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 an 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