



Agenda

Health Overview and Scrutiny Committee
Monday 16 September 2024 at 10.30 am
Conference Room A/B, Cumbria House, Botchergate,
Carlisle, CA1 1RD

The press and public are welcome to attend for the consideration of any items which are public.

****A private pre-meeting for members to prepare for the Committee will take place half an hour before the meeting****

**Enquiries and requests for supporting papers to:
Lynn Harker, Senior Democratic Services Officer
Email: lynn.harker@cumberland.gov.uk**

Membership

Cllr G Troughton (Chair)
Cllr Dr H Davison (Vice-Chair)
Cllr J Forster
Cllr M Harris
Cllr J Mallinson
Cllr C McCarron-Holmes
Cllr A Semple
Cllr S Stoddart

Substitutes:

Cllr T Allison
Cllr R Betton
Cllr M Eldon
Cllr J Ghayouba
Cllr A Glendinning
Cllr J Grisdale
Cllr A Harid
Cllr M Hawkins
Cllr M Johnson
Cllr L Jones-Bulman
Cllr A Markley
Cllr G Minshaw
Cllr M Mitchelson
Cllr D Moore
Cllr L Patrick
Cllr B Pegram
Cllr J Perry
Cllr S Pollen
Cllr A Pratt
Cllr K Thurlow
Cllr H Tucker
Cllr J Whalen

Access to Information

Agenda and Reports

Copies of the agenda and Part A reports are available for members of the public to inspect prior to the meeting. Copies will also be available at the meeting.

The agenda and Part A reports are also available on the [Cumberland Council website](#).

Public Participation

Any member of the public who wishes to ask a question at the meeting should apply to do so no later than midday nine working days before the date of the meeting.

Information on how to apply can be obtained from the Democratic Services Officer named on the front of the agenda.

Part A: Items likely to be considered in the presence of the press and public

1. Apologies for Absence

To receive any apologies for absence.

2. Membership of the Committee

To note any changes to the membership of the Committee.

3. Disclosures of Interest

To receive declarations by councillors of any disclosable pecuniary interest, personal interests, other registrable interests or any other interests in respect of items on the agenda.

4. Exclusion of Press and Public

To consider whether the press and public should be excluded from the meeting during consideration of any item on the agenda.

5. Public Participation

To receive any questions or representations which have been received from members of the public.

6. Minutes (Pages 7 - 14)

To confirm the minutes of the meeting held on 19 July 2024 (copy enclosed).

7. Feedback from Deputy Chief Medical Officer (DCMO) - Dr Jeanelle De Gruchy (Department of Health and Social Care (DHSC) / Office of Health Improvement and Disparities (OHID)) on her visit to Cumberland [Time: 10.40 to 11.20 am] (Pages 15 - 22)

To consider a report by the Director of Public Health and Communities (copy enclosed).

8. Behind the Addiction [Time: 11.20 am to 12 noon]

To consider a report by Healthwatch Cumberland which can be found at the following link:- <https://healthwatchcumberland.co.uk/wp-content/uploads/2024/08/Behind-the-Addiction-Report-2.pdf>

BREAK [12 noon to 12.15 pm]

**9. Re-Commissioning of Cumberland Addictions Services
[Time: 12.15 to 12.55 pm] (Pages 23 - 46)**

To consider a report by the Director of Public Health and Communities (copy enclosed).

10. Committee Update Report [Time: 12.55 to 1.10 pm] (Pages 47 - 54)

To consider a report by the Specialist – Policy (copy enclosed).

11. Date of Future Meeting

To note that the next meeting of the Committee will be held on Thursday 7 November 2024 at 10.30 am in the Flensburg Room, Civic Centre, Carlisle, CA3 8GQ.

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Health Overview and Scrutiny Committee

Date: Friday, 19 July 2024

Time: 10.30 am

Location: Bainbridge Room, Copeland Centre, Catherine Street, Whitehaven, CA28 7SJ

Present: Cllr G Troughton (Chair), Cllr Dr H Davison (Vice-Chair), Cllr J Forster, Cllr M Harris, Cllr J Mallinson, Cllr C McCarron-Holmes and Cllr A Semple

In Attendance Specialist - Policy
Democratic Services Officer
Public Health Consultant

- (1) Ms S Thoburn, Manager, Healthwatch Cumberland attended the whole meeting.
- (2) Mr I Michalakis, Consultant Oncoplastic Breast Surgeon and Trust Lead for Cancer Clinician attended for agenda item number 8 – NCIC Cancer Services (referred to in minute HOS.19/24)
- (3) Ms L Shimmin, Communications Manager, NCIC attended for agenda item number 8 – NCIC Cancer Services (referred to in minute HOS.19/24)

HOS.12/24 Apologies for Absence

Apologies for absence were received from the Director of Public Health and Communities, the Portfolio Holder for Lifelong Learning and Development, the Integrated Care Board Director of Place (North Cumbria) and the Director of Health and Care Integration for South Cumbria Place.

HOS.13/24 Membership of the Committee

There were no changes to the membership of the Committee on this occasion.

HOS.14/24 Disclosures of Interest

Councillor Forster declared a non-pecuniary interest as she was employed by the NHS.

Councillor Harris declared a non-pecuniary interest as he was a member of the British Medical Association.

HOS.15/24 Exclusion of Press and Public

RESOLVED, that the press and public be not excluded from the meeting for any items of business.

HOS.16/24 Public Participation

There was no public participation to be considered at this meeting.

HOS.17/24 Minutes

RESOLVED, that the minutes of the meeting held on 23 May 2024 be agreed as a correct record and signed by the Chair.

HOS.18/24 0-19 Healthy Child Programme - Developing the Updated Model

The Committee received a detailed presentation from the Consultant in Public Health regarding the 0-19 Healthy Child Programme. The Public Health Consultant highlighted some key points of the programme, including background on the programme which is currently being run by the North Cumbria Integrated Care (NCIC) but will be going out to competitive tender, the work ongoing to design the new model to include the national guidance mandated checks and individual needs and the pathways and key touch points for the most vulnerable within the community. The Public Health Consultant then noted the next steps for the programme.

Members asked about school nursing and extra provision. The Public Health Consultant noted that independent and large secondary schools do still buy in their own provision of a school nurse and that they do this to have the on-site provision. She also explained that, like all other local authorities, Cumberland no longer has the budget to be able to provide onsite school nurses.

A Member queried if issues around the water in Cumberland contributed to the number of dental decay within the area. The Public Health Consultant explained that studies over the past 50 years had shown that fluoridated water was still beneficial for reduced decay but that there was limited difference in decay levels between areas. However, she did also note that a 2023 dental epidemiology study of children aged 10-11 did show that dental decay rates in Cumberland were higher than average. The Public Health Consultant highlighted the challenges of accessing NHS dental services and the healthy weight agenda as contributing factors.

A Member commented on child obesity levels and what Cumberland are planning on doing to help reduce those levels. The Public Health Consultant noted that the levels of child obesity have remained the same over the years, with 20% of those starting primary school having weight above healthy levels, and the statistics worsening as the children get older. Possible reasons as to why this includes a change to the way of living and the pandemic's influence. Regarding what can be done, the Public Health Consultant explained that this was a complex issue that included cultural, social and financial elements. But she noted that work was being done, including the Health Habits for Life programme, laying the foundation for having a health visitor for every family and the use of the National Child Measurement Programme (NCMP) letter sent to parents to help provide information. These are however small-scale interventions and a whole-system approach to healthy weight is required.

A Member noted that the 0-19 Healthy Child Programme showed that health visitors were for more than just babies and the Public Health Consultant highlighted that the new model and framework would make it easier for families and service providers to understand the help available, especially vulnerable families.

Members discussed the tendering process including those who had expressed an interest, the contract length, the factors being considered to ensure the right provider is chosen, the interest

of the private sector and what would happen to staff if an independent provider was chosen. The Public Health Consultant explained that from the pre-market engagement conducted, nine providers had expressed an interest in the tender, with that list including three NHS Trusts as well as private providers. She explained that interest from private providers had grown substantially since the contract was first awarded in 2016 but no market testing was undertaken when the contract was extended by direct award. The Public Health Consultant also noted that should the contract be awarded to a private provider, staff would be protected under Transfer of Undertakings (Protection of Employment) (TUPE) Regulations. She further explained that the process would be rigorous to ensure that all factors including quality, value for money and social value are considered with the contract length initially being three years, with the option to extend up to eight years if the provider is shown to be strong. However, if the provider is shown to have issues, the minimum contract length allows the Council the option to go back out to tender, while also ensuring that the length is long enough to gain interest from possible providers.

Members discussed those who missed checks and struggled to engage with services. The Public Health Consultant noted that Health Visitors do follow up on non-attendance, but that there is no clear minimum requirement for how much and how often they follow up, which the new model would look to specify. The model would also look to provide a breakdown of who and how many had not received a check and the reason why.

A Member queried if the public consultation would help inform the new model, which the Public Health Consultant confirmed would be the case. It was noted that the consultation would last until the end of August.

The Public Health Consultant did comment on more work being undertaken due to the divided feedback from the public on the NCMP letter and whether they should continue to be sent out.

A Member questioned if more could be done for the school leavers transition, due to the physical, emotional and financial impact it can have and whether the third sector interaction with the school leavers transition is sufficient. The Public Health Consultant noted the significance of the transition, commenting that more could be done through modernised guidance and specialised transitional support regarding mental health and special educational needs and disabilities (SEND). She also explained that they were developing a single point of contact into the new model to help with linking the council with the relevant third sector to help with the transition.

Members discussed neurodiversity, the omission from the pathways and the impact it can have on other assessments and education. The Public Health Consultant noted the omission and clarified that this would be amended to have neurodiversity and SEND included under the 'targeted' pathway to cover all possible learning difficulties. She then explained that time had been built in for vision, hearing and weight screenings to accommodate those who may need extra support. In addition, regarding education, if a school has concerns regarding a child there is a process in place to try and ensure they get all the help and assessments needed. Though, the Public Health Consultant did note that there was more to do to transform this process to help future proof it to provide better support. There is broader work going on to embed the Portsmouth model of neurodiversity support in Cumberland. It was also noted that risk factors within the model relating to neurodiversity covered parents/care givers as well as children.

A Member queried if the school nurse still provided eye tests which were then passed to opticians. The Public Health Consultant confirmed that vision screening for reception aged children, as well as screening for height and weight, was still being done and parents were being directed to the relevant support following the results.

Members queried the difference between digital and virtual channels of support, and questioned what was being done for those who struggle with internet connectivity to ensure that those not digitally enabled are reached. The Public Health Consultant explained that, in this context, digital refers to information and guidance provided, including through informational videos but route is not interactive or tailored to individuals. In contrast, the virtual route is interactive, such as e-clinics, video and telephone calls. She further explained that should someone struggle to participate virtually; then clinical judgement would determine if a family needed to be on a 'targeted' pathway to access more enhanced support. The Public Health Consultant also highlighted the duty desk telephone number which anyone can call should they; have concerns, wish to find out information or request a referral.

A Member queried if the issues regarding missed checks related to lack of staff or lack of finance, if there was a process in place to address issues and if the reasons for staff sickness were known. The Public Health Consultant explained the challenges were short term issues relating to vacancies and sickness, as well as the rural aspect of Cumberland combined with caseloads and travel time. She noted that the new model would help with managing the workload better and allow for the workforce to include flexible cover for sickness. And, regarding sickness levels, the Public Health Consultant noted that Cumberland's levels matched other Health and Social Care services and that reasons included the impact from the pandemic and an increased need for the service.

Members questioned whether the 0-19 Health Child Programme tied in with GP checks and whether the programme linked with clinical medical officers and baby clinics. The Public Health Consultant clarified that within the 6-8 week check families are invited to see the GP and a mental health check can be given to the parent(s), though some do not receive this. She noted that after the 6-8 week check, checks are less about physical screenings and that the programme has no say regarding primary care services, so links are not established with the clinics.

RESOLVED: that the presentation on the 0-19 Health Child Programme be noted.

HOS.19/24 NCIC Cancer Services

Members received a presentation regarding the delivery of cancer care in North Cumbria from the Trust Lead for Cancer Clinician from the NCIC; he is a Consultant Oncoplastic Breast Surgeon. He highlighted where services were delivered within Cumberland and where support services were also delivered. The change in standards, from a focus on ten down to three, was also noted alongside the work being undertaken to improve performance within meetings taking place bi-weekly with support from the Integrated Care Board (ICB). The Trust Lead for Cancer Clinician further commented on the NCIC receiving funding £600,000 to help improve the cancer pathways and their performances.

Members asked for clarification on the acronyms CNS (Clinical Nurse Specialist), CCC (Cancer Care Coordinator) and AOS (Acute Oncology Service) and the role of a Prehabilitation Manager, which the Trust Lead for Cancer Clinician explained was the person in charge of helping patients to prepare and be put in the best state for both surgery and recovery.

A Member queried whether the tests for screening provided by other NHS Trusts were done locally and how the decision had been made to have those screenings done outside of Cumberland. The Trust Lead for Cancer Clinician explained that decision had been made by the Commissioner through certain criteria with a Service Level Agreement in place and that the tests for the screening were delivered locally.

A Member asked for further clarification regarding where treatment was provided for Endometriosis and Pancreatic Cancer. The Trust Lead for Cancer Clinician clarified that for surgeries requiring specialists, patients were transferred to Queen Elizabeth Hospital Gateshead and Royal Victoria Infirmary respectively. For simple surgeries and as part of the diagnostic pathway, patients would remain in Cumberland.

Members discussed the performance statistics provided within the presentation and questioned why performance target levels were not higher, what the communication was like with patients when there are delays, whether audits and reviews take place following delays and how the NCIC statistics compare to other trusts. The Trust Lead for Cancer Clinician explained that delays are a multi-factor problem, with complex pathways and each service producing a different performance. He noted that each service also has their own practice for communicating with patients, with the CCC coordinating the pathway helping to keep the patient up to date and Macmillan helping to wrap support around the patient. Regarding audits and reviews, the Trust Lead for Cancer Clinician informed the Committee that all delays and complaints are taken very seriously and that there are weekly meetings where each patient on the wait list is reviewed to understand the delay and what can be done to improve. It was also noted that the NCIC are working on the backlog, with it currently being reduced, and a review of the clinical impact is done with the patient after a wait exceeds 104 days. The Trust Lead for Cancer Clinician also commented that, in terms of performance, compared to other NHS Trusts the NCIC was on a middle level at 62.5%, with the lower level being 59% of seeing patients within 62 days of being referred and the higher level of 79%.

A Member inquired how the £600,000 funding would be allocated: whether for additional service provision or review of pathways. If consideration had been given to the use of virtual consultations and was cross-learning between disciplines in place for improvements where appropriate. The Trust Lead for Cancer Clinician explained that each service had provided their funding request based on their needs, which would be reviewed, discussed and analysed, with the cancer service overseeing how the funding is spent and the impact it has had. Regarding consultations, Covid has had an impact on different supporting services, with virtual appointments taking place where appropriate and bi-monthly meetings were taking place to discuss issues and potential improvements.

A Member queried if there were any other important issues that would need to be monitored following the change to three standards being monitored and what the reasons were for the increased wait times. The Trust Lead for Cancer Clinician noted that three standards were just for the high-level report and that each pathway had different standards within. He also noted that wait times had grown due to a larger older population within Cumberland, an increase in cancer diagnoses and due to more people coming in for screenings to exclude cancer as the aim was to improve prevention and early diagnosis.

The Healthwatch Cumberland Manager asked if there had been an influx of referrals post Covid and the Trust Lead for Cancer Clinician answered that the number of referrals had reduced overall but that there were increments of referrals, with the NCIC aiming to reduce the numbers further through early engagement.

The Public Health Consultant queried if further analysis would be conducted on those with long waiting times and whether there were inequalities with those from deprived communities. The Trust Lead for Cancer Clinician noted the presentation the NCIC had received at their Summit in May, which had indicated that there was no equal access for services, but highlighted that further work was needed.

The Chair requested that further information on the spending of the funding be provided to the Committee, when available, alongside an update on the improvements made. The Trust Lead

for Cancer Clinician agreed that the NCIC would be happy to provide the information when possible.

RESOLVED: that the presentation on the delivery of cancer care in North Cumbria be noted.

HOS.20/24 Committee Update Report

The Committee considered a report which provided an overview of current scrutiny work programme and members were asked to consider the recommendations in order to ensure that scrutiny activity remained effective and focussed on Cumberland Council's strategic priorities.

A Member raised the issue of Audio Visual facilities at this committee and those at a previous Planning committee meeting. The Policy and Scrutiny Officer agreed to follow this up and report back to the next committee meeting.

The Committee discussed setting up an informal briefing with the Deputy Chief Medical Officer, following her visit to Cumberland, ahead of the next Committee meeting in September where a formal paper regarding the visit would be on the agenda. The Policy and Scrutiny Officer agreed to forward the suggested dates in early September to the Deputy Chief Medical Officer's officer to organise the briefing.

A Member asked for further information regarding the potential increase of the Covid FLiRT variant in Cumberland which the Policy and Scrutiny Officer agreed to follow up on.

Member discussed items on the forward plan, including the Permission to Procure Older Adults Residential & Nursing Care Services and Anti-Poverty Strategic Plan: Moving the Dial on Poverty items, noting the importance of the Committee adding such decisions to their pre-scrutiny planning. The Committee noted that further information was needed regarding such items to decide whether it would be appropriate for them to be added to the work programme.

A Member queried whether the proposed 'Tackling Smoking Addiction' item should be delayed following a note that the Government would be investigating the issue. The Policy and Scrutiny Officer highlighted that the proposed item focused on the public health requirement to tackle the issue locally. And the Chair noted that the government would look at creating draft legislation regarding legal ages whereas the proposed item would look at existing smokers within the Cumberland area.

A Member asked if further information could be provided regarding issues around pharmacy provision. The Policy and Scrutiny Officer agreed to work with the ICB Director of Place (North Cumbria) to set up an informal briefing for the Committee to then decide whether it would merit a report being presented at a Committee meeting.

RESOLVED, that

- (1) the relevant items on the most recent Forward Plan of Key Decisions (as set out in paragraph 6 of the report) be noted;
- (2) the Committee's Work Programme for the year ahead (as set out at Appendix 1 of the report) be agreed;
- (3) the formal responses to the four NHS Trust Quality Accounts (as detailed in paragraph 10 and at appendices 2-5 of the report) be noted.

- (4) the Policy and Scrutiny Officer would organise the informal briefing with the Deputy Chief Medical Officer as agreed.
- (5) the Policy and Scrutiny Officer would provide the requested additional information on the potential increase of Covid in Cumberland.
- (6) the Policy and Scrutiny Officer would discuss setting up an informal briefing around pharmacy provision.

HOS.21/24 Date of Future Meeting

It was noted that the next meeting of the Committee would be held on Monday 16 September 2024 at 10.30 am in Conference Room A/B, Cumbria House, Carlisle.

The meeting finished at 1.30 pm

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Report to the Cumberland Health Overview and Scrutiny Committee

Meeting Date – 16 September 2024
 Key Decision – N/A
 Public/Private – Public

Portfolio – Public Health and Communities
 Directorate – Public Health and Communities
 Lead Officer – Colin Cox

Feedback from Deputy Chief Medical Officer (DCMO) - Dr Jeanelle De Gruchy (Department of Health and Social Care (DHSC) / Office of Health Improvement and Disparities (OHID)) on her visit to Cumberland.

Summary

The DCMO for England visited the newly formed Cumberland Council to better understand the opportunities and challenges of the new Local Authority, as well as to observe and gather best practice, and a greater understanding of the area.

Recommendations:

1. That the Committee acknowledges the visit of the DCMO, her observations and note any recommendations and ideas for future areas of work.
2. The Committee consider exploring some of these observations and recommendations – either through the Scrutiny programme of work, or/and through the Health at the Heart working group.
3. The Committee note, recognise and build on the good work identified to date.

Tracking

Executive:	
Scrutiny:	
Council:	

Background

- 1.1. Dr Jeanelle De Gruchy, England's Deputy Chief Medical Officer (DCMO) and colleagues, visited Cumberland on 17 May 2024 following a series of Place Making & Health activities in Cumberland, including the Health in Planning workshop and Place Standard work, which had come to the Department of Health and Social Care (DHSCs) and the Office of Health Improvement (OHIDs) attention and generated interest.
- 1.2. The key aims of the visit were too:
 - *Showcase Cumberland Council - our ambitions, work, team, and amazing staff and members,*
 - *Put Cumberland (and its vast geography) on the map,*
 - *Discuss our challenges (and opportunities) and how OHID and other governmental departments can help us address/deliver these,*
 - *To highlight some of our community and healthy place-based working,*
 - *Connect opportunities for funding, pilot pieces of work and test and learn openings, etc.*
- 1.3. The agenda for the day was generated by a mixture of items that were of interest to regional and national DHSC / OHID, and work that Cumberland wanted to showcase.

To help understand the opportunities and challenges of Cumberland as a new Authority the day took place in two geographic locations – Carlisle and Maryport (see agenda below). The intention for this was to (within the limited time available) provide some insight into the size / scale of the new authority, whilst also showing that we have many diverse places within it.



Agenda

The Reality of Cumberland - the opportunities and challenges of Cumberland as a new area, as well as insight into our work.

Friday 17 May 2024

9.45am - 10am	Arrival - Civic Centre, Rickergate, Carlisle, CA3 8QG
10am - 10.30am	Cumberland Council Plan
10.30am - 11.15am	Your Place Pilot
11.15am - 11.45am	The Pears Medical School and Cumberland Health Determinants Research Collaboration (HDRC)
11.45am - 1pm	Travel to Maryport Town Hall, CA15 6BH
1pm - 1.30pm	Working Lunch: "The Reality of Cumberland - the opportunities and challenge of Cumberland as a new area"
1.30pm - 2.20pm	Maryport Coastal Communities Regeneration Projects, Community Panels and Health and Wellbeing Coaches
2.20pm - 3pm	Travel back to Carlisle

cumberland.gov.uk

A number of people and partners were involved in sessions during the day:

1.3.1. Cumberland Council Plan

Leader of the Council (Cllr Mark Fryer), Deputy Leader (Cllr Lisa Brown), Director of Public Health and Communities (Colin Cox) and Consultant in Public Health (Claire King) welcomed the DCMO and provided an overview of the Council Plan, the Councils ambitions; as well as discussing issues and opportunities of the new Local Authority area. A number of asks were presented (section 1.4), which included reflections from her visit to aid future work.

1.3.2. Your Place Pilot

The Strategic Partnership Manager (Emma Dixon) and internal officers provided an overview of the "Your Place Project" and Place Standard pilot work. The session highlighted learning, outcomes, opportunities and next steps. This work has been recognised regionally and nationally.

1.3.3. **The Pears Medical School and Cumberland Health Determinants Research Collaboration**

Deputy Vice Chancellor of the University of Cumbria (Professor Brian Webster-Henderson), Vice Dean (Education) at Imperial College London and Interim Head of Pears Cumbria School of Medicine (Martin Lupton) provided an update an overview of the partnership between Imperial College London and the University of Cumbria around the aspirations for Carlisle's new medical school.

The Local Authority Research Operations Officer (Rebecca Clarke) highlighted that Cumberland are committed to increasing research and evidence-based practice through the Health Determinants Research Collaboration (HDRC) and discussed the ambitions for the programme.

1.3.4. **“The Reality of Cumberland – the opportunities and challenges of Cumberland as a new area”**

A range of stakeholders were invited to a meeting with the DCMO in Maryport to openly discuss the opportunities and challenges of Cumberland as a new Local Authority area from their perspectives. This also provided insight into the difference between Carlisle and Maryport as two examples of places within Cumberland. Key issues such as geography, rurality, deprivation, coastal communities, funding, resilience events/impact, skills and migration were discussed, as examples; which provided a true insight into the area.

1.3.5. **Maryport Coastal Communities regeneration Projects, Community Panels and Health and Wellbeing Coaches**

The final session of the day explored 3 elements:

1. *Maryport Coastal Regeneration Projects* – Programme Director (Kevin Kerrigan) led a tour around Maryport to showcase Maryport's regeneration projects and how they have put both Health and Communities at the heart of them. Several places were visited including the Town Hall, Harbour, Board walk, Town Centre, as examples.
2. *Community Panels* – Officers from the Community Development team provided an overview of how 8 Community Panels have been established across the new Local Authority area and how the panels have been working with communities to support health and wellbeing through networks and events.
3. *Wellbeing Coaches* – Officers from the Health and Wellbeing Team and service users described the role and support of the Health and Wellbeing Coaches (HAWCs) / Service, and how it has supported the local population.

2. **Outcomes of the Visit**

The DCMO will share her observations and any recommendations at the informal meeting on the 3rd September (which is after the deadline for this report).

However, during the sessions the DCMO, OHID colleagues and Cumberland colleagues agreed to move forward in a number of ways, to build on the day's success.

- Following a request from Councillors, the DCMO agreed to provide feedback on her observations and hold a discussion with the Cumberland Council Scrutiny Committee and/or Embedding Public Health group. This will take place on the 3rd September.
- During the sessions with Councillors and the Stakeholder discussion the challenges of employment and Work and Health were realised. OHID NW officers will connect with Cumberland, the DWP and explore opportunities around the agenda.
- It was agreed that the Place Standard work is an example of exemplary work carried out by Cumberland which could be replicated nationally. OHID NW and Cumberland will continue to work together to further develop this work through the North West pilot and evaluation. It was suggested that the “Your Place” pilot work could also support national OHID conversations around Health, Regeneration and place with Ministry of Housing, Communities and Local Government (MHCLG) – to maximise the links to health and influence public health improvement through other department activities and budgets.
- Cumberland asked that the DCMO consider using the authority as a test and learn or pilot-site for any future initiatives, funding opportunities or policy development.
- Additionally, Cumberland would be willing to be included in any policy or White Paper development and be included as a case study when appropriate.

2.1 Feedback and Thanks

The Director of Public Health and Communities thanked everyone for their contributions to an excellent day. He expressed his thanks to the DCMO for taking the time out of her busy schedule to come and find out what Cumberland was doing as a new council, whilst addressing Place as an important element of public health and placing health at the heart of everything the council does.

In response the DCMO repeated her thanks to everyone for organising a really informative and interesting day, stating it has been a week of receiving information and she has much to absorb, reflect on and take back from her visit.

3. Proposals

- 3.1. That members note the feedback session from the DCMO on the 3rd September and advise that it has been received by Scrutiny.
- 3.2. That members note the observations and recommendations of the DCMO and consider whether to forward these to the Executive for response, or where appropriate consider their adoption or action in future scrutiny work programmes.
- 3.3. That members note the significance of the visit, and good work highlighted and recognised during it.

4. Alternative options considered

4.1. None.

5. Conclusion and reasons for recommendations

5.1. The DCMO visit provided a unique opportunity to explore the opportunities, challenges and aspirations of the new Cumberland Local Authority. It allowed a senior health strategy government officer first hand insight into Cumberland as a Place, and to understand some of the work taking place.

The visit allows learning and development for Cumberland Council, as observations and reflections shared by the DCMO can be discussed and considered in, for example: council plans, policy and future work.

It is hoped that the visit further builds and strengthens a positive working relationship with national and regional DHSC / OHID colleagues, aids consideration of future 'test and learn', funding and case study opportunities – through sharing best practice and some of the Council's early work and achievements.

Implications:

Contribution to the Cumberland Plan Priorities –

Relevant Risks – None

Consultation / Engagement –

Legal –

Finance – N/A

Information Governance – N/A

Impact Assessments –

An Equality Impact Assessment has been considered.

Contact details:

Contact Officer: Emma Dixon

Email: Emma.Dixon@cumberland.gov.uk

Appendices attached to report:

None

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Health Overview and Scrutiny Committee

Meeting Date – 16 September 2024

Key Decision – No

Public/Private – Public

Portfolio holder – Cllr Elaine Lynch

Directorate – Public Health and Communities

Lead Officer – Colin Cox, Director of Public Health and Communities

Re-Commissioning of Cumberland Addictions Services

Summary

This report provides the members of the Health Overview and Scrutiny Committee with the details of the initial plans for the re-commissioning of the Cumberland Addictions Services. These services provide care, treatment and support in the community for people with addiction, in particular substance misuse problems. The re-commissioning provides a golden opportunity to be innovative, recognising the importance of early help and prevention. We aim to redress our approach to service design, ensuring the individual is at the centre of provision and is offered greater choice about their care and support. By approaching commissioning of services through the lens of the person, rather than the service, we aim to view addiction in the context of wider issues an individual, their loved ones and wider community faces.

Recommendations:

Scrutiny Committee is asked to:

1. Provide feedback to inform the initial model design stage of the re-commissioning of Substance Misuse Services in Cumberland
2. Provide any recommendations for how we plan and manage engagement with local partners, communities in relation to re-commissioning activity
3. To consider any specific topics which the Committee wishes to be included in engagement activity.
4. Discuss and agree how the Committee would like to be involved and/or informed of development of the Substance Misuse model, and re-commissioning process.

1. Background:

Current Service Provision

- 1.1 The provision of high-quality substance misuse services is requirement of the Public Health function in Local Authorities under the conditions of the Public Health Grant. These services provide care, treatment and support in the community for people with an addiction (primarily substance misuse problems). Individuals are supported by a broad range of health and care professionals working in multidisciplinary teams. This includes clinical interventions and assessments that could lead to treatments such as (not to limited to) Opioid Substitution Therapy (OST), Blood Borne Virus Screening, Community based Detoxification and Nurse based healthcare assessments.
- 1.2 Additionally psychosocial interventions are also utilised such as 1:1 work, group-based therapy and evidence-based programmes of work. A further significant factor within services is Lived Experience Recovery Organisations (LEROs) who offer support, services, and interventions aimed to facilitate and promote long term recovery from substance misuse. These services are especially valuable as the support is provided by individuals in recovery to individuals working towards their own recovery and evidence suggests this type of support can help people find hope for their future and result in longer-term recovery. LEROs are an essential aspect of forming, expanding and preserving recovery networks and capital within services.
- 1.3 Co-ordination of services is mainly through the Recovery Steps main premises but can also be delivered in a range of settings within the community including local GP surgeries. This ensures that close working links are in place across Primary and Acute care with NHS partners and with community pharmacy services for the purpose of OST, Community supervised consumption, along with localised health promotion.

Current Contracting Arrangements

- 1.4 The contract for delivering Cumbria Addictions Service was awarded to Humankind Charity in 2021. A joint tender was submitted from Humankind and The Well Communities (TWC), a LERO. The organisations deliver services in Cumbria under the delivery name Recovery Steps Cumbria. However, the Council's contract is directly with Humankind who subcontract some of the non-clinical elements to TWC. The Service was commissioned to be transformative, representing an ambition to move away from a clinical model focused on treatment, towards a more holistic recovery and rehabilitation model, within which clinical intervention played a part.

- 1.5 The current contract commenced on 1st October 2021 with an expiration date of 30th November 2025 (an optional extension of up to 10-months is available). The service was commissioned and operates under two separate contracts and two service specifications (*Addiction Services - South Cumbria* covering Westmorland & Furness, and *Addiction Services - North Cumbria* covering Cumberland). However, the only difference of note between the services provided is the localities in which they are delivered, facilitating equitable provision across the County.
- 1.6 A four-month extension to the current contract is recommended (if agreed, the revised end date would be 31st March 2026). This has been agreed in principle by the Director of Public Health and the service provider. The rationale for an extension to the contract is –
- Recognition of the highly complex commissioning process, potentially across the two authorities with significant transformation and system wide improvement required
 - Known absence of Public Health Consultant cover (from Early September) – given the clinical nature of the service, the vulnerabilities of people accessing such provision, ongoing challenges relating to Drug and Alcohol Related Death (DARD) and the action plan/system improvement actions associated with the contract.
 - Application to PMO for resource is underway. The aim being to support coordination of complex transformation work. To facilitate the Council's ambitions for innovation and redesign of addiction services, additional time for engagement, scoping and design is favourable.
 - Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) is an additional OHID grant (which in 2024/25 alone, Cumberland was awarded £1,151,985. This grant funding has a significant impact on services, providing an enhanced offer out with the funding allocated by the Council to the main contract. It is not currently known if the government will continue the funding continue past 31st March 2025, but if funding continues as is anticipated, an extension will help us plan, manage and report this resource more efficiently in the future service.

Impact of Local Government Reorganisation

- 1.7 Prior to LGR, there were two contracts for the substance misuse service. With Eden being included in the North Cumbria service. This was to try and ensure effective cross working with key NHS partners.
- 1.8 As part of the LGR process, these contracts were modified to reflect the geography of the new Local Authorities; with Eden moving into the South Cumbria service. With the complexity of the NHS landscape, a county wide approach to service delivery and public health/commissioning oversight has been maintained. Contract management is undertaken on a joint basis with public health and commissioning colleagues from both Cumberland and Westmorland and Furness attending.

2. **Recommissioning Development Process to Date**

Initial Discussions

- 2.1 Effective discussions have taken place across Public Health and Strategic Commissioning in both Cumberland and Westmorland & Furness Council(s) in relation to the upcoming recommission and how best to maximise outcomes for our communities.
- 2.2 In June 2024 a paper (attached as Appendix 1) was submitted to Public Health and Communities Directorate Management Team (DMT) requesting consent to jointly engage in pre-commissioning engagement exercises with the substance misuse 'marketplace' in order to inform model development and assess feasibility of a range of options. Part of this engagement will help Officers make recommendations related to whether future services should be disaggregated or whether joint working arrangements with Westmorland and Furness Council will be beneficial. A further update paper (Appendix 2) was submitted and endorsed at the Cumberland Public Health and Communities DMT in August 24.
- 2.3 An equivalent paper to appendix 1 was also developed, presented and endorsed in Westmorland and Furness Council.
- 2.4 *Pre-Commission Provider Engagement*
- 2.5 Both Local Authorities have worked together to produce a Pre-Commission Provider Engagement information pack which is viewable by following this link–
[Pre-Commissioning Information Pack-](#)

This information pack offers potential providers an overview of the demographics of Cumbria and how these are reflected within individuals in treatment. Geographic challenges across the two local authority areas are highlighted.

- 2.6 The Information Pack has been published via The Chest in August 2024 and is explicitly listed as open to all potential or interested providers, whether Clinical, Recovery Support, Lived Experience or any other potentially interested service. As Public Health departments are aware that not all organisations regularly use The Chest, the information pack with a link to The Chest was also distributed by a Public Health Manager (who works jointly across Cumberland and Westmorland & Furness Councils) in order to reach as many organisations as possible. Additional advertising was also undertaken within Trade Magazines within Substance Misuse sector, to maximise visibility to potential providers who do not normally operate in Cumberland.

- 2.7 Sessions are bookable via Public Health manager on a range of dates across September with confidentiality ensured. The sessions will offer the Council an opportunity to discuss the pros and cons of various different system models, viability on both a cross-LA arrangement and disaggregated arrangement, and also to discuss system innovation.

Direct Stakeholder Engagement for Model Development

- 2.8 The value of engagement around model development is recognised as not limited to potential providers. Colleagues across Public Health and Commissioning recognise the key insight that individuals with Lived Experience provide in relation to service delivery and aim to gather insight along with staff members who are significant experts by experience within the workplace and local communities.

- 2.9 As this experience is highly valued, engagement sessions will take place in October 2024 with the aim of informing the recommission and potential operating models. Sessions have been booked with the following partners:

- Staff at Recovery Steps (without managers present) – All bases
- Managers only meeting with Recovery Steps
- Individual Placement Support Provision within Recovery Steps
- Staff at CADAS
- Staff at The Well Community
- Operational staff at Probation
- Management within Probation
- Service Users at all bases of Recovery Steps
- Service Users at The Well Community
- Service Users at CADAS
- Individuals engaged with Healthwatch Cumberland

- 2.10 Further engagement sessions are planned with a range of wider stakeholders including internal partners such as Adult Social Care, Children's Social Care, Housing, Sexual Health, Smoking Cessation etc, and also external partners such as Police, NWAS, Housing Associations, Women's Centre's & Networks, NHS Colleagues, Community Mental Health Teams etc. These will be undertaken in November 2024 and will focus on pathways into services and joint working opportunities.

Reporting on Model Development

- 2.11 A detailed report on the engagement will be produced for the end of October 2024 where it will be presented to Public Health and Communities DMT along with any further engagement recommendations.

3. Evidence Base

- 3.1 It is recognised by Public Health Officers that an opportunity exists to make changes to the provision of services to bring about improved outcomes for service users. Intelligence was gathered from both the 16-month review of the Current Service in February 2023 (conducted internally) and an Independent Service User Review of Addiction Services in August 2023 (carried out by the Working with Everyone Independent Consultants).
- 3.2 Engagement meetings have been held with Healthwatch Cumberland in August 2024 in relation to the 'Behind the Addiction' report undertaken and published by Healthwatch on 15th August 2024. Colleagues in Public Health have held formal briefings with Healthwatch, and recommendations have been shared from the report. From these briefings, the findings will be used to influence system and model design, and we are committed to working with the team at Healthwatch to deliver system change to the residents of Cumberland.
- 3.3 Additional exercises around gathering evidence bases for the effectiveness of differing models in substance misuse treatment services are currently being undertaken and will feed into the Council's appraisal of options and proposed models of future service delivery.

4. SWOT Analysis

- 4.1 In order to research best practice and the development of system models across England a number of SWOT analysis has been undertaken. Areas of England were identified based on both recommendations by OHID along with Local Authorities with similar demographics based on Geography, Population Density, Transportation Links and Rurality. These comparison authorities were:
 - Blackburn with Darwen
 - Lancashire
 - North Yorkshire
 - Cornwall
 - Northumberland
 - Essex
- 4.2 This analysis enabled colleagues across Public Health and Commissioning to identify a number of opportunities for system transformation and development, but also recognise the SMART goals needed to achieve these.

5. Contribution to the Cumberland Plan Priorities

- 5.1 **Addressing Inequalities** – Enable individuals to build on strengths, promote resilience, sustain positive changes and promote positive outcomes.

- 5.2 **Delivering Excellent Public Services** – It is critical that we find new ways to promote wellbeing and recovery with a focus on positively connecting communities, families and the individual to a range of vital services. This approach will be a truly collaborative approach working toward development of the most appropriate model with careful consideration given to our population, demographics, and geography which all present both opportunities and challenges.
- 5.3 The Cumberland Council plan details the importance of Early Help, Prevention and supporting individuals to Live Well. The Council’s model development will seek to address this through transforming the service to a preventative approach, giving priority to early intervention and harm reduction, addressing the wider challenges which often result in problematic behaviour and addiction. Officers are focused on an ambition to deliver a better service to people who are vulnerable, ensuring our services support them to live well.
- 5.4 An additional Outcome measure for the Council Plan is reducing trends in preventable deaths, in particular suicide and drug and alcohol related deaths. This has been a priority for Public Health with a number of systems and interventions having been commissioned to help the Council better understand influencing factors, assisting Officers to better address them in service recommendations (both current and future).

Relevant Risks and explain how risks can be mitigated - n/a

Consultation / Engagement –

- Further engagement with People Overview and Scrutiny Committee – To be agreed at this meeting.
- Engagement with public, and partners will take place as referenced in this report

Legal – N/A at this stage

Finance – N/A at this stage

Information Governance – N/A at this stage

Impact Assessments – Have you screened the decision for impacts using the Impact Assessment? A preliminary equality impact assessment has been completed. A further equality impact assessment will be undertaken as the model progresses.

Lead Officer Contact details:

colin.cox@cumberland.gov.uk

Background papers:

Note: in compliance with section 100d of the Local Government Act 1972 the report has been prepared in part from the following papers:

Public Health and Communities DMT paper



Title of Paper: Alcohol and Drugs Options Briefing Paper
Date: 14 th June 2024
Author: John Salisbury, Public Health Manager – Alcohol & Drugs and Kate Greenwoods, Commissioning Manager
Unit / Directorate: Public Health
Audience: Public Health & Communities DMT

PURPOSE

This paper presents some decisions that need to be considered by Cumberland Council on commissioning options for Alcohol and Drugs services, in advance of the current contracts ending on 30th November 2025.

BACKGROUND**Current service provision**

The provision of high-quality substance misuse services is requirement of the public health function in Local Authorities under the conditions of the Public Health Grant. These services provide care, treatment and support in the community for people with substance misuse problems. Individuals are supported by a broad range of health and care professionals working in multidisciplinary teams. This includes clinical interventions and assessments that could lead to treatments such as (not to limited to) Opioid Substitution Therapy (OST), Blood Borne Virus Screening, Community based Detoxification and Nurse based healthcare assessments.

Additionally psychosocial interventions are also utilised such as 1:1 work, group-based therapy and evidence-based programmes of work. A further significant factor within services is Lived Experience Recovery Organisations (LERO's) who offer support, services, and interventions aimed to facilitate and promote long term recovery from substance misuse. These services are especially valuable as they provide support from individuals in recovery to individuals working towards their own recovery. LERO's are an essential aspect of forming, expanding and preserving recovery networks and capital within services.

Services can be delivered in a range of settings within the community including local GP surgeries. This ensures that close working links are in place across Primary and Acute care with NHS partners and also with community pharmacy services for the purpose of OST, Community supervised consumption, along with localised health promotion.

From Harm to Hope

The Combating Drugs Strategy is an important driver for reducing harms related to substance misuse across Cumbria. The delivery of this Strategy is overseen by the Cumbria Combating Drugs Partnership, which is formed of Safer Cumbria Board and Cumbria Addictions Board. Cumbria Addictions Board currently drives improvement across treatment services, working closely with criminal justice, probation and other colleagues.

Impact of Local Government Reorganisation

Prior to LGR, there were two contracts for the substance misuse service, which matched the ICB footprints. This was to ensure effective cross working with key NHS partners. As part of the LGR process, these contracts were modified to reflect the geography of the new Local Authorities, but given the complexity of the NHS landscape, a county wide approach to service delivery and public health/commissioning oversight has been maintained. Contract management is done on a joint basis with public health and commissioning colleagues from both Cumberland and Westmorland and Furness attending.

Current Contracting Arrangements

The contract for delivering Cumbria Addictions Service was awarded to Humankind Charity in 2021, under the brand Recovery Steps Cumbria. The new Service was commissioned to be transformative, representing an ambition to move away from a clinical model focused on treatment, towards a more holistic recovery and rehabilitation model within which clinical intervention played a part.

The current contract commenced on 1st October 2021 and runs through to 30th November 2025. The service was commissioned and operates with two service specifications (Westmorland & Furness, and Cumberland) reflecting the differing needs of local populations. There is an option within this contract to offer a 10-month extension (so running to 30th September 2026) which is currently under consideration by Public Health across both Local Authorities.

The commissioning process has commenced, and this is the first of a series of briefing and decision-making papers that will facilitate the procurement of a new substance misuse treatment system. We are ambitious to develop a high-quality system across Cumbria, building on the current model and continuing to transform the service provision to continue to strengthen the lived experience voice, improve outcomes for our residents and deliver safe clinical services in partnership with the wider NHS systems.

Potential Options for Recommissioning of Service Provision

A range of potential options for recommissioning Substance Misuse services across Cumberland Council have been considered and the four main choices for a recommissioning model are outlined below, highlighting the advantages, disadvantages and risks of each approach. For clarity the options considered are:

Option 1 - A single Cumbria-wide service specification (delivering across Cumberland and Westmorland & Furness footprints) managed via a shared contract across both LAs with the commissioned provider(s).

Option 2 – A single Cumbria-wide service (delivering across Cumberland and Westmorland & Furness footprints) managed via each LA having its own contract(s) with the commissioned provider(s)

Option 3 – A single 'Core' service based across both LAs, with each individual LA then having separate localised contract(s)

Option 4- Two separate services delivering on individual LAs footprints only, with each LA having its own contract(s) with the commissioned provider(s)

To support in analysing the advantages of each option an Options table has been added as Appendix 1 (Below):

Advantages of each Option with Alcohol & Drugs Briefing Paper

If an option has 'hit' the advantage it has been shaded Green

	Option 1	Option 2	Option 3	Option 4
Capacity to work more productively with whole system partners	X	X	X	
Enable a greater level of diversification based on individual ICB footprints, demand, challenges.		X	X	
ensure equity of service delivery for clinical interventions	X	X	X	
economies of management structure(s)	X	X	X	
simplification of pathways into treatment for all statutory and 3 rd sector organisations.	X	X	X	
Maintenance of current data management and Early Warning & intelligence systems - undertaken on a whole Cumbria perspective	X	X	X	
Service coordination for individuals who may 'cross borders' for health care needs especially those who live in certain areas of both LA's	X	X	X	

High levels of service accessibility and visibility it will support current steps within both LA's to reduce health inequalities	X	X	X	
Links and connectivity with local VCSE partners		X	X	
Links and connectivity with other Local Authority delivered and commissioned services		X	X	
A lead authority for the purposes of recommissioning would need to be identified	X	X	X	
Further localised contract(s) could ensure that service specification could be highly reflective of the needs of local communities and local service provision		X	X	X
Highly reflective of the needs of local communities and local service provision		X	X	X
Greater localised examples of VCFSE partners could be offered and built upon		X	X	X

Option 1 – Single service specification managed by a shared contract across both LA's with the commissioned provider(s).

How would this option Work – This model would be the operation of a single Substance Misuse service working across the entire footprint of Cumbria. This service would be managed and monitored via through shared contract(s) covering both local authorities.

Advantages of this Option

By working with a single service model, there is capacity to work more productively with whole system partners such as Cumbria Constabulary, Probation Services, North West Ambulance Service, Health etc.

A single service would ensure equity of service delivery for clinical interventions (Shared Care access, Pharmacy, Detoxification) for the entire of the population across both LAs

A single service would be able to make economies of the management structure which would not be possible with separate providers for each LA.

Current data management and Early Warning & intelligence systems are undertaken on a whole Cumbria perspective. This enables the real time warnings to be distributed across the whole area recognising that drug trafficking, and associated risks, cross all aspects of both LAs.

There is a regular 'crossing of borders' for health care needs for individuals who live in certain areas of both LAs. Good examples are that individuals who live in Millom and surrounding areas, will attend hospital at Barrow, whilst individuals residing in Penrith will often access Carlisle.

A single service will enable the simplification of pathways into treatment for all statutory and 3rd sector organisations. The ease of access to a service in itself is shown to promote service visibility (both in person and via Social Media), enhance knowledge and awareness from other professionals.

By enabling high levels of service accessibility and visibility it will support current steps within both LAs to reduce drug related deaths, improve health and wellbeing outcomes, enhance quality of life for all residents and reduce alcohol related crime.

Disadvantages/Risks of this Option:

This option could allow only limited diversification of the Service Specification to reflect the individual challenges of each LA.

The option could limit the discussion in relation to KPIs to over-arching themes where there is a strong desire to develop KPIs to reflect the needs/wishes of local people.

Issues around rurality and engagement with rural populations could be harder to manage via a single contract, where focus tends to gravitate to more urbanised areas within both LAs.

Having a single contract could create difficulties in relation to contract management, sharing of resources & operational responsibilities

If one local authority was unhappy with the operational performance of the service provider, it would not be able to seek to terminate the contract unilaterally. This in turn would have a significant impact on relations between each Local Authority and the service provider in turn.

Option 2 – Single Service managed by each LA having its own contract(s) with the commissioned provider(s)

How would this option Work? This is the current contractual arrangement(s) covering current service(s) across both Local Authorities. This option would provide a single service delivering Substance Misuse services across the entire Cumbrian footprint. A contract and service specification would be developed for Westmorland & Furness LA, and one also developed for Cumberland LA. Although there would be broad overarching principles running through both, there would also be the opportunity to diversify each Specification to reflect the needs and environmental challenges of each individual Local Authority.

Advantages of this Option:

By working with a single service model, there is capacity to work more productively with whole system partners such as Cumbria Constabulary, Probation Services, North West Ambulance Service, Health etc.

A single service based on separate contracts for each LA will enable a level of diversification based on individual ICB footprints, demand, challenges.

Additionally, a single service provider would ensure equity of service delivery for clinical interventions (Shared Care access, Pharmacy, Detoxification) for the entire of the population across both LA's

A single service provider would be able to make economies of the management structure which would not be possible with separate providers for each LA.

Current data management and Early Warning & intelligence systems are undertaken on a whole Cumbria perspective. This enables the real time warnings to be distributed across the whole area recognising that drug trafficking, and associated risks, cross all aspects of both LAs.

There is a regular 'crossing of borders' for health care needs for individuals who live in certain areas of both LAs. Good examples are that individuals who live in Millom and surrounding areas, will attend hospital at Barrow, whilst individuals residing in Penrith will usually access Carlisle.

A single service provider will enable the simplification of pathways into treatment for all statutory and 3rd sector organisations. The ease of access to a service in itself is

shown to promote service visibility (both in person and via Social Media), enhance knowledge and awareness from other professionals, and promote recovery within communities.

By enabling high levels of service accessibility and visibility it will support current steps within both LAs to reduce drug related deaths, improve health and wellbeing outcomes, enhance quality of life for all residents and reduce alcohol related crime

Links and connectivity with local VCSE partners could be more closely identified within localised specifications.

Links and connectivity with other Local Authority delivered and commissioned services, such as housing and homelessness, community power, and social care.

Within this agreement a lead authority for the purposes of recommissioning would need to be identified. At the current time it has been suggested that this could be Cumberland Council.

Within this option there would be a need to ensure Joint Working Agreement across both authorities. It is noted that this has been overcome within the recent Sexual Health recommission and the Joint Working Agreement may be transferred with minor amendments to this process with legal advice.

Disadvantages/Risks of this Option:

If the two Local Authorities have two differing agendas in regards promoting recovery capital and developing recovery services in their local areas, there could be a risk of highly differing 'asks' in each locality.

Option 3 - A single 'Core' service based across both LAs, with each individual LA then having separate localised contract(s)

How would this option Work— This option would be to commission a core service that is based across both LAs with further contract(s) offering more localised additions to the 'core' offer. This could be managed in two differing ways:

Option 3a, A shared provider contract(s) offering a Core Service, with each LA having separate localised contract(s).

Option 3b each LA having its own contract(s), referring to a Core Cumbria Specification with additional localised adaptations.

Advantages of this Option

By working with a single 'core' service model, there is capacity to work more productively with whole system partners such as Cumbria Constabulary, Probation Services, North West Ambulance Service, Health etc.

A single 'core' service would ensure equity of service delivery for clinical interventions (Shared Care access, Pharmacy, Detoxification) for the entire of the population across both LAs

A single 'core' service would be able to make economies of the management structure which would not be possible with separate providers for each LA.

Current data management and Early Warning & intelligence systems are undertaken on a whole Cumbria perspective. This enables the real time warnings to be distributed across the whole area recognising that drug trafficking, and associated risks, cross all aspects of both LAs.

There is a regular 'crossing of borders' for health care needs for individuals who live in certain areas of both LAs. Good examples are that individuals who live in Millom and surrounding areas, will attend hospital at Barrow, whilst individuals residing in Penrith will often access Carlisle. This could be managed more directly, efficiently and in a timely manner with a single 'core' service.

A single 'core' service will enable the simplification of pathways into treatment for all statutory and 3rd sector organisations. The ease of access to a service in itself is shown to promote service visibility (both in person and via Social Media), enhance knowledge and awareness from other professionals.

By enabling high levels of service accessibility and visibility it will support current steps within both LA's to reduce Drug Related Deaths, Improve Health and Wellbeing Outcomes, enhance quality of life for all residents and reduce alcohol related crime.

Whilst commissioning a 'core' contract(s) to ensure equity of access, pharmaceutical interventions etc, the option of further localised contract(s) would ensure that service specification could be highly reflective of the needs of local communities and local service provision.

Links and connectivity with local VCSE partners could be more closely identified within localised contract(s).

Disadvantages/Risks of this Option

With this option there would be a greater level of contract management required, as a number of contracts could be issued as part of service requirements. This would therefore require greater time and input from both Public Health and Commissioning colleagues.

As this option operates with a 'Core' contract it would require the two LAs to agree how the core would be managed and monitored. KPIs for examples relating to all elements of the core contract would need to be developed across both LAs.

Option 4 – Two Separate services delivering on individual Local Authority footprints, via each LA having its own contract(s) with the commissioned provider(s)

How would this option Work – This option would result in the disaggregation of all substance misuse services, and services being delivered separately in Cumberland and Westmorland & Furness council areas.

Advantages of this Option:

Service specification could be highly reflective of the needs of local communities and local service provision

Greater localised examples of VCFSE partners could be offered and built upon within service specification and KPI's

Disadvantages/Risks of this Option:

Existing Drug intelligence systems, information sharing systems and data analysis processes would come to end. This would have a negative impact on monitoring drug risk (as in strong batches or batch tampering), along with highlighted intelligence around prevalence of overdose clusters and other general areas of risk management on a system level

Each existing contract would require a high level of management and clinical costings from a potential provider which would need to be absorbed for each locality.

Within both Local Authorities a lot of individual resident's cross local authority borders to get their health needs met both within Primary and Acute settings, two separate services would exacerbate clarity of treatment pathways.

Individuals in border areas such as Millom (Cumberland) may find a reduced service offer due to rurality and distance from a service level

There is a significant risk with two individual contracts that there will be a significant lack of interested treatment providers who could suitably run this service. This would include large national providers who may question the financial viability of the potential service, and local Cumbria based services who may struggle to meet the geographical demands of the individual regions.

Whilst working only in Cumberland the service would be working across two ICBs which would add complexity with one service provider for each local authority area.

With the commissioning of two smaller services in largely rural areas, the number of interested providers is highly likely to be lower as they may find that the geography of both local authorities as stand-alone commissions would make them questionable from the perspective of financial viability.

Commissioning Options

Dependent on the option highlighted as a preference as part of this briefing paper, a further options paper will be produced shortly which highlights the range of commissioning options available to the Local Authority. This will be brought to DMT for further consideration.

Recommendation

The recommendation is that Cumberland Council commit to recommissioning services jointly with Westmorland & Furness Council, with Options 2 and 3 being the options to be further explored alongside the development of the proposed service model.

Both Option 2 (Single Service managed by each LA having its own contract(s) with the commissioned provider(s)) and Option 3 (A single 'Core' service based across both LA's, with each individual LA then having separate localised contract(s)) have significant advantages to deliver quality services for individuals whilst also offering financial and service delivery reassurance for both LAs. Although both options have disadvantages associated, it is thought that these would be manageable, with current undertakings around joint working arrangements and joint commissioning principles in relation to Sexual Health services offering a key framework in this regard.

Option 1 (A single Cumbria wide service (delivering across Cumberland and Westmorland & Furness footprints) managed via a shared contract across both LA's with the commissioned provider(s)) and Option 4 (Two Separate services delivering on individual Local Authority footprints, via each LA having its own contract(s) with the commissioned provider(s)) both carry significant disadvantages which would significantly impact on the deliverability of the service provision for Substance Misuse along with potential issues relating to viability. Both options 1 and 4, would also potentially marginalise individuals who have substance misuse issues whilst living in rural locations.

If DMT are in agreement these options will be evaluated further before a further briefing paper is produced outlining a preferred model.

Public Health and Communities DMT Update Paper

Substance Misuse Re-Commissioning Update

This is a brief update from the last paper presented at DMT in June 2024.

Operating Model Update:

As outline agreement has been verified with both Cumberland and Westmorland & Furness, officers have begun to explore potential models which could be utilised within the LA's for future service design. Both LA's have agreed to undertake a Pre-Commission Provider engagement session(s). This will be advertised via Chest to all potential providers and will be open to any interested provider (whether LERO, Clinical, Recovery Support etc). This will be advertised in August, with the sessions taking place in September 2024.

The sessions will offer both LA's an opportunity to discuss the pros and cons of various system models, the viability on both a cross-LA arrangement and disaggregated arrangement, and also to discuss system innovation. As can be seen within the information pack, both LA's are keen to hear from providers past experiences, lessons learnt, and innovative practice and ideas.

Although the session(s) will be advertised via Chest, we will also ensure that organisations who do not utilise Chest will be aware of the advert. Additionally, we will be promoting to providers via DDN (Trade Magazine, website, newsletters). Officers will also seek to engage organisations not traditionally active in substance misuse will be made aware of the potential for engagement.

Engagement:

Engagement sessions for informing the recommission have been booked with the following:

- Staff at Recovery Steps (without managers present)
- Managers only meeting with RSC
- IPS Provision with RSC
- Staff at Cadas
- Staff at TWC
- Operational staff at Probation
- Management within Probation
- Service Users at RSC
- Service Users at TWC
- Service Users at Cadas
- Individuals engaged with Healthwatch (in both Cumberland and Westmorland)

Further engagement sessions are planned with a range of further stakeholders including internal partners such as ASC, CSC, Housing, Sexual Health, Smoking Cessation etc, and also external partners such as Police, Housing Associations, Women's Centre's & Networks, NHS Colleagues, CMHT etc.

Current Contract End Date & Recommissioning Timeline:

The current contract with Humankind (operating as Recovery Steps) is due to end at the end of November 2025. As current timelines are proving difficult, a short contract extension of 4 months has been proposed based on the following principles from Commissioning:

- Recognition of the highly complex commissioning process, potentially across the two authorities with significant transformation and system wide improvement required
- Known absence of Public Health Consultant cover (from Early September) – given the clinical nature of the service, the vulnerabilities of people accessing such provision, ongoing challenges relating to Drug and Alcohol Related Death (DARD) and the action plan/system improvement actions associated with the contract.
- Application to PMO for resource is underway. The aim being to support coordination of complex transformation work. To facilitate the Council's ambitions for innovation and redesign of addiction services, additional time for engagement, scoping and design is favourable.
- Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) is an additional OHID grant (which in 2024/25 alone, Cumberland was awarded £1,151,985. This grant funding has a significant impact on services, providing an enhanced offer out with the funding allocated by the Council to the main contract. It is not currently known if the government will continue the funding continue past 31st March 2025, but if funding continues as is anticipated, an extension will help us plan, manage and report this resource more efficiently in the future service.

The proposal for extension has been provisionally accepted by Public Health. There are current and ongoing discussions with Recovery Steps Cumbria in relation to the proposed extension (they will need to extend building lease's and are discussing this with the appropriate landlords etc), however this has been given outline agreement by Regional Director of Humankind.

A revised timeline has been proposed by Commissioning which will be produced W/C 19th August. It is anticipated that the use of time within the extension will be as follows:

6 weeks additional time for Engagement & Consultation with Stakeholders and Partners
2 weeks lost time due to Christmas
2 months Additional time for required WAF governance.

Work is now being undertaken by Commissioning to advance the decision to extend Contracts within local decision-making processes.

Evidence Base

An evidence base is currently being developed within PH for the recommission. SWOT analysis have been completed in relation to comparisons with other LA's including:

- Blackburn with Darwen
- Lancashire
- North Yorkshire
- Cornwall
- Northumberland
- Essex (currently being undertaken)

Furthermore, engagement meetings have been held with Healthwatch Cumberland in relation to the recent report following engagement with Substance Misuse services and individuals across the LA. We have had a couple of formal briefings and recommendations have been shared around the report. From these briefings the findings will be highly beneficial in system and model design, and we are committed to working with the team at Healthwatch to deliver system change to the residents of Cumberland. The report is due to be published on Friday 16th August via: <https://healthwatchcumberland.co.uk/report/behind-the-addiction/>

A Literature review of the evidence base for recommissioning is planned for September and October 2024.

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Report to Health Overview and Scrutiny Committee

Meeting Date	16 September 2024
Key Decision	No
Public/Private	Public
Portfolio	Councillor Lisa Brown, Adults and Community Health and Councillor Elaine Lynch, Lifelong Learning and Development
Directorate	Internal: Public Health and Communities Partners: NHS North East and North Cumbria Integrated Care Board NHS Lancashire and South Cumbria Integrated Care Board
Lead Officer	Timothy Godfrey, Policy Officer

Committee Update Report and Work Programme

Recommendations:

It is recommended that the Scrutiny Committee:

- (1) Note relevant items on the most recent Forward Plan of Key Decisions as set out in paragraph 6.
- (2) Discuss and agree the committee work programme for the year ahead as set out at Appendix 1.
- (3) Note the response to concerns raised about meeting room accessibility as detailed in Paragraph 1.2.

1.0 Updates

- 1.1 Committee members are sent details of NHS 'consultations on substantial variations or developments of services' within Cumberland. These detail the variation and how the NHS is proposing to deal with them, including any mitigations. Changes that committee members wish to discuss, make representations on or ask for further detail should be notified to the Chair and done so using this agenda item.
- 1.2 At the Committee Meeting on 19th July, Councillors raised the issue of meeting room accessibility. This centred around the lack of working audio and visual systems. Councillors were also concerned about how the public accessed the meeting room.
 - 1.2.1 The concerns of the Committee were raised with the Council Monitoring Officer and the Democratic Services Manager.
 - 1.2.2 The Democratic Services Manager and the Assistant Director of Corporate Assets and Fleet have led the response on this and reviewed all sites along with the relevant service contracts for equipment.

2.0 Reference to Health Overview and Scrutiny Committee

- 2.1 None.

3.0 Councillor Call for Action

- 3.1 None

4.0 Response of Executive to Health Overview and Scrutiny Committee

- 4.1 None.

5.0 Response on Resolutions from previous meetings

- 5.1 None.

6.0 Forward Plan of Key Decisions

- 6.1 The most recent Forward Plan of Key Decisions is published on the Cumberland Council website, covering the period to 31 January 2025:
[Browse plans - Executive, 2024 | Cumberland Council \(moderngov.co.uk\)](#)
- 6.2 A log of decisions is kept on the Council website

6.2.1 Decisions made by the council's decision making bodies:
<https://cumberland.moderngov.co.uk/mgDelegatedDecisions.aspx?bcr=1&DM=0&DS=2&K=0&DR=&V=0>

6.2.2 Decisions made by officers:
<https://cumberland.moderngov.co.uk/mgListOfficerDecisions.aspx?bcr=1&BAM=0>

7.0 Work Planning

7.1 The work programme for this committee is attached at Appendix 1.

7.2 Any items of interest and/or relevance to the committee should be notified to the Chair so that they can be added to the committee work programme.

8.0 Conclusion and reasons for recommendations

8.1 This report provides an overview of current scrutiny work. Members are asked to consider the recommendations in order to ensure that scrutiny activity remains effective and focussed on Cumberland Council's strategic priorities.

9.0 Implications

9.1 **Contribution to the Cumberland Plan Priorities** - This report and the work of the committee supports the Council Plan aim: "Our aim is to improve the health and wellbeing of our residents. It is at the heart of everything that we do." The work programme includes relevant items from the Council Plan Delivery Plan.

9.2 **Relevant Risks** – N/A

9.3 **Consultation / Engagement** – N/A

9.4 **Legal** – None directly associated with this report.

9.5 **Finance** – None directly associated with this report.

9.6 **Information Governance** – N/A

9.7 **Impact Assessments** – Not required. Report for information only.

10.0 Appendices attached to report

10.1 **Appendix 1** – Committee Work Programme.

11.0 Background Papers

11.1 None

Report author and contact officer:

Timothy Godfrey

Policy Officer

timothy.godfrey@cumberland.gov.uk

01900 516 661

Work Programme Items for 2024 / 2025 Municipal Year

Issue	Description	Timeline
Standing items for consideration at each meeting		
Committee update report and work programme	This item provides the committee with an opportunity to review the management of the work of the committee including items to note and planning its work programme	
Task and Finish	To update the committee on any Task and Finish activity that has taken place between meetings	
Committee Meetings (Draft dates and items)		
NHS Quality Accounts	To discuss and agree responses to the annual NHS Quality Accounts	23 May 2024
ICB response to Dentistry TFG	To hear further from the ICB on their initial response to the Dentistry TFG	
Committee update report	To consider priorities for the committee work plan for the 2024 to 2025 municipal year	
Commissioning of 0 – 19 public health services	To engage in the decision-making process for commissioning of future public health services in Cumberland.	19 July 2024
Cancer Services - NCIC	To look at Cancer Services, performance and wait times, how and where patients are cared for, completion of treatments and causes, comparison regionally and nationally, quality of data kept.	
Committee update report	To consider priorities for the committee work plan for the 2024 to 2025 municipal year	
Visit to West Cumbria by Public Health England	Feedback report from visit and follow up discussions	16 September 2024
Drugs and Alcohol Addiction and the Service Provision in the Area	Report presentation from HealthWatch Cumberland	
Substance Misuse Procurement	To engage in the decision-making process for commissioning of future substance misuse services in Cumberland	16 September 2024
Committee update report	To consider priorities for the committee work plan for the 2024 to 2025 municipal year	

Putting Health and Wellbeing at the Centre of Everything we do	Progress report on 'putting Health and Wellbeing at the Centre of Everything we do'	7 November 2024
Tackling smoking addiction	Tackle smoking addictions through: <ul style="list-style-type: none"> • Delivery of a tobacco dependence improvement programme • Delivery of a campaign to highlight the dangers of general Vape usage 	
Suicide Prevention	Develop a strategic action plan for suicide prevention	
Committee update report	To consider priorities for the committee work plan for the 2024 to 2025 municipal year	
Health Determinates Research Collaborative	This is a £5m programme over three years, intention is to develop a research culture in the council with a focus on the Marmot Report (A Hopeful Future: Equity and the social determinants of health in Lancashire and Cumbria - IHE (instituteofhealthequity.org)) and the wider determinates of health (i.e. prevention, housing, poverty etc).	16 January 2025
Committee update report	To consider priorities for the committee work plan for the 2024 to 2025 municipal year	
JSNA	To consider the approach, programme and progress	13 March 2025
Sellafield off site emergency plan / response	To consider the overall emergency response and report from 2024 exercise.	
Committee update report	To consider priorities for the committee work plan for the 2024 to 2025 municipal year	

Further items for Committee Meetings or informal briefings		
Neurodiversity	To consider provision and support for health and wellbeing, and the role of Neurodiversity Champions (link to People O&S Committee on this issue to be explored).	tbc
Pharmacy	To consider access to Pharmacy provision in Cumberland.	tbc
Cardiac Care	To review Cardiac Care provision across both health systems serving Cumberland.	tbc
Care Quality Commission Reports	To look at action plans arising from CQC reports into the main NHS Trusts operating in Cumberland.	tbc
Place based reviews	Looking at places and how their health services are operating and co-ordination. For example, how the health system is operating in Millom, or the NHS Place based project in Workington.	tbc
Mental Health services and the third sector support	How the third sector supports Mental Health services in Cumberland	tbc
Volunteer support for Health Services	How the voluntary sector support NHS Services, for example through volunteer programmes such as 'Daft as a Brush' patient transport in the North East	tbc
Best start	Looking at the promotion of breast feeding and benchmarking against national targets	tbc

Pharmacy

An informal briefing on Pharmacy is in the process of being scheduled with the relevant Council and NHS teams.

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