Worcestershire County Council

Agenda

Health Overview and Scrutiny Committee

Wednesday, 4 November 2015, 1.00 pm
County Hall, Worcester

All County Councillors are invited to attend and participate

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اردو. اگر آپ اس دستاویز کی مشمولات کو سمجھنے سے قاصر ہیں اور کسی ایسے شخص تک آپ کی رسائی نہیں ہے جو آپ کے لئے اس کا ترجمہ کرسکے تو، براہ کرم مدد کے لئے 01905 765765 پر رابطہ کریں۔ *(Urdu)*

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ਪੰਜਾਬੀ। ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮਜ਼ਮੂਨ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਅਤੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੱਕ ਪਹੁੰਚ ਨਹੀਂ ਹੈ, ਜੋ ਇਸਦਾ ਤੁਹਾਡੇ ਲਈ ਅਨੁਵਾਦ ਕਰ ਸਕੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਦਦ ਲਈ 01905 765765 'ਤੇ ਫ਼ੋਨ ਕਰੋ। *(Punjabi)*

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and 'other disclosable interests'

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
  - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
  You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR**
  relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
  - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

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Health Overview and Scrutiny Committee
Wednesday, 4 November 2015, 1.00 pm,

Membership

Worcestershire County Council	Mr A C Roberts (Chairman), Mr W P Gretton, Mrs J L M A Griffiths, Mr P Grove, Ms P A Hill, Mr A P Miller, Prof J W Raine, Mrs M A Rayner and Mr G J Vickery
District Councils	Mr T Baker, Malvern Hills District Council Dr B T Cooper, Bromsgrove District Council Mrs F S Smith, Wychavon District Council Mr A Stafford, Worcester City Council Mrs N Wood-Ford, Redditch Borough Council Mrs F Oborski, Wyre Forest District Council

Agenda

Item No	Subject	Page No
1	**Apologies and Welcome**	
2	**Declarations of Interest and of any Party Whip**	
3	**Public Participation** Members of the public wishing to take part should notify the Head of Legal and Democratic Services in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 3 November 2015). Enquiries can be made through the telephone number/email address below.	
4	**Confirmation of the Minutes of the Previous Meeting** Previously circulated	
5	**Draft Joint Health and Well-being Strategy 2016-19**	1 - 16
6	**Cancer Services**	17 - 26
7	**Health Overview and Scrutiny Round-up**	27 - 30

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All the above reports and supporting information can be accessed via the Council's website at
http://www.worcestershire.gov.uk/info/20013/councillors_and_committees

Date of Issue: Tuesday, 27 October 2015

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AGENDA ITEM 5

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
4 NOVEMBER 2015

DRAFT JOINT HEALTH AND WELL-BEING STRATEGY 2016-19

Summary

1. Worcestershire's Health and Well-being Board has launched a new Joint Health and Well-being Strategy 2016-19 for consultation. This will be Worcestershire's second Joint Health and Well-being Strategy.

2. As part of the consultation process, the Health Overview and Scrutiny Committee (HOSC) is invited to discuss the draft Strategy and agree any comments it would like to contribute. The Cabinet Member for Health and Well-being, and officer representatives from the Council's public health function, have also been invited to the meeting.

3. A revised Strategy is due to be signed off by the Health and Well-being Board in January 2016.

Background

4. The draft Joint Strategy, which will be Worcestershire's second, sets out the Health and Well-being Board's vision and priorities for 2016-19, based on the findings of the Joint Strategic Needs Assessment and consultation with the public. It also sets the context for other health and well-being plans and for commissioning of NHS, public health, social care and related children's services.

5. Preparation of the Strategy is a statutory requirement for the County Council and clinical commissioning groups, under the Health and Social Care Act 2012.

6. The Strategy is a basis for the public to hold local organisations to account for achieving the stated outcomes – and the HOSC looked at progress with the previous 2013-2016 Strategy at its meeting on 11 December 2013.

7. The HOSC previously discussed progress made with the out-going Health and Well-being Strategy 2013-16, at its meeting on 11 December 2013.

Development of the Strategy

8. Development of the new draft Strategy has involved input from over 140 people at a stakeholder event, including representatives from a range of district councils, the NHS, Police, NHS, and voluntary sector organisations. The purpose of the event was to review and reflect on the out-going Strategy, its impact, utilisation, vision and the criteria for priorities.

9. The criteria agreed for selection of priorities were that they should:

- Be linked to JSNA data which suggests a worsening situation, and/or a situation that is worse than would be expected for Worcestershire;
- Show clear geographical and/or population inequalities in health and well-being outcomes;
- Have high direct and indirect economic costs both now and in the future;
- Be relevant to people across all age groups;
- Relate to major causes of ill health and premature death;
- Be linked to good evidence of potential to improve outcome;
- Be of high importance to the local public;
- Need strong partnership working to improve outcomes;
- Affect large numbers of people in Worcestershire, and these numbers will rise significantly if we do not deliver change.

10. The attached draft Strategy reflects the outcome of consensus views from the stakeholder event, and is an all-age Strategy, including an emphasis on prevention throughout. The draft is being released for further consultation, closing on 4 December, including through the Council's on-line consultation portal. A further stakeholder session is planned for 10 November, and a revised Strategy will be submitted to the Health and Well-being Board in January 2016.

11. The three main priorities suggested for the next three years are:
    - mental health and well-being throughout life
    - being active at every age
    - reducing harm from alcohol at all ages

12. Physical activity, one of the proposed priority areas is the subject of a separate scrutiny task group of county and district councillor members (including a HOSC member), which is looking at activity levels in Worcestershire and councils' role in increasing physical activity. The Task Group will also comment on the draft Strategy.

Purpose of the meeting

13. The HOSC is invited to:
    - discuss the draft Strategy and agree any comments
    - agree any areas or issues requiring further information or which may benefit from further scrutiny

14. In doing so, HOSC members may want to reflect on:

    - stakeholder engagement on the draft Strategy – what were the main messages?
    - HOSC's feedback from its scrutiny discussions of mental health services earlier this year
    - how will the aims of the Strategy be affected by on-going financial constraints on services?

- the potential impact of the Government's cuts to public health ring-fenced grants, and how this will be managed?

Supporting Information

- Appendix 1 - Draft Joint Health and Well-being Strategy 2016-19.
  The draft Strategy and consultation survey are also available online here

Contact Points

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Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health and Wellbeing Board on 30 September 2015– available on the Council's website here
- Agenda and Minutes of the Health Overview and Scrutiny Committee's discussion of mental health services on 5 November and 9 December 2014 and the 3 March 2015 – available on the Council's website here
- Agenda and Minutes of the Health Overview and Scrutiny Committee on 11 December 2013 – available on the Council's website here

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Worcestershire Health and Well-being Board

Draft Joint Health and Well-being Strategy 2016-19

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Introduction

1. This will be Worcestershire's second Joint Health and Well-being Strategy It is a statement of the Health and Well-being Board's vision and priorities for 2016-19, based on the findings of the Joint Strategic Needs Assessment and public consultation. Preparation of the Strategy is a statutory duty for the County Council and the Clinical Commissioning Groups under the Health and Social Care Act 2012. The Strategy is a basis for the public to hold local organisations to account for achieving the stated outcomes.

2. The Strategy sets the context for other health and well-being plans and for commissioning of NHS, public health, social care and related children's services. We will work with all partners to help align policies, services, resources and activities with the Strategy. This will enable joined-up action to tackle issues that will benefit from multi-agency working.

3. The Board expects that the commissioning plans of the County Council and the local NHS are consistent with the Strategy, as required by the Health and Social Act 2012. The Strategy will provide a basis for commissioners of NHS, public health, social care and related services to integrate commissioning plans and pool budgets wherever possible, using the powers under Section 75 of the NHS Act 2006 where appropriate.

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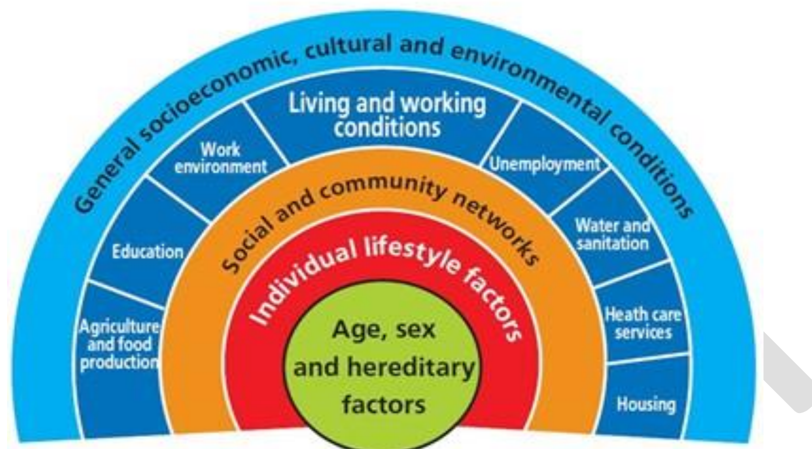
Context

National Policy

4. Health and well-being is influenced by a range of factors over the course of people’s lives. These factors are related to people’s surroundings and communities as well as their own behaviours. Collectively they have a much greater impact on health and well-being than health and social care services. To improve health and well-being it is these factors that we need to influence.



The Determinants of Health (1992) Dahlgren and Whitehead

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5. Subsequent national policy has emphasised the importance of prevention. Two Government White Papers on public health in the last decade have focussed on the need to develop a wide-ranging and effective approach to prevention. These have made recommendations from changing individual behaviour through education and empowerment, to changing what choices are available by regulating the availability and sales of tobacco, unhealthy food and alcohol.

6. These have not yet proved sufficient to reduce the burden of avoidable disease. In response to this, the NHS has recently produced a **Five Year Forward View**, which argues that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a **radical upgrade in prevention and public health**. It particularly calls for all parts of the system to work together on prevention right through life.

7. Prevention duties are increasingly being articulated within legislation and statutory guidance including the Health and Social Care Act 2012 and the Care Act 2014. The Childcare Act 2006 requires the Council to improve the well-being of young children and reduce inequalities; the Education and Inspections Act 2006, requires the Council to secure equality of access for all young people to the positive, preventive and early help they need to improve their well-being.

8. The Care Act 2014 articulated three levels of prevention and noted that these were a shared responsibility across the health and care system:
    - Primary prevention. To **prevent** ill health and the need for care before it occurs. Includes these services for people who currently have no particular health and care needs, and they help people to avoid developing needs. They focus on promoting well-being, good health, and independence;
    - Secondary prevention. To **reduce** the impact of health problems by detecting them as soon as possible and intervening early. Includes services are designed for people who have an increased risk of developing needs, where provision of services or resources may slow down or reduce the development of that need;
    - Tertiary prevention. Getting the right help to people who already have needs and giving support to prevent those needs escalating and **delay** the need for more intensive care. Includes services for people with established health conditions who need support to regain skills or to delay deterioration.

Health and Well-being in Worcestershire

9. There are around 575,400 people living in Worcestershire. The county has a greater proportion of older people resident than the nation in general. The population of Worcestershire is projected to increase by 21,579 to around 597,000 in the next 10 years with the biggest increase projected to be in the older age groups. This is especially apparent in the 75-79 age range, although proportionally the projected rise in the 90-plus age range is higher. The forecast increase in numbers of older people is due to increased life expectancy resulting in greater numbers of older people, surviving to very old age[1].

10. Overall health in Worcestershire is better than the England average. The average number of years a person born today in Worcestershire would expect to live in good health is 66.4 years for women and 66 years for men compared to 63.9 and 63.3 nationally[2]. Death rates from causes that could potentially be avoided by public health interventions in the broadest sense are below national rates and have been declining[3].

11. There are also some serious ongoing challenges to health and well-being:
    - A growing number of elderly and frail people with complex health needs;
    - An ongoing burden of avoidable ill-health related to lifestyles - about two thirds of adults are overweight or obese, a third of men and half of women don't get enough exercise, about a third of people drink too much alcohol, and one in six adults smoke.
    - An increasing cost of providing health care due to the introduction of expensive new drugs and technologies;
    - The growing need for savings due to pressures on public sector finances;
    - Persistent inequalities between the most disadvantaged and the most affluent communities - the average number of years a person born today in Worcestershire would expect to live in good health is 15.4 years lower for men and 14.3 years

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lower for women in the most disadvantaged 10% of communities compared to the 10% most affluent.

Vision

12. The vision of the Board is that ***Worcestershire residents are healthier, live longer and have a better quality of life, especially those communities and groups with the poorest health outcomes.***

13. The Board works to **six key principles** and these underpin the Strategy:
    i. **Working in partnership.** We will facilitate partnership and ensure that organisations work together across the public, voluntary and private sectors to maximise their contribution to health and well-being.
    ii. **Empowering individuals and families.** We will encourage and enable individuals and families to take responsibility and improve their own health and well-being. We will also ensure that targeted support is available where necessary to increase individual, family and community resilience and self-reliance.
    iii. **Taking Local action.** We will recognise local assets and strengthen the ability of communities to develop local solutions to local issues.
    iv. **Using evidence in decision making.** We will draw on the evidence of what works when develop ping strategies and plans for action.
    v. **Involving people.** We will respect the views of the public, patients, service users and carers and ensure that they have an opportunity to shape how services are organised and provided.
    vi. **Being open and accountable.** We will be clear about the impact we expect from investment and action to improve health and well-being, and open about the progress we are making.

14. Meeting the challenges described above will require renewed a emphasis on prevention with action in the long term to address the wider influences on health and well-being, as well as more immediate action to continue to improve the quality and value for money of health and social care and to make sure that prevention is embedded in care pathways.

15. The Board will ensure that actions to implement this Strategy align with our **five approaches to prevention**:
    - ✓ **Creating a health promoting environment** by developing and enforcing healthy public policy and taking health impact into account systematically in decision making.
    - ✓ **Encouraging and enabling people to take responsibility for themselves, their families, and their communities** by promoting resilience, peer support and the development of community assets.
    - ✓ **Providing clear information and advice** across the age-range, so that people make choices that favour good health and independence.
    - ✓ **Commissioning prevention services** for all ages based on evidence of effectiveness and within the funding available.
    - ✓ **Gate-keeping services** in a professional, systematic and evidenced way, so that services are targeted to the people who would benefit most, regardless of their personal characteristic or circumstances.

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Priorities

16. We will focus on a small number of **priorities**. These priorities have been chosen because individually and collectively they:
    - Have high direct and indirect economic costs both now and in the future
    - Affect people across all age groups
    - Relate to major causes of ill health and premature death
    - Are linked to good evidence of potential to improve outcome
    - Are of high importance to the local public
    - Are linked to JSNA data which suggests a worsening situation, and/or a situation that is worse than would be expected for Worcestershire
    - Show clear geographical and/or population inequalities in health and well-being outcomes
    - Need strong partnership working to improve outcomes
    - Affect large numbers of people in Worcestershire, and these numbers will rise significantly if we do not deliver change.

17. Our priorities for 2016-19 will be:
    - Mental health and well-being throughout life
    - Being active at every age
    - Reducing harm from alcohol at all ages.

Mental health and well-being throughout life

18. We will focus on **building resilience to improve mental well-being,** and **dementia**.

19. People who are more resilient do better in life, being happier, more able to cope with adversity and less at risk of developing mental health conditions such as anxiety and depression. There is growing evidence about how to improve resilience throughout life.

20. The numbers of people with dementia are expected to rise by almost one third between 2012 and 2020. There are things that can be done to reduce the risk of getting dementia. There are also things that can be done to help people live with dementia so early diagnosis is important - only 40% of cases are diagnosed currently.

21. We will also focus on four groups:

    Under 5s and their parents. Because building resilience from an early age will have life-long benefits: resilient children do better at school and grow up to be resilient adults; resilient parents will support their children well through childhood and adolescence.

- Mental ill health costs the economy £105 billion per year
- Mental health has an impact on people's physical health: for young people, mental il health is strongly associated with behaviours that pose a risk to their health, such as alcohol and drug use and smoking
- In Worcestershire 70,000 adults and 7,000 children are living with mental ill- health at any time
- A higher proportion of adults (7.8%) are diagnosed with dementia than the national average (5.8%)
- 50 people take their own life each year

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Young people. Front-line professionals across the health, education, and social care system are expressing concern about a deterioration in the mental health and well-being of young people. There has been an increase in Emergency Department attendances for self-harm related reasons in this age group..

Older people. Dementia is more common in older people. Worcestershire has a higher proportion of people aged 65 or over than the national average and the number of people in this age group is going to grow by over a third between 2014 and 2029. There are large numbers of people who care for people with dementia, and this can put a significant strain on mental health and well-being.

Populations with poorer health outcomes. Building resilience can help people to succeed, improving health and social outcomes. This will help to reduce the gap in in health outcomes across the county, between different social groups and between different geographical areas.

Being active at every age

22. We will focus on **increasing everyday physical activity** because this is a low or no cost option, and because long-lasting behaviour change is most likely to be achieved by making changes to daily routines.

- Being inactive is a major cause of ill health throughout life - including heart disease, diabetes and some cancers.
- The negative health impact of being inactive is both avoidable and in some cases reversible
- In Worcestershire at least a third of people do not meet the recommended guidelines for being physical active

23. We will also focus on three groups:

Under 5's and their parents. One in four children in Worcestershire are overweight or obese by 5 years old and one in three children by 11 years old. Being physically active can easily become a life-long behaviour if it is started in early childhood. Physical inactivity can reduce the chances of doing well at school for children, and is associated with poorer mental health in childhood.

Older people. Physical activity reduces the risk of depression in adults and older adults as well as the risk of cognitive decline and dementia, including Alzheimer's disease. Physical activity builds and maintains muscle mass, which will increase older people's ability to live independently and reduce the risk of falls.

Populations with poorer health outcomes. People living in deprived areas are less likely to physically active and more likely to develop ill health. Some people, such as those with a learning disability or sensory impairment, have particular challenges in being physically active.

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Reducing harm from drinking too much alcohol

24. As well as **reducing consumption of alcohol** we will focus on **reducing risky behaviour** associated with drinking too much. Alcohol can influence people's decisions such that they do things that they would not have done without a drink – such as being careless, not practicing safe sex, or becoming aggressive. Alcohol is the biggest single cause of accidents in the home. It increases the likelihood of being a perpetrator or a victim of violence. It is associated with two third of suicide attempts.

- Alcohol is ranked by the World Health Organisation as the third leading cause of death and disability in the developed world
- Around three quarters of Emergency Department attendances at night time and 40% during day time are associated with drinking too much alcohol
- Drinking too much also have long-term social consequences such as family break-up, domestic abuse, unemployment, homelessness and financial problems.
- In Worcestershire 85,000 people drink more alcohol than the recommended limit, which puts their physical and mental well-being at risk

25. We will also focus on three groups:

Middle aged. Heavy drinking in middle age is a growing problem, and usually takes place outside of public places, making it harder to regulate.It increases blood pressure and cholesterol levels, both of which are major risk factors for heart attacks and strokes.

26. **Older people.** Alcohol has a greater effect on older people. The Royal College of Psychiatrists now recommends that people over 65 should not drink more than half the recommended maximum daily limits for adults under 65 years. A third those who experience problems with alcohol do so for the first time later in life, often as a result of big changes like retirement, bereavement or feelings of boredom, loneliness and depression.

27. **Populations with poorer health outcomes.** People living in deprived areas are more likely to drink more alcohol than the recommended limit. This will include specific attention to young people since, although overall patterns of drinking among young people are becoming less risky, there remain some issues in disadvantaged areas.

From strategy to action

28. The Strategy requires action by a range of different organisations and individuals. The Board will ask that the statutory partners respond by:
    - Working together and with others to ensure the Strategy is implemented. Board members, commissioners, providers, elected members, communities and individuals will all have role – as set out in 'Working Together' below.
    - Making sure that this Strategy is taken in account in drawing up organisational commissioning and service development plans. For the Clinical Commissioning Groups this will be a requirement for their authorisation and approval of their commissioning plans.

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29. The Board will in addition support implementation by:
    - Ensuring that the Strategy is widely available and raising awareness of it at every opportunity.
    - Providing leadership and advocacy.
    - Encouraging participation and contributions from the voluntary sector, businesses, schools and others.
    - Facilitating debate on difficult issues.
    - Building relationships and enabling partner organisations to align policies, services, resources and activities to increase their collective impact on health and well-being.
    - Publicising examples of good work
    - Overseeing progress and offering challenge and support where necessary.

30. The Board will hold statutory partners to account for implementation of the Strategy by:
    - Delegating to the Health Improvement Group (HIG) the responsibility to agree a set of detailed Plans with clear actions, responsibilities, milestones and timescale.
    - Receiving bi-annual reports from the HIG about progress against these Plans.
    - Tracking progress against a set of performance indicators which will be reported bi-annually to the Board.

Measuring progress

31. A range of performance indicators will be used to measure the impact of this Strategy – as set out below. These will be presented as a single outcome framework with baseline data, direction of travel and targets. These are selected from indicators which are already embedded in the performance frameworks of partner organisations and are intended to enable sharper focus and a new opportunity for the Board to challenge, debate, and support progress :

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Working together

To improve the health and wellbeing of Worcestershire residents we all need to work together.

Health and Wellbeing Board Members will

Encourage integrated working between health and social care commissioners

Encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services

Provide a forum where agencies in Worcestershire can focus on reducing health inequalities

All Partners will

Co-produce services and resources with other health, social care and community organisations

Tailor services and resources and target them according to where they are most needed

Plan services that are person centred and developed with input from service users

Design services that promote independence rather than impose dependence

Support communities and individuals to become more empowered and resilient

Commissioners will

Commission services and resources that support the priorities of the Health and Wellbeing Board and Strategy

Ensure that services and resources are measured for effectiveness

Engage with and seek the views of individuals and communities

Consider the physical, mental and emotional wellbeing of individuals needing care

Providers will

Ensure that services and resources are measured for effectiveness

Engage with and seek the views of individuals and communities

Support communities and individuals to become more empowered and resilient

Councillors will

Act as leaders for their communities, deliverers of services and catalysts for change

Promote the importance of prevention to improve health and wellbeing to its communities

Engage with and seek the views of individuals and communities

Support communities and individuals to become more resilient and empowered.

Communities will

Take ownership and responsibility for their own health and wellbeing

Be proactive and access those services and resources readily available to them to increase their resilience

Work with organisations and commissioners to coproduce services and resources

Support more vulnerable members of the community to maintain good health and develop strong social connections.

Individuals will

Take ownership and responsibility for their own health and wellbeing

Be proactive and access those services and resources readily available to them to increase their resilience

Use services and resources that are limited and high cost wisely and only when essential

Performance indicators

Priority	Performance indicators
Good Mental Health and Well-being throughout life	• Satisfaction with life measure (National Wellbeing Survey) • School readiness: all children achieving a good level of development at the end of reception as a % of all eligible children by free school meal status • Hospital admissions as a result of self-harm (10-24 years) • Referrals to Child and adolescent mental health services • Diagnosis rate for people with dementia • Health-related quality of life for people with long-term conditions • % of adult social care users who have as much social contact as they would like • Proportion of adults in contact with secondary mental health services in paid employment
Being Active at every age	• Age standardised mortality rate from all cardio-vascular diseases under 75 years of age • % of children meeting Chief Medical Officer guidelines for physical activity • Length of time spend in sedentary activities by children • % of children aged 4-5classified as overweight or obese • % of children aged 10 – 11 classified as overweight or obese • Cycling Walking travel measures for adults to be confirmed • % of adults taking 30 minutes physical activity on 5 days a week • Numbers of older people taking up Strength and Balance training • Numbers of people taking part in health walks • Numbers of people training as volunteers for health walks
Reducing harm from Alcohol at all ages	• Age-standardised rate of mortality considered preventable from liver disease in those aged under 75. • Under 18s hospital admissions for alcohol related conditions • All hospital admissions for alcohol related conditions • Alcohol related crime

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AGENDA ITEM 6

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
4 NOVEMBER 2015

CANCER SERVICES

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an update on Cancer Services in Worcestershire, in terms of the new changes made in cancer pathways, performance against the national cancer standards and developments both nationally and locally.

2. Representatives from service commissioners and also those who provide the service at Worcestershire Acute Hospitals Trust, have been invited to the meeting.

Background

3. Cancer is a condition where cells in a specific part of the body grow and reproduce uncontrollably. The cancerous cells can invade and destroy surrounding healthy tissue, including organs. In the UK, cancers of the breast, lung, prostrate and bowel account for over 50% of new cases.

4. More people are living longer after being diagnosed with cancer, due to better diagnosis and treatment and the NHS needs to consider how best to support those patients surviving cancer.

5. There are a range of national cancer performance standards that providers of cancer care are required to achieve, those standards include the two week for suspected cancer and the 62 day urgent referral pathway. In Worcestershire the current performance against these two standards is below the required level, in terms of the 62 day pathway, this position is consistent with the national position but for two week waits the local position is not consistent with the average performance across England.

6. Improving patient outcomes for cancer has been the subject of an Independent Cancer Taskforce, which recently published its report 'Achieving world class cancer outcomes; a strategy for England 2015-2020'. Subsequently, the Government has pledged that by 2020, people with suspected cancer will be diagnosed within 28 days of being referred by a GP.

Cancer Services in Worcestershire

7. The Commissioning and provision of cancer services is a complex area of NHS activity. In terms of Commissioning, then some aspects of the service are commissioned locally by Clinical Commissioning Groups, whilst other aspects like radiotherapy are commissioned by Specialised Services.

8. In terms of the provision of services, the large proportion of services, such as surgery, chemotherapy, radiotherapy, palliative care and supportive services are delivered locally in Worcestershire by a number of organisations such as Worcestershire Acute Hospitals NHS Trust, (WAHT) Worcestershire Health and Care Trust, (WHACT) the three Hospices in the county and by primary care.

9. Worcestershire Acute Hospitals NHS Trust provides cancer services from a range of locations; the Worcestershire Oncology Centre on the Worcester Royal Hospital site provides radiotherapy services for patients in Worcestershire, some aspects of specialised radiotherapy are provided at regional centres such as University Hospital Birmingham.

10. The Acute Trust provide chemotherapy services at each of its three hospital sites in Worcester, Redditch and Kidderminster, the services are delivered from dedicated chemotherapy suites at each location. Surgical oncology services are also provided by Worcestershire Acute Hospitals NHS Trust. A range of palliative care services are provided across the county by the three local Hospices, St Richards, Kemp and Primrose as well as by WAHT and there are some services provided by Worcestershire Health and Care Trust.

11. In January this year Worcestershire's new Oncology Centre opened its doors, enabling patients to be treated locally, avoiding journeys to Cheltenham, Coventry or Wolverhampton for daily radiotherapy treatment. The team of staff includes consultant oncologists, clinical physics staff, radiotherapy and nursing staff. The latest equipment enables more effective targeting of tumours, less damage to surrounding tissue and less risk of complications.

Purpose of the meeting

12. The Committee is asked to consider the update on Cancer Services and to identify and further information or scrutiny work required at this stage.

13. In doing so, HOSC members may want to reflect on:

- Worcestershire's service performance
- The need to find effective ways to support people surviving cancer
- The changes that will be needed in order to comply with the new NICE guidance "Suspected cancer referral and recognition".
- The need for effective links between all providers of cancer services and the need to ensure that patients have a key role in shaping and informing how cancer services are developed.

Supporting Information

- Appendix 1 - Summary of Cancer Services in Worcestershire.

Contact Points

County Council Contact Points
Worcestershire County Council; 01905 763763
Worcestershire Hub: 01905 765765
Email: Worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this report
Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 766627,
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Director of XXX) the following are the background papers relating to the subject matter of this report:

- Achieving world class cancer outcomes; a strategy for England 2015-2020 – available on the Cancer Research website here

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Health Overview and Scrutiny Committee

Summary of Cancer Services in Worcestershire

Introduction

The Commissioning and provision of cancer services is a complex area of NHS activity. In terms of Commissioning, then some aspects of the service are commissioned locally by Clinical Commissioning Groups, whilst other aspects like radiotherapy are commissioned by Specialised Services.

In terms of the provision of services, the large proportion of services, such as surgery, chemotherapy, radiotherapy, palliative care and supportive services are delivered locally in Worcestershire by a number of organisations such as Worcestershire Acute Hospitals NHS Trust, (WAHT) Worcestershire Health and Care Trust, (WHACT) the three Hospices in the county and by primary care.

There are some areas of provision that are very specialised and because of the small numbers of patients involve and the need for clinical specialisation, then these specialist services are provided at regional centres.

The vast majority of paediatric oncology services is provided at specialist units in Birmingham and is not provided locally.

This report seeks to provide HOSC members with an update with regard to the local arrangement of cancer services in Worcestershire, current performance against the national cancer standards and local developments in services in the county.

Local Arrangement of Services

Worcestershire Acute Hospitals NHS Trust provides cancer services from a range of locations, the Worcestershire Oncology Centre on the Worcester Royal Hospital site provides radiotherapy services for patients in Worcestershire, some aspects of specialised radiotherapy are provided at regional centres such as University Hospital Birmingham.

The Acute Trust provide chemotherapy services at each of its three hospital sites in Worcester, Redditch and Kidderminster, the services are delivered from dedicated chemotherapy suites at each location.

Surgical oncology services are also provided by Worcestershire Acute Hospitals NHS Trust.

A range of palliative care services are provided across the county by the three local Hospices, St Richards, Kemp and Primrose as well as by WAHT and there are some services provided by Worcestershire Health and Care Trust.

Current Performance Against National Standards

There are eight main national cancer standards against which providers of cancer services are measured, these standards are listed in Table One below, and the table also shows the performance of WAHT for the year to date for 2015-16.

It is noted that the delivery against the standards is mixed with some standards being achieved and others not.

The greatest areas of concern for Worcestershire, in terms of underperformance, relate to the two week wait standard, the two week symptomatic breast standard and the 62 day urgent referral to treatment standard. With regard to both of the two week wait standards, WAHT have not delivered the required standards during 2015-16, only achieving one of the standards, in one month during the year. In terms of the 62 day standard, performance has met the required standard for two of the five months in 2015-16.

As a consequence of this underperformance against these standards the CCGs have issued a Contract Performance Notice to WAHT, which means the provider has to produce Remedial Action Plans that set out exactly how the provider will improve performance and by when.

There has been extensive dialogue between the Commissioners and WAHT with regard to understanding the reasons for these areas of underperformance and it is a complex, multifactorial issue, across a range of specialties within the Acute Trust and the national Cancer Intensive Support Team have worked with WAHT to identify areas that need to be improved in order to deliver consistently against these cancer standards. Some of the issues that need to be addressed are increasing demand, internal process issues with regard to how referrals are managed, along with capacity pressures caused by Consultant vacancies.

One issue the Acute Trust has raised with the CCGs is the large number of patients who decline an appointment for a two week wait for suspected cancer, the CCGs are working with Primary Care to ensure that all patients are fully informed about the two week wait process and the importance of attending their appointments.

The Trust is achieving the standards for 31 days first treatment for all cancers, 31 day subsequent surgery and 31 day subsequent chemotherapy. The numbers of patients who are referred to 62 days as Consultant Upgrades are very small, consequently, very small numbers of patients breaching the standard can produce a very large change in the percentage performance.

In Tables Two and Three below you will see the performance of WAHT, for two week waits, two week symptomatic breast and 62 day urgent referrals, set against the average performance in England. It is to be noted that whilst the performance against these standards is below the English average, the context provided is that a lot of providers in England are struggling to deliver the 62 day standard and the two week symptomatic breast standard, however, a lot of providers are delivering the two week suspected cancer standard. The Commissioners have shared this benchmarking data with WAHT, along with the names of providers who achieve the two week suspected cancer standard and who receive similar numbers of referrals to those that WAHT receive. The Commissioners have recommended that WAHT engage with these providers to see if there are any areas of good practice they could share.

Table One- Current Performance against the eight main national cancer standards.

Cancer	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Expected Sep-15	YTD
31 Days: Wait For First Treatment: All Cancers	98.2%	95.7%	95.5%	98.5%	100.0%	97.7%	97.6%
31 Days: Wait For Second Or Subsequent Treatment: Surgery	93.4%	88.9%	90.6%	95.9%	95.4%	95.8%	93.9%
31 Days: Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
62 Days: Wait For First Treatment From Urgent GP Referral: All Cancers	80.7%	85.1%	75.4%	78.1%	86.6%	73.8%	79.5%
62 Days: Wait For First Treatment From National Screening Service Referral: All Cancers	94.7%	100.0%	95.8%	100.0%	100.0%	92.6%	96.8%
62 Days: Wait For First Treatment From Consultant Upgrades: All Cancers *	100.0%	#N/A	60.0%	18.2%	66.7%	54.6%	56.8%
2WW: All Cancer Two Week Wait (Suspected cancer)	91.5%	90.3%	86.8%	83.1%	81.8%	81.5%	85.7%
2WW: Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	85.3%	98.2%	84.2%	63.5%	83.1%	66.9%	78.6%

Table Two- Benchmarking data- WAHT performance for 62 day urgent referrals against the average performance in England

			2015/16					
			Apr-15	May-15	Jun-15	Jul-15	Aug-15	
CB_B6	Cancer 2 week waits - 2 week referred urgently (6.1)	93%	1,337	1,327	1,436	1,425	1,402	6,927
			1,223	1,198	1,247	1,184	1,147	5,999
			91.47%	90.28%	86.84%	83.09%	81.81%	86.60%
		Eng	92.70%	94.30%	94.10%	93.91%	93.18%	93.64%
CB_B7	Cancer 2 week waits - 2 week Breast symptoms (6.2)	93%	163	108	171	200	177	819
			139	106	144	127	147	663
			85.28%	98.15%	84.21%	63.50%	83.05%	80.95%
		Eng	92.70%	94.50%	93.00%	92.44%	91.72%	92.87%

Benchmarking data- WAHT performance for 62 day urgent referrals against the average performance in England

			April	May	June	July	Aug	
CB_B12	Cancer 62 day waits - 62 day urgent GP referral to treatment (8.1+ 8.8)	85%	109.0	107.5	136.0	151.5	120.0	624
			88.0	91.5	102.5	119.0	104.0	505
			80.73%	85.12%	75.37%	78.55%	86.67%	80.93%
		Eng	83.00%	81.10%	81.20%	81.87%	82.66%	81.97%

Developments nationally and in county.

In June 2015, NICE produced their new guidelines " Suspected cancer referral and recognition " the guidance will have significant impacts for primary care as there will now be a lower risk threshold for referrals and so more referrals made and a requirement for more tests to be carried out in primary care. There will also be a need to redesign the two week wait forms. There is also an emphasis, in the guidance, to improve patient education and support so that they understand why they have been sent on a two week wait. The CCG is very aware that there can sometimes be issues with two week wait appointments, from the provider side and we are dealing with those issues with the providers.

On July 14th, 2015 there was a national letter advising all Clinical Commissioning Groups and all provider organisations that achievement of the 62 day standard for cancer treatment has become one of five key standards that the NHS in England must achieve.

With regard to two week waits, there is a move towards all these referrals being completed by E-referral in future and not by fax. This will be quite a challenge locally and some significant work will be required to get the CCG to a position where we could, with confidence move to electronic referral.

The Commissioners are currently working with all stakeholders to deliver against these national agenda items.

At a local level there have been a number of local developments, the most significant of which is the opening, in January 2015, of the Worcestershire Oncology Centre at Worcester Royal Hospital. This unit which was officially opened by HRH Princess Anne was the culmination of efforts from the whole health economy in Worcestershire and it has enabled people of Worcestershire to have locally provided radiotherapy treatment and removed the need to travel large distances to radiotherapy centres outside of the county.

It is to be noted that another benefit of the changes put in place to develop the Oncology Centre was that WAHT now have their own cohort of Oncology Consultants, prior to the development of the Oncology Centre, WAHT had to rely on Oncologists from other hospitals, outside of Worcestershire. The Oncology development made it possible for WAT to recruit and employ its own Oncologists.

The CCG have worked in collaboration with Macmillan Cancer Care to recruit a Macmillan Cancer GP Facilitator, the post is funded by Macmillan and the post –holder Dr Elizabeth Seakins has a lead role in providing the link between primary and secondary care and to talk to clinicians in both areas about the cancer agenda.

The Acute Trust has established a Cancer Board that meets monthly to discuss all matters related to cancer, the Commissioners attend that meeting, as does Dr Seakins, there is also a patient representative on the Board. Going forward there will be a renewed emphasis, as captured by the new NICE guidance, on primary care and the need to improve early detection. There will also be an increasing role across the health economy to support patients who survive cancer, the number of people now surviving cancer is growing and these people need on going, holistic support to help them as they progress with their lives.

The Commissioners have also recently established a Worcestershire County-wide Cancer Group. The aim of this group is to bring together the wide range of stakeholder organisations involved in cancer services to review and consider the strategic agenda for cancer services. This group is in its early stages having only met once.

Going forward Commissioners will be working closely with WAHT to ensure that delivery against the key cancer standards mentioned in this briefing paper are achieved, on a consistent basis, as soon as possible.

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AGENDA ITEM 7

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
4 NOVEMBER 2015

HEALTH OVERVIEW AND SCRUTINY COMMITTEE ROUND-UP

Summary

1. To receive a round-up of information on:

- County Council activities in relation to health
- District Council activities in relation to health
- NHS Board meetings
- Consultations in Worcestershire
- Urgent health issues in Worcestershire; and
- Items for future meetings of the Scrutiny Committee

Background

2. In order to ensure that Members of the Scrutiny Committee are fully informed about issues relating to health scrutiny in Worcestershire, communication will be essential. To assist in this, an item will be placed on the agenda for each meeting of the Scrutiny Committee to consider consultations, County Council activities, District Council activities, urgent health issues arising in Worcestershire and future agenda items. Regard for the Council's statutory requirements in relation to access to information will be critical.

County Council Activities in Relation to Health

3. A range of County Council services can impact upon and also be impacted upon by health services. Recognising that the health-related work of the County Council will be of interest to the District Councillors on the Health Overview and Scrutiny Committee, an oral update on such activities, and on other matters the Chairman has been involved in, will be provided at each meeting by the Committee Chairman at each meeting of the Scrutiny Committee.

District Council Activities in Relation to Health

4. The statutory power of health scrutiny, including the power to require an officer of a local NHS body to attend before the Council, rests with the County Council. However, it is recognised that a number of District Councils within Worcestershire are undertaking work in relation to local health issues, under their duty to promote the economic, social or environmental well-being of their area.

5. Recognising that the work of the District Councils will be of value and interest to the wider Health Overview and Scrutiny Committee, an oral update will be provided on such activities by District Councillors at each meeting of the Scrutiny Committee.

NHS Board Meetings

6. To help Scrutiny Committee Members to keep up to date and maintain their knowledge of health issues around the County, it was agreed that a 'Lead Member' would be identified for each of the local NHS bodies to attend their Board Meetings and then provide an oral update at each meeting of the Scrutiny Committee.

Consultations in Worcestershire

7. The Health Overview and Scrutiny Committee has a duty to respond to local Health Trusts' consultations on any proposed substantial changes to local health services. An oral update will be provided at each meeting of the Scrutiny Committee on both developments relating to consultations previously undertaken and forthcoming consultations.

Urgent Health Issues in Worcestershire

8. Worcestershire County Council's constitution makes provision for urgent items to be considered. Standing Order 12.2 specifies that the Chairman of the Scrutiny Committee "may bring before the meeting and cause to be considered an item of business not specified in the summons or agenda where the Chairman is of the opinion, by reason of special circumstances (which shall be specified in the minutes) that the item should be considered at the meeting as a matter of urgency".

9. Additionally, Standing Order 9.4.2 allows for the Chairman of the Scrutiny Committee at any time to call a special meeting of the Scrutiny Committee. Standing Order 9.4.3 allows for at least one quarter of the members of the Scrutiny Committee to requisition a special meeting of the Scrutiny Committee. Such a requisition must be in writing, be signed by each of the Councillors concerned, identify the business to be considered and be delivered to the Director of Commercial and Change. In accordance with Access to Information Rules, the Council must give five clear days' notice of any meeting.

Items for Future Meetings

10. It is necessary that the Scrutiny Committee's ability to react to emerging health issues in a timely manner and the public's expectation of this is balanced against Worcestershire County Council's statutory duty to ensure that meetings and issues to be considered are open and transparent and meet legislative requirements. This agenda item must not be used to raise non-urgent issues. Any such issues should be raised with the Democratic Services Unit at least two weeks in advance of a scheduled meeting of the Scrutiny Committee.

Contact Points

County Council Contact Points
Worcestershire County Council: 01905 763763
Worcestershire Hub: 01905 765765
Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this Report
Emma James / Jo Weston, Overview and Scrutiny Officers: 01905 766627
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Worcestershire County Council Procedural Standing Orders, May 2015 which can be accessed on the Council's website here

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