

Report by Michael Hanley

Chair: Janet Battye (JB, LD)

1. North East and North Cumbria (NENC) Integrated Care Board (ICB).

Ed Tallis (ET, Director): NENC ICB area has a population of 3 million (about twice that of the ICB covering South Lakes and Barrow). Eden Valley health care is provided by this board, as well as the the rest of Cumberland Council area. North Cumbria only has 10% of the population of the area. The annual budget is £9 billion. It started in July 22 (amalgamating many previous Clinical Care Groups, including North Cumbria CCG). Six months ago the government stipulated that costs of every ICB would have to reduce by 30%. The workforce (maintaining it) is a massive issue. There is a need for more technology. How do we use our resources in a more efficient way? We need to be mindful of the Green Agenda. Also there is a need to reduce health inequalities in more deprived areas. We need to improve access to GPs and dentists. We need to give children a better start in life. Partnership and local integration are the main aims of ICBs. Neighbourhood schemes area central point. We need to reduce the gap in life-expectancy in the more deprived areas. We need to halve the suicide rates. This rate is higher in North Cumbria than the national average (55% higher than the national average: 16.3 deaths due to suicide per 100,000 per year compared to 10.5. In 2022 there were 9 suicides in Eden, 20 in Carlisle). We need to reduce smoking rates from 13% to 5%. We have to promote healthy weights in children. We also need to reduce alcohol related harm. Also social isolation especially in the elderly. Social isolation is a big factor in suicides. We need to increase the percentage of cancers diagnosed at an early stage. Often people present late with cancer. They have had symptoms for up to two years before they go to their GP. Health and Wellbeing Boards will feed into strategy. Delivery will involve "Place-based Partnerships", working with other providers and the Third Sector (charities). Focus is on: Local A/E Delivery Board, Quality and Safety, Digital/IT, Integrated Care Communities (groups of GP practices, as in the Eden ICC), Population and Health Inequalities, Workforce, Estates, Mental Health.

How is it Going?

We know our priorities, we have improved our relationships with other providers and increased understanding. We probably don't fully understand the big picture yet. Health care has been in a poor state for many years. Most of our local services but there are a few that are poor. There are a lot of good opportunities. We are now at ICB 2.0. We have integrated services, looked at population management, developed Primary Care and hospital services and been involved with transformation, partnership, collaboration and local decision making.

M Hanley (MH, L): Asked about achieving healthy weight in children when central government is constantly working against you with its lack of legislation to curb sugary drinks (which is one of the largest drivers of obesity. There is an epidemic of obesity in the US and the UK has the worst obesity statistics in Europe). Also what can we expect when the current Minister for Health (Victoria Atkins) is married to the chief executive of one of the largest sugar producers (managing director of British Sugar) in the world and she has postponed tabled legislation to control the sugar industry until 2025.

ET: Deferred to Dr Katriona Stephens (KS, Director of Public Health) for an answer.

KS: Agreed that there is a lack of support from government. The other side of the coin is increasing exercise in children.

D Blacklock (DB, Healthwatch): How well are we doing in North Cumbria compared to the rest?

ET: Discussed the roll out of the Covid vaccination programme in North Cumbria. It was much quicker there than in the rest of the ICB area. We work very well together in North Cumbria. We just get on with it. Discussed Falmouth, on the hill overlooking the harbour, there is a very big former council estate which is a very deprived area. The local council has been working with that community. First they gave them paint to paint their houses. Then the residents spontaneously started getting rid of clutter and tidied up their gardens. In Fleetwood a community singing project was started which led to the community taking pride in their area. We have now started to work with a community in Workington to take ownership.

T Biggins (TB, L): Asked about smoking.

KS: We are concerned about young people starting to vape who haven't been smokers.

V Hughes (VH, LD): Why is the ICB having to reduce costs by 30%?

ET: Its a national driver to reduce the running costs (commissioning function) by 30%. It is likely some people will be made redundant.

JB: Will it affect the provision of services?

ET: We all have a huge amount of estates. If we can work together well, we will be better off.

JB: In the future, I would like to have further items on certain aspects of this.

2. Health and Care System Pressures.

Cath Whalley (CW, Director of Adult Social Care): Challenges: workforce, cost of living crisis, demand, aging population, living with Covid, winter pressures (cold weather, increased falls, increased respiratory illness), increased demand for NWAS (ambulance), industrial action, increased Covid, increased flu, no increased funding.

KS: Discussed Covid. There was a peak in October 23 and the beginning of another one in January 24. With NMMCR (Not Meeting Medical Criteria to Reside, bed-blockers) there was a peak over the Christmas period from 18 to 35% (of all patients in the hospital).

ET: Some of these had Covid or flu so it was difficult to send them back to care homes (while still contagious). We hope to be able to keep more people at home with virtual hospital.

MH: Alston Community Hospital and two other community hospitals in north Cumbria were closed in 2017. A lot of Step-down and Rehabilitation Care was done in these hospitals which eased the bed blocking situation. Is there regret that these facilities were lost or were they too expensive?

ET: We know we don't have enough money to do everything. That was before my time so I don't know.

CW: We have Health and Social Care hubs so they can help with discharges. Proactive planning starts in mid Summer. In North Cumbria this is done by the North Cumbria A/E Delivery Board and in South Cumbria by The Urgent and Emergency Care Board. We increase care capacity to help with admission avoidance. During periods of increased demand we take on more staff.

Homecare South, a private company is used in South Cumbria. We have a £500k contingency fund from the council for urgent winter social care issues. In the last year we have reduced outstanding homecare requests from over 2000 to about 300. Also to help with admission avoidance we promote flu and Covid vaccination, monitor high risk patients and provide urgent community responses to patients at increased risk of falls. Strategic initiatives in North Cumbria: Improved urgent care, increased Primary Care capacity, increased use of Penrith Urgent Treatment Centre, increased capacity of Integrated Care Community in Eden Valley, increased capacity of Same Day Emergency Care at Cumberland Infirmary Carlisle (CIC).

V Hughes (VH, LD): Asked about apprenticeships. Are local pharmacies under threat?

CW: Yes there are opportunities for apprenticeship roles.

ET: Community pharmacies are businesses who have contracts, just like GPs. We have has two GP contracts in North Cumbria handed back recently.

KS: Boots and Lloyds have closed a few branches.

ET: Some pharmacists have started to work in PCNs (Primary Care Networks, GPs). They have been allowed to work in extra roles (see patients).

D Edwards (DE, Vice-chair, C): Discussed attracting NHS staff via careers advice.

ET: There is a move to talk to teachers to pass on information to secondary students (to increase interest in NHS occupations).

3. Mental Health Services, South Cumbria. Lancashire and South Cumbria NHS Foundation Trust.

Amanda Housley (AH, Director of Operations): The trust employs 7500 staff. The last CQC inspection result was Requires Improvement. We need to ensure we will be rated "Good" as a minimum in the future.

JB: Discussed that Community Services should be at the forefront of a presentation. Also important is the problems with Alcohol and Drug Services and CAMHS (Children and Young People's Mental Health Services) deficiencies. There were a number of issues which were not covered by this paper.

DE: I work in schools. In the future a report on CAMHS would be more useful.

VH: Waiting times for children are extremely long: 18 months to two years. During that time the child may get worse. Why can't children have an educational assessment at some point during school days?

Other Representative: A lot of focus is being put on diagnosis. We have been trying to get those waiting times down. Our waiting times are too long. There is a problem with recruitment. We have up to 30% non-attendance.

DB: When are you expecting your next CQC visit?

AH: We have put a lot of improvements in. We know what the problems are. It takes time to improve.

4. Provision of Homecare and Domicillary Care.

Colin Phipps (CP): We provide support, hygiene and bathing, toileting, medication, food, getting in and out of bed, getting dressed. Support can be complex with two carers and a hoist. The Care Act of 2014 says that the council needs to provide care in patient's homes. The majority of clients are over 65. Through the Domicillary Care Framework we support 800 people with 9000 hours of care per week. We inherited the framework from Cumbria County Council and it is currently hosted by Cumberland Council. The arrangement expires in March 24. A new framework has been developed and it will cost £11 million per year. We are committed to a two year period. We will have multiple providers (Any Qualified Provider).

MH: Asked whether Cumbria Care are involved.

CP: We have many different providers.

MH: Asked whether Community Catalyst (a scheme to encourage the formation of local small businesses to provide care) is involved.

CP: Yes, it is involved.

MH: Do recipients of care have to pay?

CP: Yes, there is a financial assessment. A provider has to meet minimum standards of training (moving and handling, medication), DBS checks, ongoing supervision.

DB: Asked about criteria for care provision.

CP: The resident should choose which provider will provide their care.

P Bell (PB, LD): I am very thankful for all the work done for Community Catalyst. I hope it grows.

MH: Has there been a good response to Community Catalyst?

CP: It varies from area to area.

5. Forward Plan

D Stephens (Scrutiny Officer): The Health and Social Care Act 2022 has removed the power of Health Scrutiny Committees to refer concerns about health provision to the Secretary of State for Health.