Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**16 February 2022**
Subject:	**East Midlands Ambulance Service Update**

Summary

This item comprises a presentation from the East Midlands Ambulance Services NHS Trust (EMAS), which is attached at Appendix A to this report. Ben Holdaway, the Director of Operations from EMAS, and Sue Cousland, the EMAS Lincolnshire Divisional Manager, are due to attend the Committee to present information on the activity of EMAS.

Actions Required

To consider and comment on the information presented by the East Midlands Ambulance Service NHS Trust.

1. Background

Introduction

The East Midlands Ambulance Service NHS Trust (EMAS) provides emergency and urgent ambulance services for a population of 4.8 million, covering approximately 6,452 square miles across the six counties of Derbyshire, Leicestershire, Lincolnshire, Northamptonshire, Nottinghamshire and Rutland. For EMAS 'Lincolnshire' comprises the administrative county of Lincolnshire, as well as North Lincolnshire and North East Lincolnshire. These three areas form the Lincolnshire Division of EMAS.

EMAS employs almost 4,000 people at 70 facilities, including ambulance stations; community ambulance stations; two emergency operations centres; training and support team offices; and fleet workshops.

EMAS reported an annual turnover of £255 million in 2020/21, which included additional Covid-19 funding. EMAS is commissioned to provide services by ten clinical commissioning groups (CCGs) in the East Midlands, with NHS Derby and Derbyshire CCG acting as the lead commissioner in the region. EMAS also provides non-emergency patient transport services in Derbyshire and Northamptonshire.

EMAS's two emergency operations centres are based in Nottingham and Lincolnshire (Bracebridge Heath) and between them received 2,526 calls on average each day (one every 34 seconds), and received 3,477 on its busiest day during 2020/21.

Previous Committee Consideration

Owing to the pressures of the pandemic, it has not been possible for EMAS to present to the Committee since October 2019 (EMAS had been due to present in the spring of 2020). EMAS had previously presented to the Committee approximately every six months or so. An information report was submitted to the Committee on 20 January 2021.

Presentation to the Committee

A presentation has been prepared by EMAS; and EMAS's the Director of Operations, Ben Holdaway, and the Lincolnshire Divisional Manager, Sue Cousland, are due to attend the Committee to present information on the activity of EMAS, which is attached to this report as Appendix A.

2. Consultation

This is not a direct consultation item.

3. Conclusion

The Committee is requested to consider the information presented by the East Midlands Ambulance Service.

4. Background Papers

No background papers, as defined by Part VA of the Local Government Act 1972, have been used to a material extent in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, Lincolnshire County Council, who may be contacted via email at Simon.Evans@lincolnshire.gov.uk or by phone: 07717 868930.

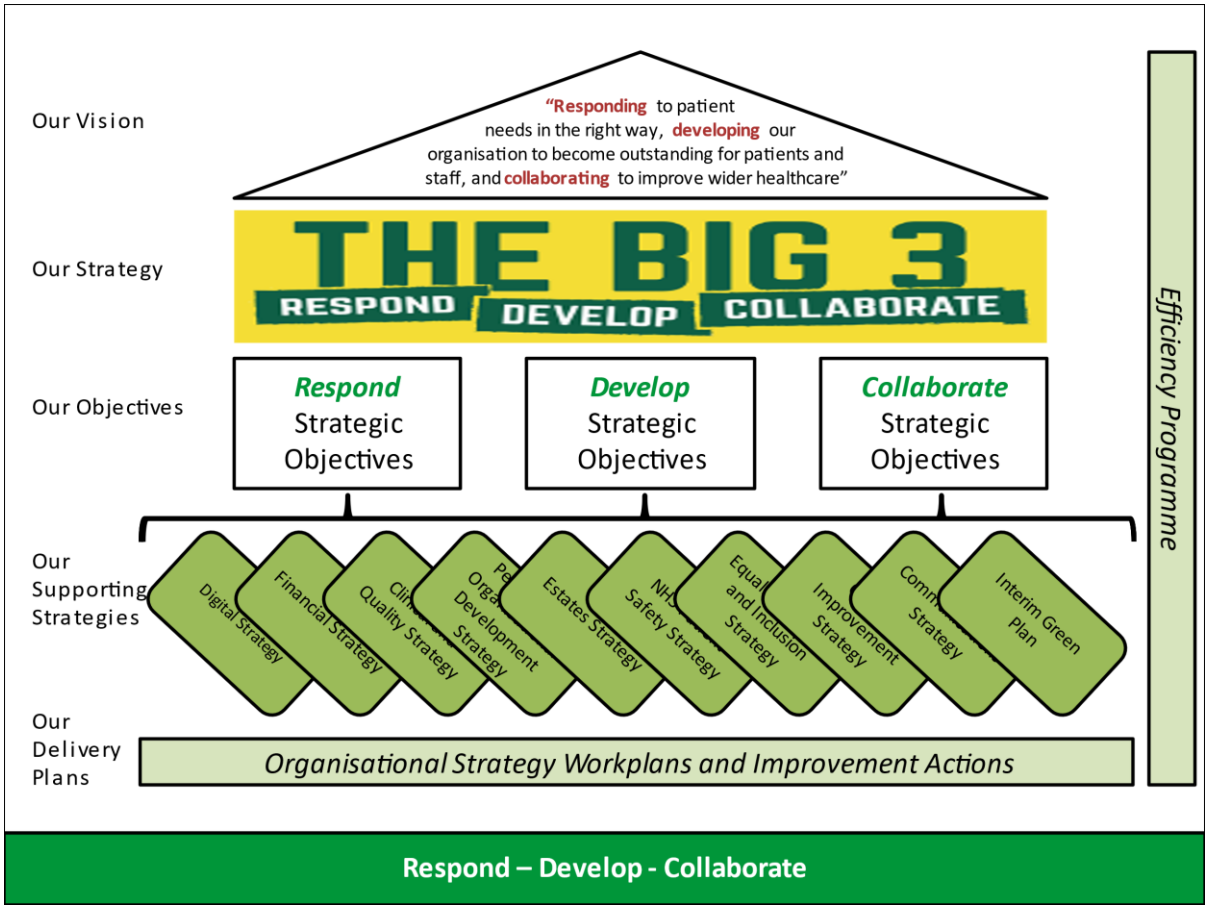
NHS
East Midlands
Ambulance Service
NHS Trust

EMAS Update

Ben Holdaway – Director of Operations

Lincolnshire Health Scrutiny Committee – February 2022

Respond – Develop - Collaborate



Respond – Develop - Collaborate

EMAS Performance – 2021-22. Q1 to Q3

The number of EMAS Incidents continues to increase. Incidents in April 2020 were circa. 65k, in April 2021 they had increased to circa.74k and in December 2021 they were circa. 85k.

The number of EMAS Hear & Treats increased by 135% when you compare Q1-Q3 2020 with Q1-Q3 2021.

See and Treats for EMAS increased by 2% during Q1-Q3 2021 and See, Treat and Conveyances increased by 3% when compared with Q1-Q3 2020.

Respond – Develop - Collaborate

Lincolnshire Performance – 2021-22. Q1 to Q3

The number of Lincolnshire Incidents (excluding Lincolnshire North and North East) continues to increase. Incidents in April 2020 were circa. 10k, 11.3K in April 2021 and had increased to 12.3K in December 2021.

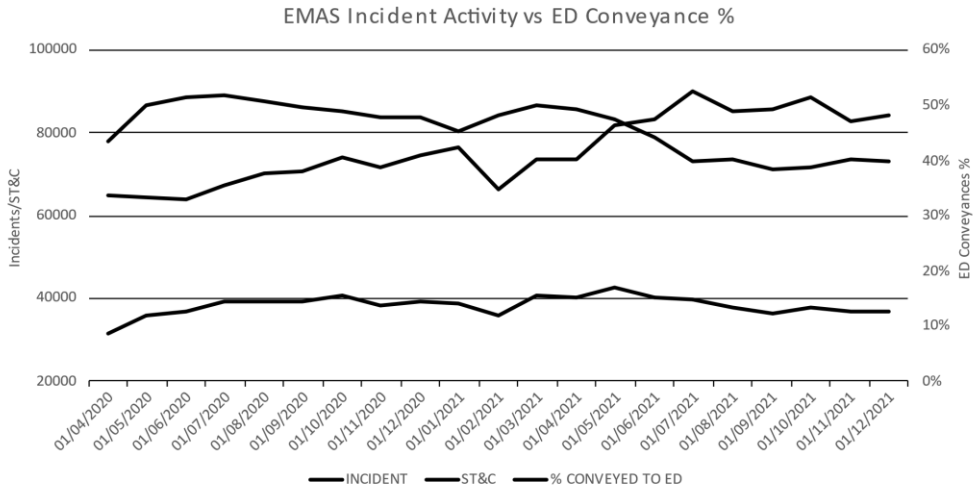
The number of Hear & Treats for Lincolnshire increased by 149% when you compare Q1-Q3 2020 with Q1-Q3 2021.

See and Treats for Lincolnshire increased by 2% during Q1-Q3 2021 when compared with Q1-Q3 2020.

See, Treat and Conveyances decreased by 1% during Q1-Q3 2021 when compared with Q1-Q3 2020.

Respond – Develop - Collaborate

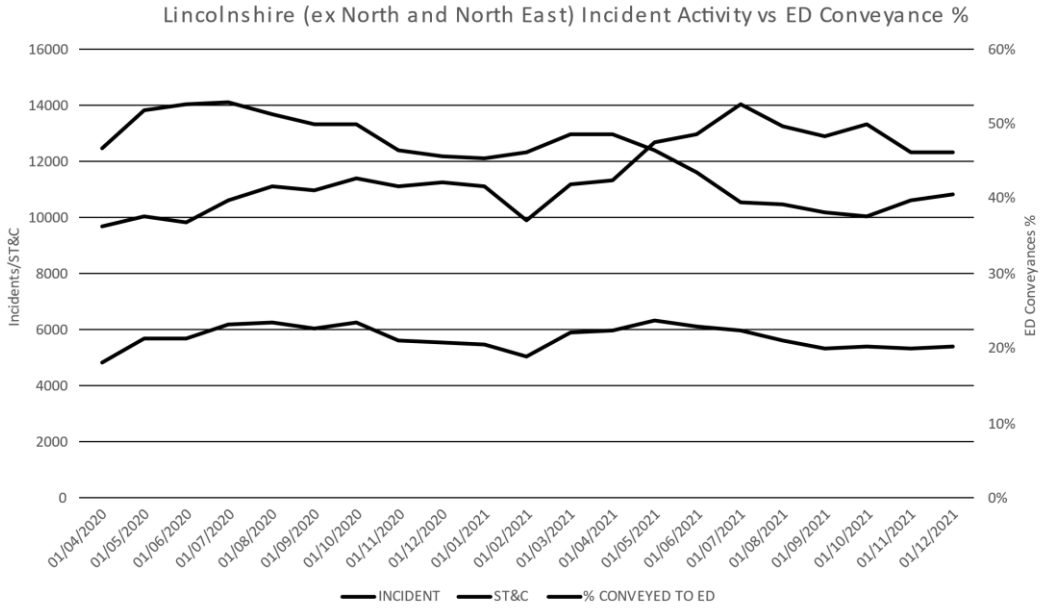
EMAS Performance – Activity Trends and Conveyance Rates



- EMAS continues to drive lower rates of conveyance when compared to pre-pandemic activity, supporting the local health care system capacity
- Demand increases into EMAS since COVID-19 lockdown easing at substantial levels, impacting upon response

Respond – Develop - Collaborate

Lincolnshire Performance – Activity Trends /Conveyance



Respond – Develop - Collaborate

EMAS Performance – Activity Comparisons

EMAS Incident Breakdown and Variation

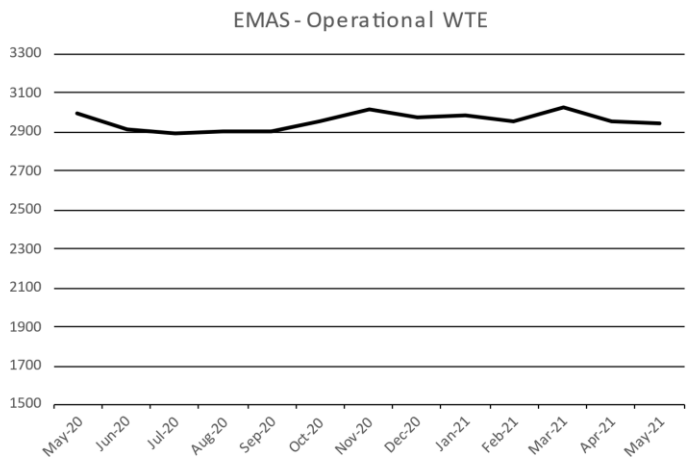
	HAT	SAT	STC ED	STC NonED	Total
Q1 -2019	33600	48756	117056	8180	207592
Q1 -2020	22866	66067	93337	10935	193205
Q1 -2021	50562	64746	111756	11672	238736
% change 2019 v 2021	50%	33%	-5%	43%	15%
Q2 -2019	37195	48619	118197	8137	212148
Q2 -2020	30733	59812	105623	12063	208231
Q2 -2021	81838	65102	102989	10828	260757
% change 2019 v 2021	120%	34%	-13%	33%	23%
Q3 -2019	43687	51303	125053	9230	229273
Q3 -2020	36193	65802	106373	11956	220324
Q3 -2021	78616	65650	101051	10609	255926
% change 2019 v 2021	80%	28%	-19%	15%	12%
Q1-3 - 2019	114482	148678	360306	25547	649013
Q1-3 - 2020	89792	191681	305333	34954	621760
Q1-3 - 2021	211016	195498	315796	33109	755419
% change 2019 v 2021	84%	31%	-12%	30%	16%

Lincolnshire Incident Breakdown and Variation

	HAT	SAT	STC ED	STC NonED	Total
Q1 - 2019	5882	7706	18653	726	32967
Q1 - 2020	3191	10157	14915	1330	29593
Q1 - 2021	7624	10926	17065	1406	37021
% change 2019 v 2021	30%	42%	-9%	94%	12%
Q2 - 2019	6001	8063	19526	755	34345
Q2 - 2020	4547	9733	16858	1634	32772
Q2 - 2021	12670	10662	15688	1218	40238
% change 2019 v 2021	111%	32%	-20%	61%	17%
Q3 - 2019	6780	8490	19861	740	35871
Q3 - 2020	5093	11167	15972	1500	33732
Q3 - 2021	11635	10221	14947	1211	38014
% change 2019 v 2021	72%	20%	-25%	64%	6%
Q1-3 - 2019	18663	24259	58040	2221	103183
Q1-3 - 2020	12831	31057	47745	4464	96097
Q1-3 - 2021	31929	31809	47700	3835	115273
% change 2019 v 2021	71%	31%	-18%	73%	12%

Respond – Develop - Collaborate

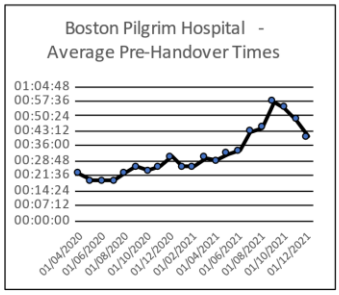
EMAS Performance – Operational Resources

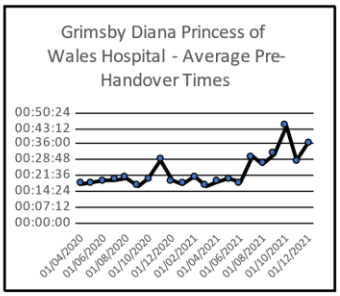


- EMAS operational WTE has remained strong throughout response to COVID-19
- EMAS has avoided large fluctuations in operational staffing
- July 20 – October 20 saw small numbers of staff self-isolating and shielding
- EMAS continues to utilise third-party ambulance support
- Lincolnshire received support from the Military for a 4 week period January / February 2021

Respond – Develop - Collaborate

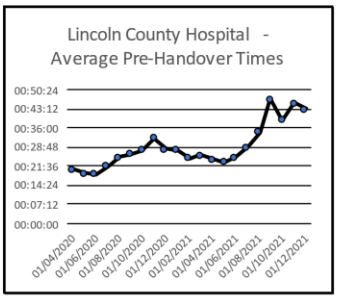
Lincolnshire Pre-Handovers

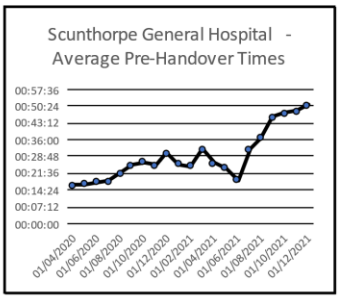




Lost Hours on Pre-handovers

Hospital	Q3, 2020	Q3, 2021
Boston Pilgrim Hospital	1110:45:25	2885:31:28
Grimsby Diana Princess Of Wales	950:54:45	1913:34:48
Lincoln County Hospital	2003:53:32	3329:12:48
Scunthorpe General Hospital	1140:18:58	2502:55:52





Average Pre -Handover Times

Hospital	Q3, 2020	Q3, 2021
Boston Pilgrim Hospital	00:26:50	00:47:53
Grimsby Diana Princess Of Wales	00:22:34	00:36:44
Lincoln County Hospital	00:29:16	00:42:22
Scunthorpe General Hospital	00:27:19	00:48:58

Respond – Develop - Collaborate

Reshaping Operations - Rationale

DRIVERS FOR CHANGE

- Fit for purpose, local ownership, empowerment, dedicated people resource

OBJECTIVES

- Front line leadership in support of quality improvement journey, clarity of roles, improved effectiveness /efficiency, autonomy for Divisions

BENEFITS

- Visible / accessible senior leaders, reduction in variation of practice, strengthened leadership capacity and enhanced succession planning

Respond – Develop - Collaborate

Reshaping Operations – Lincolnshire

Divisional Director

Head of Operations– North / Mid / South Localities

Stations Managers– 3 per Locality

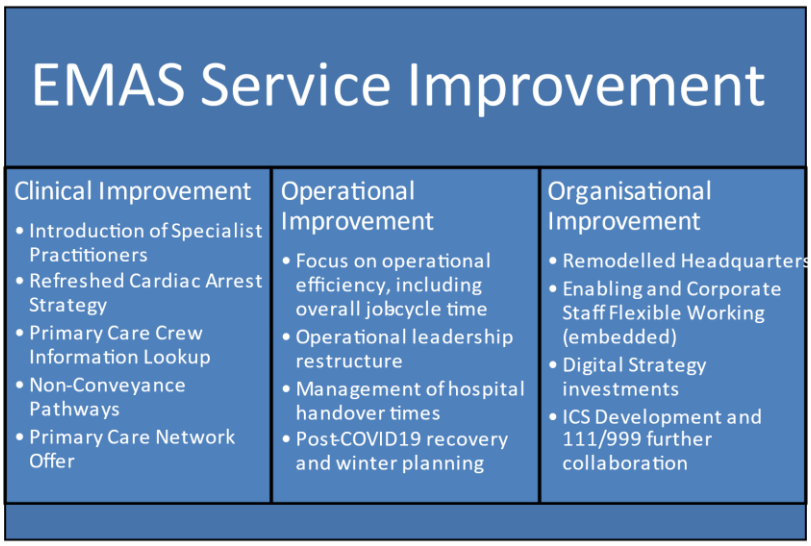
Senior clinical leads– 4 per locality

16 Tactical Commanders– 'Roving' Command and Control functionality 24/7

6 Tactical Commanders in Duty Cell– dedicated Commanders supporting system wide collaboration 24/7

Respond – Develop - Collaborate

EMAS Service Improvement



Respond – Develop - Collaborate

System Relationships

- One of the positive benefits from the Pandemic has been the enhanced system working with all stakeholders
- The profile of both 999 and UC ambulance transport provision has heightened significantly
- Delays in ambulance response has been recognised as the biggest risk to health care delivery
- The issues faced by the Division / Ambulance service are not related to a single provider but are shared across the entire system of care
- Moved from being a 'peripheral' to a 'central' stakeholder in the Lincolnshire health and social care system
- Key relationships with all providers at operational and strategic levels
- Work collectively and innovatively to prœmpt and resolve issues

Respond – Develop - Collaborate

System Relationships– Providers

- Duty Tac Command– ULHT
- HALO – ULHT
- Pathway Lead Posts– all providers
- C3 / C5 Call passing– LCHS
- Clinical Assessment Service– LCHS
- Community Hospitals
- 2 hour response– LCHS
- Primary Care Network
- LIVES – Falls and CEMs
- Care Homes / Frailty
- End of Life

Respond – Develop - Collaborate

System Relationships– Strategic

- Commissioners– Service Delivery
- Resilience Forum– SCG / TCG
- Local Authority
- Acute Service Review
- System Quality
- Urgent and EC Partnership Board
- Integrated PC and Communities Partnership
- Lincolnshire System Quality Group
- Lincolnshire People Board
- Primary Care Network

Respond – Develop - Collaborate

Lincolnshire Initiatives

Direct access to:

- Same Day Emergency Care (Medicine)– both sites
- Same Day Emergency Care (Surgery)– both sites
- Acute Oncology– both sites
- Frailty Ward for > 65YO LCH site
- Community Hospital beds (LCHS)
- Self Presenting Pathway

Work in Progress

- Clinical Assessment Service (LCHS)– expanded code set
- Virtual Frailty Ward (LCHS / ULHT)
- Urology Advice Line
- TIA Referral
- LIVES Falls Service

Respond – Develop - Collaborate

Priorities 2022.2023

- Safe and effective care delivery
- Embed the new management structure
- To provide visible senior management / leadership presence
- Improve efficiency and effectiveness of all resources
- Empower staff to fulfil their true potential
- Deliver effective education programme
- To be an effective and credible system partner with all stakeholders
- To sustain improvement against all Divisional metrics
- To manage Divisional finances effectively

THANK YOU

Any Questions ?

Respond – Develop - Collaborate

This page is intentionally left blank

Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of NHS Lincolnshire Clinical Commissioning Group

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**16 February 2022**
Subject:	**NHS Continuing Healthcare**

Summary:

The Committee has previously agreed to include an item in its work programme on NHS Continuing Healthcare, which is defined as a package of ongoing care that is arranged and funded solely by the NHS, where an individual has been assessed and found to have a 'primary health need'.

This report explores how the local NHS implements the national arrangements for NHS Continuing Healthcare.

Actions Requested:

The Committee is requested:

(1) To note the contents of this report.

(2) To note that Lincolnshire Clinical Commissioning Group is obliged to follow national guidance, as set out in *National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care*, (revised October 2018), in its implementation of NHS Continuing Healthcare arrangements.

(3) To note that no changes are currently proposed to the eligibility arrangements for NHS Continuing Healthcare.

1. Background

NHS Continuing Healthcare Definition

NHS Continuing Healthcare is defined as a package of ongoing care that is arranged and funded solely by the NHS in circumstances where an individual has been assessed and found to have a 'primary health need' as set out in this National Framework. This care is provided to an individual to meet their health and associated social care needs that have arisen as a result of disability, accident or illness. The actual services provided as part of the package should be seen in the wider context of best practice and service development for each client group. Eligibility for NHS Continuing Healthcare is not determined by the setting in which the package of support can be offered or by the type of service delivery.

Further details on the arrangements for NHS Continuing Healthcare (together with NHS-funded Nursing Care) is found in the Department of Health and Social Care's *National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care*, (revised October 2018).

Primary Health Need

'Primary health need' is a concept developed by the Secretary of State for Health and Social Care to assist in deciding when an individual's primary need is for healthcare (which it is appropriate for the NHS to provide under the 2006 Act) rather than social care (which a local authority may provide under the Care Act 2014). To determine whether an individual has a primary health need, there is an assessment process, which is detailed in the National Framework. Where an individual has a primary health need and is therefore eligible for NHS Continuing Healthcare, the NHS is responsible for providing for all the individual's assessed health and associated social care needs, including accommodation, if that is part of the overall need.

NHS-Funded Nursing Care

NHS-Funded Nursing Care is the funding provided by the NHS to care homes with nursing to support the provision of nursing care by a registered nurse. Since 2007 NHS-funded Nursing Care has been based on a single band rate. In all cases individuals should be considered for eligibility for NHS Continuing Healthcare before a decision is reached about the need for NHS-funded Nursing Care.

Roles of the NHS and Local Authorities

The *National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care* specifies the roles of clinical commissioning groups, local authorities, NHS England, as well as the providers of care. The document refers to an initial checklist used to determine whether a full assessment of eligibility is required; as well as the full assessment and review processes. NHS England's role includes making requests to an independent review panel to review decisions made by clinical commissioning groups.

Law and Regulations

The law and regulations are frequently cited throughout the *National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care.* The document also includes accounts of two legal judgements as appendices. While NHS continuing healthcare, like most other NHS services, is free at the point of delivery, social care is means-tested. This has always led and will continue lead to an element of contention.

The *National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care* is available at the following link:

https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care#history

2. Continuing Healthcare in Lincolnshire

Lincolnshire Clinical Commissioning Group (CCG) has an 'in-house' Continuing Healthcare team. Prior to April 2020 the team was part of a commissioning support unit, which provided support to the four predecessor clinical commissioning groups up to 31 March 2020. The team transferred from the commissioning support unit to Lincolnshire CCG in April 2020.

The Lincolnshire CCG Continuing Healthcare team now consists of five main areas: the Clinical Team; the Continuing Healthcare Quality Team; the Business Support and Personal Health Budget Team; plus small-dedicated Contracting and Finance Teams. In total more than 60 staff work within the Lincolnshire CCG Continuing Healthcare Team. Overall oversight and management of this team is through the CCG's Associate Director of Nursing and Quality, reporting to the CCG Director of Nursing. The roles of each team are briefly summarised below:

The Clinical Team

This is a team of Clinical Assessors, managed by the Continuing Healthcare Clinical Lead. This also includes a small Children's Team for Children Continuing Care. The Adults' Team cover in sub-teams the four localities of the CCG. All will undertake initial assessment of an individual's care needs once referred, in conjunction with the multi-disciplinary team including Social Care.

A nationally approved 'decision support tool' is used to inform the outcome of this full assessment. This assessment through individualised care and support planning, determines the best available care provision and/or package to meet those needs – with subsequent continuing healthcare assessor case management, if appropriate, to ensure regular reviews of care provision, to ascertain that care put in place is still meeting needs.

An individual may be eligible for fully funded Continuing Healthcare, Funded Nursing Care (if in a Care Home), or Joint Funded Care with the County Council. Alternatively, their care needs may be deemed to be fully met by statutory health services and therefore will not receive additional funding from the NHS, but an individual may still receive social care funding, if they are eligible. Full Continuing Healthcare funding is awarded when the individual is assessed to have a primary health need: this means that an individual's health needs are so complex that they cannot be met by statutory health services and/or social care provision.

In palliative care situations where an individual's condition is deemed to be rapidly deteriorating by an attending clinician, a 'fast track' process is in place to circumvent the necessity for the full assessment described above and to get Continuing Health Care in place quickly, so the individual receives promptly the full care they need at the end stage of their life and in their preferred place, wherever possible.

The table below provides a breakdown of type of care package provided, for the nine months, April to December 2021.

Caseload Type	2021								
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Fast Track (Active)	208	201	244	216	232	210	203	253	237
Own Home	*145*	*129*	*168*	*138*	*158*	*154*	*119*	*170*	*142*
Care Home	*63*	*72*	*76*	*78*	*74*	*56*	*84*	*83*	*95*
Continuing Healthcare	449	441	444	432	437	429	426	424	420
Own Home	*137*	*136*	*131*	*137*	*142*	*141*	*139*	*143*	*141*
Care Home	*312*	*305*	*313*	*295*	*295*	*288*	*287*	*281*	*279*
1:1 (Care Home)	*25*	*24*	*24*	*24*	*24*	*24*	*24*	*24*	*24*
Joint Fund	82	85	86	84	81	79	76	78	81
Funded Nursing Care	707	716	717	742	774	773	771	754	739
Children	71	66	66	68	68	63	63	63	63
Acquired Brain Injury	10	10	12	12	12	12	13	18	18
Total	**1,527**	**1,519**	**1,559**	**1,554**	**1,604**	**1,567**	**1,557**	**1,590**	**1,558**

<u>The Continuing Healthcare Quality Team</u>

The Continuing Healthcare Quality Teams is a small team consisting of the Continuing Healthcare Safeguarding Lead; Liberty Protection Safeguarding Team and Clinical Assessors. This team manage both the internal and external training provision for Continuing Healthcare; complaints management; disputes management; independent review management; hospital discharge arrangements for patients with Continuing Health Care needs; and also the quality review, audit and assurance of Continuing Healthcare providers and also of internal Continuing Healthcare processes and procedures.

The Continuing Healthcare Business Team

The Continuing Healthcare Business Team is managed by the Continuing Healthcare business and personal health budget lead and covers: brokerage of all individual care packages; single point of access function within Continuing Healthcare; performance delivery and monitoring for Continuing Healthcare; risk management; activity and quality reporting; management of freedom of information requests and safeguarding adult reviews; national reporting; also leading the roll out, set up and monitoring of Personal Health Budgets for Continuing Healthcare and other services.

The Contracting Team

The contracting team ensures satisfactory contractual arrangements and contract delivery monitoring are in place with all care home and home care providers.

The Finance Team

The Finance Team provides allocated budget governance; makes payments to providers; and monitors expenditure.

Expenditure on NHS Continuing Healthcare in Lincolnshire

The following table sets out details of the expenditure on Continuing Healthcare in Lincolnshire for 2020/21.

2020/21 Total Actual Spend	
	£'000
Fully Funded Nursing	37,946
Fast Track	7,543
Lincolnshire County Council - Section 75 Covid-19 / Hospital Discharge Programme	6,687
Joint Funded	1,365
Children	4,495
Funded Nursing Care	10,626
Running Costs – Continuing Health Care	2,997
TOTAL including Covid-19 / Hospital Discharge Programme	**71,660**
TOTAL Excluding Covid-19 / Hospital Discharge Programme	**64,973**

There has been particular focus with in-housing of the service on ensuring all areas described above are operating effectively and efficiently. Initially on transfer there were many vacancies in the team which has since been successfully, albeit gradually, addressed with ongoing recruitment.

There is a monthly CCG Continuing Healthcare Programme Board attended by representatives of the teams above and partner stakeholders, including Lincolnshire County Council representation. There full reporting is provided on activity and performance in all areas, for assurance, support to the team and to enable a continuous improvement approach.

In wave 1 of the pandemic in 2020, Continuing Healthcare initial assessments were suspended for six months to enable a large number of Continuing Healthcare staff to assist in other priority areas. Essential Continuing Healthcare work, for example care reviews, was maintained with staff adapting to working virtually throughout the pandemic where necessary and appropriate for service users. This did mean a large backlog of full initial assessments accrued from wave 1, which was fully addressed by March 2021, thanks to the very hard work of the Continuing Healthcare team through challenging circumstances. Continuing Healthcare will always be a very busy team because of the constant daily need for individual holistic care assessments and reviews with the securing of appropriate care provision for individuals with increasing health needs, either on discharge from hospital or in the community.

3. People at the Heart of Care – Adult Social Care Reform White Paper

The Government published *People at the Heart of Care – Adult Social Care Reform White Paper* on 1 December 2021. As is clear from the title of this white paper, it is focused on adult social care, and there are no proposals currently to in the white paper or elsewhere to reform eligibility for NHS-funded continuing healthcare.

4. Consultation

This is not a direct consultation item.

5. Conclusion

The Committee is requested to consider the information presented on NHS Continuing Healthcare.

6. Background Papers

No background papers were used to a material extent in the compilation of this report.

This report was written by Wendy Martin, Associate Director of Nursing & Quality, Lincolnshire Clinical Commissioning Group, who may be contacted via WendyMartin1@nhs.net