

CUMBRIA HEALTH SCRUTINY COMMITTEE

Notes of the Health Scrutiny Resolution Meeting held on Wednesday 22 March 2017 at Cumbria House, Carlisle at 5.30pm.

PRESENT:

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| Mr H Hughes (Chair) | - Cumbria County Council – Lead Health Member |
| Mr J Lister | - Cumbria County Council – Lead Health Member |
| Mr S Childs | - Chief Executive Cumbria Clinical Commissioning Group |
| Mr S Eames | - Chief Executive North Cumbria University Hospital Trust |
| Dr J Howarth | - Deputy Chief Executive – North Cumbria University Hospital Trust |
| Dr D Rogers | - Medical Director – Cumbria Clinical Commissioning Group |
| Mr D Houston | - Senior Manager – Health and Integration Cumbria County Council |
| Mrs J Currie | - Senior Democratic Services Officer Cumbria County Council |

The Chair welcomed everyone to the dispute resolution meeting, and explained that the variation protocol set out the requirement for a resolution procedure if the committee decided to refer a decision to the Secretary of State, to discuss the disagreement in further detail.

He said the Committee would reconvene immediately after this to consider the outcome of the resolution process and then make a further decision about whether to refer the decision to the Secretary of State.

1 REFERRAL NO 1 - CHILDREN'S SERVICES

The Chief Executive of NCUHT said he understood the concerns about the travel impact and wondered if there was anything else the CCG could offer in order to avoid the referral. He suggested the CCG could offer to do a much more substantial travel assessment, and ask whether this would satisfy the members that CCG would do its utmost to mitigate the effect of this.

The Chair said Health Scrutiny Members also had concerns about the shift in services and the impact these would have on the Ambulance Service. The Chief Executive of Cumbria Clinical Commissioning Group felt that the effect on the Ambulance Service would be much smaller now that the decision had been made to implement Option 1 for Maternity Services which did not include the introduction of a maternity ambulance service.

The Chief Executive said the CCG would commit to work actively on these three areas (travel, shift in demand and safety of the Dedicated Ambulance Vehicle) to better understand the implications for travel with a view to acting to mitigate adverse impacts where possible.

Concerns were expressed that members may say that it was too late to carry out a travel impact assessment after the decision as they would see its purpose as informing their decision. Dr Howarth said he felt it would be much better to implement modelling to assess this.

It was proposed that the CCG should put their offer to the committee and let them assess whether this would be enough for the HSC to withdraw the referral. This was **AGREED**.

2 REFERRAL NO 2 - MATERNITY SERVICES

The Chief Executive of the Cumbria Clinical Commissioning Group said the first bullet point in the referral could be easily resolved but he had concerns that this could prove to be a conflict of interest for local authority members being involved in the decision making process and the Scrutiny Process.

He said there would be absolute transparency of the work of the Co-production Panel and the Independent Review Panel. It was suggested that a member of the Health Scrutiny Committee could sit on the Co-production Panel. The Chief Executive **AGREED** to take this suggestion back to the Co-production Group as the decision would be for this group to make, not the CCG officers.

In summary, the Chief Executive said the CCG would give assurance that the output of the Co-production Steering Committee and Independent Review Panel would be fed back into the Health Scrutiny Committee. There would be transparency of the work of the 2 groups. The Co-production Steering Committee would decide if a member from the Health Scrutiny Committee could have a seat, but expressed concerns that this may lead to a conflict of interest for members.

In relation to the second bullet point the Chief Executive felt that the CCG was unable to give a firm commitment that if after the 12 month period, it was deemed that Option 1 was not a success, the discussions about the implementation of Option 2 would be treated as a new substantial variation.

The CCG's Medical Director said the CCG desperately wanted this to be a success but they did not want to have to go through a further protracted process of substantial variation if Option 1 proved to be unsuccessful

The Lead Health members thanked the CCG for meeting to explore the possibility of obtaining a firm commitment but had not been able to reach agreement on this. It was **AGREED** that this would be fed back to the meeting, however, they felt that if this commitment was not made then the wish of the HSC would be for the referral to stand.

3 REFERRAL NO 3 - COMMUNITY HOSPITALS

The Deputy Chief Executive of CPFT said that there had been so much effective and innovative work done to resolve this that he was worried that all the progress would be lost and that all the good work would be lost.

It was asked if it would be possible to give an assurance that medical beds would not be removed until alternative plans were in place

The Chief Executive of Cumbria CCG said the Pre-Consultation Business Case had within it a very significant shift of resources to support these developments, and he re-iterated the strong support for these alternative models, which would have a significant positive impact on delayed transfers of care.

In summary the Chief Executive of North Cumbria University Hospital Trust said he would reassure the HSC that medical beds would not close until the alternative models were in place - albeit there may need to be temporary closures for operational reasons in the meantime. This had already been recognised by the HSC members.

The Chief Executive of Cumbria CCG said the Pre-Consultation Business Case had within it a very significant shift of resources to support these developments, and he re-iterated the strong support for these alternative models, which would have a significant positive impact on delayed transfers of care.

Finally the Chief Executive of Cumbria CCG gave assurance that the CCG would continue to work closely with the council, respecting the governance arrangements around integrated commissioning that were already in place.

It was **AGREED** that the CCG should relay these reassurances to the committee.

The meeting ended at 6.10 pm