

CUMBRIA HEALTH SCRUTINY COMMITTEE

Minutes of a Meeting of the Cumbria Health Scrutiny Committee held on Tuesday, 22 February 2022 at 10.30 am at Conference Room A/B, Cumbria House, Botchergate, Carlisle, CA1 1RD.

PRESENT:

Ms C McCarron-Holmes (Chair)

Mr T Allison
Mr P Dew
Dr M Hanley
Mr N Hughes

Mr A Jama
Mr A Semple
Mr CJ Whiteside
Mr M Wilson

Also in Attendance:-

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| Ms J Clayton | - | Head of Communications and Engagement, NHS North Cumbria Clinical Commissioning Group |
| Ms A Dunkley | - | Assistant Director of People – North Cumbria Integrated Care NHS Foundation Trust |
| Mrs L Harker | - | Senior Democratic Services Officer |
| Ms K Maynard | - | Chief Operating Officer, University Hospitals of Morecambe Bay NHS Foundation Trust |
| Ms L Murray | - | Targeted Youth Support Officer, Cumbria County Council |
| Mr B Perris | - | Youth Parliament Member for Carlisle and Eden |
| Mr P Rooney | - | Chief Operating Officer, NHS North Cumbria Clinical Commissioning Group |
| Mr D Stephens | - | Strategic Policy & Scrutiny Advisor |
| Ms L Turner | - | Head of Strategic Recruitment and Retention, University Hospital Morecambe Bay NHS Foundation Trust |
| Mr P Woodford | - | Director of Corporate Affairs, University Hospital Morecambe Bay NHS Foundation Trust |

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

40 ELECTION OF VICE-CHAIR

There were a number of apologies received from District Council representatives, therefore, it was agreed that this item would be deferred until the next meeting of the Committee. Mr A Semple was appointed as Vice-Chair for this meeting only.

The Chair emphasised the need for a Vice-Chair to be appointed at the next meeting of the Committee in May.

41 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr D Blacklock, Mr J Bland, Mr F Cassidy, Ms V Hughes, Mr J Kane and Mr D Shepherd.

42 MEMBERSHIP OF THE COMMITTEE

Mr A Jama replaced Ms V Hughes for this meeting only.

43 DISCLOSURES OF INTEREST

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

44 EXCLUSION OF PRESS AND PUBLIC

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

45 MINUTES

With reference to Minute 34 – Committee Briefing Report it was agreed that the first sentence of the third paragraph should read ‘The Committee was informed that a further meeting **‘of the Joint Committee’** would be convened

RESOLVED, that with the inclusion of the above amendment the minutes of the meeting held on 7 December 2021 be agreed as a correct record and signed by the Chair.

46 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 from the Cumbria and Lancashire Joint Health Scrutiny Committee meeting whose purpose was to look specifically at the recent University of Morecambe Bay Hospitals Trust (UHMBT) Care Quality Commission (CQC) report and the measures the Trust was putting in place to address the issues raised.

The Committee was updated on the appointment of a Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System which was being led by Lancashire County Council. Officers explained that in accordance with the Terms of Reference there was a need for the Cumbria Health Scrutiny Committee to nominate three members onto the Joint Committee; it was agreed nominations would be sought at the next meeting.

The Committee raised concerns regarding the implications of the Health and Social Care Act with regards to the proposal to abolish health scrutiny committees being afforded the opportunity to refer matters to the Secretary of State. Members noted that the Scrutiny Management Board was investigating this matter and it was agreed that the Cumbria Health Scrutiny Committee be kept informed of any change to the Clause in the Bill.

Members were informed that the Scrutiny Management Board would agree the draft scope for a joint Health and Adults Task and Finish Group to focus on the implications of the Health and Care Bill reforms on the integration of health and care across the systems in both North and South Cumbria.

A Member raised a concern regarding the lack of a Mental Health Task and Finish Group being established. It was, therefore, requested that the Committee receive as much information as possible on this matter. During the course of discussion it was suggested that a Stroke Care Task and Finish Group be considered.

A discussion took place regarding the Local Government Reorganisation and the Committee suggested that consideration be given to the role of the Shadow Authorities in the Health Scrutiny Committee post May 2022 with the potential to invite members, as observers, to future meetings of the Cumbria Health Scrutiny Committee. The Committee emphasised the importance of a thorough induction programme for newly elected members and suggested that North West Employers' be consulted on this matter.

The Committee suggested that future health scrutiny committees be convened in accordance with revised health boundaries.

A Member raised a concern regarding the lack of frequency of Lead Member meetings and it was agreed they would be re-established on a quarterly basis with the North and South system leaders.

RESOLVED, that

- (1) the update on the Cumbria and Lancashire Joint Health Scrutiny Committee (specific to Morecambe Bay) be noted;
- (2) the update on the appointment of the Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System be noted;
- (3) the existing Work Programme be reviewed and Cardiac Services be included for consideration at a future meeting.

47 IMPACT OF COVID 19 PANDEMIC

a North Cumbria

Members received a report from North Cumbria Clinical Commissioning Group and noted that the winter period had been very challenging for all health and care organisations across north Cumbria as well as the UK as a whole.

The Committee was informed that, in particular, the high levels of COVID transmission prompted by the spread of the Omicron variant had made a big impact on staffing, making resources very stretched at times. Officers explained the positive impact of the vaccination programme but highlighted that during January the Trust had experienced higher than 10% sickness absence rates which had caused a big impact on services.

Officers highlighted that in addition to this there was pressure on other services which included high levels of attendance at A+E and in primary care, community, ambulance and mental health services.

Members were informed of the ongoing challenges in social care which had seen significant pressures for service providers. It was explained there had been an increase in the number of patients medically well enough to leave hospital but unable to return to their home settings because of challenges in the provision of an appropriate care package; this continued to be the focus of collaborative work. The Committee noted that the CCG had also commissioned additional services from third sector organisations to support discharge which included support to family carers.

The Committee was informed of the pressure in the urgent care system which had also impacted on elective care, particularly planned operations and surgical procedures in hospital. It was explained that the North Cumbria Integrated Care Trust had maintained an elective care programme throughout; focused on providing the most clinically urgent care and reducing the number of people with long waits for elective care.

Members raised their concerns regarding the length of waiting lists prior to the pandemic and asked for an update regarding current timescales. Officers acknowledged there were longer than average waits for elective care prior to COVID which had increased nationally during the pandemic. The Committee was informed that the current national ambition was that by July 2022 no one should wait in excess of 104 weeks, by April 2023 this figure should reduce to 18 months and by March 2024 a further reduction to 65 weeks. It was explained there was also a national ambition to complete diagnostics by six weeks. Officers emphasised to members that recovery from the pandemic would take a significantly long time whilst highlighting the need for a larger workforce.

A discussion took place regarding hospital visiting which was currently available, in most cases, via booking with a requirement for visitors to have a negative lateral flow test to reduce COVID transmission in hospital settings. Officers explained there was an ambition to make visiting as easy as possible in the future; providers were looking carefully at this whilst taking into account the vulnerability of patients.

Members noted that the CCG had also commissioned the 'Sound Doctor' to support people living in north Cumbria with long term conditions to better understand and manage their health. Officers explained this was high quality, clinically driven films, courses and animations designed to help healthcare professionals advise their patients on managing long-term conditions safely and effectively at home.

The Committee discussed indirect COVID admissions to hospital and was informed that patients were appropriately isolated with staff using the relevant PPE to reduce the risk of onwards transmission.

A discussion took place on the recent Government announcement regarding the abolition of free lateral flow tests. Whilst officers could make no further comments on this matter they did highlight the potential transmission of the virus by staff if they did not have access to testing.

The Committee discussed the changes in delivery of health care during COVID which included a GP focus on triage and on-line consultations and an increase in interventions by the third sector which would continue in the future.

Members received a positive update regarding the vaccination programme. It was explained that primary care and pharmacy staff had provided additional COVID vaccine clinics at very short notice which had further stretched their services which had also been impacted by staff sickness and isolation.

Members noted that as of the date of the report the situation was improving slightly but services remained under significant pressure.

The Committee agreed with officers that the increased booster programme had been a remarkable achievement from primary care and community pharmacy teams and formally recorded their thanks to all staff and volunteers who had been involved.

RESOLVED, that the update be noted.

b South Cumbria

The Committee received a verbal update from representatives of University Hospitals of Morecambe Bay NHS Trust who were experiencing similar issues as those in North Cumbria.

Members were informed that both the Royal Lancaster Hospital and Furness General Hospital were extremely busy; a massive winter surge had been experienced during January which had led to a revisit to the Winter Plan.

The Committee was informed that people not meeting criteria to reside was increasing and currently taking 30% of the bed base rather than the usual 5%. Officers explained that to try and alleviate the issues this caused a plan had been put in place to cancel elective surgery during January and repurpose wards in the Westmorland General Hospital. Members noted that surgery had now resumed at the Hospital.

Members were informed that UHMBT was actively recruiting staff to the Hospital Home Care Service which had been implemented. It was explained this provided support in the community to deliver personal care to service users and it was anticipated would reduce the uptake of beds from patients not meeting criteria to reside.

A discussion took place regarding workforce and members were informed there was an average 13% workforce absence but highlighted that some departments had experienced 50% absence.

The Committee was informed that during the pandemic staff had successfully been redeployed to other services and it was anticipated this would continue in future to provide resilience.

The Committee discussed indirect COVID admissions to hospital and was informed that during January there were approximately 150 people over the Trust's two sites with only approximately 20 patients admitted for COVID. Officers explained that appropriate isolation and PPE measures were applied to reduce the risk of onwards transmission.

A discussion took place regarding waiting times and members were informed that currently there were approximately 1,200 patients waiting over 52 weeks and 100 over 2 years. Officers explained patients waiting a long time tended to be orthopaedic or had chosen to wait. Members were informed the Trust were experiencing an improving trajectory and were confident they would meet the national targets.

Members welcomed the Pre-habilitation Scheme being used by the Trust and it was agreed that further information would be circulated to the Committee.

A discussion took place regarding the Care Quality Commission inspection and members were informed this would focus on urgent care.

The Committee highlighted the importance of the digital strategy and suggested that this should be included as part of future new ways of working.

RESOLVED, that information regarding the Pre-habilitation Scheme be circulated to the Committee.

48 STAFF/RECRUITMENT

a North Cumbria

Members received a presentation from North Cumbria Integrated Care NHS Foundation Trust (NCIC) regarding recruitment in North Cumbria.

The Committee was informed that international recruitment for medics had contributed significantly to a reduction in vacancies; recruitment for nurses was in its infancy but was successfully on track to deliver 197 nurses within 12 months by April 2022 with a further 76 planned to be recruited by September 2022.

Members noted that the success of the international nurse recruitment programme had enabled NCIC to become a pilot site for international recruitment of midwives; it was anticipated that 12 midwives would join the Trust this year.

The Committee drew attention to working collaboratively and the co-ordinated approach to recruitment and understanding the impact on the system of 'poaching' and asked how this impacted on international recruitment. Officers explained that nurses had been recruited from India and the Philippines in accordance with criteria agreed by the World Health Organisation (WHO). It was explained that those areas trained excess nurses with a view that a proportion of them would be recruited by western countries. Members noted that one of the recruitment drives had included 'Earn, Learn and Return' where it was implied they would become more skilled in the UK and eventually a proportion of them would return to their native country.

A discussion took place regarding the NCIC apprentice and training programmes which would include 30 nurses, 8 nurse associates, 5 operating department practitioners and 18 assistant practitioners. It was explained that in addition a number of entry schemes such as the Step Into Health/Bridge into Bank were also provided. Members noted that there were also close working relationships with universities and education partners.

During the course of discussion concerns were raised regarding the inadequate number of medical graduates leaving UK universities.

The Committee received an update regarding retention and the systemisation of the recruitment process, end to end review of the recruitment process and candidate experience, post COVID reinvigorating domestic attraction campaign and recruitment officer and embedding workforce planning.

Members recognised both Trusts had made an enormous effort to improve recruitment and retention but raised their concerns regarding the deficiency of GPs. Officers explained that GP recruitment was one of the key workstreams, highlighting attendance at a job fair in Ireland in October 2021, unsuccessful attempts to recruit GPs internationally, with a focus now being on attracting doctors from London.

A discussion took place regarding the retention of qualified nurses and members were informed there were challenges within the acute setting as a number of them moved to other roles such nurse practitioners in GP practices or in Out of Hours services.

RESOLVED, that the update noted.

b South Cumbria

The Committee considered a detailed report from University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) which provided:

- an overview of the current vacancy position of key staff groups at the Trust;
- an update on unprecedented recruitment activity levels through 2021;
- a briefing on the establishment of the International Retention Programme Board, and associated priorities;
- an insight into the new international recruitment initiatives which were being implemented as alternative routes to resourcing;
- a summary of the local place-based partnership working priorities as agreed at the Bay Health & Care Partners People Board;
- highlights from the inclusive recruitment priority actions which were set to assist in the commitment to becoming a fully inclusive workplace.

A discussion took place regarding GP recruitment and whilst officers acknowledged that internal recruitment had not been successful explained that collaborative working was taking place with local employers to establish and promote attractions to the area for individuals.

The Committee was informed that the Medical Support Worker (MSW) role was devised during the pandemic as a short-term solution to provide additional clinical support in a number of acute, community and primary care settings across the NHS. Members noted that the MSW role was filled by retired doctors, refugee doctors and international graduates living in the UK who had not yet gained their General Medical Council (GMC) registration.

The Committee noted that a large proportion of the refugee doctors living in the UK were registrars or consultants in their home countries. It was explained that on average it would take a refugee doctor between 2-3 years to complete their registration with the GMC. Members were informed that during this time those highly skilled and qualified doctors were often working in non-clinical roles and, therefore, were keen and highly engaged in the MSW role. Furthermore, trusts realised that if they could support those doctors during the GMC registration process, they would have fast track/low-cost access to a pool of highly skilled registrar and consultants.

The Committee asked whether Brexit had affected recruitment and if the Trust employed any refugee doctors. Officers explained that the refugee programme was national and that seven places had been offered to refugee doctors.

Members raised their concerns regarding the restrictions on refugee doctors emphasising that 2-3 years was a long time to wait until those experienced doctors were fully registered. The Committee felt that the work visa was a big problem as they are required to earn between £30k and £50k per annum to get the visa with the starting salary of a junior doctor only being £27k. Officers explained that support was provided to doctors to enable them to obtain their work visas and this had not been problematic.

RESOLVED, that the update be noted.

49 EDEN YOUTH COUNCIL

Members received a presentation and video from Ben Perris, Member of Eden Youth Council regarding access to mental health services for young people.

The Committee was informed that of the major impact which COVID had upon the lives of young people. Members noted the effects this had on their education and exams and the need for support to enable students to fulfil their potential. The role which rural isolation played with regards to mental wellbeing and how this could lead to depression was also noted.

A discussion took place regarding exams following confirmation that they were likely to take place this academic year. Members were informed that following this announcement additional information had been provided on subject matters which had eased some of the pressure on young people.

The Committee's attention was drawn to the major impacts upon young people due to long waiting times and the problems encountered accessing services due to their locations.

During the course of discussion it was suggested that Kooth (an anonymous digital platform which helped children and young people to feel safe and confident in exploring their concerns and seeking professional support with regards to their mental wellbeing) should be promoted.

Members were informed that in the future young people would like easier access to services, better communication regarding changes, increased support in school for both young people and staff, support for parents, shorter waiting times for essential services, targeted support for individuals and a more unified approach across Cumbria.

A discussion took place regarding the on-line interviews and it was felt this had been positive and had enabled young people to express themselves more easily.

A Member drew attention to the link workers, employed by Barnardos to provide support to young people with mental health problems, which had been established by the Eden Primary Care Network (PCN) a number of years ago. It was agreed that further information on this service would be made available to Ben and suggested that today's presentation be made at a future meeting of the Eden PCN.

The Chair, on behalf of the Committee, thanked Ben Perris for his informative presentation and wished him well for the future.

RESOLVED, that the update be noted.

50 DATE OF FUTURE MEETING

It was noted that the next meeting of the Committee would be held on Monday 9 May 2022 at 10.30 am at County Offices, Kendal.

The meeting ended at 1.25 pm