CUMBRIA HEALTH SCRUTINY COMMITTEE

Minutes of a Meeting of the Cumbria Health Scrutiny Committee held on Tuesday, 25 February 2020 at 10.30 am at Conference Room A/B, Cumbria House, Botchergate, Carlisle, CA1 1RD

PRESENT:

Ms C Driver (Chair)

Mr F Cassidy
Ms H Chaffey
Mr P Dew
Dr M Hanley
Mrs RC Hanson
Mr N Hughes
Mr J Kane (Vice-Chair)
Mr GRPM Roberts
Mr P Scott
Mr D Shepherd
Mr CJ Whiteside
Mr M Wilson

Also in Attendance:-

Mr A Bennett	-	Executive Director of Commissioning, Lancashire and South Cumbria Integrated Care System
Ms J Clayton	-	Head of Communications and Engagement, NHS North Cumbria Clinical Commissioning Group
Mr V Crumbleholme	-	Commissioning Support Manager, Morecambe Bay Clinical Commissioning Group
Mrs R Duguid	-	System Executive Director of Strategy - North Cumbria Integrated Care NHS Foundation Trust
Mr A Gardner	-	Director of Planning and Performance, Morecambe Bay Clinical Commissioning Group
Mrs L Harker	-	Senior Democratic Services Officer
Ms H Horne	-	Chair, Healthwatch Cumbria
Ms S Kelly	-	Joint Commissioner for NHS England and North Cumbria Clinical Commissioning Group
Ms S Nightingale	-	Programme Lead, Midlands and Lancashire Commissioning Support Unit
Mr G Raphael	-	Executive Director of Finance, Lancashire and South Cumbria Integrated Care System
Mr P Rooney	-	Executive Director of Improvement for the Integrated Health and Care System - North Cumbria Integrated Care NHS Foundation Trust
Mr D Stephens	-	Strategic Policy & Scrutiny Advisor

PART 1 – ITEMS CONSIDERED IN THE PRESENCE OF THE PUBLIC AND PRESS

47 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr D Blacklock and Mr S Wielkopolski.

48 MEMBERSHIP OF THE COMMITTEE

(1) It was noted that David Shepherd had replaced Anne McKerrell as the Carlisle City Council representative on the Committee on a permanent basis.

(2) Mr G Roberts attended as substitute for Mr S Wielkopolski for this meeting only.

49 DISCLOSURES OF INTEREST

(1) Mr C Whiteside declared a personal interest as his wife was employed at the West Cumberland Hospital.

(2) Mr G Roberts declared a personal interest as he was a member of the Cumbria, Northumberland, Tyne and Wear Partnership.

50 EXCLUSION OF PRESS AND PUBLIC

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

51 MINUTES

With reference to the second paragraph of minute 41(b) – Primary Care Networks (South Cumbria) it was agreed that ‘co-terminus’ should read ‘co-terminous’.

RESOLVED, that with the inclusion of the above amendment the minutes of the meeting held on 10 December 2019 be agreed as a correct record and signed by the Chair.

52 COMMITTEE BRIEFING REPORT

The Committee received a report which updated members on developments in health scrutiny, the Committee’s Work Programme and monitoring of actions not covered elsewhere on the Committee’s agenda.

Members received an update on the appointment of a Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System and the Joint Health and Adults Scrutiny Advisory Group.

A discussion took place regarding the number of cancelled operations and it was agreed this would be considered further with Lead Health Members.

RESOLVED, that

(1) the update on the appointment of a Joint Health Scrutiny Committee for the whole Lancashire and South Cumbria Integrated Care System be noted;

(2) the update from the Joint Health and Adults Scrutiny Advisory Group be noted;

(3) the existing Work Programme be noted and the following items be included for future meetings:-

(i) Sustainability of Rural Health Services be considered at the May 2020 meeting;

(ii) Impact on any Future Unitary/Devolution Proposals for Cumbria on Health and Care Services.

53 NORTH CUMBRIA VASCULAR SERVICES

The Committee considered a report on North Cumbria Vascular Services which provided background information as to why those services needed to change.

Members noted that in April 2019 a discussion paper had been shared with NHS England which offered three potential options to enable the continuation of safe and sustainable vascular services to North Cumbria patients at the end of the Service Level Agreement with Dumfries and Galloway in September 2019. It was explained that in May 2019 a request had been made to North England Clinical Senate to provide an independent clinical view on an interim service model whilst a sustainable solution was pursued.

Members noted that in July 2019 a further option was also presented to allow Newcastle and North Cumbria to work together as a networked model and would include the recruitment of a fifth vascular consultant as an interim model to maintain vascular services in North Cumbria. It was explained that following agreement for the interim model work would focus on the evaluation of future options for a sustainable long-term service model. Officers emphasised there were no plans to remove services from North Cumbria.

The Committee asked whether a previous option was still being considered to collaborate with the northern vascular centre at the Freeman Hospital in Newcastle to continue providing emergency service at the Cumberland Infirmary as an ‘upgraded spoke’ with support from Freeman consultant surgeons to maintain an emergency service. It was explained that consultants remained in North Cumbria and were undertaking more specialist interventions.

Members were informed that in October 2019 consultant vascular surgeons had focussed on an appraisal of the following options:-

(1) Newcastle and North Cumbria as two separate vascular hubs working as a networked model.

(2) A hub and spoke model with Newcastle as the hub.

It was explained that the feasibility of an emerging preferred option of two separate vascular hubs working as a networked model had also been considered. Members noted this focussed on potential arrangements for aligning governance pathways, running multi-disciplinary teams, joint appointments and outpatient pathways.

Members welcomed the report and raised their concerns regarding the additional pressures on the service due to staff absence and the difficulties encountered regarding recruitment and retention. Officers explained there were challenges regarding the recruitment of specialist nursing and this was on the NCIC Trust risk register with current actions being progressed.

A discussion took place regarding the number of vascular consultant clinics in West Cumbria and members questioned the accuracy of the reference to 11 which had been referred to in the report. Members understood there were only eight in the west of the county consisting of three at West Cumberland Hospital and five in Workington. Officers agreed to investigate this and report back direct.

The Committee emphasised the importance of services being retained in West Cumbria and raised their concerns regarding resourcing issues. Officers explained that a broader range of staff with the necessary clinical knowledge was being investigated to try and alleviate any problems. During the course of discussion members highlighted a number of other services which were supported and dependent on vascular services and asked if those services would be affected. Officers acknowledged the impact on other services and explained that the recruitment of a fifth consultant was to ensure there were sufficient resources in place.

A discussion took place regarding the role of the Joint Commissioner for NHS England and North Cumbria Clinical Commissioning Group and how this was beneficial to North Cumbria. Officers highlighted this allowed a better connection with North East partners and gave a Cumbria perspective in the North East.

The Committee drew attention to the details of target transfer times for ruptured AAAs, highlighting that travel from Whitehaven to Newcastle took longer than 60 minutes in an ambulance. It was explained there were no plans to transfer those patients to Newcastle as they would continue to receive care at North Cumbria Integrated Care Foundation NHS Trust. Members were informed that some elective surgery did take place in Newcastle following discussion and agreement with all parties.

Members discussed the impact transferring patients to the North East would have on the North West Ambulance Service (NWAS). Officers explained that additional journeys already formed part of the contractual agreement with NWAS, highlighting this was considered on an annual basis.

A member drew attention to the similarities of this to the challenges regarding the previously considered maternity services. Whilst officers acknowledged there were similarities they emphasised that the real issue was about the population size and geographical area, explaining that some of the more specialist services existed because of the geography of the county. It was explained there was a balance about seeking flexibility regarding vascular services but not to an extent to deliver a lower quality service, highlighting that those services required proactive surveillance. Whilst it was acknowledged there would always be some vulnerability it was explained the Trust was trying to mitigate this through working with colleagues in Newcastle.

In conclusion, members were informed that a meeting would take place between NHS England and Improvement, North Cumbria CCG and North Cumbria Integrated Care Foundation NHS Trust to discuss updates and progress. It was explained the Newcastle-upon-Tyne Hospitals would provide vascular clinical lead and business manager to meet with NCIC to further progress the options for the sustainable model.

The Committee welcomed the report and asked to be kept updated in the future.

RESOLVED, that

(1) the report be noted;

(2) clarification on the number of vascular consultant clinics across North Cumbria be made available to the Committee;

(3) information regarding recruitment developments be made available to the Committee in due course

54 SYSTEM PLANS

a Our Strategy 2020-24 - Building Integrated Care

The Committee considered a report which gave an update on the North Cumbria Health and Care Strategy 2020-24. It was explained this represented an updated strategy for North Cumbria which set out how the NHS Long Term Plan ambitions would be delivered locally.

Members discussed what this would mean for individuals, communities and staff, noting that health and care teams would work together to ensure that hospital admittances would only be made if absolutely necessary. A question was asked about the level of co-operation with local housing authorities and it was explained work was being undertaken on this matter acknowledging that improvements were still required at local level.

The Committee discussed the size of North Cumbria's footprint which was part of a wider Integrated Care Community and included four Integrated Care Partnerships and asked what it was doing differently. Officers agreed the county was different due to its rural geography and was set apart through a number of measures including engagement and partnership work with third sector organisations. The development of its clinical networks, such as the availability of cancer services at the Cumberland Infirmary in Carlisle to keep services local, was also highlighted. Members were informed that regional engagement had also taken place with Primary Care Networks to consider the place based approach.

During the course of discussion a concern was raised regarding a disconnect with Age UK in West Cumbria and it was felt a dialogue with them was required. Members were informed that the first draft Outline Business Case in West Cumbria was being finalised and welcomed a further conversation regarding this matter. An invitation to the Healthwatch West Cumbria Community Forum was also extended to Age UK.

A discussion took place regarding hospital services and members asked which areas currently experienced the worst staffing shortages making them vulnerable. Members were informed there were recruitment and retention problems in elderly care and accident and emergency as well as general internal medical wards.

The Committee discussed the core areas of focus which included living well, noting the need to identify the risk factors affecting the health of communities and the provision of the correct information and support to help prevent ill health. It was explained there was a need to improve wellbeing in communities and work together to address the wider determinants of health, such as housing and the local environment which included reducing smoking, alcohol consumption and obesity.

Members welcomed this and asked what strategies were in place and their effectiveness. Officers informed the Committee that the Population Health Programme set out the Population Health Plan which sat alongside North Cumbria Integrated Health and Care – Our Strategy 2020-2024 and considered prevention. The challenges regarding obesity were highlighted and it was explained that investment had been made in the Healthy Weight Programme to try to overcome them which included access to services locally such as Slimming World.

The Committee asked if the Plan would direct funds from acute services upstream and translate into savings. It was explained the challenge was in terms of the funding base, highlighting that there were noticeable improvements where investments had been made such as Integrated Care Communities. Members were informed that care in communities was working well with evidence that there was a correlation between ICCs and patients staying out of acute care. It was explained

there were now pathways in place for multiple health issues and whilst acknowledging this would always be challenging there was a commitment to do this. Officers highlighted that the primary and secondary care model was critical to allow this to be successful.

The Committee noted one aim was to give people more control over their own health and more personalised care and asked how confident the Trust was that this would result in a healthier population. During the course of discussion reference was made to 'There's No Place Like Home' which involved health and care teams working together to ensure hospital admittance only took place if absolutely necessary and members highlighted a possible increase in problems due to isolation and loneliness.

Officers acknowledged there were potential issues in relation to isolation and loneliness but informed the Committee there was evidence that admittance to hospital was not always the best solution. The importance of working with communities and valuing assets was highlighted, explaining that low local level groups were being effective.

During the course of discussion the Committee's attention was drawn to a successful pioneering scheme in Brampton to assist people who use buses in rural areas. It was explained a team of volunteer 'bus buddies' help people who may be using public transport for the first time, or are nervous about navigating the routes and timetables. The scheme was welcomed and officers from both the Trust and CCG agreed to investigate further support and promotion of this. It was also agreed that information on similar schemes identified and compiled by the County Council's area teams as part of the Thriving Communities Programme would be circulated.

The Committee drew attention to the importance of education, highlighting this was an opportunity to build awareness and ensure information was in the public domain. Officers agreed and explained that local engagement was being investigated.

Members raised their concerns regarding the reliance on carers and whether standards were met. Officers explained there would be an innovative approach to building sustainable health and care services for the future, including how work was undertaken across all sectors and with carers to develop future models of care. Officers acknowledged the care market was a big strategic issue. It was explained there was a significant amount of work to be undertaken to provide training and support for carers; it was felt there was also a need for remuneration to be considered in the future.

The Committee discussed the recognition that there would be an increase on demand and asked what assumptions were being made as to what the increase in volume systems could handle. Officers acknowledged that meeting the challenge of increasing demand for services and stretched resources would require a considerable programme of work to: manage demand, invest wisely and make efficiencies to reduce waste whilst maintaining quality. It was felt there was a need to look at where care takes place in the future and to engage patients to look at workforce for the future. The importance of collaborative working with all partners to try and meet demands was emphasised.

A discussion took place regarding how well connected the north and south systems were. Officers explained that a number of documents related to the whole of the footprint and that ICCs were well connected but acknowledged that more work could be undertaken regarding pathway changes in the future.

b **Bay Health and Care Partners (BHCP) Better Care Together (BCT) Strategy and Lancashire and South Cumbria Integrated Care System Strategy**

Members received a joint report from Morecambe Bay Clinical Commissioning Group and Healthier Lancashire and South Cumbria regarding the NHS Long Term Plan (LTP) which set out a range of ambitions for the NHS for the next 5-10 years. It was explained that alongside this, the Bay Health and Care Partners (BHCP) Integrated Care Partnership (ICP) had agreed to undertake a refresh of the Better Care Together (BCT) Strategy.

The Committee was informed that the BCT Strategy had been developed over a number of months and the BHCP Leadership Team and Partnership Board had been engaged in the process through updates and discussion on key elements of the document as they had evolved, such as the key priorities and financial principles.

Members received the final draft version and the Committee was asked to give consideration and feedback on the document prior to a final Strategy being produced for approval by BHCP and partners in March.

The Committee also discussed the draft ICS Plan which had now been produced and was asked to note development and consider the document.

Members were informed that the Plan built on plans in local areas. Officers highlighted the need to accelerate changing the way in which services were provided across Lancashire and South Cumbria over the next four years; improve the health and wellbeing of local communities, deliver better joined up care closer to home and deliver safe and sustainable high quality services. It was also recognised there was a need to address health inequalities, achieve national standards, improve quality and tackle the financial deficit.

The Committee considered the financial challenges ahead and asked how confident the Trust was that they could be overcome. It was explained there was a need to reconsider plans to close the gap, indicating that if the governance was correct there was a better chance of getting nearer to balance.

The Committee discussed the provision of care within the community to prevent hospital admissions, highlighting the positive move forward following the recruitment of 16 home care practitioners and felt this reflected the strength of the developing ICCs.

Members were informed that as part of the Strategy development, Morecambe Bay CCG, on behalf of Bay Health and Care Partners, had sought public feedback on its challenges and proposed priorities. Concerns were raised that one of the key findings from the survey was that respondents had selected that they 'were not meeting national standards of care' as the most important challenges to tackle. Officers explained that work was being undertaken to prioritise standards, particularly with regards to clinical patients.

The Committee noted the new NHS infrastructure in which care would be delivered and reaffirmed commitment to work at three levels: ICC and neighbourhood level; the continued development of the Morecambe Bay ICP; and the continued development of the Lancashire and South Cumbria ICS. Members noted there was also a recognition of the direction of travel towards more integrated commissioning across the ICS and with local authorities; and the development of a group hospital model.

A discussion took place regarding the group hospital model and whilst officers acknowledged that more work needed to be undertaken to define what was meant by this and the benefits of integrated commissioning, emphasised this reflected the journey which had taken place over the past few years where there had been an increase in collaboration and decrease in competition. It was explained this was not a pre-determined approach but an opportunity to share resources and increase efficiency with the potential to alleviate workforce challenges.

Members noted that one of the strategic priorities was to improve financial and clinical sustainability alongside the quality of service delivery. The Committee raised their concerns regarding too much waste in many services and highlighted the 'did not attend' rate of 8%, (46,000 appointments) where patients did not attend an appointment or operation booked which ultimately meant that staff could not use their time efficiently. Officers acknowledged there was a need to improve scheduling appointments and explained that better use of technology, such as text message reminders, needed to be considered. It was felt there was a need to ensure local communities realised the value of services with the hope that this would improve those figures.

The Committee discussed the recognition that there would be an increase on demand and asked what assumptions were being made as to what the increase in volume the systems could handle. It was explained that there was a constant need to make balances and increase performance targets. It was acknowledged there was a need to invest time and effort as it was felt if this was ignored there would be a significant increase on demand in the next five years. Officers felt that engagement with people to manage their conditions could see a reduction in A&E and GP visits in the future and work was being undertaken on this.

It was explained that workforce availability, coupled with financial challenges, had contributed to the NHS and social care sector not seeing workforce numbers keep pace with demand. There were now significant gaps in all providers, including in the regulated care sector such as nursing homes and domiciliary care.

Members were informed that the causes of this underperformance were complex and varied and in most cases rising demand and workforce recruitment were key factors. It was explained these were also priorities identified by NHS England for all healthcare services. The importance of collaborative working with all partners to try and meet demands was highlighted.

The underlying demographic pressures on services were highlighted with the need to focus on out of hospital care. Members were informed there were challenges to keep waiting list standards, explaining that often elective operations were cancelled which then increased waiting times.

A discussion took place regarding the effects of lack of quality sleep and members felt this should be given higher priority to health promotion. Officers agreed that sleep deprivation could affect health and well-being and highlighted the need to engage with communities to provide resilience.

The Committee discussed the mental health effects eating disorders could have on individuals and, whilst they noted there was an intention to implement a specialist eating disorder service in South Cumbria, asked whether there was a service currently available. It was explained that a service was provided but officers acknowledged there was a need to improve this for all ages.

A discussion took place regarding planned care and the proposal to transform the way outpatients was delivered to radically reduce the number of unnecessary hospital appointments, use technology to reduce travel and ensure a more patient-centred booking process and ensure most contacts for long-term condition management were in a community setting through ICCs. It was explained there was a need to complete the transformation of the MSK model of care to reduce the number of unnecessary hip and knee operations through earlier physio intervention and support the resilience of general practice through new roles such as first contact practitioners. Members noted that work was also required with other providers across the ICS to improve operating theatre utilisation to improve surgical capacity and reduce the waiting list and eliminate 52 week waits.

The Committee discussed the vision for hospitals to be smaller and of a high quality and asked whether this was deliverable or was about balancing budgets. It was explained hospitals would be smaller and of a high quality, more responsive to the needs of the people using them and the requirements of the community based teams they were supporting; but still providing core essential services where needed (such as accident and emergency and maternity services in Barrow). It was explained that increasingly hospital clinicians would work within the community based teams fostering a shared approach to staff development and improving pathways of care.

A discussion took place regarding how well connected the north and south systems were. It was explained there was a commonality in both systems highlighting the importance of sharing and learning from each other.

RESOLVED, that

(1) the final draft Better Care Together Strategy be considered and further feedback be provided direct to support production of a final version for approval by BHCP and Partners in March;

(2) the draft Lancashire and South Cumbria Integrated Care System Strategy be noted and further feedback provided direct;

(3) promotion of the Brampton 'Bus Buddies' Scheme be investigated further and information on similar schemes identified and compiled by the County Council's area teams be distributed.

55 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES REDESIGN - SOUTH CUMBRIA

The Committee received a presentation which gave an overview of the redesigning of Child and Adolescent Mental Health Services (CAMHS) in Lancashire and South Cumbria in line with THRIVE.

Members were informed that providers had been requested to collaborate with each other, Voluntary Community and Faith Sector (VCFS) providers and Clinical Commissioning Groups (CCGs) to clinically lead the co-production of a core service model for NHS funded CAMHS services across Lancashire and South Cumbria.

The Committee noted that all NHS funded services (partially or fully) that could or should deliver activity towards the new national CAMHS access target were in scope. It was explained that the Care Partnership team had received a mandate which explained what the model needed to offer and they were asked to produce a proposal.

Members received information regarding the co-production methodology and welcomed the recruitment of children and young people, families and carers to join participation groups in each ICP. It was explained those groups met regularly to discuss and reflect on emerging design themes and co-production of solutions with support and oversight provided from Healthwatch.

It was noted that as part of the co-production methodology wider members had joined closed Facebook groups and circulated 'live' questions and feedback into the workshops. Officers had welcomed the responses and explained it was not all positive. During the course of discussion members suggested that pupils could also provide feedback via school nurses.

The Committee was informed of stakeholder engagement which involved more than 70 individuals from 27 NHS, local authorities, education, police, voluntary and community organisations across Lancashire and South Cumbria working together with parents, carers and young people on the redesign. Officers explained that feedback from groups regarding co-production of the Thrive Model had been positive and they were keen to stay involved as the design was developed and implemented.

Members noted the core recommendations from the design process which included 1-4 hours, 24 hours or 72 hours emergency care/crisis service, intensive support service to deliver short term intensive interventions, day service/unit to provide daily intensive therapy and crisis/safety beds.

A discussion took place regarding a child or young person seeking help and advice independently. Members were informed that a 24 hour helpline service would be available; a single point of contact which would be triaged initially.

The Committee highlighted that joint working in North Cumbria between CAMHS and Barnardo's had seen them attaining 100% target which comprised of a 90 minutes 360º holistic assessment within eight weeks before accessing other services which may be required. Officers explained that currently South Cumbria was exceeding the national access target of 35% by achieving 36% with the anticipation of reaching 100% by 2024. It was suggested that officers examine the work undertaken in North Cumbria on meeting access standards to see what learning could be adopted in the Lancashire & South Cumbria ICS.

A discussion took place regarding the inclusion of GPs with the importance of their intervention being emphasised. During the course of discussion attention was drawn to the negative effect of the demise in school nurses and the benefits of more contact for GPs with psychiatrists was highlighted. It was agreed that information on GP access to child psychiatry across South Cumbria would be circulated to members.

Members attention was drawn to the ongoing co-production challenges because of the size of the footprint and the number of local authorities involved. Members were informed that existing forums were being utilised to reach out to as many people as possible.

The Committee was informed that CCGs had invested in Primary Mental Health workers and that an application had been made for Trailblazer funding.

A discussion took place regarding risk support which needed to be delivered with social care and other stakeholder agencies. It was explained it included crisis/safety beds, a joined up funding to enable decisions to be made quickly and a shared management plan that took into account statutory requirements, shared assessment/screening tool and advance agreement on menu of things that were available within a 'Risk Support' approach to avoid stalemate.

The Committee was informed of the key achievements which included:-

- The Draft Clinical model reflected the spirit of THRIVE, a good reflection of the mandate and of the co-production with children and young people, families and stakeholders. It provided a solution foundation for further development of some key areas.

- Formation of strong relationships between the three NHS Trusts and Voluntary Community and Faith Sector providers – development of trusts and keen to explore new ways of collaborating to deliver real change.

- Commissioning and provider roles integrating; breaking new ground which was a real test case of new ways of working.

- Staff were committed to delivery having been heavily engaged throughout the co-production.

- Children and young people and families were optimistic about the future. There had been positive feedback from the co-production process so far; a lot of learning which would benefit the next phase and the wider system.

The Committee asked whether the resources were available to deliver the service, highlighting their concerns regarding young people being disillusioned. Members were informed the redesign was about the NHS funded services and did not take into account the role of local authorities. Officers explained there was £23m available next year rising to £26.5m in 2024 and acknowledged this would not be enough to cover the entirety of the model.

Members asked how many children and families were involved and, in particular, whether parents and carers in Barrow had been included. It was explained that at present this was for consideration by professionals with primary mental health workers being key contacts in the future. Officers agreed to investigate the inclusion of parents and carers in the Barrow area.

The Committee asked for further information in due course, highlighting the need to keep everyone informed. Officers explained an event had been scheduled as well as information being available through the digital fora to provide feedback on the evaluation. During the course of discussion members suggested that the appropriate County Council Cabinet Portfolio Holders be updated.

RESOLVED, that

(1) the update be noted;

(2) the work undertaken in North Cumbria on meeting access standards to see what learning could be adopted in the Lancashire and South Cumbria ICS be examined;

(3) contact be made with the appropriate County Council Cabinet Members to ensure they are briefed;

(4) feedback information on GP access to child psychiatry across South Cumbria be made available;

(5) this be included as a priority item on the Work Programme for the new Joint Lancashire and South Cumbria ICS Health Scrutiny Committee.

56 PROPOSED ENGAGEMENT REGARDING POSSIBLE CHANGES TO THE NHS PODIATRIC SERVICE PROVIDED BY UNIVERSITY HOSPITALS MORECAMBE BAY NHS TRUST

The Committee considered a report from Morecambe Bay Clinical Commissioning Group (MBCCG) which advised members of their intention to engage widely regarding the proposal to implement consistent referral and treatment criteria for the podiatry service provided by University Hospitals of Morecambe Bay Trust (UHMBT). It was explained the express intention was the provision of an improved service for people with diabetes or other medical needs who were at a higher risk of developing serious foot problems.

It was explained that in recent years the podiatry teams had seen an increase in patients with higher needs, particularly those associated with diabetes, and teams were now carrying out much more complex work than they had previously. Officers highlighted that those patients with high-level podiatry needs could experience delays because of the limited capacity of the podiatry teams.

The Committee noted that in order to ensure there was sufficient service capacity the NHS service could only deal with high medical or podiatric needs, therefore, those with lower needs would be supported by organisations outside the NHS or given information about self-care. A discussion took place regarding encouraging self-check and it was explained there was a need to work with colleagues to educate people, and advice was being sought from North Cumbria. Officers explained that podiatry teams would also go into communities to train and support individuals.

Members were informed there was strong clinical evidence that good foot care services could reduce the duration of ulcers and the rates of hospitalisations and amputations, thereby improving lives and saving money.

The Committee noted that the CCG intended to engage widely regarding the proposal to consistently implement agreed referral and treatment criteria for the podiatry service. It was explained the express intention was to provide an improved service for people with diabetes or other medical needs who were at a higher risk of developing serious foot problems.

The Committee was informed that MBCCG would carry out a public engagement process to gain views on the proposed service change and to provide an opportunity for any alternative options for change to emerge during the engagement period.

RESOLVED, that

(1) the report be noted;

(2) learning from the engagement process undertaken in North Cumbria be incorporated in the engagement plan for South Cumbria;

(3) the report from the British Chiropody and Podiatry Association be circulated to the Committee;

(4) engagement take place with the County Council and appropriate district councils and elected members;

(5) briefings be provided to the Committee at key stages of the engagement process and a report be provided to a future meeting once the engagement had been completed.

57 DATE OF FUTURE MEETING

It was noted that the next meeting of the Committee would be held on Monday 11 May 2020 at 10.30 am in County Offices, Kendal.

The meeting ended at 3.40 pm