Minutes of the

Health Overview and Scrutiny Committee

County Hall

Tuesday, 16 April 2024, 10.00 am

Present:

Cllr Christine Wild (Vice Chairman), Cllr Paul Harrison, Cllr Adrian Kriss, Cllr Bakul Kumar, Cllr Emma Marshall, Cllr Jo Monk, Cllr Chris Rogers and Cllr Richard Udall

Also attended:

Cllr Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care
Cllr Karen May, Cabinet Member with Responsibility for Health and Well being
Jade Brooks, Director of Delivery and Operations, Herefordshire and Worcestershire Integrated Care Board
Julian Berlet, Acting Joint Chief Medical Director, Worcestershire Acute Hospitals NHS Trust
Helen Lancaster, Chief Operating Officer, Worcestershire Acute Hospitals NHS Trust
Andrew Dalton, Screening Lead, NHS England
Ash Banerjee, Screening and Immunisation Lead, NHS England
Catherine. Sinclair, Director of Emergency Preparedness, Resilience and Response and Immunisation , Herefordshire and Worcestershire Integrated Care Board
Simon Adams, Healthwatch Worcestershire

Matthew Fung, Public Health Consultant
Samantha Morris, Interim Democratic Governance and Scrutiny Manager
Jo Weston, Overview and Scrutiny Officer

Available Papers

The members had before them:

A. The Agenda papers (previously circulated);
B. The Minutes of the Meeting held on 15 March 2024 (previously circulated).

(A copy of document A will be attached to the signed Minutes).

1194 Apologies and Welcome

The Vice Chairman, Cllr Christine Wild, welcomed everyone and advised that she would be chairing the meeting in the absence of the Chairman.

The Chairman then advised that the meeting would be recorded and uploaded to the County Council website after the conclusion of the meeting.

Apologies had been received from Cllrs Brandon Clayton, Lynn Denham, Antony Hartley, Kit Taylor and Tom Wells.

1195 Declarations of Interest and of any Party Whip

None.

1196 Public Participation

None.

1197 Confirmation of the Minutes of the Previous Meeting

Subject to the following amendment, the Minutes of the Meeting held on 15 March 2024 were agreed as a correct record and signed by the Chairman.

Minute 1191 (pages 8-9) – Update on Outcomes of Care Quality Commission Inspection of Herefordshire and Worcestershire Health and Care NHS Trust (including Hill Crest Mental Health Ward). With regard to the discussion about Hill Crest Mental Health Ward and within the 4th bullet point, the Minute was changed from "……A challenge was that access to the County Council's Reablement service would no longer be available which had historically helped people with severe mental health illness" to read ….. "A challenge was that the Trust had been given notice by the County Council that the funding to support its Reablement service would no longer be available. This had historically helped people with severe mental health illness".

1198 Cancer Pathway

The Herefordshire and Worcestershire Integrated Care Board (HWICB) Director of Delivery and Operations introduced the Item by highlighting key points from the Agenda Report. Around 38% of cancers were preventable and raising awareness and providing a good screening programme was of national focus. The HWICB focus was to support earlier diagnosis, although Worcestershire benchmarked well nationally in this area. Following the Covid-19 pandemic, all screening had now been restored and there was no backlog in the County. Although local and national targets for diagnosis were being met, there was increased focus on more timely diagnosis. Cancer was sometimes a complex area, with over 100 Cancers known, often involving multi-disciplinary pathways.

In the ensuing discussion, the following points were made:

- The Committee was pleased to receive the Report and learn of the position in Worcestershire. As prevention and early diagnosis was key to survival, Members were keen to share information with their residents on health promotion. It was agreed to provide the HOSC with details of any current national and local campaigns in order that they may share it with residents and moving forward, it was agreed to share any future promotional campaign activity
- HWICB recognised that further work with GPs was needed. It was noted that although some screening and tests could be uncomfortable or embarrassing, it was important that residents were encouraged to attend appointments
- The Acting Chief Medical Officer of Worcestershire Acute Hospitals NHS Trust (the Trust) reported that acute hospitals tended to see patients later in the process, so anything that could be done to detect cancer earlier was a positive step
- The Trust had managed the backlog following the Covid-19 pandemic and had established Staff Teams which now had more resource to provide screening and support, prevention
- A Member suggested that there needed to be more joined up thinking, especially when it came to supporting the family and carers of cancer patients. The Trust's Chief Operating Officer explained that there was a national programme of living beyond cancer, with partners working to knit together the support available, including how colleagues, friends, neighbours as well as family can support the patient through their journey
- There had been a 12% increase in the incidence rate of cancer since the 1990s, explained by a number of factors, including better diagnosis, earlier diagnosis, additional screening and wider age range invitations. In addition, it was noted that media attention in high profile cases promoted increased activity, which was welcomed. Anything to assist early detection was positive as treatment could therefore begin earlier and survival would increase. The impact of the Covid-19 pandemic pause on screening would also contribute to the figure
- A Member asked whether blood cancers, such as lymphoma, were included in the Pathway
- A Member suggested that there was a lack of support to patients in areas such as debt, employment or housing support. The Trust ensured that a Team wrapped around a patient but reported that employment advice was beyond the remit of the NHS. There was recognition that relationships would endure a significant change and that good mental health was vital. Every patient received a Cancer Pack which included information on support groups available. It was agreed that everyone should work together to ensure that the patient was well supported and relevant Teams would be asked to check the information available to patients was up to date and also whether signposting was appropriate
- It was acknowledged that there was a cohort of patients nationally that continued to have difficulty in coming forward. This was despite the increase in promotion, including a social media presence and encouraging discussion during everyday conversations, where it was

important to keep the momentum going. It was noted that younger residents could be more difficult to engage with

- Messages around keeping healthy were as equally important and the right thing for individuals to do
- The target of 75% of patients receiving a positive cancer diagnosis within 28 days was queried. When asked how long a patient could have to wait, it was explained that the challenge was with some complex cancers, where multiple tests had to be undertaken, potentially across different locations and hospital trusts. Patients should be kept updated throughout the process of diagnosis. It was agreed to provide further information and data on diagnosis rates beyond the 28 day target
- In order to enhance provision, screening outreach and promotion was taking place, such as in the workplace and communities. Appointments were offered outside of working hours, such as weekends and some screening was now home based, such as the Faecal Immunochemical Test (FIT) for bowel cancer screening
- A Member referred to a recent positive screening experience, reporting that staff had been very attentive and enthusiastic. Representatives added that cohesive Teams made a potentially uncomfortable experience a good one and if the facilities were right, it helped encourage applicants to want to join the workforce
- The number of cases of misdiagnosis was difficult to report, however, actions to reduce the potential harm were being taken, such as clinical teams working over 7 days. Blood cancers were complex and results could often show up differently. Assurance was given that the Trust did review mistakes and often different clinicians would have made the same conclusions. The Trust had agreed to focus on the non-specific symptom pathway
- The mammography workforce in Worcestershire currently had sufficient capacity, although there was a limited workforce nationally
- Cervical screening rates had experienced long term decline, mainly in younger residents, despite increased media coverage. It was important to ensure that people were able to be screened at a time to suit them
- When asked whether the Trust had a gap in the provision of Specialist Cancer Nurses, the number would be clarified after the meeting. Nurse specialist roles had been re-instated which was a positive step towards building better staff teams
- A Member asked for the number of missed cancers due to the Covid-19 pandemic lockdowns when Face to Face GP appointments were paused. It was reported that Worcestershire GPs were quick to return to face to face interaction and the Trust and HWICB did look back at survival rates. Representatives were fairly assured that cases, if any, would be exceptional
- The Committee agreed that there continued to be public fear of ‘Cancer’ or living with cancer. The Trust had a monitoring programme and GPs undertook surveillance to ensure there was a good level of understanding of how the patient was feeling after diagnosis and any treatment

- When asked whether there was sufficient resource, it was reported that additional resource would always be welcome, however, the System was making best use of what it had
- The Trust and HWICB welcomed the opportunity to work across all of the Integrated Care System to ensure that communication was widespread and relevant to all residents across the whole of Worcestershire.

The Chairman invited the Managing Director of Healthwatch Worcestershire to comment on the discussion and in doing so the following comments were made:

- There had been a significant improvement in the number of patients waiting over 62 days for treatment and the work to increase the number of patients who received a diagnosis within 28 days was welcomed
- Healthwatch had undertaken work on screening and found the uptake was very good, although consideration for potential health inequalities was encouraged. Increasing opportunities for screening, including outreach, was welcomed
- Further research had found that although there was no national programme for PSA (prostate-specific antigen) testing, it was widely recognised, however, coverage was not equal. Healthwatch had written to HWICB for assurance.

The meeting was adjourned between 11:23am and 11:38am.

The Chairman invited the Cabinet Member with Responsibility (CMR) for Health and Well being to comment and in doing so the CMR reminded the Committee of the Healthy Worcestershire Programme. In relation to Public Health support for cancer screening, the 'Your Health Your Wellbeing' vans had not only targeted specific communities but had also visited workplaces. There was an excellent 74% uptake of bowel screening in Worcestershire and across Breast and Cervical screening, the County was in the upper quartile of performance nationally. The CMR concluded by commending the Director of Public Health's Annual Report to the Committee and reminded Members that the Public Health Ring Fenced Grant's purpose was prevention.

The Chairman thanked everyone present for the discussion and requested an update in 6 months' time.

1199 Routine Immunisation

Members had received a comprehensive Report on Routine Immunisation in advance of the meeting and key points were referred to.

Vaccinations were a very effective and successful way of reducing illness and death from vaccine-preventable diseases. A number of delivery programmes were universal, such as MMR (Measles, Mumps and Rubella) given to all children, and some for those at increased risk, such as Flu vaccine in pregnant women.

NHS England was the current commissioner, however from April 2025, the responsibility would transfer to Integrated Care Systems. Providers included GP Practices, School Age Immunisation Services (SAIS), Community Pharmacies and Maternity Services.

Nationally, the level of confidence in vaccines was high, however, there had been a steady decline in uptake over the last decade, although this was less pronounced in Worcestershire. School age services had been paused during the Covid-19 pandemic whilst schools were closed, however, GPs had continued to administer vaccines throughout.

Vaccine hesitancy included reasons such as complacency, lack of confidence in the vaccine or lack of convenience in receiving it.

There had been a huge increase in Measles cases during Autumn 2023, predominately in Birmingham and the West Midlands. Coverage of 95% or more of 2 doses of measles-containing vaccine was needed for herd immunity, yet coverage nationally had fallen to its lowest level in a decade. Despite Worcestershire having one of the highest uptake rates in the West Midlands, there were still around 4,000, or 8-10%, primary school-aged children who had not been vaccinated. Outreach clinics had been held in various parts of the County, which had resulted in an additional 144 people being vaccinated.

The Autumn 2023 Covid-19 and Flu vaccination programme had been provided by GPs and Community Pharmacies and administered at a range of venues, including the mobile 'Your Health Your Wellbeing' vans. Uptake across the County was high.

Pertussis vaccine was administered to pregnant women to help protect their baby from whooping cough once born. Uptake in Worcestershire was reported at around 65% which HWICB was investigating as the figure appeared low.

The HWICB focus included further work to develop a vaccination workforce and work with hospital trusts to encourage Covid-19 and Flu vaccines among those employed in the health and social care sector as uptake was currently low.

The Chairman invited questions and the in ensuing discussion, the following key points were made:

- A Member asked why eligible patients were not routinely called for a Shingles vaccine to be informed that it was not part of the GP contract. Some vaccinations required GPs to summon patients but Shingles was not mandated, rather opportunistic. Many GP Practices did however administer Shingles to patients aged 70 to 79 and often at the same time as the annual Flu vaccine
- National guidelines for the Covid-19 'Spring Booster' would be followed, with adults aged over 75 being the main target group. Evidence would be gathered to inform the national guidance for the Autumn programme
- In relation to hesitancy, although the Covid-19 vaccine was shown to be very safe, individual cases had been reported, with some people feeling

particularly unwell. There was a risk from all vaccines and medicines and individuals were able to make an informed decision. Side effects were monitored by the Medicines & Healthcare products Regulatory Agency. It was agreed to provide Members with further information on complications arising from the Covid-19 vaccine

- The report referred to the MMR vaccine and under vaccinated communities, such as the Jewish community. It was explained that the MMR vaccine usually contained porcine gelatine, however, there was a need to promote the availability of a non pork gelatine alternative
- In relation to Measles, confirmation was given that adults could have vaccine. When asked whether Measles could be administered separately, it was clarified that this could occur, however, in the future the MMR was likely to also include varicella (chicken pox), resulting in MMRV being administered. The Committee was encouraged with this progress and it was agreed to provide factual information, or a leaflet, which could be disseminated to Councillors to improve uptake of MMR
- A Member referred to the BCG vaccine as it was no longer routinely given yet there had been a reported 11% increase in tuberculosis (TB) cases. It was clarified that BCG used to be universal and administered in schools, however the vaccine was now only recommended for those at higher risk of getting TB, with a neonatal programme in place. It was agreed to share a TB needs assessment with the Committee
- When asked whether there was any plan to reduce the eligible age of the pneumococcal vaccine from 65, it was reported that currently the vaccine was recommended for those aged 65 and over and people who were at higher risk of pneumonia, such as babies, although the Joint Committee on Vaccination and Immunisation (JVCI) was looking at this
- Although fluoridation was not classed as immunisation, tooth decay was of concern to public health and it was hoped the programme would be extended
- The Committee was disappointed to learn of the low uptake in vaccines amongst the health and social care workforce and it was agreed to provide further information after the meeting
- The CMR added that Public Health was promoting and supporting immunisation work, as it was part of the overall prevention agenda.

The Chairman thanked everyone present for the helpful discussion and asked for an update in 12 months. It was agreed to add an Annual Update to the Work Programme.

1200 Work Programme

Members considered the Work Programme and no changes were made.

The meeting ended at 12.40 pm

Chairman …….