

Agenda

Health Overview and Scrutiny Committee

Tuesday, 16 April 2024, 10.00 am
County Hall, Worcester

All County Councillors are invited to attend and participate

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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.

Health Overview and Scrutiny Committee Tuesday, 16 April 2024, 10.00 am, County Hall

Membership

Worcestershire County Council Cllr Brandon Clayton (Chairman), Cllr Salman Akbar, Cllr Lynn Denham, Cllr Adrian Kriss, Cllr Jo Monk, Cllr Chris Rogers, Cllr Kit Taylor and Cllr Tom Wells

District Councils Cllr Paul Harrison, Wyre Forest District Council
Cllr Antony Hartley, Wychavon District Council
Cllr Bakul Kumar, Bromsgrove District Council
Cllr Emma Marshall, Redditch Borough Council
Cllr Richard Udall, Worcester City Council
Cllr Christine Wild, Malvern Hills District Council (Vice Chairman)

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 Assistant Director for Legal and Governance 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 15 April 2024). Enquiries can be made through the telephone number/email listed in this agenda and on the website.	
4	Confirmation of the Minutes of the Previous Meeting Previously circulated	
5	Cancer Pathway (Indicative timing 10:05 – 11:05am)	1 - 10
6	Routine Immunisation (Indicative timing 11:05 – 12:05pm)	11 - 16
7	Work Programme (Indicative timing 12:05 – 12:15pm)	17 - 22

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All the above reports and supporting information can be accessed via the [Council's Website](#)

Date of Issue: Monday, 8 April 2024

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

16 APRIL 2024

CANCER PATHWAY

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on the pathway for Cancer, including awareness raising, screening and diagnosis to start of treatment.
2. Representatives from Herefordshire and Worcestershire Integrated Care Board (HWICB), NHS England (NHSE) and Worcestershire Acute Hospitals NHS Trust (WAHT), have been invited to the meeting to respond to any questions the HOSC may have.

Background

3. Since the 1990s the incidence rate for all combined cancers has increased by 12% in the UK. This means that every 2 minutes someone in the UK is diagnosed with cancer, with almost half being diagnosed at stage 3 (cancer has grown large and may have spread to surround tissues and/or lymph nodes) and stage 4 (cancer has spread from where it started to at least one other body organ)¹. The incidence of all cancers combined is also expected to rise by 2% over the next 15 years, resulting in 506,000 new cancer diagnoses every year by 2038.
4. In Herefordshire and Worcestershire, there were 5,456 new cancer cases in 2021/22, equating to 669 per 100,000 population (75th percentile). The England average was 540 per 100,000 population.
5. During the five-year period between 2018/19 and 2022/23, 165,886 referrals were made to an Urgent Suspected Cancer (USC) pathway. This is in the lowest 25% percentile when compared with the England average.
6. The conversion rate (% of all USC referrals) over the same period was 8.3%, compared with the England average of 6.6%. The detection rate (% of all new cancer cases treated resulting from USC referral) was 60% compared with the England average of 54.1%. Both of these metrics were in the highest 75% percentile² in the period identified.
7. Preventing people from getting cancer, increasing opportunistic screening of patients to identify cancers earlier, supporting people to seek professional help earlier when they have possible cancer symptoms as well as providing timely diagnostic and treatment pathways for patients presenting on a USC pathway are all national and local priorities.

¹ Cancer Research UK <https://www.cancerresearchuk.org/>

² Fingertips | Public Health Data <https://fingertips.phe.org.uk/profile/cancerservices>

8. This report outlines the actions taken and being taken across the system to improve cancer outcomes for people across Worcestershire.

Preventing and Supporting Earlier Cancer Diagnosis

9. Around 38% of cancer cases are preventable³ and whilst not all cancers are preventable, there are things people can do to reduce their risk of developing cancer including not smoking, maintaining a healthy weight, reducing alcohol intake, being more active and having a healthy balanced diet.
10. The HWICB has also been working with key stakeholders to support earlier diagnosis of cancer and reduce the impact of health inequalities thereby improving cancer outcomes. This includes:
 - Engaging with GP practices and Primary Care Networks (PCN) through the Earlier Cancer Diagnosis Directly Enhanced Service (DES), focusing on improving uptake in cervical and bowel screening programmes, proactive and opportunistic assessment of patients with potential cancer (focus in 2023/24 has been prostate cancer)
 - Optimising the use of Faecal Immunochemical Test (FIT) in primary care to identify patients at risk of having colorectal cancer. Latest data available (up to October 2023) shows Herefordshire and Worcestershire achieving 78% of urgent suspected colorectal referrals accompanied by a FIT test. The HWICB is the highest performing ICB in the Midlands in this area
 - Piloting the use of Artificial Intelligence (AI) as part of a tele-dermatology pathway to identify potential cancerous skin lesions
 - Engagement in the Galleri Trial⁴, a research trial using a new blood test to detect cancers early. Year 2 (3rd year of the trial) has just been completed in Herefordshire and Worcestershire with the trial evaluation expected by May 2024
 - Commissioning of Joy App in 2024/25 to link people with local cancer prevention services and to provide detailed information of service gaps experienced by people as a result of health inequalities
 - Promotion of national cancer awareness campaigns locally.
11. There is a continued focus on supporting earlier diagnosis as part of the HWICB's Joint Forward Plan and Operational Plans, with plans to further this by delivering the following in 2024/25:
 - Rollout of Non-Specific Symptoms pathway across Herefordshire and Worcestershire to provide access to rapid clinical assessment and diagnostics for patients with a range of vague symptoms associated with potential cancer
 - Targeted Lung Health Checks to screen patients at risk of developing lung cancer but who may not be exhibiting symptoms leading to earlier diagnosis, less invasive treatments and improved outcomes

³ Cancer Research UK <https://www.cancerresearchuk.org/>

⁴ [NHS-Galleri Trial | Detecting cancer early](#)

- Mainstreaming Lynch Services to proactively identify patients with Lynch Syndrome, who are at higher risk of developing bowel, ovarian and pancreatic cancers
- Promoting engagement in the EUROPAC Trial⁵ to identify people at risk of developing pancreatic cancer
- Reducing variation at practice / PCN level around use of FIT in primary care to ensure delivery of 80% target and equitable access for patients
- Roll out of tele-dermatology for assessment of suspicious skin lesions
- Implementation of liver surveillance for patients with cirrhosis / advanced fibrosis / Hepatitis B to support earlier identification of liver cancer.

Screening

12. The three national cancer screening programmes are summarised in the table below:

Programme	Eligible population	Worcestershire provider	Worcestershire screening coverage (national) ⁶
Cervical screening programme	Women and people with a cervix aged 25 to 64	Screening provided by General Practice with opportunistic provision in sexual health cervical; screen positive managed at WAHT colposcopy. (25-49: 3-yearly; 50-64: 5-yearly)	25-49 years old. - 71.3% (65.8%) 50-64 years old. - 77.6% (74.4%)
Bowel cancer screening programme	People aged 54-70 (see below)	Home testing kits; screen positives managed for further assessment / treatment by WAHT (2 yearly)	74.9% (72.0%)
Breast screening programme	Anyone registered with a GP as female between the ages of 50 and 71	WAHT provide screening at mobile breast units and static sites; and assessment and treatment provided by WAHT The Very High Risk programme offers annual screening to those at genetic/ familial /or increased risk due to radiotherapy	70.3% (66.2%)

The Covid-19 pandemic and screening

13. All cancer screening programmes were affected by the pandemic, with all providers in the West Midlands pausing screening for a period of time. This led to screening backlogs, with people invited at longer intervals to the programme

⁵ [EUROPAC Researching Hereditary Pancreatic Diseases \(europactrial.com\)](http://europactrial.com)

⁶ [Public health profiles - OHID \(phe.org.uk\)](http://phe.org.uk)

requirements. The recovery from the pandemic has been different across each of the screening programmes. In Worcestershire, cervical screening 'recovered' in early 2021, with bowel screening later that year. Breast screening 'recovery' was not until 2023: this was due to a longer pause in the screening programme, as well as underlying workforce issues that made recovery harder for all services nationally. There are, however, currently no backlogs in any of the screening services in Worcestershire.

Screening programme changes

14. The bowel cancer screening programme is three years into an age extension, lowering the age of the programme from 60 to 50 years old. The 54 year old cohort were invited from 2023/24, with 50 and 52 years old being added in from 2024/25. The Herefordshire and Worcestershire service has been at the vanguard with its age extension cohorts regionally.
15. There is a wider digital transformation programme across screening, updating the databases that underpin the programmes and other digital changes.
16. The Targeted Lung Health Check is not yet a national screening programme but is undergoing a period of transition from pilot areas to national coverage. This roll out is overseen by the Cancer Alliances, not NHS England. The programme, where currently provided, is available for current and former smokers aged 55 to 74 years. After a risk assessment, some of these are offered a CT scan of the lungs. Plans are currently being developed that would potentially see Targeted Lung Health Checks rolled out in Worcestershire in 2024/25.
17. The National Screening Committee, the body who advise the Government on screening policy, has recommended other changes to the cancer screening programmes, including a change in the interval in cervical screening (in the younger cohort) and a reduction in the threshold at which people are said to have a positive screening test in the bowel screening programme. There is no time frame on delivery of these.

Screening programme risks and issues

18. Some of the current risks and issues in relation to the screening programme include:
 - The mammography workforce (and other breast radiography/ radiology) is limited nationally, which puts pressure on all services. The Worcestershire service does have sufficient capacity at present and maintains the screening intervals
 - There are some challenges in other screening programmes such as workforce constraints, with national histopathology shortages. The colposcopy workforce (in the cervical screening programme) is sufficient in Worcestershire but small.
 - At times, demand and capacity constraints on symptomatic cancer pathways can put pressure on screening services, such as breast screening assessment or colonoscopy
 - There is further work required, bringing in partners across the integrated care system, to further improve the coverage of the programmes and reduce inequity. Breast screening coverage fell following the pandemic, although this

has largely recovered in Worcestershire. There has been a long-term decline in cervical screening coverage nationally.

Cancer Diagnosis and Treatment

19. WAHT is the main centre for the diagnosis and treatment of cancer for the Worcestershire population.
20. WAHT works in partnership with specialist centres, where more specialist diagnostic tests and treatments are undertaken. These centres include Gloucestershire Hospitals NHS Foundation Trust, The Royal Wolverhampton NHS Trust, University Hospitals Coventry and Warwickshire NHS Trust and University Hospitals Birmingham NHS Foundation Trust.
21. WAHT receives an average of 2,700 urgent suspected cancer referrals per month across all specialties, though referrals in skin and urology in particular have been impacted by stories of national interest in recent months leading to increases in these areas. The focus for WAHT has been on improving the percentage of patients who are informed of their diagnosis within 28 days. In April 2023, 68% of patients received their diagnosis within 28 days and WAHT is forecasting to achieve this for 75% of patients in March 2024. It has also focused on reducing the number of patients waiting over 62-days for treatment. There are now 22% fewer patients waiting over 62-days than there was at the same time 12 months ago.
22. Whilst there is some variability in delivery between tumour site pathway, those of greatest concern, and therefore focus, in 2023/24 have been skin cancer pathway (dermatology) and urological cancer pathways.
23. Attached for the Committee's information at Appendix 1 is an example of a Simplified Pathway for Patient referred with suspected Prostate Cancer.
24. The challenges faced by the Dermatology Service, which are having an impact on maintaining services and waiting times, were the subject of a recent report to HOSC (15 March 2024). WAHT has put in place several short-term mitigations to keep services running wherever possible - through partnership working with neighbouring trusts, the use of private sector insourcing providers and appointing its own locum consultant dermatologists – and waiting times in this service are recovering well.
25. Options to restore the longer-term stability of services, which would ensure that provision remains in Worcestershire, continue to be actively explored, and the WAHT Board's current preferred option is for the running of the service to be taken on by the Herefordshire Wye Valley Trust (WVT) as the lead provider.
26. The Urological Cancer Service has been particularly impacted by stories of national interest and has not had sufficient capacity to meet increasing demand. During 2023/24 the service has been heavily reliant on additional capacity including the use of insourcing, mutual aid from Foundation Group partners and additional capacity sessions for its own team as well as locum medical staff. A new business case has been approved to further develop the Urology Intervention Unit on the Alexandra Hospital site, that will increase the diagnostic capacity of the service. The Urology team is working with partners from across the Foundation Group to explore longer term sustainability options that can build on the positive partnership approach.

27. WAHT priorities to improve cancer performance in 2024/25 include:

- Increasing the percentage of patients with a positive cancer diagnosis whose diagnosis is confirmed within 28 days to at least 77%
- Increasing the percentage of patient who commence their first treatment within 62-days from the start of their cancer journey to at least 70%
- Developing diagnostic and oncology strategies for the future to ensure we continue to be able to offer timely access to the most up to date diagnostic and treatment options
- Developing the relationships with specialist centres to ensure that patients are able to access consistent, high quality, timely care for those specialist treatments not offered locally.

Purpose of the Meeting

28. The HOSC is asked to:

- Consider and comment on the information provided on the cancer pathway from prevention/earlier diagnosis, screening and diagnosis to treatment; and
- Determine whether any further information or scrutiny on this particular topic is required.

Supporting Information

Appendix 1 – Example of a Simplified Pathway for Patient referred with suspected Prostate Cancer

Contact Points

Prevention and Earlier Diagnosis:

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Screening:

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Cancer Diagnosis to Treatment:

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Background Papers

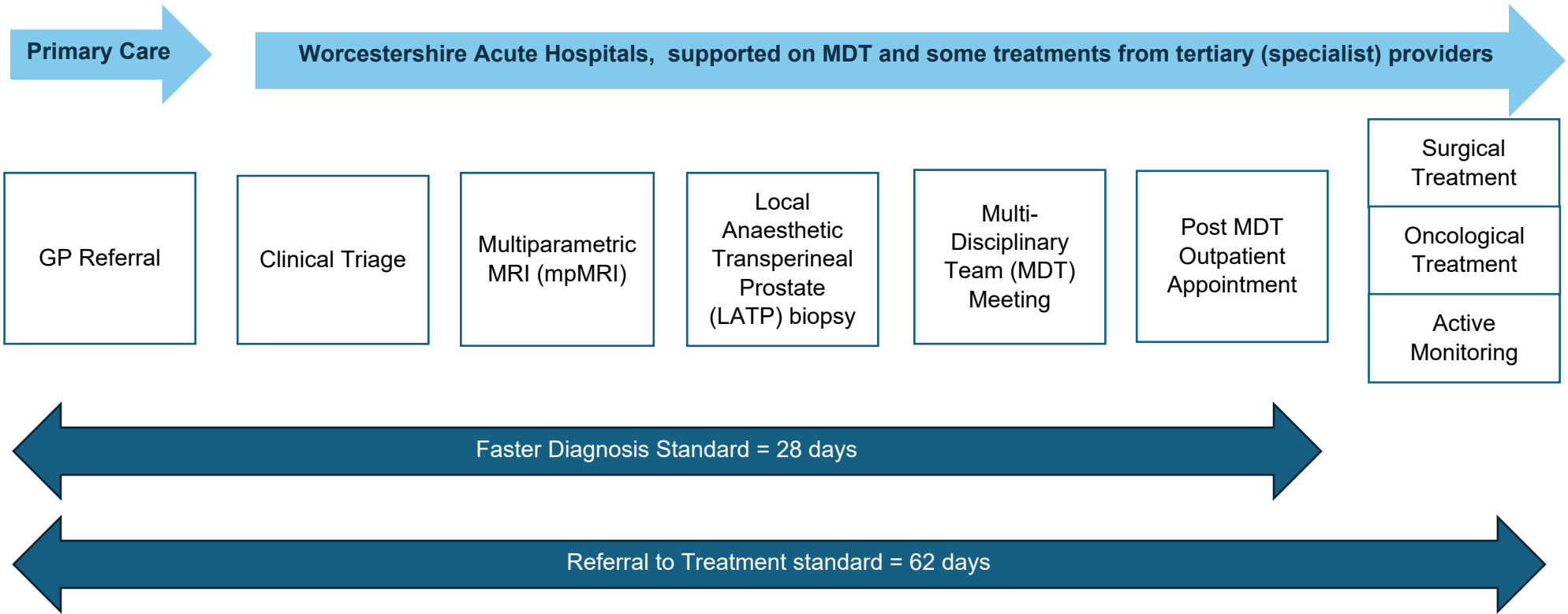
In the opinion of the proper officer (in this case the Assistant Director Legal and Governance) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 12 January 2022 and 15 March 2024

All agendas and minutes are available on the Council's website here.

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Simplified Pathway for Patient referred with suspected Prostate Cancer



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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

16 APRIL 2024

ROUTINE IMMUNISATION

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an overview of routine immunisation to demonstrate the importance of immunisation in reducing the risk and exposure of our population cohorts to infectious diseases.
2. Representatives from Herefordshire and Worcestershire Integrated Care Board (HWICB), NHS England (NHSE) and from the Worcestershire County Council's Public Health Team have been invited to the meeting to respond to any questions the HOSC may have.
3. This report provides the committee with an overview on the Autumn Vaccination Programme 2023, the Integrated Care System's response to the recent increase in measles cases nationally and an update on Pertussis (Whooping Cough) vaccination.

Background

4. Vaccinations rank second only to clean water as the most effective public health intervention to prevent disease. For example, in 1941 there were around 51,000 cases of diphtheria annually in England compared to only 1 case in 2014 in the post-vaccination period.
5. The aim of vaccination programmes is to reduce suffering, illness and death from vaccine-preventable diseases. Some vaccine programmes are universal (e.g. MMR given to all children) whilst others are available only to those at highest risk of disease (e.g. Flu vaccines for pregnant women).
6. NHS commissioned vaccines are offered by a range of providers including GP Practices, School Age Immunisation Services (SAIS), Community Pharmacies and Maternity Services. Babies are offered essential vaccines mainly through GP practices to protect them from diseases such as diphtheria, whooping cough, measles and meningitis. Adolescents and young adults are offered vaccines against cervical cancer, meningitis and septicaemia in secondary school by dedicated SAIS Providers. Pregnant women are offered a range of vaccines to protect themselves, their pregnancy and the newborn baby. Older people are offered vaccines including Flu, Covid-19, Pneumococcal and Shingles vaccines.
7. Overall, the evidence suggests that the level of confidence in vaccines is high and healthcare professionals are trusted sources of information provision. There has however been a slow but steady decline in vaccine uptake over the last 5 to 10 years although this is less pronounced in Worcestershire than some other areas (see charts below). Vaccine hesitancy refers to those who delay or refuse

immunisations despite good vaccination services. Causes include complacency (where risk of vaccine preventable disease is perceived as low), low confidence (e.g. in the safety or effectiveness of vaccines or providers) or lack of convenience.

Charts showing trends in select childhood immunisation coverage for Worcestershire and a range of statistical neighbours, West Midlands and England (2013/14 – 2022/23)



8. There are certain groups who are at-risk of lower uptake. These include deprived communities, some ethnicities, homeless individuals, Drug and Alcohol Service Users, those with physical disabilities, individuals with learning disabilities and those with Severe Mental Illness. These groups require a more tailored approach including appropriate information provision and a potential outreach delivery model.

9. There is strong collaboration between NHSE regionally and Herefordshire and Worcestershire Integrated Care System (HWICS) in planning and decision-making ahead of planned delegation of services to Systems in April 2025. The newly published NHSE Vaccine Strategy provides a framework for improving vaccination services in the next few years taking learning from Covid-19

vaccination where appropriate whilst recognising the many strengths of the traditional model.

Measles

10. During 2023 there was a resurgence of measles in England. From 1 January to 31 December 2023 there were 368 laboratory confirmed measles cases, 122 (33%) of these in London and 160 (44%) in the West Midlands, however all Regions have reported cases. While the London cases have remained consistent monthly, the West Midlands cases were extremely low until December 2023
11. From 1 October 2023 to 30 January 2024, there was a rapid escalation of activity with 347 confirmed measles cases reported [National Measles Standard Incident - measles epidemiology](#). Cases have predominantly been in Birmingham with smaller numbers in other West Midlands local authority areas. Most of the cases were unvaccinated against measles. Worcestershire has had one confirmed measles case.
12. The MMR vaccine is the safest and most effective way to protect against measles, mumps, and rubella. Coverage of 95% or greater of 2 doses of measles-containing vaccine is needed to create herd immunity to protect communities and achieve and maintain measles elimination.
13. Coverage for MMR vaccine in the UK has fallen to its lowest level in a decade. The national uptake of MMR1 in 2-year-olds is currently at 89.4% and MMR2 is at 83.8% in 5-year-olds. There are therefore large pockets of susceptible children and young people, particularly in inner-city areas and in under vaccinated communities (e.g. traveller, ultra-orthodox Jewish and migrant populations).
14. Worcestershire has one of the highest MMR uptake rates in the West Midlands, with over 90% of children being vaccinated with two doses by the time they are 5 years old. However, there are still around 4,000 primary school-aged children in Worcestershire who haven't had their MMR vaccination and could be at risk of getting measles.
15. To support the ongoing system response to the recent measles cases in the West Midlands, during February 2024, the HWICS delivered MMR Pop up clinics in Evesham, Malvern, Worcester, Kidderminster, Redditch and Wythall. 144 people attended and had an MMR vaccination. Others also attended to seek advice and to ask the health care professionals on site to check their MMR status. HM Prison Hewell has also provided MMR vaccination clinics and all prisoners have now had an MMR vaccination, unless they chose to decline.
16. Routine and opportunistic MMR vaccinations are being delivered by General Practice through the NHSE call and recall programme. Additional support is being wrapped around those GP practices with the lowest MMR uptake to develop and mobilise plans to improve uptake rates. As a result, the HWICS is seeing MMR doses increase on a weekly basis. Worcestershire has a specialist infectious disease team who can respond quickly in the event of an outbreak and carry out appropriate testing and swabbing in partnership with UK Health Security Agency (UKHSA).

Fig 1 - MMR Uptake

Comparison data for Quarter 2 (July – Sept 2023) and Quarter 3 (Oct -Dec 2023)

ICB name	24m MMR 1 %	5y MMR1 %	5y MMR2 %	
NHS Herefordshire And Worcestershire ICB	94.1	95.8	89.6	Q2
NHS Herefordshire And Worcestershire ICB	94.1	96.3	91.8	Q3

17. The HWICS is planning delivery of MMR pop up clinics to populations who have lower uptake rates such including Gypsy, Roma and Traveller communities. The Council's traveller site leads will communicate with families resident on Council traveller sites about these clinics. 'Your Health Your Wellbeing' vans working in collaboration with Vaccination UK are expected to deliver vaccination alongside other interventions such as NHS Health Check. Muslim communities will also receive a targeted MMR offer, with a pilot in Worcester City being planned.

Autumn Immunisation Programme

18. Autumn 2023 was the HWICS's third year of delivering the Covid-19 vaccination programme to support a reduction in individuals presenting with Covid-19 and developing significant health concerns resulting in hospitalisation or them accessing health services. Figures 2 and 3 show the performance across HWICS. The stars in Figure 3 denote best performance in the region.

19. The Autumn programme was delivered at a range of venues to ensure ease of access for all. This included General Practice, Pharmacy, Community Outreach Venues and Hospitals. The 'Your Health Your Wellbeing' outreach van provided opportunistic vaccination at a range of community venues across Worcestershire, targeting those from underserved communities and areas of high deprivation.

20. Across the HWICS, partners have consistently performed well, exceeding all national and regional averages and in many cohorts, being one of the top performing systems nationally. Across the HWICS, partners are continuously looking at ways of reducing the gap in uptake across the least and most deprived areas.

21. The HWICS has made good progress through dedicated outreach programmes targeting rural areas and the most deprived wards (Index of Multiple Deprivation areas 1 to 3), however there is still work to be done. Another area the HWICS is looking to improve for 2024 is the Covid-19 and flu vaccine uptake across the health and social care workforce groups. A dedicated steering group to focus on improving uptake of the health and social care workforce will be set up in May 2024.

Fig 2 - Covid-19 uptake across eligible cohorts

Cohort	England	Midlands	H&W	Worcestershire
Care homes	81.1%	80.8%	85%	81.7%
Healthcare workforce	43.7%	39.7%	46.9%	44.1%
65+	74.1%	73.8%	80%	81.2%
Learning Disabilities	n/a	n/a	51.6%	50%

Fig 3 - Covid-19 uptake by IMD Decile

IMD Decile	England	Midlands	BSOL	BC	CW	Derby	HW	LLR	Lincs	Nhants	Notts	STW	SSOT
1	39.2%	34.7%	26.6%	31.5%	35.7%	40.0%	44.5%	34.0%	★ 54.7%	41.8%	38.1%	45.6%	45.3%
2	43.1%	42.2%	34.6%	34.8%	41.3%	48.9%	55.0%	34.4%	★ 57.1%	43.4%	42.9%	47.5%	50.7%
3	47.1%	48.6%	45.2%	40.9%	46.4%	53.9%	58.0%	37.5%	★ 59.3%	48.0%	48.0%	53.7%	53.4%
4	52.5%	53.5%	47.0%	44.7%	49.3%	56.5%	★ 66.2%	44.4%	61.4%	51.9%	52.1%	58.0%	56.5%
5	56.9%	57.2%	50.9%	47.9%	54.4%	57.9%	★ 67.9%	51.6%	64.6%	53.6%	53.4%	61.2%	61.1%
6	59.8%	59.8%	52.8%	▶ 48.9%	59.4%	60.4%	★ 69.7%	55.1%	65.7%	59.9%	56.3%	60.3%	62.0%
7	62.3%	62.5%	57.5%	▶ 56.7%	63.1%	65.7%	★ 69.3%	57.1%	67.0%	62.2%	60.3%	63.0%	63.7%
8	63.9%	64.4%	62.5%	▶ 58.6%	61.9%	66.3%	★ 70.6%	63.9%	67.3%	63.6%	63.0%	63.2%	64.9%
9	66.3%	65.9%	63.9%	61.1%	67.0%	68.6%	★ 69.5%	63.1%	69.3%	64.8%	63.1%	65.5%	66.8%
10	69.7%	68.1%	67.4%	64.3%	70.6%	69.9%	★ 70.8%	67.3%	69.3%	64.3%	67.9%	64.0%	68.8%

22. The HWICS flu vaccination programme ran from September 2023 through to March 2024. As seen in Figure 4 below, overall performance was good with a HWICS performance uptake of 75.54% and a Worcestershire uptake of 77%, higher than the regional average. 41% of flu vaccines administered were co-administered with Covid-19 vaccine.

Fig 4 - Flu vaccination uptake

Cohort	Midlands Average	H&W
Care homes	76.8%	85%
Healthcare workforce	41%	42.1%
65+	73.7%	75.1%

Pertussis

23. Vaccination of pregnant women against Pertussis helps protect their baby from contracting whooping cough once born. There has been a national increase in the number of Pertussis cases, this is largely down to a reduction in the uptake of this vaccine in pregnant women. The HWICS reports 60% uptake against a national average of 61%. A data cleansing exercise is currently underway to understand the data in more detail and ascertain if the 60% uptake includes vaccination given by midwives in secondary care as well as primary care. Work is currently underway with system partners to review maternal immunisation pathways and develop an action plan to increase uptake.

Legal, Financial, and HR Implications

24. From April 2025, the contracting arrangements for School age Immunisations, Sexual health Immunisations and Maternity Immunisations will devolve down to the HWICB. Plans and local strategies are currently being developed to support this process.

25. Across the HWICS, local plans are being aligned to the national strategy which was published last Autumn to enhance the current offer around 3 core areas:

- Access to All – having a flexible system offer to support tackle Health inequalities, including a data driven outreach programme for all vaccinations.
- Multi-Disciplinary approach – integrate vaccination into existing clinical pathways – for example Primary Care, acute and community trusts, Local Authority and Public Health.

- Develop a vaccination workforce with a skill mix that makes best use of trained, unregistered staff where clinically appropriate and subject to the appropriate legislation.

Purpose of the Meeting

26. The HOSC is asked to:

- consider and comment on the information provided on Immunisation and
- determine whether any further information or scrutiny on a particular topic is required.

Contact Points

Catherine Sinclair, Director of EPRR and Immunisation, HWICB
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Background Papers

In the opinion of the Proper Officer (in this case the Assistant Director for Legal and Governance) there are no background papers relating to the subject matter of this report.

[All agendas and minutes are available on the Council's website here.](#)

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

16 APRIL 2024

WORK PROGRAMME

Summary

1. From time to time the Health Overview and Scrutiny Committee (HOSC) will review its work programme and consider which issues should be investigated as a priority.

Background

2. Worcestershire County Council has a rolling annual Work Programme for Overview and Scrutiny. The draft 2024/25 Work Programme has been developed by taking into account issues still to be completed from 2023/24, the views of Overview and Scrutiny Members and other stakeholders and the findings of the budget scrutiny process.
3. Suggested issues have been prioritised using scrutiny feasibility criteria in order to ensure that topics are selected subjectively and the 'added value' of a review is considered right from the beginning.
4. The HOSC will need to retain the flexibility to take into account any urgent issues which may arise from substantial NHS service changes requiring consultation with HOSC.
5. The Health Overview and Scrutiny Committee is responsible for scrutiny of:
 - Local NHS bodies and health services (including public health and children's health).
6. The overall 2024/2025 scrutiny work programme has recently been refreshed and will be considered by the Overview and Scrutiny Performance Board (OSPB) on 25 April. Council will be asked to agree the Work Programme at its meeting on 16 May 2024.

Dates of Future 2024 Meetings

- 13 June at 10am
- 8 July at 2pm
- 9 September at 2pm
- 11 October at 10am
- 12 November at 10am

Purpose of the Meeting

7. The HOSC is asked to consider the draft 2024/25 Work Programme and agree

whether it would like to make any amendments. The Committee will wish to retain the flexibility to take into account any urgent issues which may arise.

Supporting Information

Appendix 1 – Draft Health Overview and Scrutiny Committee Work Programme 2024/25

Contact Points

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Background Papers

In the opinion of the Proper Officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

[Agenda and Minutes for Overview and Scrutiny Performance Board on 28 April 2023](#)

[Agenda for Council on 18 May 2023](#)

All Agendas and Minutes are available on the Council's website [weblink to Agendas and Minutes](#)

DRAFT SCRUTINY WORK PROGRAMME 2024/25

Health Overview and Scrutiny Committee

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes / Follow-up Action
16 April 2024	Routine Immunisation - Using Measles as a case study to demonstrate the importance of routine immunisation	8 July 2022	Suggested at 19 July 2021 Meeting
	Cancer Pathway - including awareness raising, screening, waiting lists and diagnosis to start of treatment	12 January 2022	Agenda planning 23 February 2024
13 June 2024	Adult Mental Health Inpatient Services Redesign		Suggested by Herefordshire and Worcestershire Health and Care NHS Trust on 17 April 2023. HOSC also had opportunity to visit the Hill Crest Ward and Elgar Unit in December 2023
12 November 2024	Annual Review of Public Health (including the Public Health Ring Fenced Grant)	13 November 2023	To include Health and Wellbeing Strategy
Possible Future Items			
TBC	Frailty and Progress with Implementation of the New Strategy		Outcome of 7 December 2023 meeting
TBC	Maternity* and Newborn Services (First 100 days) – including maternity services, health visitors, screening, parental support, family hubs	*HOSC scrutinised progress of Maternity Services following the CQC inspection September 2021 – May 2023	Agenda planning 23 February 2024
TBC	Implementation of the Pharmacy First Programme		
TBC	Diabetes Pathway - including awareness raising, screening and diagnosis to start of treatment		Agenda planning 23 February 2024
TBC	Update on Workforce Pressures	10 May 2023, 10 June 2022	Requested at 10 May 2023 meeting

Ongoing	Update on Improving Patient Flow*	7 December, 15 June & 10 February 2023, 9 May, 8 July, 17 October, 1 December 2022	
Late 2024 TBC	Herefordshire and Worcestershire Health and Care Trust Care Quality Commission Inspection (including Hill Crest)	15 March 2024, 11 October and 13 March 2023	Requested at 15 March 2024 meeting
2024	Update on Dental Services Access	9 March 2022	Requested at 9 March 2022 meeting
TBC	Community Paediatric Services		Suggested at Agenda Planning 23 August 2022
TBC	Haematology		Suggested at 10 May 2023 Meeting
TBC	Neurology		Suggested at 10 May 2023 Meeting
TBC	Stroke Services – update	17 October 2022	
TBC	End of Life Care	10 June 2022	Requested at 10 June 2022 meeting
TBC	Glaucoma Services		Suggested at 17 October 2022 meeting
TBC	NHS Health Checks Programme		Requested at 13 January 2023 meeting
TBC	Podiatry services		Requested at 10 February 2023 meeting
TBC	Long Term plan for Worcestershire Acute Hospitals NHS Trust Theatres		Requested at 13 March 2023 meeting
TBC	Dementia	9 May 2022	Requested at 7 December 2023 meeting
2024	Update on Dermatology	15 March 2024	Requested at 15 March 2024 meeting
Standing Items			

When required	Substantial NHS Service Changes requiring consultation with HOSC		
TBC	NHS Quality Accounts Quality and Performance		
Annual	Annual Review of Public Health (including the Public Health Ring Fenced Grant)	13 November 2023	To include an update on the Health and Wellbeing Strategy
TBC	Performance Indicators		
TBC	Update from West Midlands Ambulance Service	27 June 2019 7 December 2023	
March	Review of the Work Programme	13 March 2023	

*Scrutiny of patient flow is a continuation of the Scrutiny Task Group in November 2021

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