

CUMBRIA HEALTH SCRUTINY COMMITTEE

Minutes of a virtual Meeting of the Cumbria Health Scrutiny Committee held on Monday, 5 October 2020 at 10.30 am.

PRESENT:

Ms C Driver (Chair)

Mr F Cassidy
Ms H Chaffey
Mr P Dew
Dr M Hanley
Mrs RC Hanson
Mr N Hughes

Mr P Scott
Mr D Shepherd
Mr CJ Whiteside
Mr S Wielkopolski
Mr M Wilson

Also in Attendance:-

Ms J Clayton	-	North Cumbria Clinical Commissioning Group
Mrs R Duguid	-	North Cumbria Integrated Care NHS Foundation Trust
Mrs L Harker	-	Senior Democratic Services Officer
Ms H Horne	-	Chair, Healthwatch Cumbria
Ms D Houghton	-	University Hospitals of Morecambe Bay NHS Foundation Trust
Ms K Maynard	-	University Hospitals of Morecambe Bay NHS Foundation Trust
Mr P Rooney	-	North Cumbria Clinical Commissioning Group
Mr D Stephens	-	Strategic Policy & Scrutiny Advisor
Mr P Woodford	-	University Hospitals of Morecambe Bay NSH Foundation Trust

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

58 ROLL CALL FOR MEMBERS AND OFFICERS

To note all the above members and officers were in attendance at the meeting.

59 ELECTION OF VICE-CHAIR

The District Council representatives elected a Vice-Chair of the Committee from amongst their members.

RESOLVED, that Mr J Kane be elected Vice-Chair of the Committee for the ensuing year.

60 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr D Blacklock, Mr A Cummins, Mr J Kane and Mr J Readman.

61 MEMBERSHIP OF THE COMMITTEE

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

62 DISCLOSURES OF INTEREST

- (1) Mr C Whiteside declared a personal interest as his wife was employed at the West Cumberland Hospital.
- (2) Mr S Wielkopolski declared a personal interest as his partner was employed at Furness General Hospital.

63 EXCLUSION OF PRESS AND PUBLIC

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

64 MINUTES

- (1) It was agreed that David Stephens, Strategic Policy & Scrutiny Adviser would circulate an update on any matters arising at the last meeting.
- (2) With reference to minute 53 – North Cumbria Vascular Services it was agreed that the word ‘that’ be added to the second sentence of the penultimate paragraph before the resolution, therefore, it would read ‘It was explained **that** the Newcastle-upon-Tyne Hospitals’
- (3) With reference to minute 54(a) – Our Strategy 2020-24 – Building Integrated Care, the third paragraph should read ‘Wider Integrated Care **System**’ and not ‘Wider Integrated Care Community’
- (4) With reference to minute 54(b) – Bay Health and Care Partners (BHCP) Better Care Together (BCT) Strategy and Lancashire and South Cumbria Integrated Care System Strategy the first sentence of the second paragraph should read ‘The Committee was informed that the **latest** BCT Strategy had been developed’.

RESOLVED, that with the inclusion of the above amendments the minutes of the meeting held on 25 February 2020 be agreed as a correct record.

65 URGENT AND EMERGENCY CARE & ELECTIVE CARE

The Committee considered a report from North Cumbria Integrated Care Trust (NCIC) which detailed the performance highlights for Urgent and Emergency Care, and Elective Care Services at NCIC to date together with delivery plans for the coming months.

Members were informed that alongside local and national partners NCIC had faced unprecedented challenges in the first half of the financial year 2020/21 due to the impact of the COVID pandemic. It was explained that as a Trust plans were being finalised for delivery of services for the remainder of the year, which included improving models of care to address the challenges of recovering from the peak of COVID and adapting to the new operating environment, whilst planning for the forthcoming Winter period.

The Committee was informed that the Urgent and Emergency Care (UEC) pathways had been considerably challenged during recent months and post COVID. It was explained that the challenges within the UEC pathways were multifaceted in relation to capacity within the emergency department to see patients in a timely way as well as the general patient flow across the acute and community hospital settings.

Officers explained that performance against the national four-hour standard had been challenging, particularly at the Cumberland Infirmary site. It was explained that breaches had increased with performance declining for a third consecutive month, following an improved position at the peak of COVID in April and May. Members noted this followed the same trend as last year at a slightly lower rate.

Members were informed that the Trust was already in a challenged position regarding elective care performance pre COVID. It was explained this had now been further exacerbated following the pandemic period which instructed all organisations to suspend routine and elective operations.

The Committee was informed that in July 2020 the Trust began its elective theatres restart programme with the focus being on longest waiters and maximising existing resources within the confines of infection prevention restrictions. It was explained this included the increased utilisation of West Cumberland Hospital as well as the Independent Sector capacity which the broader NHS has put in place.

Members were informed that access to diagnostics performance had been significantly impacted by COVID with performance against the 6 week standard reaching 63.5% waiting over six weeks in April which had slowly improved to 52.9% for July. It was explained the diagnostic waiting list was now double pre-COVID levels, and performance was expected to decline again before sustained improvement could be seen. It was noted the Trust was delivering elective care at expected post-COVID levels, however, current capacity levels did not address the challenging waiting list.

Officers explained that in response to the challenges facing elective care, the Trust had developed an Elective Care Recovery Strategy, with the aim to develop a sustainable Elective Care Programme, and was working with North Cumbria Clinical Commissioning Group as part of the national planning requirements to secure investment for sustainable elective care recovery.

The Committee referred to concerns which had been raised the previous year and whilst taking into account that the situation had moved on substantially and there had been a significant financial reset members asked for further information about the situation holistically together with details of what was being undertaken to address the issues.

Officers drew attention to the number of challenges which had been faced for a substantial length of time, highlighting Delayed Transfers of Care as an ongoing issue in North Cumbria; explaining that close partnership working was being undertaken to try and address the issues which had been exacerbated due to the current pandemic.

Members were informed that currently there was an urgency across pathways to protect capacity in the right place and work more innovatively than previously with different models of care. It was explained that during the pandemic some barriers had been removed, particularly regarding health and care. It was highlighted that there would not be a quick solution for certain areas, highlighting the challenges around the return to a sustainable footing for the elective programme. Officers emphasised this was a challenge across the NHS and the key area of focus was how to maintain it.

During the course of discussion officers agreed the importance of having a holistic view on key areas which needed to be focused on in the immediate term before considering the longer term issues. It was felt there as a need to address the medium to long-term issues particularly regarding the elective programme.

A discussion took place regarding the referral to treatment rates and members raised their concerns that patients could be waiting for up to a year. It was agreed that a graph showing 52 weeks would be circulated to the Committee. Officers explained that the Trust had started from a very challenging position which had been exacerbated during the pandemic. Members were informed that from August there were large numbers of patients waiting longer than the 52 weeks, highlighting this was a challenge for the whole NHS and not just North Cumbria, but emphasised there was a tremendous focus from the Trust on this matter.

Members raised their concerns regarding the potential harm which people could experience whilst waiting for treatment . Officers confirmed there was a huge amount of focus on this which would also include prioritising patients returning back to surgery and detailed work was being led clinically to investigate this.

The Committee was informed it was impossible to give a specific timeframe on this but noted that work was being undertaken with Commissioners across north Cumbria with regards to the medium to long-term. It was felt this was crucial with regards to the level of investment required to enable an elective programme to get back to a sustainable footing with the correct workforce models to support it.

Members were informed some projections and modelling had taken place around elective care and how the independent sector could be utilised.

A discussion took place regarding the estate improvements and whether the pandemic had affected its delivery. Members were informed that a number of estate improvements had been undertaken on the two main Trust sites. It was explained this was additional capital money which had been secured for COVID and winter readiness. Officers acknowledged the delivery of the programme of works was challenging due to high occupancy across the two hospital sites explaining there was a critical pathway of work being undertaken to look at what areas would be included.

Officers explained that estate improvements were essential for general capacity and also in terms of a second wave of the pandemic. The Committee was informed this would include improving cubicle capacity and changes in bed areas to accommodate increased space. It was felt the changes were vital in readiness for winter and a potential second wave of the pandemic.

The Committee referred to the peer review led by the Local Government Association which had taken place in August 2020. Members were informed this had provided a helpful objective view with partners with a focus on the discharge to assess national model. It was explained there were also recommendations regarding system leadership and oversight collectively to ensure there were demonstrable improvements which could be sustained. It was noted there were also minor recommendations regarding the development of business intelligence and information systems to provide support across health and social care.

It was agreed that the recommendations from the LGA Peer Review in relation to patient flow and discharge would be circulated to the Committee.

A discussion took place regarding funding and members asked how much extra funding the Cumbria and North East system would need per year to make it sustainable. Officers were unable to give a specific figure but highlighted their longstanding financial challenges in respect of the historical deficit position regarding the provider provision and the arrangement of working a block contract of activity with commissioners. It was explained the Trust had been specific in terms of additional investment and felt there was a need to commit pathways such as elective care in order to get this back on a sustainable footing.

Members referred to the challenging Urgency and Emergency Care performance against the four-hour standard. It was confirmed that this was still a performance indicator explaining that North Cumbria was part of a pilot to investigate moving away from the target.

The Chair thanked officers for their update and highlighted the challenges for the Committee to focus on individual issues in such a huge landscape and emphasised the value of the Committee and the Trust working together.

RESOLVED, that the report be noted.

66 WINTER PLAN

a North Cumbria

Members received a report from NHS North Cumbria Clinical Commissioning Group on behalf of North Cumbria Integrated Care Partnership which outlined the collaborative approach towards winter planning for health and care organisations across north Cumbria.

The Committee noted that the Plan focussed on the collective challenge faced across the North Cumbria Health and Care Integrated Care Partnership and acknowledged that winter had been a challenging time for health and care providers and commissioners in north Cumbria in recent years. It was highlighted that the prospect of a second wave of COVID-19 would be difficult and that the acute hospital and community trust, mental health trust, ambulance service, primary care and care homes and home care providers had a reduced capacity to enable infection prevention measures to be followed. Officers explained there may also be late presenting health-seeking behaviour, there had been delays to some planned care because of COVID and the ongoing risks caused by significant numbers of flu cases and adverse weather incidents.

The Committee was informed that investigations were taking place with regards to working in partnership with the north east system with a view to providing additional support for patients in the event of very significant winter pressures.

A discussion took place regarding the roll out of the winter flu vaccinations and members asked how plans were developing to enable them to be undertaken without a COVID risk. Members were informed that GP practices across North Cumbria had developed clear plans to ensure the seasonal flu vaccination was delivered in a COVID secure way. Dr Hanley emphasised every effort was being made to ensure patients received their vaccinations. It was noted that a collective Flu Board in North Cumbria reviewed issues and was connected to the broader North East and North Cumbria Flu Board to share standard practises.

The Committee asked for further information regarding the review of the Discharge Team to develop a “push” rather than “pull” model. Officers explained that “push” would involve hospital based staff identifying patients who could be discharged and receive care at home and “pull” would be community based staff identifying patients in hospitals; this described a shared endeavour with community and hospital services to enable patients to receive their care from the right sector.

A member highlighted the various treatments which had been found to be effective during the first wave of the pandemic and asked to what extent they were being used in north Cumbria. Officers explained that all national guidelines were being adhered to and that the Trust was taking part in national recovery trials. The Committee was informed that treatments fell into four categories, namely, the use of anti-viral drugs, immune modulators, supportive treatments and treatments for complex and diverse issues, highlighting that all treatment was associated with patients who had complex and diverse issues.

A discussion took place regarding targeted managed resource to manage risks associated with Brexit. Officers confirmed it was anticipated there would be implications for the NHS associated with Brexit and that programme support would be required.

Councillor N Hughes asked for further information regarding the Crisis Mental Health Freephone number and it was agreed this would be provided direct.

The Committee raised concerns that the NHS may still be discharging COVID positive patients into care homes and asked for assurances that this was not happening. Officers confirmed that all patients were tested on admission to hospital and any person discharged to residential or nursing home was tested more than once prior to discharge.

It was explained that the Admissions Oversight Group had approved every discharge to residential or nursing homes to ensure testing had taken place and relevant measures were in place. Officers highlighted that national guidance stated that patients could be discharged provided there were safe isolation practices available, however, this was not the current practice in north Cumbria.

Members were informed that in north Cumbria engagement had taken place between the NHS, local Authority and residential and nursing homes to explore options for discharging COVID 19 positive patients to residential or nursing homes in a COVID secure way. It was emphasised this would only take place if there was confidence that this could be delivered in a way that did not lead to transmission of the virus.

A discussion then took place regarding the use of the independent sector and the extent to which this would be used. Members were informed there were no independent healthcare providers in north Cumbria, therefore, patients would have to go to the North East. It was explained that where patients had been identified as their operations needing to be expedited there would be option to receive this from the independent sector provided there was capacity but highlighted the additional complication regarding travel and distance.

The Committee received further information regarding criteria-led discharge and were informed that clinical teams would make decisions as to when discharge was appropriate. It was explained that the National Hospital Discharge Policy contained a set of questions for clinicians to take account of when reviewing the care of patients to ascertain whether hospital was the appropriate place to receive care.

Officers highlighted that the criteria were about moving patients to more familiar surroundings as soon as possible to achieve better outcomes.

Members discussed resource issues and officers acknowledged that recruitment and retention was still a challenge, highlighting the possibility of further issues regarding the absenteeism of the workforce due to the current pandemic. During the course of discussion it was emphasised that significant attention was given to the pastoral wellbeing of all staff.

Members referred to the bed capacity and how this would be managed. It was explained that capacity was compromised in order to comply with safe distancing and that this did have an impact on the availability of beds, highlighting the need to use the bed capacity as effectively as possible.

A discussion took place regarding the availability of access to beds elsewhere and it was explained that if the Trust reached a similar stage to that experienced at the start of the pandemic then this might lead to a compromise in some elective programmes. It was explained that collaborative work was taking place to ensure there was appropriate access to residential placements for patients who no longer required an acute bed. Members were informed that in extreme circumstances capacity could be used in North East.

The Committee discussed the effects of cancer care during the pandemic and the number of people who had missed appointments or not visited their GPs when showing symptoms. Members were informed that the Trust had sustained cancer services throughout whole pandemic period and worked closely with the north east and north Cumbria Cancer Care Alliance to share information and make best use of capacity. It was confirmed there had been an increase in undiagnosed and undetected cancer during the pandemic but the Trust had a consistent communication appeal to ensure patients contacted their GP when presenting symptom.

A discussion took place regarding the two-week rule regarding referral for suspected cancer and it was confirmed that the rule was largely being maintained.

b South Cumbria

The Committee received a report from the Bay Health and Care Partners which provided an update in relation to the Winter Plan being developed by Bay Health and Care Partners for 2020/21.

Members were informed that following the announcement of the COVID19 pandemic at the end of March 2020, the NHS had been under Level 4 Major Incident command and control directions from NHSI/E. It was explained that as part of that response, the majority of non-COVID related activities were stopped with the exception of urgent care and some cancer related activities.

The Committee noted that plans had been developed to recover non-COVID related activity over the remainder of the financial year. Officers explained that in the interim, University Hospitals of Morecambe Bay NHS Foundation Trust and partners

had been bringing back most of its non-COVID services under the appropriate restoration guidance. It was explained that alongside this recovery and restoration work, systems were also being asked to ensure appropriate plans were in place to deliver safe services through the forthcoming winter period. Members noted that this included the delivery of appropriate urgent care, planned elective care (under the recovery and restoration guidance), and access to primary and community care, mental health services and providing the appropriate capacity/resilience to deal with the ongoing prevalence of COVID19.

Members discussed the challenges of an already stretched system and asked for confirmation that plans were in place to deliver positive outcomes and how initiatives such as extra beds in Barrow, mental health support at home and mental health crisis line were being commissioned.

Officers confirmed that some work had started; there were additional beds in Furness General Hospital, Barrow and they were also being developed at the Royal Lancaster Infirmary together with Nightingale wards developed in March being used as bays and side rooms. Members were informed that the pathways were being tested for the out-of-hospital frailty co-ordination hub and frailty model in Lancaster. It was explained that preparations for winter were taking place whilst acknowledging they needed to be agile.

Members were informed that community rehabilitation beds at Risedale and Kendal were ready and it was hoped confirmation of funding would be given that week.

It was highlighted that the central IMT hub which considered issues on a daily basis had been invaluable over the past six months.

A discussion then took place regarding the 'In Hospital Actions' and in particular the Critical Care Capacity and Capacity Adjustments to Become COVID Secure.

Officers explained that with regards to the critical care capacity and the relocation of the Intensive Care Unit to increase capacity to 14 beds from 7 there were plans in place to go back into theatres and use them to have separate areas for Intensive Care. It was noted that earlier in the year an area had been created which had capacity for 14 beds provided in one space. It was anticipated a self-contained intensive care unit would be available at both the Furness General Hospital and Lancaster Royal Infirmary sites by Christmas 2020.

A discussion then took place regarding the capacity adjustments to become COVID secure and the support required to deliver 85% occupancy levels. Officers explained that to try to overcome the additional complications this year due to COVID, a large number of elective work would be carried out at the Westmorland General Hospital (WGH) site where there were no elective admissions, but highlighted that elective work would still be undertaken at the other acute hospitals as WGH could not meet all the demand.

Members were informed non-elective beds required an average of 85% occupancy and it was anticipated this would not fall below that with a target closer to 90% being set. During the course of discussion it was emphasised measures were being undertaken to avoid overcrowding in emergency departments.

A discussion took place regarding the Out of Hospital initiatives such as the Right Service First Time and See and Treat. Members were informed this was an initiative to prevent admittance to hospital and would involve assessment of conditions earlier in the pathway to allow for the provision of community based services and, therefore, avoid admittance to hospital. Officers highlighted the long-term benefits for support at home rather than in an acute setting.

Members referred to the 21 priorities of the Trust and asked what were considered as the most important during the coming winter season. Officers highlighted these included the need to avoid hospital admissions and keep people in the community wherever possible, ensure there was enough bed capacity in either critical or acute care whilst emphasising the importance of recovery beds and to continue to promote the social distancing rules.

The Committee drew attention to the benefits of clinical engagement with social media to provide pro-active guidance and advice; it was agreed this would be investigated further with the Trust's Communication and Engagement colleagues.

A member asked about the feasibility of other preventative measures, such as the flu vaccination, taking place when tests for the virus were being undertaken. Officers explained this was a clinical question, therefore, were unable to give a response but emphasised the Trust was promoting the flu vaccination, highlighting their challenge to vaccinate 100% of staff.

A discussion then took place regarding the proposed enhanced weekend cover and the ability to have a flexible workforce capacity across the system. It was explained that the Trust were actively recruiting staff to build teams in certain areas but also drew attention to staff who had re-trained during the start of the pandemic when elective work had been cancelled, therefore, they now had the skills to work in other areas if necessary. Officers acknowledged that absence was an issue which had been exacerbated due to self-isolation in accordance with the track and trace rules and highlighted the need for staff to be agile and flexible.

Members highlighted the various new hospital treatments that had been found to be effective in improving outcomes since the start of the pandemic and asked to what extent they were being used in South Cumbria. Officers explained that the Trust was compliant with all national guidelines and was part of national research programmes. It was agreed that a written response would be provided direct to Councillor Rebecca Hanson.

Whilst it was acknowledged that preparations were in place for a potentially challenging winter furthermore succinct information was requested regarding the Furness General Hospital in Barrow to avoid misleading information being disseminated to the general public. Officers acknowledged the problems which had been caused earlier in the year due to communications and agreed to investigate this matter further with colleagues in the Trust's Communications and Engagement Team.

The Chair, on behalf of the Committee, thanked all staff in both Trusts for the immense amount of work they had carried out.

67 IMPACT OF INTEGRATED CARE COMMUNITIES ON ACUTE SETTINGS IN SOUTH CUMBRIA

Members considered a report from University Hospitals of Morecambe Bay NHS Foundation Trust regarding the impact of Integrated Care Communities on Acute Settings in South Cumbria.

The Committee was informed that the original definition of Integrated Care Communities (ICCs) had served the developing system within Morecambe Bay well and they continued to provide local focal points for place-based partnership collaboration and were a delivery vehicle for holistic integrated care delivered by a range of providers including voluntary sector and primary care.

Members noted that the further development of Primary Care Networks (PCNs) was shaping the landscape in which integrated working was developing.

Officers explained there were now eight Integrated Care Communities in Morecambe Bay reflecting the geography and natural communities in existence of which six were within South Cumbria. Members noted that in the first instance these were co-terminus with the county boundaries in which those General Practices operated. It was highlighted that these were not unchanging and may alter to reflect local changes in communities and also have sub-communities within them. It was explained each practice delivered their health in different ways dependant on size and availability of practice facilities.

Members discussed the successful roll out of the Mindfulness Training in primary and secondary schools; a project to help maintain and develop resilience to change to enable young people to have the skills to support themselves and others through change. It was agreed that the Committee would be provided with further information on the outcomes of Mindfulness Training in primary and secondary schools and reflections on the benefits this had generated for young people.

The Committee was informed that knowledge of their local population health profiles was now well embedded into ICC thinking and behaviours. It was explained there were now also the relevant skills in the workforce changing interactions from being illness focussed to promoting wellness, self-directed care and self-management.

A discussion took place regarding the responsibility of admission teams who provided support to prevent hospital admissions and it was highlighted such teams should be supported by a workforce who had the skills to assess individuals in order to make the correct decisions. Members were informed that in South Cumbria such positions would be held by advanced nurse practitioners.

The Committee welcomed the community engagement which involved building a culture of partnership with patients, people and communities and was vital to the success of ICCs and PCNs. It was explained that ICCs had made community engagement a key element from the very beginning as they embarked on a shared vision to building their understanding of their populations health needs and co-designing personalised care.

The Committee were given examples of successful community engagement which included successful health fests focussing on wellbeing and healthy town initiatives with a large amount of work being undertaken with third parties such as GPs, Healthwatch, sports industry and ambulance service.

During the course of discussion concerns were raised regarding the challenges for third sector organisations post COVID due to lack of funding during the pandemic.

Members were informed of the successful engagement regarding Discharge to Assess which had involved a Discharge Lead from South Cumbria sharing information on its delivery with colleagues in the North.

The Committee discussed the approach to triaging, assessing and accommodating homeless people. It was explained multi-disciplinary teams of colleagues from across housing, social care, health, other public sector and voluntary, community, social enterprise and faith sector organisations had worked together in multi-disciplinary and multi-agency teams in South Cumbria.

Members were informed the current estimate to date was that more than 1,472 homeless people had been accommodated across Lancashire and South Cumbria and more than 374 health assessments had taken place.

A discussion took place regarding the longer term approach to homelessness and it was recognised during the past six months the whole system had worked very cohesively, maximising the use of resources across the system to address issues and enable care to be delivered safely to people. Members emphasised the importance of keeping a focus on this to ensure it continued in the future.

The Committee discussed self-care and its success. It was explained that a number of frontline staff had reported changes, particularly in long-term health conditions but highlighted this was a slow process.

The Chair thanked officers for their report.

68 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 discussed length of future meetings and suggested that if hospital discharges could not be considered at a future scheduled meeting either an additional public meeting or an informal meeting be considered.

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) Mr D Shepherd be nominated as the Committee's Carlisle representative on the Cumbria Health Scrutiny Variation Sub-Committee;
- (3) the existing Work Programme be noted and the following items be added:-
 - Podiatry Services in Morecambe Bay – December 2020
 - Patient Records;
- (4) the following items be discussed at future Lead Member meetings:-
 - One Stop Shop Breast Clinic at West Cumberland Hospital
 - Number of Radiographers
 - Ensure points are taken up with Coroners' regarding reported deaths in 2018
 - Privatisation of NHS;
- (5) an agenda planning meeting would be scheduled to discuss future items.

69 DATE OF FUTURE MEETING

It was noted that the next meeting of the Committee would be held virtually on Tuesday 15 December 2020 at 10.30 am.

The meeting ended at 1.25 pm