To be submitted to the Council at its meeting on 16th September 2021

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

4th August 2021 at 4.00pm

Present:

Councillor Hudson (in the Chair)
Councillors Astbury, Brasted, Croft, Furneaux, Rudd, Wilson and Woodward.

Officers in attendance:

- Rob Walsh (Chief Executive)
- Helen Kenyon (Chief Operating Officer of North East Lincolnshire Clinical Commissioning Group)
- Bev Compton (Director of Adult Social Care)
- Geoff Barnes (Interim Director of Public Health)
- Guy Lonsdale (Finance Group Manager)
- Eve Richardson-Smith (Deputy Monitoring Officer)
- Zoe Campbell (Scrutiny and Committee Advisor)

Also in attendance:

- Councillor Margaret Cracknell (Portfolio Holder for Health, Wellbeing and Adult Social Care)
- Shaun Stacey (Northern Lincolnshire and Goole NHS Foundation Trust)
- Professor Russell Patmore (Hull University Teaching Hospital NHS Trust)

SPH.1 APPOINTMENT OF CHAIRMAN AND DEPUTY CHAIRMAN

It was noted that at the Annual General Meeting of the Council held on 27th May, 2021 Councillor Hudson had been appointed the Chair and Councillor Furneaux the Deputy Chair of the Health and Adult Social Care Scrutiny Panel for the ensuing Municipal Year.

SPH.2 APOLOGIES FOR ABSENCE

No apologies for absence were received for this meeting

SPH.3 DECLARATIONS OF INTEREST

There were no declarations of interest received in respect of any item on the agenda for this meeting.

SPH.4 MINUTES

RESOLVED – That the minutes of the Health and Adult Social Care Scrutiny Panel meeting held on 17th March 2021 be agreed as an accurate record.

SPH.5 QUESTION TIME

There were no questions from members of the public for this panel meeting.

SPH.6 FORWARD PLAN

The panel received the published Forward Plan and members were asked to identify any items for examination by this Panel via the pre-decision call-in procedure.

RESOLVED - That the Forward Plan be noted.

SPH.7 TRACKING THE RECOMMENDATIONS OF THE SCRUTINY PANEL

The panel received a report from the Statutory Scrutiny Officer tracking the recommendations previously made by this scrutiny panel, which was updated for reference at this meeting.

RESOLVED – That the report be noted.

SPH.8 ONCOLOGY

The panel received a briefing paper on the temporary service change to the breast oncology service across the region.

Professor Patmore explained that the trust had further issues in terms of staffing with the loss of a couple of locum consultants in breast oncology. This meant there was a critical shortage at this level of oncology and to safeguard both equity of access and initiation of treatment, a collective agreement was made between Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospital (HUTH) that all newly referred breast oncology outpatients would be managed and appointed by HUTH and seen for consultation at Castle Hill Hospital with effect from 19th July 2021. All new breast oncology patients would be managed by HUTH from a single waiting list and each patient would be prioritised based on clinical need, regardless of referral source. Any

south bank patients who required nurse-led chemotherapy post initial consultation would be clearly identified and transferred back to NLaG to have this element of treatment at their home hospital site.

Mr Stacy confirmed that the long-term plan for oncology remained in development and could be spilt into two distinct phases. The first of these was to stabilise the breast oncology service with the implementation of the temporary measures as outlined by Professor Patmore, and to continue to pursue the appointment of either substantive or locum consultants to help sustain and improve the temporary arrangements. The second requirement was to enhance and develop the wider oncology workforce. It would require very significant ongoing investment within the service to enable the recruitment of additional staff to meet demand as well as a Trust wide commitment to support the plan, which would see the Humber oncology service move towards a workforce which was more in line with that seen in other cancer centres, as well as a commitment to support the longer term provision of resource to continue and expand the consultant-led, team delivered model.

Members queried how the training programme was progressing. Professor Patmore highlighted that it took on average ten years to become a consultant in oncology. However, the service had developed other significant roles such as specialist doctors, nurses, radiologists, overseas fellowships and created further academic posts which supported the oncology service making it more resilient and he confirmed these changes were already making a difference.

Given that there were more people in the system, members were concerned about the future of the service and the ability to recruit to the consultant posts. Professor Patmore confirmed that this was an issue faced nationally. He highlighted that the development of new cancer treatments had helped but the situation remained fragile.

Patients having to travel out of area for hospital appointments concerned some members and they queried what support was put in place for patients and their relatives. Mr Stacey confirmed that support with travel needs would be available when it was indicated by a patient or family member to enable them to travel to hospital appointments out of area.

Members queried the future of NLaG if services were to transfer to other hospitals across the Humber. They felt if the services went so would the funding and they asked for reassurance over the plans for local services going forward. Professor Patmore explained that over time changes would need to take place around how healthcare was provided, especially when healthcare was becoming more specialised in some areas. He reassured the panel that the outcomes for patients was what mattered and where they lived, they had access to the right care and support. In the long term not every service would be available in every hospital. Looking forward, there would be a reorganisation of health care services as part of the Humber Acute Review. Patients would have to travel to get the right service and therapies.

Members referred to the national shortage of specialists and queried how we compared regionally, whether there were specialists out there but we were simply struggling to attract them into this area. Professor Patmore explained that it was easier to recruit elsewhere because of the work loads. He explained that Manchester, which was a specialist hospital, were struggling to recruit also. He confirmed that training our own staff was the way forward, together with supporting people from overseas who were trained in the field and HUTH would support them to gain accreditation to work in the UK and retain them locally.

RESOLVED – That the updated be noted.

SPH.9 INTEGRATED CARE SYSTEM

The panel considered a report from the Chief Executive regarding the integrated care system (ICS) in North East Lincolnshire.

Mr Walsh explained that the ICS agenda was a moving feast and developing at significant pace. The proposition document (part of the Cabinet papers) had the full support of Cabinet, the CCG's Governing Body and local providers, including the Hospital Trust (NLAG) and local key partners.

Members felt that the pooling of resources, if managed effectively could make a real difference locally and queried how this would work. Ms Kenyon confirmed this would be done through the new governance arrangements.

A member asked for clarification over the governance with elected members, how the outcomes of local people would be tracked and how would members know the ICS was working. Mr Walsh explained that there was further work to do around the governance and this would not be the last time this subject was considered by the Panel.

The role of public health in the new ICS arrangements were queried by members. Mr Barnes gave reassurance that the Directors of Public Health met regularly with the head of the ICS to have a two way conversation about how public health could be integrated throughout the whole ICS and that could be through providing intelligence and population health management data to help with service planning.

Members looked for reassurance that health and care services would remain locally. Mr Walsh highlighted the importance of a continued "place" focus but also the importance of pragmatism about those services that may have to be delivered "at scale" and on a wider footprint.

Members requested to be kept updated throughout the process at future meetings.

RESOLVED – That an update on progress of the ICS be received at a future meeting of this panel.

SPH.10 PROVISIONAL OUTTURN REPORT

The panel received a report from the Deputy Leader and Portfolio Holder for Finance, Resources and Assets providing key information and analysis of the Council's position and performance against its Finance and Commissioning Plan at the end of the 2020/21 financial year.

Members queried the future of public health funding and if there was any COVID funding still available. Mr Barnes confirmed that there was limited COVID funding until 21st March 2022 and if not spent, it would be reclaimed. Regarding the public health grant, he explained that the council was waiting to hear if it was going to be uplifted. However, they were expecting funding specifically for drug and alcohol services.

Traditionally, the disabled facilities grant (DFG) was underspent and members were interested to know what plans were going to be put in place to make sure it was spent in a timely manner. Councillor Cracknell recognised the underspend and explained that a task force had been set up to see how the grant was being spent and how it could be utilised more effectively in the future. Historically the timing of health assessments held the process up and there was a recognition that the grant needed to be spent in a timely and cost effective way. Ms Compton suggested that a report be brought a future panel meeting updating on the disabled facilities grant spend, which the panel welcomed.

RESOLVED – That a report providing an update on the disabled facilities grant spend be submitted to a future meeting of this panel.

SPH.11 COVID-19

The panel considered a verbal update on the latest COVID-19 epidemiology across North East Lincolnshire.

Mr Barnes confirmed to the panel that it had been a challenging last two months with the emergence of the delta variant across the borough, which tied in with the step 3 relaxation of the restrictions. The largest impact was on those aged between 10 to 40 and in those who had not been fully vaccinated. Infection rates rose from around 10 per 100,000 per week on May 31st to more than 1000 by July 20th. Since 20th July there had been a significant decrease in the number of cases locally, but the infection rates remained high in comparison to other areas and higher than it had been through more than 90% of the pandemic to date. A major area of concern currently was the number of pregnant women with COVID-19 who had chosen not to be vaccinated and as a result a small number of women have required critical care and in some cases this had resulted in an early caesarean section. Public health, midwifery and health visitors were working with this cohort around the importance

of the vaccination and this would also be pushed through communications messages.

In general, the vaccination programme was going well locally with excellent rates of uptake in the over 60s. There remained a big focus on ensuring younger people were fully vaccinated as this would be important given the possibility of a highly challenging winter ahead. In addition to the expectation of a further COVID wave (albeit at lower levels than previous waves) there was also an expectation of higher than normal rates of other respiratory infections such as flu and RSV (respiratory syncytial virus) as rates of these infections had been at extremely low levels during last winter due to the suppression that had been achieved through COVID prevention measures.

Officers had completed a COVID impact assessment and the biggest impact was around mental health, alcohol and late diagnosis of cancer. Mental health services for adolescents had seen a particular increase in demand. Mr Barnes explained the wider impacts of COVID would impact on the health and care system for many years to come. Members requested that the COVID impact assessment be brought to a future panel meeting.

RESOLVED – That the COVID impact assessment be brought to a future meeting of this panel.

SPH.12 HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL – WORK PROGRAMME 2021/22

The panel considered a report from the Statutory Scrutiny Officer (Assistant Chief Executive) outlining the forward work programme of the Health & Adult Social Care Scrutiny Panel.

RESOLVED – That the Health and Adult Social Care Scrutiny Panel work programme be agreed.

SPH.13 QUESTIONS TO PORTFOLIO HOLDER

There were no questions for the portfolio holder at this meeting.

SPH.14 CALLING IN OF DECISIONS

There were no formal requests from Members of this panel to call in decisions taken at recent meetings of Cabinet.

SPH.15 URGENT BUSINESS

The panel discussed the resolution from full Council on 29th July 2021 regarding the government consultation on aligning the upper age for NHS prescription's charge exemptions with the state pension age. Given that this was an open consultation, the Council had requested the matter

be referred to the Health and Adult Social Care Scrutiny Panel to formulate a suitable response to the consultation.

RESOLVED – That the panel hold a special meeting week commencing the 16th August, 2021 to respond to the consultation on behalf of the Council.

There being no further business, the Chair declared the meeting closed at 5.54 p.m.