


Agenda Item 4

		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

Report to	Health Scrutiny Committee for Lincolnshire
Date:	16 March 2022
Subject:	Supplementary Chairman's Announcements

1. Information Requested at the Last Meeting (16 February 2022)

Further updates on three items are set out below:

Community Emergency Medicine Services / Falls Response Service (Minute 72 – East Midlands Ambulance Service Update)

Further to the information circulated with the agenda, a paper prepared by LIVES on its Community Emergency Medicine Services (CEMS) and its Falls Response Service was circulated to the Committee on 11 March 2022. The report indicated that:

- Between April and December 2021, CEMS attended 3,063 patients, 78% of whom avoid an attendance at A&E, either receiving treatment at home or accessing alternative care pathways.
- Between April and December 2021, the Falls Response Service attended 1,443 patients, of whom 50% were discharged at the scene with no need to attend A&E; and 43% of whom did not require the attendance of an ambulance.

Dental Services (Minute 71 – Chairman's Announcements)

Further to my announcement on page 18 of the agenda pack, NHS England and NHS Improvement (Midlands) has advised that the initiatives to provide extra dental appointments in Lincolnshire are still continuing and will be reported, when an overall position statement can be made.

Suicide Prevention Action Plan

(Minute 74 – Suicide Prevention in Lincolnshire)

Further to the information circulated with the agenda, detailed information was circulated on the local schemes in the Community Suicide Prevention Innovation Fund on 11 March 2022, which referred to 14 schemes in wave 1 and 12 schemes in wave 2.

2. Covid-19 Update

A report is attached at Appendix A, which is based on the weekly briefing prepared by Lincolnshire County Council Public Health.

Also, on 14 March 2022, the Government announced that all remaining international travel restrictions would be removed, as follows:

- From 4 am on 18 March no-one entering the UK will need to take tests or complete a passenger locator form.
- The remaining managed hotel quarantine capacity will be fully stood down from 31 March.

The Government has also stated that contingency plans have been put in place to manage any future variants of concern.

3. Reshaping Health Services in Nottinghamshire Programme and Tomorrow's Nottingham University Hospitals

Nottingham and Nottinghamshire Clinical Commissioning Group has launched an engagement document, entitled: *Reshaping Health Services in Nottinghamshire Programme and Tomorrow's Nottingham University Hospitals*, which sets out proposals for the two main hospitals operated by Nottingham University Hospitals NHS Trust. These two hospitals are the Queen's Medical Centre (QMC) and the City Hospital. The hospitals are three miles apart, with the QMC on the south west side of city, and the City Hospital on the north side of Nottingham. There are several elements to the plans, which involve transferring services between the two hospitals. The main proposals are:

Urgent and Emergency Care

"Proposal - We would like to locate Emergency Care, where patients require immediate or urgent hospital treatment, on one site, where possible. Some urgent and emergency care currently based at the City Hospital would be relocated to the QMC, where the main site for Accident and Emergency and the Major Trauma Centre are based. This would include acute respiratory (care for people with flu and pneumonia for instance) and burns and emergency plastic surgery services.

“Some urgent and emergency care specialities - including cardiology (heart), cardiac and thoracic (chest and lungs) surgery, urology (for example prostates and bladders), renal (kidney) and infectious diseases would remain at the City Hospital.

“At both the City Hospital and the QMC we would aim to make how you get seen for an emergency more streamlined and efficient.”

Family Care Services

“Proposal: Family Care Services to be provided from a Women’s and Children’s Hospital. This would mean family care services currently delivered at City Hospital (maternity, neonatal, gynaecology and genetics) would move to the QMC. The maternity unit currently at the City Hospital would become part of the dedicated elective hub (planned care centre) that would be created at the City site.

“Families would still be able to choose whether they would prefer to have a consultant or midwife-led birth in hospital or a home birth as they currently do, but they would no longer have the option of giving birth at the City Hospital Antenatal and postnatal care would be retained at both the City Hospital and the QMC, to maintain local access and provide choice. Fertility services (for men and women) would be located within the proposed Women’s and Children’s Hospital.”

Adult Elective Care

“Proposal: The majority of elective operations will be carried out on a separate site away from emergency and urgent care. This would mean moving services such as bowel surgery from the QMC to the City Hospital; continuing to carry out some operations at the QMC, predominantly day surgery, at the Treatment Centre and the EENT Centre.”

Cancer Care

“Proposal: Patients with cancer who are unwell and need to be looked after in hospital would have access to a range of specialist medical care on the same site The City Hospital would be where patients mainly go for diagnosis, surgery and outpatient treatments, including chemotherapy and radiotherapy. Patients would also continue to benefit from other cancer services currently based at the City Hospital, including the Maggie’s Centre and palliative care. The QMC would be where we would have our inpatient beds for patients with cancer, meaning a move for oncology and haematology from the City Hospital to QMC. Radiotherapy and chemotherapy services would be available at the QMC whilst patients are in hospital.”

Outpatient Care

“Proposal: We want to look at the way we deliver outpatient care to minimise disruption to patients’ lives, providing that care in accessible locations and making the best use of new technologies. We know that telephone and digital consultations would not be suitable for all patients and all medical problems, and patients would have the choice of a face-to-face appointment. There are different ways of providing specialist out-patient care in community settings, and we would ensure that no additional pressures are put on community teams and GP surgeries. We would also ensure that there would be enough specialists working in the hospitals.”

Webinar Events

Three webinar events are planned, at which clinicians will be available to provide more information:

- 23 March 2022 – 6pm - 7pm - [Webinar Registration - Zoom](#)
- 26 March 2022 10am – 11am - [Webinar Registration - Zoom](#)
- 1 April 2022 - 9am – 10am - [Webinar Registration - Zoom](#)

Joining instructions will be shared once participants have registered.

The full engagement document is available at the following link: - [11153-Reshape-Nottingham-2022-Final-1.pdf \(nottscg.nhs.uk\)](#)

4. NHS Proposed New Standards for the Treatment of Cancer

On 9 March 2022, the NHS launched a consultation on proposed new standards for the treatment of cancer, which aim to simplify and update cancer standards, based on the recommendations of the Independent Cancer Taskforce. Patients, clinicians and the public are asked to share their views on the proposed standards by 6 April 2022.

The NHS states that cancer currently has a complex set of nine separate performance standards, with different targets covering different routes into the system, for example, screening or a GP referral. The new plan proposes ensuring patients have the same opportunity for faster diagnosis and treatment, including:

- The 28-day faster diagnosis standard, which would see patients who have been urgently referred, have breast symptoms, or have been picked up through screening, have cancer ruled out or receive a diagnosis within 28 days.
- A 62-day referral to treatment standard, meaning patients who receive a cancer diagnosis will start treatment within nine weeks from the date of referral.
- A 31-day decision to treat to treatment standard, so that cancer patients receive their first treatment within a month of a decision to treat following diagnosis.

The NHS states that the new standards aim to make diagnosis and treatment timelines easier to understand for people with suspected cancer and their families, while also helping to diagnose cancers earlier and save more lives. Access standards for cancer have remained unchanged since 2009. The current two week wait target sets no expectation of when patients should receive test results or actually get a confirmed diagnosis.

The NHS also states that latest data showing the number of people getting checked for cancer increased by over half a million (512,110) in one year between December 2020 and December 2021. In December 2021, there were over 215,000 urgent referrals for cancer and more than nine out of 10 people started treatment within one month.

The full consultation documents are available at: [NHS England » Cancer](#)

5. Health and Care Bill

Further to the announcement on page 22, it is understood that the Health and Care Bill is expected to receive its third reading in the House of Lords in the week beginning 21 March 2022. Following the third reading, there will be the final phase: the House Commons consideration of the House of Lords amendments and the House of Lords consideration of the House of Commons amendments, before Royal Assent.

6. United Lincolnshire Hospitals NHS Trust in National Trade Media

The *Health Service Journal*, a national trade journal (where articles can only be viewed with a subscription), has published an article, dated 15 March 2022, featuring Andrew Morgan, the Chief Executive of United Lincolnshire Hospitals NHS Trust (ULHT). This article follows the Care Quality Inspection report, which is the subject of item 5 on this agenda. Under the headline: “Leaders taking tough jobs should be ‘cherished’ not ‘pilloried’, says trust CEO” the article reflects on leadership, supported by regulators, and the challenges facing the ULHT over recent years.

WEEKLY COVID-19 BRIEFING – 14 MARCH 2022

1. LATEST DATA

Tests (updated: 11 March 2022)

	Total Tests Carried Out	Positive Tests					
		Total	%	Cases	Rate of Cases per 100,000	Positive Cases (Previous Update)	Rate of Cases per 100,000 (Previous Update)
Boston	4,813	491	10.2%	351	495.5	220	310.6
East Lindsey	9,890	1,049	10.6%	700	492.9	445	313.3
Lincoln	6,958	861	12.4%	620	619.7	444	443.8
North Kesteven	10,220	1,165	11.4%	803	679.7	452	382.6
South Holland	6,177	775	12.5%	516	538.3	353	368.3
South Kesteven	10,678	1,413	13.2%	951	664.0	522	364.5
West Lindsey	7,185	712	9.9%	528	548.9	336	349.3
Lincolnshire	55,921	6,466	11.6%	4,469	583.2	2,773	361.9

The data in the table above represent a rolling seven day summary of Pillar 1 and Pillar 2 Tests. Data have been extracted from Public Health England daily line lists, which provide data on laboratory confirmed cases and tests captured through their Second Generation Surveillance System. The rates shown are crude rates per 100,000 resident population.

Cases (updated: 11 March 2022)

	Cases in the Last Seven Days	Cases to Date
Boston	351	18,576
East Lindsey	700	32,027
Lincoln	620	29,477
North Kesteven	803	30,459
South Holland	516	24,072
South Kesteven	951	38,690
West Lindsey	528	24,846
Lincolnshire	4,469	198,149

Data on cases are sourced from Second Generation Surveillance System. This is PHE's surveillance system for laboratory confirmed cases. Lab confirmed positive cases of Covid-19 confirmed in the last 24 hours are reported daily by NHS and PHE diagnostic laboratories. This is the most accurate and up to date version of data and as such it will not align with the data that are published nationally due to delays in reporting.

Deaths (updated: 11 March 2022)

Area	Total deaths reported to 10 March 2022	Total deaths in the last 7 days (04 March 2022 – 10 March 2022)
Boston	223	2
East Lindsey	494	2
Lincoln	248	0
North Kesteven	265	0
South Holland	254	0
South Kesteven	326	0
West Lindsey	233	1
Lincolnshire	2,043	5

Total number of deaths since the start of the pandemic of people who have had a positive test result for Covid-19 and died within 28 days of the first positive test. The actual cause of death may not be Covid-19 in all cases. People who died from Covid-19 but had not tested positive are not included and people who died from Covid-19 more than 28 days after their first positive test are not included. Data on Covid-19 associated deaths in England are produced by Public Health England from multiple sources linked to confirmed case data. Deaths newly reported each day cover the 24 hours up to 5pm on the previous day.

Vaccinations (Period Covered 8 December 2020 – 6 March 2022 - Published: 10 March 2022)

Age Group	First Dose	Second Dose	Booster or Third Dose	% who have had at least one dose	% who have had two doses	% who have had a booster or third dose
Under 12/Unknown	2,607	411	1,858			
12 - 15	23,363	12,235	1,271	70.6%	37.0%	
16 -17	12,741	9,958		82.5%	64.4%	
18 - 24	49,685	46,245	28,310	83.2%	77.4%	47.4%
25 - 29	35,335	32,962	20,929	84.8%	79.1%	50.2%
30 - 34	38,285	36,118	24,557	88.3%	83.3%	56.6%
35 – 39	37,873	36,377	27,191	88.9%	85.4%	63.8%
40 – 44	37,843	36,715	29,583	93.6%	90.8%	73.2%
45 – 49	42,054	41,187	35,424	88.8%	87.0%	74.8%
50 – 54	52,351	51,567	46,480	97.2%	95.8%	86.3%
55 – 59	55,569	54,965	50,817	97.6%	96.5%	89.3%
60 – 64	50,498	50,023	47,103	99.5%	98.5%	92.8%
65 – 69	45,348	45,024	43,492	95.2%	94.5%	91.3%
70 – 74	48,050	47,792	46,661	94.5%	94.0%	91.8%
75 – 79	37,342	37,186	36,467	100%*	100%*	99.7%
Over 80	44,325	44,154	43,189	93.9%	93.5%	91.5%

The number of people who have been vaccinated for Covid-19 split by age group published by [NHSEI](#). All figures are presented by date of vaccination as recorded on the National Immunisation Management Service (NIMS) database. *100% signifies that the number who have received their first dose exceeds the latest official estimates of the population from the ONS for this group.

2. DEVELOPMENTS OVER THE PAST WEEK

- In the last 7 days, 81.7% of the cases in Greater Lincolnshire that were genome sequenced were the omicron variant, 15.6% were the variant VUI-22Jan-01 and 2.6% were undetermined.
- Regulations making Covid-19 vaccination a condition of deployment in health and social care were due to be revoked in the week beginning 14 March.
- The latest estimates from the Office for National Statistics (ONS) show that Covid-19 infections are increasing across the UK. The ONS says that it is too early to determine the factors causing this increase.