Wards, using technology, are seen as the way forward to treat patients in their own home with daily reviews by the clinical team. There is a task and finish group overseeing this initiative. The Frailty Assessment Centre and the expansion of same day emergency care service will support the strategy which will ensure more and more patients can avoid being picked up by ambulances, attending at hospital and admission to hospital. The winter plan is due to be presented to the Board this week for review and approval.

Councillor Jill Makinson-Sanders
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