**Worcestershire County Council**

# Agenda

# Health Overview and Scrutiny Committee

## Wednesday, 12 January 2022, 10.00 am
## County Hall, Worcester

All County Councillors are invited to attend and participate

This document can be provided in alternative formats such as Large Print, an audio recording or Braille; it can also be emailed as a Microsoft Word attachment. Please contact Scrutiny on telephone number 01905 844965 or by emailing scrutiny@worcestershire.gov.uk

# 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.

Simon Mallinson Head of Legal and Democratic Services July 2012 WCC/SPM summary/f

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# Health Overview and Scrutiny Committee
# Wednesday, 12 January 2022, 10.00 am, County Hall

## Membership

| | |
|---|---|
| **Worcestershire County Council** | Cllr Brandon Clayton (Chairman), Cllr Salman Akbar, Cllr David Chambers, Cllr Lynn Denham, Cllr Adrian Kriss, Cllr Natalie McVey, Cllr Jo Monk, Cllr Chris Rogers and Cllr Kit Taylor |
| **District Councils** | Cllr Sue Baxter, Bromsgrove District Council<br>Cllr Mike Chalk, Redditch District Council<br>Cllr Calne Edginton-White, Wyre Forest District Council<br>Cllr Mike Johnson, Worcester City Council<br>Cllr John Gallagher, Malvern Hills District Council<br>Cllr Frances Smith, Wychavon 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**<br>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 9am on the working day before the meeting (in this case 11 January 2022). 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**<br>(previously circulated) | |
| 5 | **Development of the Integrated Care System**<br>(indicative timing: 10:05am – 11am) | 1 - 6 |
| 6 | **Cancer Diagnostics and Treatment Times**<br>(indicative timing: 11am – 12pm) | 7 - 18 |
| 7 | **Work Programme**<br>(indicative timing: 12pm – 12:10pm) | 19 - 22 |

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All the above reports and supporting information can be accessed via the Council's Website

Date of Issue: Tuesday, 4 January 2022

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# HEALTH OVERVIEW AND SCRUTINY COMMITTEE
# 12 JANUARY 2022

# DEVELOPMENT OF THE INTEGRATED CARE SYSTEM

## Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an update on the development of the Integrated Care System (ICS) for Herefordshire and Worcestershire.

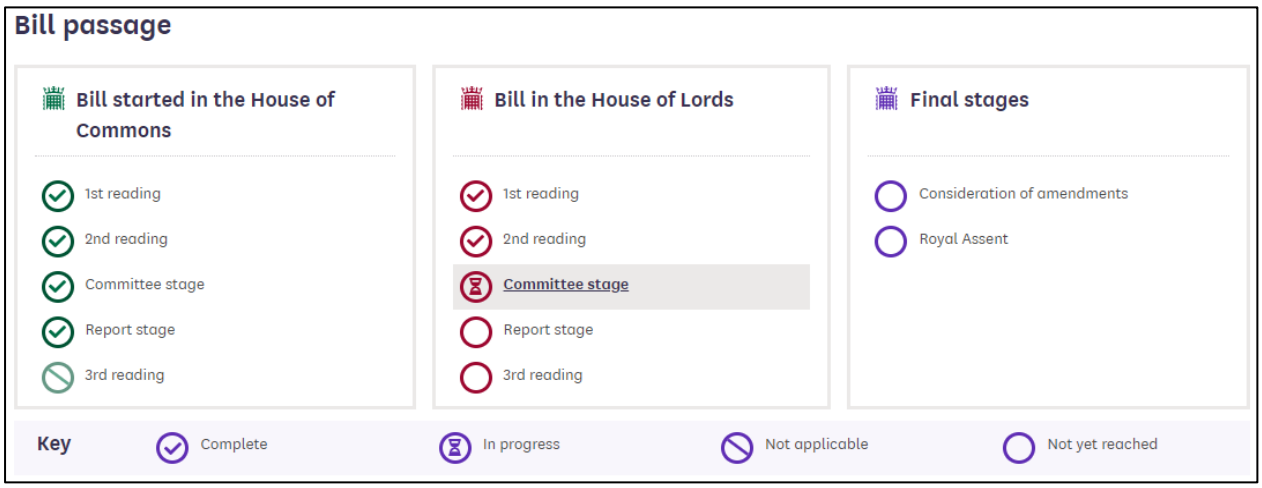
2. The Director for Integrated Care System Development has been invited to the meeting, to give an update on progress.

## Background

3. The NHS in England is now organised around 42 Integrated Care Systems. They range in size from the smallest population of 500,000 (Shropshire, Telford and Wrekin) to the largest of 3,000,000 (Cumbria and the North East). At around 800,000, Herefordshire and Worcestershire is one of the smallest in the country.

4. The NHS defines integrated care as being 'about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care'.

5. The Health and Care Bill 2021 is currently at the committee stage in the House of Lords. If it passes as intended, then it will be enacted as law for July 2022, putting integrated care systems on a statutory footing.




6. The purpose of the legislation is to remove the barriers that prevent local NHS, Public Health and Social Care services from being truly integrated. It will create the opportunity to plan and deliver services that are wrapped around the needs of

individuals, rather than the situation we have now, where organisational boundaries and contracting regimes can result in competition rather than collaboration.

7. There is significant evidence underpinning the case for delivering improved patient care. Not only are outcomes improved, but it has also been shown to be a more cost-effective delivery model. Care will be improved because partners in the ICS will be focused on improving the health of the whole population, not just those in need of bespoke health or social care. By focusing on the wider determinants of health such as good housing, employment, education, healthy lifestyles and good community facilities, local health and care partners will be far better equipped to help the population achieve better health outcomes.

8. The new approach will enable us to deliver integration ***"because the system enables it"***, not ***"despite the system"***, which has often been quoted as a barrier to improvement in the past.

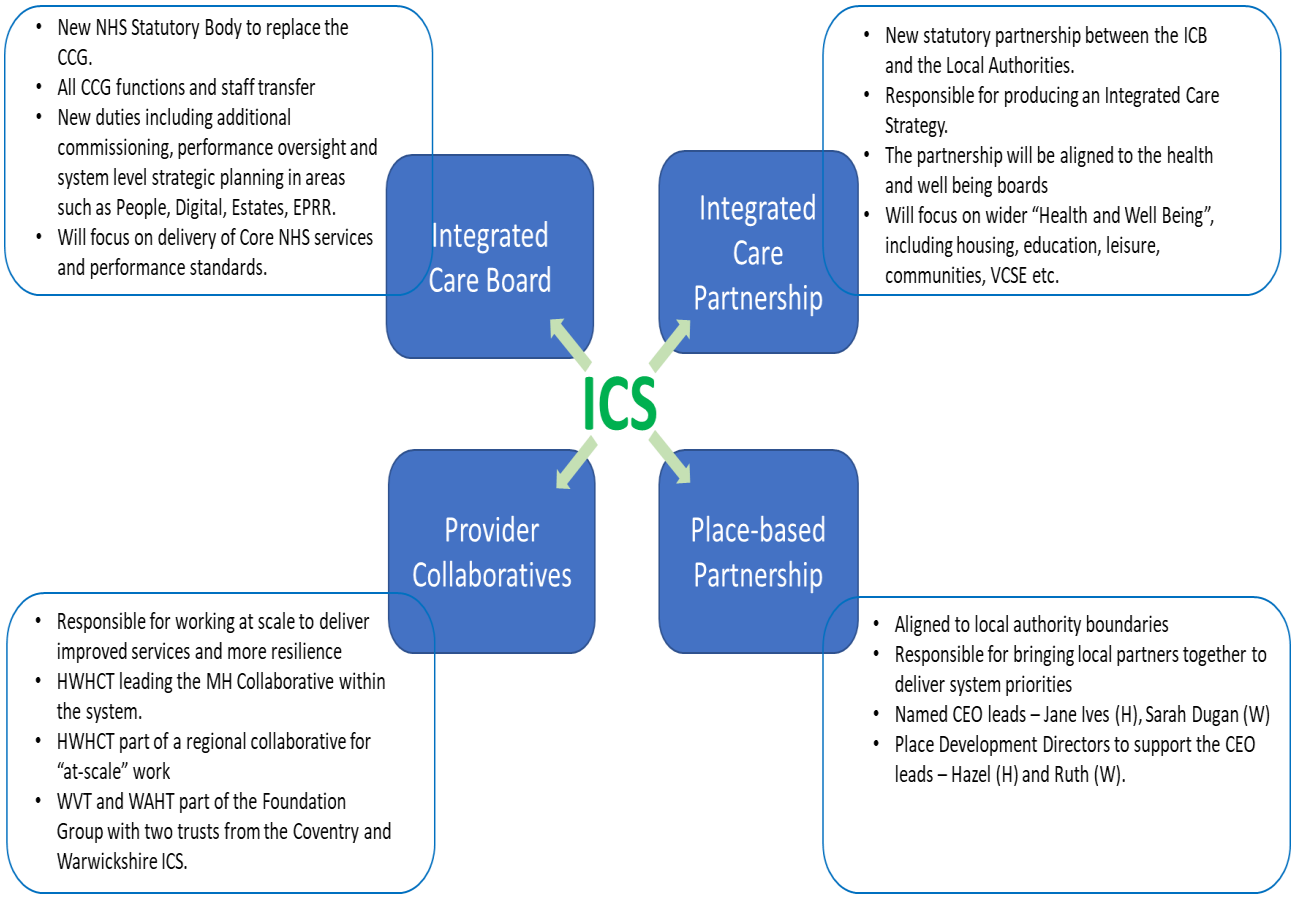
## What will be different?

9. A significant change in the way in which services are organised will be seen through the change in the way in which NHS contracts are organised. In recent years, Clinical Commissioning Groups (CCGs) have conducted needs assessments, established strategic plans, defined pathways, established service specifications (often defined with activity levels) and operated with annual contracts which are let competitively to providers with financial penalties associated with non-delivery of those activity levels. The new world in which the Integrated Care Board (ICB) will operate will be very different.

10. The ICB will still be responsible for conducting needs assessments and setting strategic plans. However, it will no longer define pathways or write volume-based service specifications. Instead, it will establish a framework that defines what outcomes it seeks to achieve for the population and will then let much larger contracts over a longer-time period where the contract holder is given the freedom and flexibility to design their services in a way that most effectively delivers the outcomes. As such, there will be fewer individual contracts and finances will be allocated on a capitated basis (based on population need) rather than on an activity basis.

## Structural changes

11. To support the cultural change required to achieve the ambition, deliver the objectives and achieve the change that is sought, there are a number of structural changes that are being made. In the main these can be summarised in four key areas:




## Integrated Care Board

12. If the legislation passes as intended, then on 1 July 2022, NHS Herefordshire and Worcestershire Clinical Commissioning Group will be dissolved and it will be replaced by NHS Herefordshire and Worcestershire Integrated Care Board. All the CCG's legal duties and staff will pass to the ICB, along with a number of new duties, including:

a) Developing a plan and allocating resources to provider, collaboratives and places to deliver that plan

b) Establish the joint working arrangements and governance structures required to support the delivery of the strategic plan

c) Arrange for the provision of services and let contracts to entities to deliver those services, including providing oversight and assurance on delivery by those providers

d) Commissioning of services such as Pharmacy, Dentistry, Optometry, Specialised Acute and Specialised Mental Health and Prison Health

e) Lead new strategic planning responsibilities in areas such as Capital & Estates, Digital, Workforce, Green Agenda, Social Responsibility

f) New duties regarding the management of emergencies and resilience of services, learning lessons from the pandemic.

13. The leadership structure of the ICB will be different to the CCG.

| | CCG | ICB |
|---|---|---|
| Executive Board Members | 1 - Accountable officer<br>1 - Managing Director<br>1 - Chief Finance Officer<br>1 - Director of Quality<br>2 - Medical Directors | 1 - Chief Executive<br>1 - Chief Finance Officer<br>1 - Chief Nursing Officer<br>1 - Chief Medical Officer |
| Non-Executive Board Members | 3 - Lay members for:<br>• Patient and Public Involvement and Quality<br>• Audit and Governance<br>• Finance | 3 - Non-Executives for:<br>• Audit<br>• Appointments and Remuneration<br>• Engagement, Participation and Health Inequalities |
| Others | 1 - Secondary Care Doctor<br>4 - GP Members for:<br>• Herefordshire<br>• Redditch and Bromsgrove<br>• Wyre Forrest<br>• South Worcestershire | 2 - Primary Care Partners<br>2 - Local Authority Partners<br>3 - NHS Trust Partners |

14. The first meeting of the new ICB will take place as a meeting in public in April 2022.

## Integrated Care Partnership

15. The Integrated Care Partnership (ICP) is a new statutory partnership between the ICB and the Local Authorities in the ICB area that provide social care (Worcestershire County Council and Herefordshire Council). The purpose of the ICP is to bring partners together to agree and publish and Integrated Care Strategy. The ICB must have regard to this strategy when developing its delivery plan.

16. As a small ICS with just two upper tier local authorities, it makes sense to build our ICP around the existing Health and Well Being Boards (HWBBs). This is not possible in larger ICS's where there are 10-15 upper tier local authorities.

17. As such, local partners are all supportive of a plan to undertake the majority of the work expected of an ICP at the two HWBBs. To meet the statutory requirement to have an ICP, the plan is for some members of the two HWBBs to come together with a wider range of partners, who are not normally involved in HWBBs, twice a year to agree the strategy (October each year) and review progress against it (May each year).

## Provider collaboratives

18. All NHS Trusts in an ICS area must be part of a wider provider collaborative, that enables them to operate at greater scale, support more resilience of services and learn from best practice elsewhere.

19. All the NHS Trusts now participate in such collaboratives:

| Trust | Collaborative |
|---|---|
| Herefordshire and Worcestershire Health and Care NHS Trust | Part of the West Midlands regional Mental Health collaborative |
| Worcestershire Acute Hospitals NHS Trust | Associate Member of The Foundation Group |
| Wye Valley NHS Trust | Full member of The Foundation Group |

*The foundation group consists of four NHS Trusts that operate across Herefordshire, Worcestershire, Coventry and Warwickshire.*

## Place Based Partnerships

20. To keep things as structurally simple as possible, we have sub-divided our ICS into two "Places" – Herefordshire and Worcestershire. Whenever Members hear people talk about "Place" (in ICS terms), they are referring to one of the two Counties. In some other areas (for example Warwickshire and Nottinghamshire) County level services have been sub-divided – sometimes to align to district boundaries, sometimes to more natural healthcare boundaries. From the outset, local partners agreed that there was merit in keeping things simple at county level.

21. Place Based Partnership are where services across an area come together to provide local integration. Those services include social care, housing, acute health care, voluntary sector, mental health care, primary care etc. In time, these partnerships will receive capitated financial allocations from the ICS to distribute amongst themselves to deliver joined up care in the best possible way.

22. In Worcestershire there is an inherent relationship between the HWBB and Place. A group called the Worcestershire Executive Committee (WEC) has been formed to provide the executive and operational leadership of Place-based working in Worcestershire. The WEC is constituted from a wide range of local partners, including NHS bodies, local authorities, primary care networks and voluntary community and social enterprise (VCSE) partners. It has a reporting line in to the HWBB on Health and Wellbeing issues and the ICB on core achievement of NHS constitutional standards.

23. This will be a significant change from how the CCG operate, where financial allocations were made to individual organisations in relation to the specific services of that organisation. Initially however, in the early years, the Partnerships will focus on joint working and joint decision making within the existing financial framework. We will move towards Place-based financial allocations, but not before 2023/24 or more likely 2024/25.

## Legal, Financial, and HR Implications

24. There will be numerous implications associated with ICS development, resulting from the cessation of old, and establishment of new, NHS bodies and the new ways of contracting for services.

## Equality and Diversity Implications

25. A key strategic aim of the ICS will be to take stronger action to address unequal access to health services and unequal health outcomes – regardless of the cause of those inequalities.

26. The Covid-19 pandemic has magnified the issue of health inequalities, both in terms of mortality rates associated with the illness and in take-up of vaccine amongst different communities. Learning from this situation will form the backbone of the ongoing work in the ICS to reduce those inequalities.

27. This is a core reason why the ICB will have a Non-Executive Director who focuses specifically on tackling health inequalities as part of their portfolio.

28. The development of the ICS should have a positive impact on Equality and Diversity in the provision of services.

## Purpose of the Meeting

29. Members are invited to consider and comment on the information discussed and agree:

- Whether any further information or scrutiny work is required at this time
- The frequency of further updates required as the ICS develops.

## Contact Points

Emma James/Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

## 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 of the Health Overview and Scrutiny Committee on 10 March 2021: web-link to agenda and minutes

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# HEALTH OVERVIEW AND SCRUTINY COMMITTEE
# 12 JANUARY 2022

# CANCER DIAGNOSTICS AND TREATMENT TIMES

## Summary

1. The Health Overview and Scrutiny Committee (HOSC) requested a report on Cancer Diagnostics and Treatment Wait Times in Worcestershire as part of its Work Programme.

2. Senior Representatives from Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG) and Worcestershire Acute Hospitals NHS Trust (WAHT) have been invited to attend to provide an update on the current position and answer questions.

## Background

3. During the COVID-19 pandemic, the Committee has received regular reports outlining Temporary Service Changes across the NHS (including Cancer Services), and the plans for future provision, including the use of the independent sector.

4. Attached at Appendix 1 is a Cancer Performance Update as at December 2021, which outlines the current Worcestershire position including:

- Current performance against key cancer standards
- Actions in place to improve performance and reduce the overall cancer backlog
- Wider system actions specifically around increasing diagnostic capacity and the elective surgical reconfiguration
- Ongoing monitoring of cancer outcomes including conversion rates, staging and route to diagnosis, none of which show any significant change outside of normal variation.

## Purpose of the Meeting

5. Members are invited to consider and comment on the information discussed and agree:

- whether any further information or scrutiny is required at this time.

## Supporting Information

- Appendix 1 – Cancer Performance Update as at December 2021

## Contact Points

Emma James/Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965

Email: scrutiny@worcestershire.gov.uk

**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 of the Health Overview and Scrutiny Committee on 18 June, 20 July, 30 September, 16 November 2020 and 27 January, 10 March and 19 July 2021.

All Agendas and Minutes are available on the Council website here

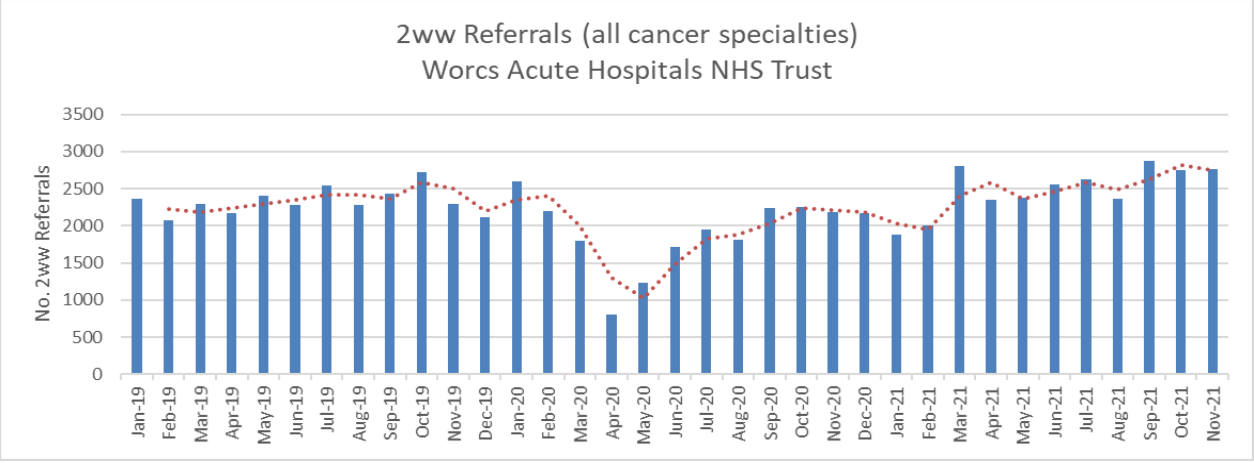
NHS
Herefordshire and Worcestershire
Clinical Commissioning Group

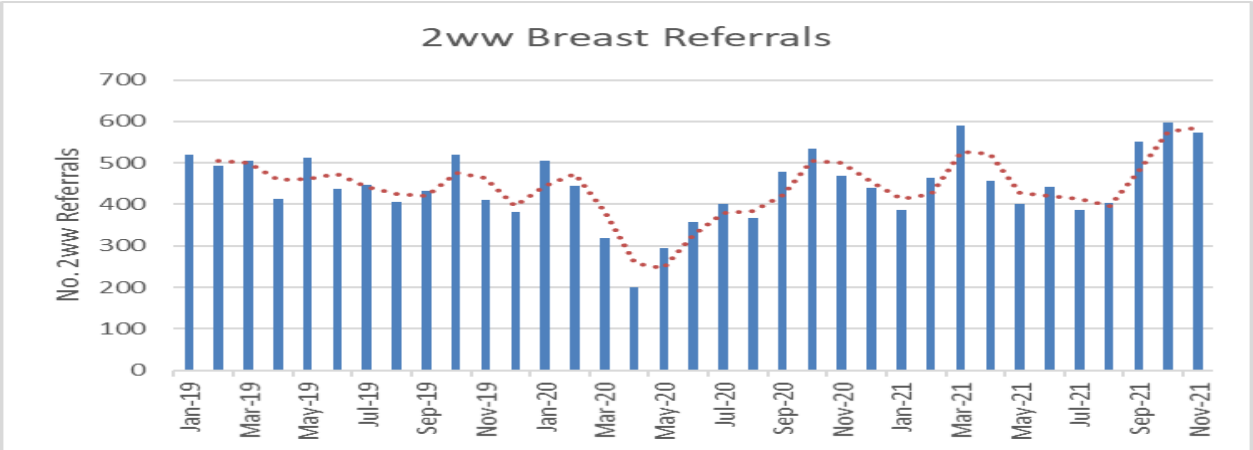
# Cancer Performance Update – December 2021

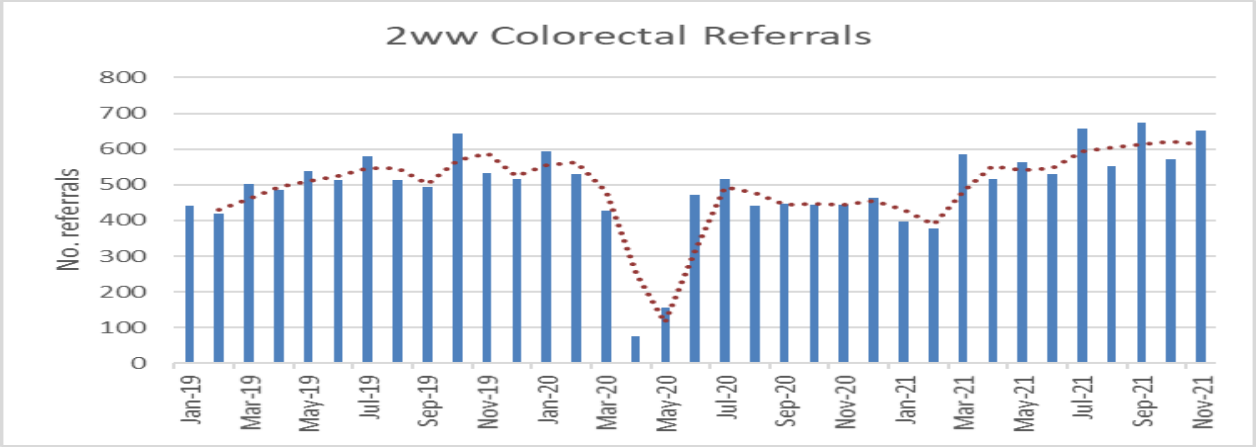
**Introduction**
The Worcestershire HOSC requested an update on performance against the key cancer standards and actions being taken to improve performance where required. This paper provides an update to the Committee on performance to October 2021 (validated) and current position (unvalidated).

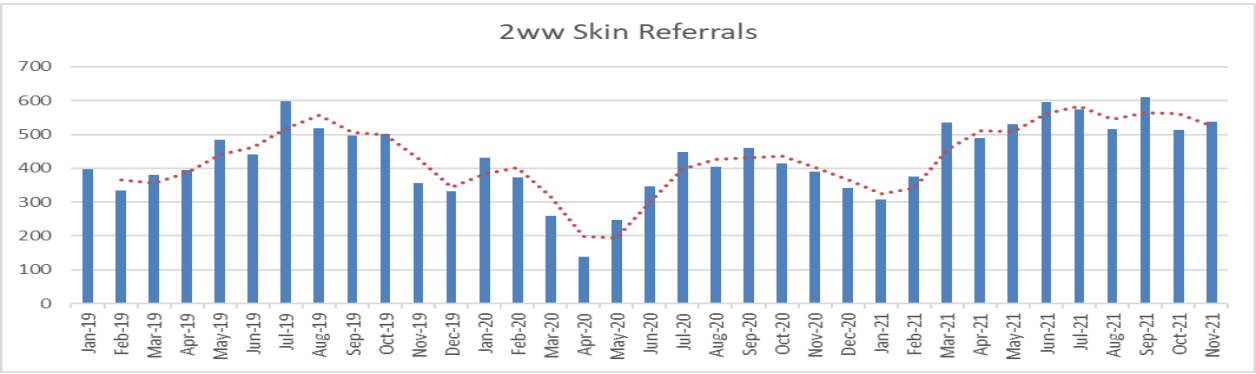
**Cancer Performance Standards**
Cancer performance against the key performance standards is closely monitored by Hereford and Worcestershire Clinical Commissioning Group (HWCCG) at cancer specialty level. This includes 2 week waits (referral to assessment), 31-days (time to first treatment), 62-days (referral to treatment) and backlog (patients waiting 63 - 103 days and over 104 days). A new 28-day Faster Diagnosis Standard was introduced in April 2021 and officially monitored from October 2021. This standard requires 75% patients to receive a cancer diagnosis or the all clear within 28-days of referral.

**Referrals Rates**
Since the start of the COVID-19 pandemic, 2-week wait (2ww) referral rates have varied enormously from month to month and also across the cancer specialty pathways. The graph below shows the overall variation in referrals since January 2019, including the significant drop in referrals seen during the first lockdown (March 2020), recovery to near pre-pandemic levels and then exceeding 'normalised' levels since March 2021 in many specialities including Breast, Colorectal and Skin. This has impacted on overall performance as a result in the surge in demand and ongoing restrictions around infection control and prevention, reducing the capacity in many areas of the cancer pathways such as out-patients and diagnostic investigations.





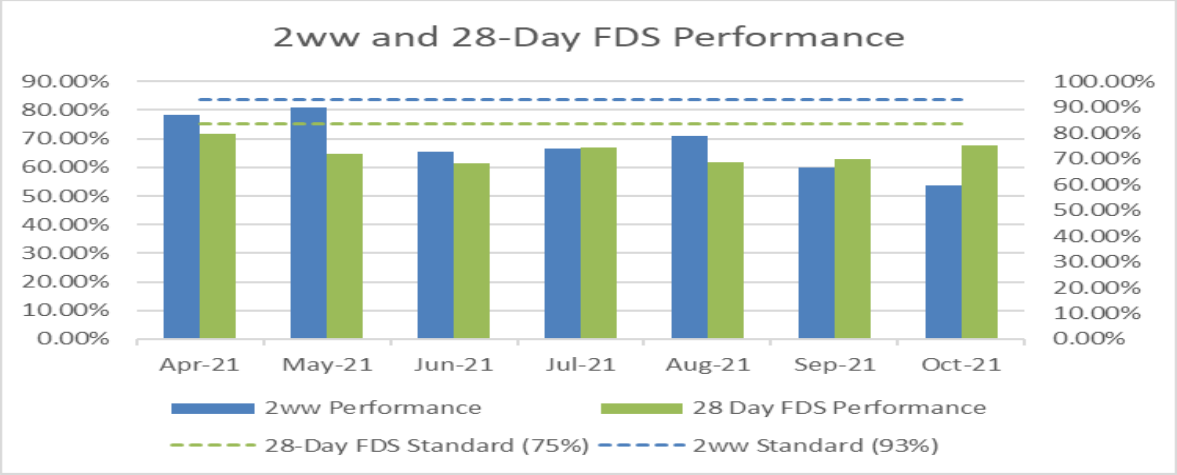




**Cancer Performance**

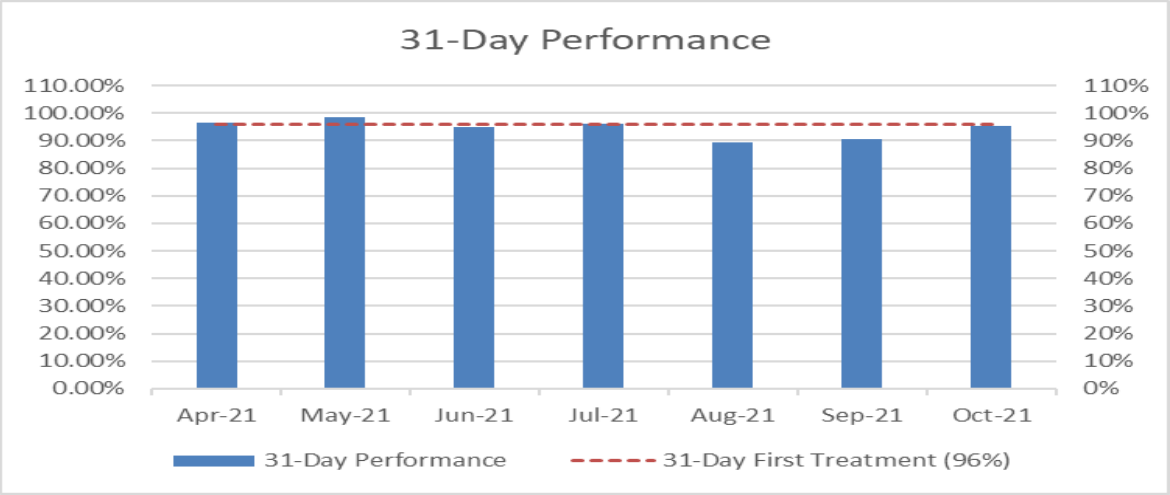
The latest validated cancer performance against each of the cancer performance standards for October 2021 for Worcestershire Acute Hospitals NHS Trust is shown below.

**2-Week Wait and 28-Day Faster Diagnosis Performance**




| | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 |
|---|---|---|---|---|---|---|---|
| 2ww Performance | 78.23% | 80.92% | 65.43% | 66.37% | 70.88% | 59.92% | 53.76% |
| 28 Day FDS Performance | 71.74% | 64.81% | 61.46% | 66.76% | 61.78% | 63.00% | 67.59% |

**31-Days Performance (all treatments)**



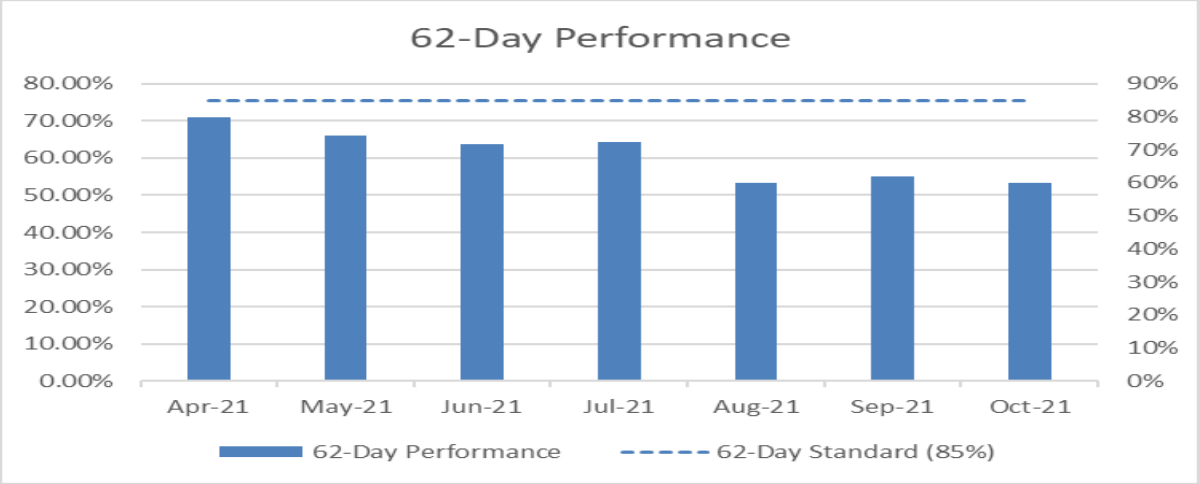

| | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 |
|---|---|---|---|---|---|---|---|
| 31-Day Performance | 96.52% | 98.50% | 94.86% | 96.23% | 89.52% | 90.58% | 95.17% |

The 31-day standard above includes all treatments received (surgical, radiotherapy and chemotherapy). The table below shows performance against each treatment since April 2021 and shows consistent delivery of the standard in two of the three treatment standards.

| | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 |
|---|---|---|---|---|---|---|---|
| 31 day subsequent treatment - Surgery - 94% | 83.33% | 89.47% | 81.58% | 82.50% | 77.42% | 95.12% | 86.67% |
| 31 day subsequent treatment - Radiotherapy - 94% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| 31 day subsequent treatment - Drug Treatment 98% | 98.00% | 100.00% | 100.00% | 100.00% | 98.44% | 98.31% | 100.00% |

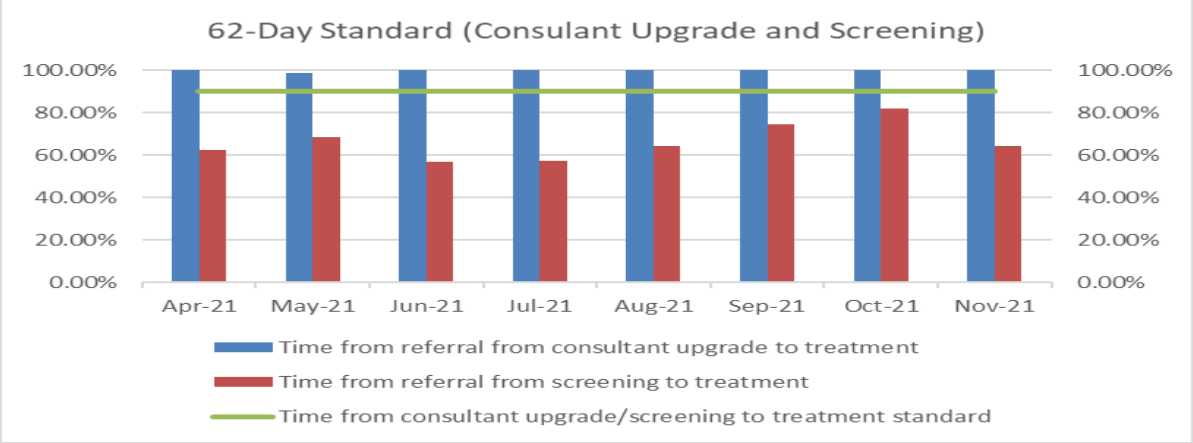
## 62-Day Performance

- **From 2-WW GP Referral (85%)**




| | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 |
|---|---|---|---|---|---|---|---|
| 62-Day Performance | 70.81% | 66.16% | 63.59% | 64.36% | 53.40% | 55.12% | 53.20% |

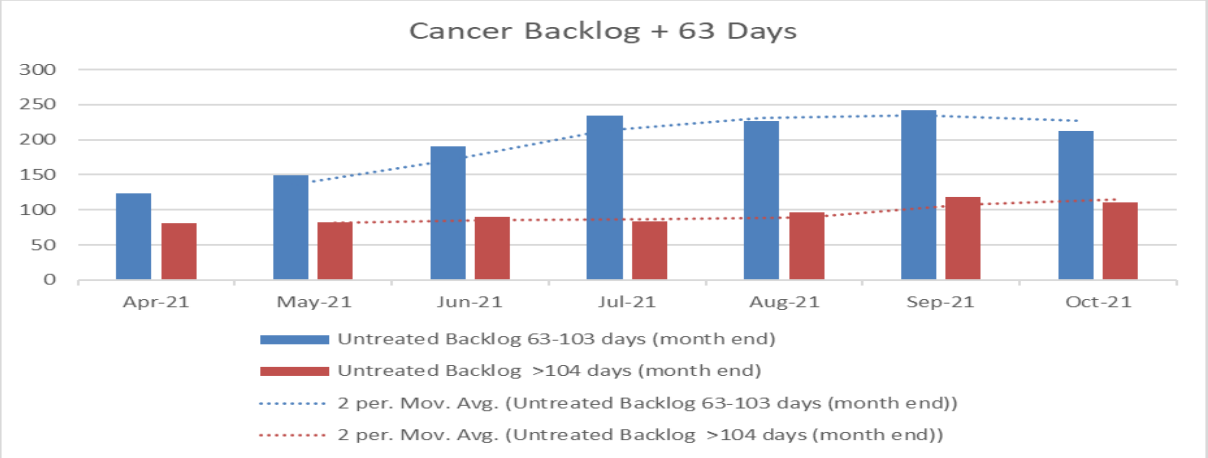
- **From Consultant Upgrade (90%) and Screening (90%)**




| | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 |
|---|---|---|---|---|---|---|---|
| Time from referral from consultant upgrade to treatment | 100.00% | 98.97% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| Time from referral from screening to treatment | 62.50% | 68.42% | 56.94% | 57.14% | 64.52% | 74.60% | 81.82% |

## Cancer Backlog (+ 63-days)

The graph below shows the number of patients waiting at month end over 63-days and 104-days across all specialties. Since April 2021 the number of patients waiting has increased due to a number of reasons including significant increase in referrals in some suspected cancer pathways, the impact of additional infection control measures and capacity in diagnostics to meet both elective and non-elective demand. Since September 2021 there has however been stablisation and reduction in the number of patients waiting as shown in the graph below.




**December 2021 Performance (unvalidated)**
Latest unvalidated performance (up to 21st December 2021) for November 2021 shows a slight improvement in 2ww (54.67%) and 62-day (57.08%) performance and maintaining of performance in the 28-day and 31-day standards. There is also a reduction in the number of patients waiting 63 - 103 days (204) and over 104-days (105).

Performance at specialty level shows particular challenges in some specialties, specifically Breast (2ww), Colorectal (2ww, 28-days, 62-days), Skin (2ww) and Urology (28-days, 62-days) due to significant increases in demand, diagnostic and surgical capacity.

Remedial Action Plans (RAP) are in place in all cancer specialties with actions identified at each stage of the pathway. Specific actions undertaken or currently being taken for the challenged specialties are as follows:

- **Breast:**
  - Use of Advice and Guidance and daily Consultant triage of new patient referrals
  - On-call service for breast surgery
  - Weekday evening and Saturday clinics throughout July and August

  Further actions being taken include:
  - US-only OSBC for young women (planned)
  - Community breast clinic for low-risk patients
  - Insourcing of breast imaging to support additional weekend clinics until the end of March 2022.

- **Colorectal:**
  - Implementation of FIT testing in primary care to prioritise patients at a higher risk of having cancer
  - Increase in Clinical Nurse Specialist (CNS) and Care Navigator workforce to support the clinical triage and straight to test process, liaising directly with patients to ensure they are ready to proceed.

- **Skin:**

- Prioritising of 2ww referrals
- Implementation of tele-dermatology (currently being piloted).

- **Urology:**
  - Implementation of nurse led telephone clinical assessment to facilitate straight to test pathways
  - Increase in CNS and Navigator capacity
  - Implementation of Local Anaesthetic (LA) template biopsies and planned development of nurse led LA trans perineal biopsy in the prostate pathway.

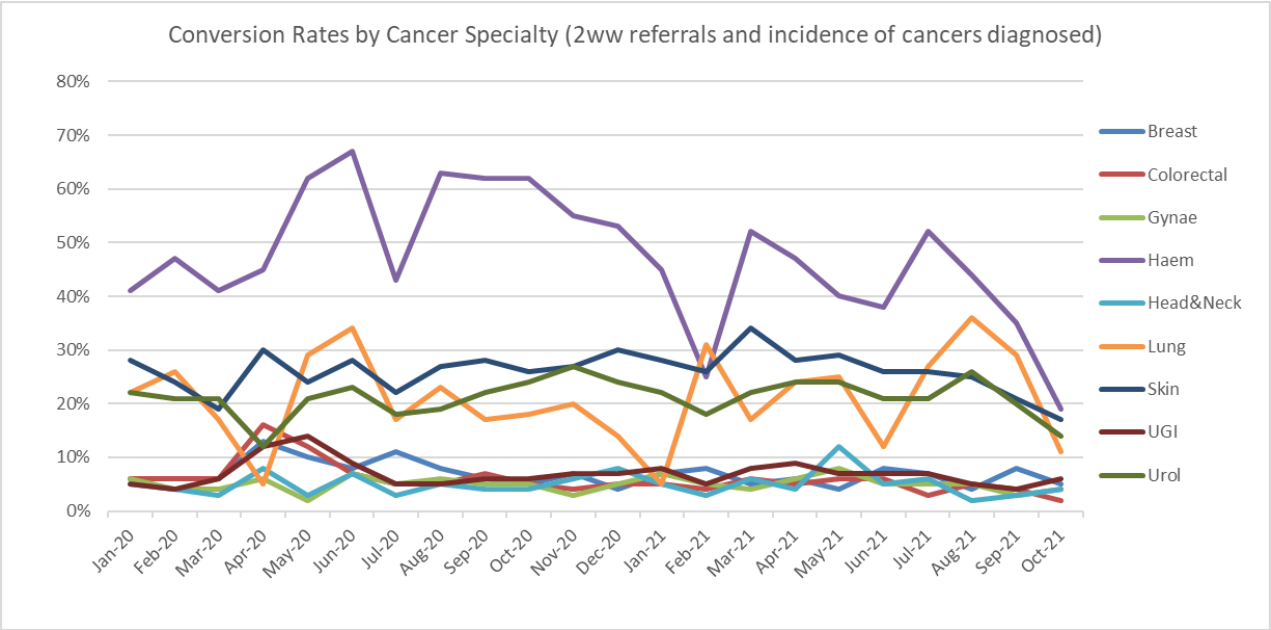
All RAPs are reviewed and updated on a fortnightly basis through the Trust's Performance Management Group to ensure an ongoing focus is maintained on improving performance and reducing the backlog of patients waiting more than 63-days from referral. Other developments in cancer services include:

- Implementation of a Non-Specific Symptoms pathway for patients with symptoms suggestive of cancer but which do not meet the criteria for a site specific 2-week wait referral. This pathway is expected to go live on 13 January 2022 and will ensure patients have access to a broad range of diagnostics to confirm or rule out cancer within 28-days of referral. This will also create additional capacity and relive some of the pressure within other pathways through which these referrals would normally be directed (Upper GI and Lower GI)
- Participation in the GRAIL/Galleri Study (https://www.nhs-galleri.org/). The West Midlands Cancer Alliance is one of 8 Alliances piloting the GRAIL/Galleri study, which invites participants between the ages of 50 – 77 years to receive a blood test that can detect early stage cancers. Participants identified as having a positive indicator for cancer will be referred to local hospitals through the appropriate 2-week wait pathway.

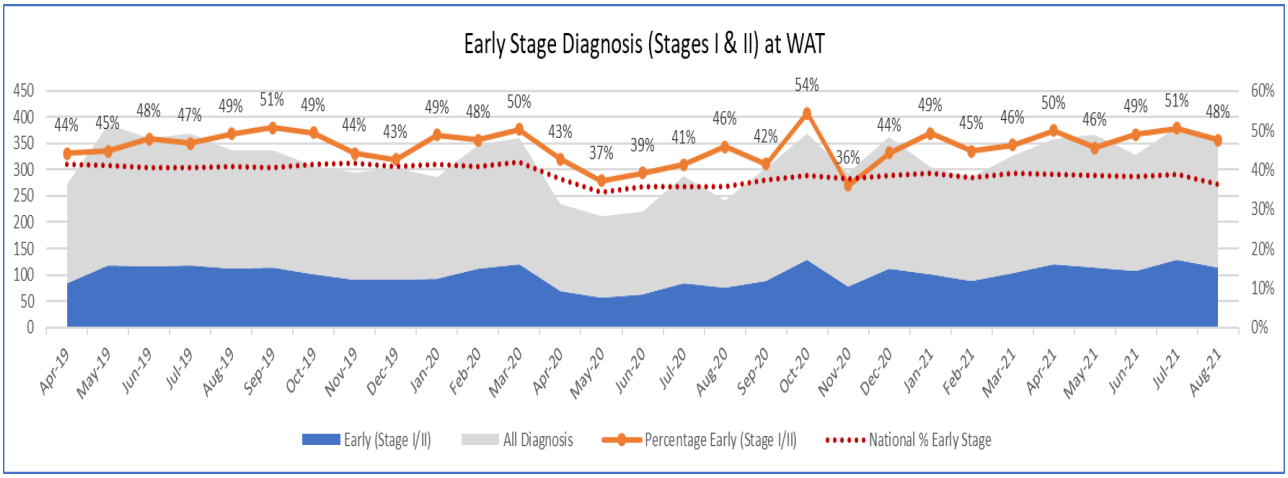
Cancer remains a system priority and processes are in place to ensure diagnostic and surgical capacity is prioritised for patients on a cancer pathway. Funding has been approved to support additional diagnostic capacity through the Early Adopter Community Diagnostic Hub (CDH) initiative as well as increasing imaging and endoscopy capacity at Kidderminster as part of the Wave 1 CDH work programme. The surgical reconfiguration to move the majority of elective surgical activity (including cancer) to the Alexandra Hospital will also minimise the impact of non-elective work on planned surgical activity within cancer pathways.

**Monitoring Cancer Outcomes**

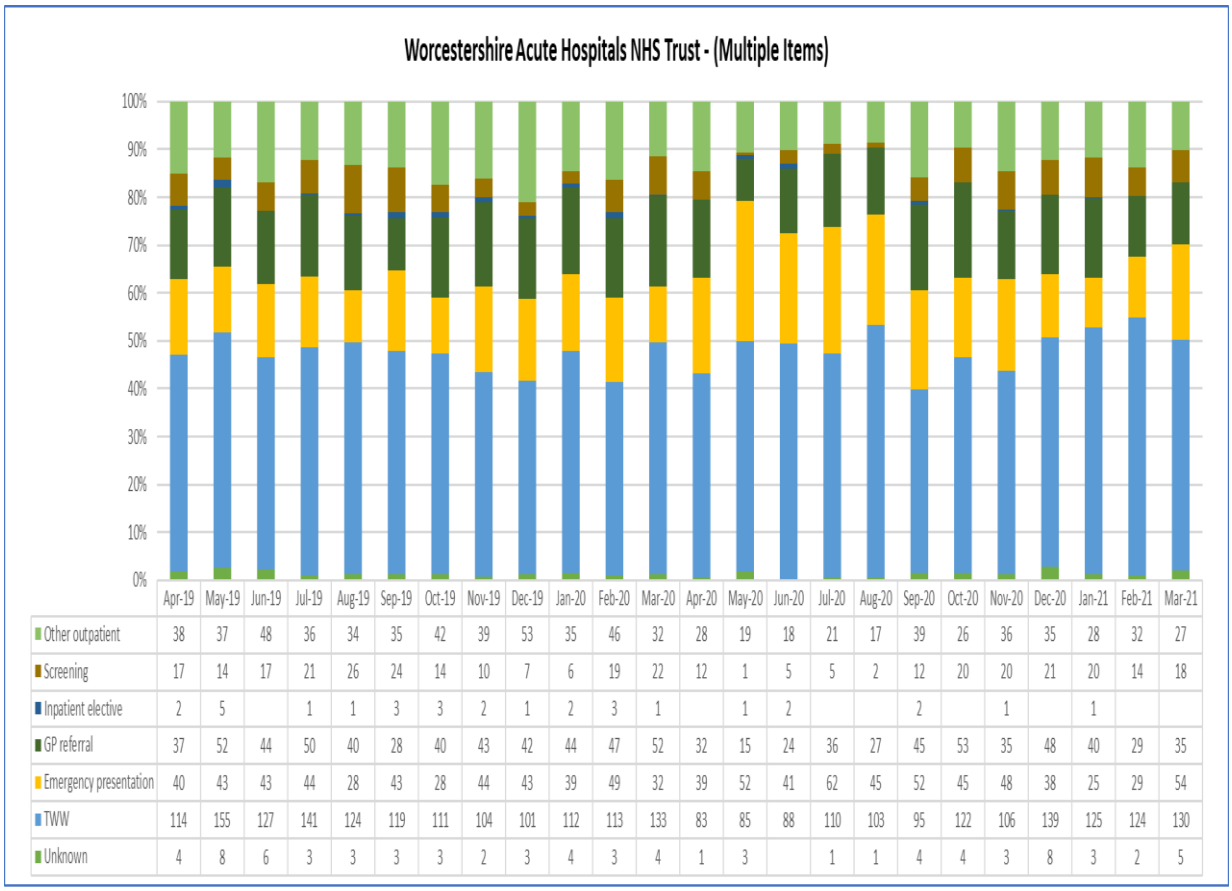
Given the impact of the pandemic and reduction in referrals particularly during the first lockdown, the incidence of cancer and conversion rates from 2ww referrals and consultant upgrades is being closely monitored. The graph below shows conversion rates (2ww referrals resulting in a cancer diagnosis) by cancer specialty since January 2020 (Note: October incidence may be lower than actual due to the delay in diagnosing some cancers). What is evident from the graph shown below is that conversion rates have not increased significantly outside of normal variation in any of the cancer pathways since January 2020.



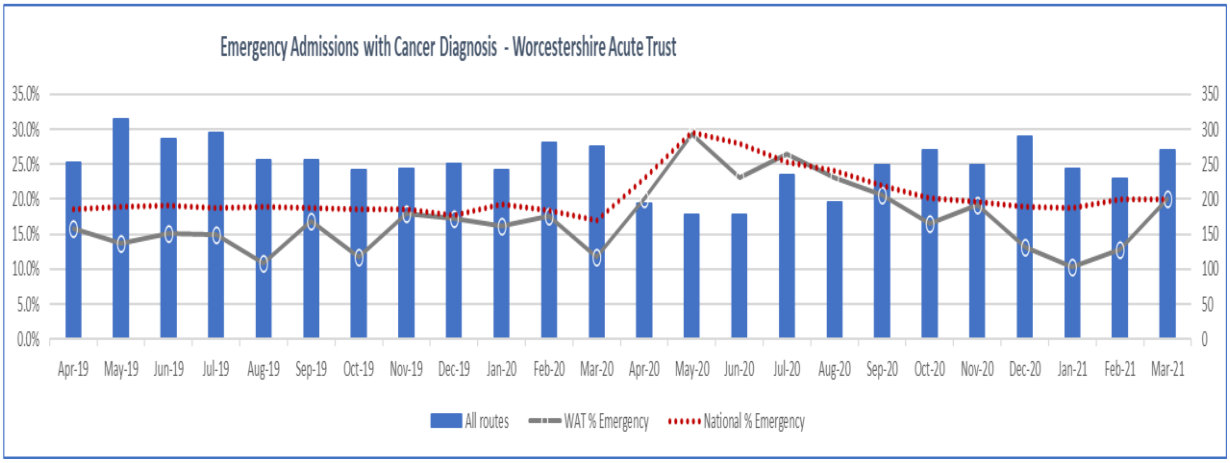

In addition to the incidence of cancers, the stage at diagnosis and route to diagnosis is also being closely monitored. As these two metrics are nationally derived though the Cancer Outcomes Statistical Database (COSD), data is only available up to and including August 2021. The graph below details the % patients diagnosed at Stages I/II across all cancer specialties since April 2019. Whilst there has not been any reduction in the % of patients presenting with early stage disease overall or as a result of the pandemic, there is also no significant increase in the % stage I/II diagnoses despite improvements in many cancer pathways to reduce the time to diagnosis and treatment. There are however some cancer pathways where the % of patients presenting with late disease is disproportionate such as lung and oesophago-gastric. This is in line with the national picture and a focus of the national communications around identifying the signs and symptoms of cancer early. Work will continue locally to not only improve these particular pathways but also to work with our local population and primary care colleagues to support earlier presentation.




The graph below shows the route to diagnosis of cancer, split across the most commons presentations such as a 2ww referral, consultant upgrade from another elective/ non-elective pathway or presenting through an emergency setting.




| | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Other outpatient | 38 | 37 | 48 | 36 | 34 | 35 | 42 | 39 | 53 | 35 | 46 | 32 | 28 | 19 | 18 | 21 | 17 | 39 | 26 | 36 | 35 | 28 | 32 | 27 |
| Screening | 17 | 14 | 17 | 21 | 26 | 24 | 14 | 10 | 7 | 6 | 19 | 22 | 12 | 1 | 5 | 5 | 2 | 12 | 20 | 20 | 21 | 20 | 14 | 18 |
| Inpatient elective | 2 | 5 | | 1 | 1 | 3 | 3 | 2 | 1 | 2 | 3 | 1 | | 1 | 2 | | | 2 | | 1 | | 1 | | |
| GP referral | 37 | 52 | 44 | 50 | 40 | 28 | 40 | 43 | 42 | 44 | 47 | 52 | 32 | 15 | 24 | 36 | 27 | 45 | 53 | 35 | 48 | 40 | 29 | 35 |
| Emergency presentation | 40 | 43 | 43 | 44 | 28 | 43 | 28 | 44 | 43 | 39 | 49 | 32 | 39 | 52 | 41 | 62 | 45 | 52 | 45 | 48 | 38 | 25 | 29 | 54 |
| TWW | 114 | 155 | 127 | 141 | 124 | 119 | 111 | 104 | 101 | 112 | 113 | 133 | 83 | 85 | 88 | 110 | 103 | 95 | 122 | 106 | 139 | 125 | 124 | 130 |
| Unknown | 4 | 8 | 6 | 3 | 3 | 3 | 3 | 2 | 3 | 4 | 3 | 4 | 1 | 3 | | 1 | 1 | 4 | 4 | 3 | 8 | 3 | 2 | 5 |




Overall, there has been no significant change in the way patients have presented, with the majority of patients presenting through a 2ww referral pathway. There was however a notable increase in emergency presentations during the first lockdown, which has subsequently reduced probably as a result of improved access to primary care and public confidence. Ongoing monitoring of emergency presentation continues to be a priority and was included in the 2021/22 Revivo contract for primary care to undertake a peer review of patients at PCN level of emergency presentations resulting in a cancer diagnosis to determine what actions could have been taken and lessons learnt.

**Summary**
Cancer services at Worcestershire Acute Hospitals NHS Trust continue to be under significant pressure due to the increased demand seen across many pathways as well as the ongoing impact of the pandemic on capacity and workforce. Whilst referrals to the Trust continue to be high, the resulting activity levels are amongst the highest in the region. Work continues to be undertaken at cancer specialty level to improve pathways and ensure best practice pathways are in place to reduce unnecessary delays in cancer diagnosis, enabling those without a cancer diagnosis to be investigated and informed as quickly as possible and enabling those patients with a cancer diagnosis to receive prompt and effective treatment.

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# HEALTH OVERVIEW AND SCRUTINY COMMITTEE
# 12 JANUARY 2022

# WORK PROGRAMME 2021/22

## 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 2021/22 Work Programme has been developed by taking into account issues still to be completed from 2020/21, the views of Overview and Scrutiny Members 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 current Work Programme was discussed by the Overview and Scrutiny Performance Board (OSPB) on 21 July 2021 and agreed by Council on 9 September 2021.

## Dates of Future 2022 Meetings

- 9 March at 10am
- 9 May at 10am
- 8 July at 10am
- 19 September at 2pm
- 2 November at 10am

## Purpose of the Meeting

7. The Committee is asked to consider the 2021/22 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 – Health Overview and Scrutiny Committee Work Programme 2021/22

## Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

## 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 of OSPB on 21 July 2021
- Agenda and minutes of Council on 9 September 2021

All Agendas and Minutes are available on the Council's website: weblink to Agendas and Minutes

**SCRUTINY WORK PROGRAMME 2021/22**

**Health Overview and Scrutiny Committee**

| Date of Meeting | Issue for Scrutiny | Date of Last Report | Notes / Follow-up Action |
|---|---|---|---|
| 12 January 2022 | Integrated Care System (ICS) Update | | Suggested at Agenda Planning |
| | Cancer Diagnostics and Treatment Wait Times | | Suggested at 15 June 2021 Induction |
| 8 July 2022 TBC | Health and Wellbeing Board Strategy | | Requested at 3 November 2021 meeting |
| Ongoing | Monitoring temporary service changes (and new ways of working) as a result of COVID-19 | 10 March 2021<br>19 July 2021 | |
| Ongoing | Integrated Care Systems (ICS) Development (previous discussions based on the Sustainability and Transformation Partnership) | | |
| **Possible Future Items** | | | |
| March? – TBC | Maternity Services (to monitor progress of the Acute Trust's Action Plan for improvement) | 10 March 2021<br>21 September 2021 | |
| TBC | Update Winter Planning | 3 November 2021 | Requested at 3 November 2021 meeting |
| | Annual Update from West Midlands Ambulance Service | 27 June 2019 | Standing Item |
| TBC | Impact on A&E services due to changes in access to GPs/Minor Injuries Units. To include NHS111 and West Midlands Ambulance Service | | Suggested at 15 June 2021 Induction |
| TBC | Mental Health<br>- the impact of COVID on children and young people<br>- Dementia Services<br>- Preventative measures, for example peri-natal mental health<br>- Mental Health Needs Assessment (when complete) | 21 September 2021<br><br>19 September 2018 (CAMHS) | Ongoing updates on restoration of services during the Covid pandemic have also been provided (from June 2020 - present) |
| TBC | Primary Care (GP) Access | 20 July 2020 | |

| | | | |
|---|---|---|---|
| | | 18 October 2021 | |
| TBC | Complaints | | Suggested at 15 June 2021 Induction |
| TBC | Staff Turnover | | Suggested at 15 June 2021 Induction |
| TBC | Public Health Outcomes, including promoting active lifestyles, targeting rising obesity levels, prevalence of alcohol use during pregnancy etc | | Suggested at 19 July 2021 Meeting |
| TBC | Health Inequalities | | Suggested at 19 July 2021 Meeting |
| TBC | Digital Exclusion | | Suggested at 19 July 2021 Meeting |
| TBC | Physiotherapy Services | | Suggested at 19 July 2021 Meeting |
| TBC | Access to X-ray Services at Minor Injuries Units | | Suggested at 19 July 2021 Meeting |
| 2022 | Dental Services – access to appointments and oral improvement statutory duties | 18 September 2019 | Suggested at 19 July 2021 Meeting |
| TBC | Screening and Immunisation | | Suggested at 19 July 2021 Meeting |
| TBC | Update on Onward Care Team | 2 March 2020 | |
| TBC | Update on End of Life Care and ReSPECT | 30 September 2020 | |
| **Standing Items** | | | |
| TBC | Substantial NHS Service Changes requiring consultation with HOSC | | |
| TBC | NHS Quality Accounts Quality and Performance | | |
| TBC | Performance Indicators (Quarterly) and In-Year Budget (Public Health Ring Fenced Grant) Half Yearly | | |
| TBC | Annual Update from West Midlands Ambulance Service | | |
| TBC | Review of the Work Programme | | |