

## Health Scrutiny Committee for Lincolnshire – Wednesday 6 November 2024

*NB - County Council and Mayoral Elections in 2025 will mean Health Scrutiny takes a 13 week "rest", so will not meet after the March 12 meeting until June 11, 2025.*

**Winter Plan 2024-2025:** The message is Prevention, Prevention, Prevention! We should be encouraging as many residents as possible to take advantage of the seasonal inoculations available now!

A lot was learnt during the COVID emergency and these lessons are still useful today still. The Integrated Care Board has to publish a Winter plan annually and the main areas of risk in the Urgent and Emergency Care pathway this year are largely similar to those of last year - Patients could wait for an urgent or emergency response in community settings; patients could experience long waits in emergency departments; patients could wait on ambulances prior to entering Emergency Departments; patients may experience waits for discharge home or into community settings. Impact of collective action on Urgent and Emergency Care pathways and patient experience. Confusion amongst public regarding the most effective access to health and care services and finally, and more seriously for us there is quoted as being some service fragility along the east coast and Boston, specifically for children and young people's services and some mental health services.

It is impossible to accurately gauge what might be round the corner this winter, but the ICB are already aware that GPs are still carrying out selective action in support of their pay claim and this is closely monitored. Recruitment and retention is a challenge in this area of Lincolnshire and there are concerns that the public are unsure where best to access services. Patient safety sees a greater focus this winter in line with national guidance. Social marketing behavioural change will focus closely on demographics which the ICB knows are driving significant attendances at Urgent and Emergency Care services.

An innovation last year where a professional is working alongside emergency staff in the ambulance service control centre proved very effective is now a permanent fixture and this increased partnership working shows good results. Keeping the flow through hospitals is paramount in the Plan. Extra help for mental health sufferers has been added at Boston and the east coast, where the team is based at Skegness Hospital but servicing all this district. There is an unprecedented demand for mental health services at present. Acute Respiratory Hubs are also activated this year having proved effective last year and referrals are made through GPs. There is also increasing use of virtual care.

The ICB has acknowledged that residents needs vary throughout the county and the ICB's communication strategy is taking this into account and tailoring their releases appropriately.

\*Health Scrutiny accepted the draft strategy unanimously and the full report is downloadable from the county website.

**Lincolnshire Pharmaceutical Needs Assessment 2025:** Health and Well-being Boards have a statutory duty to undertake such an assessment every three years. The data from the assessment is then used to plan the service effectively to meet local health needs. The public will have the opportunity to have its say through Let's Talk Lincolnshire on-line platform between January 6 and March 8. A working group has been formed and happily for East Lindsey both Carl Macy and I will be part of this group.

**EMAS Non-Emergency Patient Transport:** following the September meeting it was agreed there needed to be an update on the service, given there were concerns which required addressing. It was revealed targets are being met in the most part to EMAS internal targets.

Operational delivery standards have been reviewed and improved to address poor performance, particularly for fast-track collection times of no more than 60 minutes and this showed 100 percent achievement in both August and September. Four targets still require improvement, but it is hoped this will improve in Quarter 4 - it is hoped discharge collection will be achieved within two hours. Hospital booking processes are coming with very short notice, so this will be addressed on both sides of the equation. The Ambulance Service explained that with patients frequently travelling long distances, organising timely transport can be very challenging and out of their control. This is apparently not just a Lincolnshire problem! Resources have been increased and there are an extra five ambulances being used in the county to meet this need. Complaints keep pace with compliments but since EMAS took on the service in June 2023 there has been an increase in complaints but there is no direct comparison for the previous provider for PALS referrals.

**National Public Engagement Exercise:** this was launched late last month under the headline, "Change NHS, Help Build a Health Service Fit for the Future. The results will shape the government's 10-year health plan to be published in 2025. Headlines include from hospital to community where patients will be treated at neighbourhood health centres, a move from analogue to digital for single patient records and a move from sickness to prevention. The survey is available on <https://change.nhs.uk/en-GB/projects/start-here>.

**Refugee Doctor Project:** Members of this scheme have been supported by Dr Dalit Hassan and the ULHT Teaching Trust to pass their final exams and have now returned to the medical profession as part of the local workforce.

**Care Quality Commission:** Recommendations following Reviews of the Operational Effectiveness of the CQC as well as assessment of the Single Assessment Framework and its Implementation have been accepted. Full reports on both on the Lincolnshire Health Scrutiny website. There is also an Annual State of Care Report, published last month, is also available. This report states patients had the most difficulty in accessing GP and dentistry services. There are now 63m registered with GPs in this country. The demand for mental health continues to increase, particularly in deprived areas and this group is more likely to attend urgent and emergency care departments. A high demand for services and pressure in all parts of the system means some are not getting the care they need. This leads to a deterioration in a person's conditions which results in their needing more intensive support and treatment needing longer in hospital. So performance is below the expected standard and is thought in many cases to be getting worse.

**Cancer Care:** concerns voiced by the committee about comparisons in numbers of people being diagnosed and treated for cancers compared with previous years was explained by some patients having to attend tertiary centres for specialities such as gynaecology, upper gastrointestinal, head and neck cancers as well as some lung cancers. Also, some patients choose not to have treatment and sadly some die before they can begin treatment.