

CUMBRIA HEALTH AND WELLBEING BOARD

Minutes of a Meeting of the Cumbria Health and Wellbeing Board held on Friday, 7 February 2020 at 10.00 am at Council Chamber - County Offices, Kendal, LA9 4RQ

PRESENT:

Mr SF Young (Chair)

Mrs PA Bell, Cabinet Member for Health and Care Services
Mr D Blacklock, Chief Executive Officer - Healthwatch Cumbria
Mrs A Burns, Cabinet Member - Children's Services, Cumbria County Council
Mr C Cox, Director of Public Health, Cumbria County Council
Ms R Duguid, Executive Director of Strategy - North Cumbria University Hospitals NHS Trust
Professor S Eames, Executive Lead, North Cumbria Integrated Care NHS Foundation Trust
Ms D Earl, Cabinet Member for Public Health and Community Services
Mrs M Fitzgerald, District Council Representative
Mr A Gardner, Director of Planning and Performance - Morecambe Bay Clinical Commissioning Group
Dr G Jolliffe, Chair - Morecambe Bay Clinical Commissioning Group (joint Vice-Chair)
Mr C Ranshaw, Third Sector Representative
Dr D Roberts, Executive Director - Corporate, Customer and Community Services
Dr David Rogers, Accountable Officer, NHS North Cumbria Clinical Commissioning Group
Mr J Rush, Chair of North Cumbria Clinical Commissioning Group (joint Vice-Chair)
Mrs S Sanderson, Cabinet Member for Schools and Learning
Professor M Thomas, Chair, University Hospital Morecambe Bay NHS Foundation Trust
Ms C Whalley, Assistant Director - Adults

Also in Attendance:-

Mr K Barr - Communications Business Partner
Mr D Barton - Assistant Director - Education and Skills
Mr A Bennett - Chief Officer, North Lancashire Clinical Commissioning Group
Ms C Driver - Chair, Cumbria Health Scrutiny Committee
Mr G Everatt - NHS North Cumbria Clinical Commissioning Group
Mrs L Harker - Senior Democratic Services Officer
Ms H Horne - Chair, Healthwatch Cumbria
Ms D Houghton - Director of Operations for Community, University Hospital Morecambe Bay NHS Foundation Trust
Mr D Houston - Senior Manager - Health and Care Integration
Mr D Jackson - Head of Partnership and Governance, North Cumbria Integrated Care NHS Foundation Trust
Mr N Mundy - North Cumbria and North East ICS Convenor
Mrs F Musgrave - Assistant Director - Integration and Partnerships
Ms A Sheppard - Strategic Manager - Emotional Wellbeing & Mental Health

PART 1 – ITEMS CONSIDERED IN THE PRESENCE OF THE PUBLIC AND PRESS

The Chair:-

- (1) welcomed Professor Mike Thomas, Chair, University Hospital Morecambe Bay NHS Foundation to this first meeting of the Board;
- (2) welcomed Neil Mundy, North Cumbria and North East ICS Convenor to the meeting;
- (3) informed members this would be last meeting which Dr David Rogers would attend in his capacity as Accountable Officer. He conveyed the Board's thanks and appreciation for the invaluable contributions which David had made both in his GP and most recent role and wished him well for the future.

42 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr L Conway, Mr A Cummins, Ms K Fairclough (Dr D Roberts attended as substitute), Mr J Hawker (Mr A Gardner attended as substitute), Mrs L Simpson (Mrs R Duguid attended as substitute) and Professor R Talbot. Ms C Whalley attended representing the Executive Director – People (Cumbria County Council).

43 DISCLOSURES OF INTEREST

There were no disclosures of interest on this occasion.

44 EXCLUSION OF PRESS AND PUBLIC

RESOLVED, that the press and public be not excluded from the meeting for any items of business.

45 MINUTES

RESOLVED, that the minutes of the meeting of the Board held on 6 December 2019 be agreed as circulated and thereupon signed by the Chair.

A discussion took place regarding minute 38 (resolution (3)) – 2019-20 Better Care Fund Quarter 2 Report. Officers confirmed discussions had been undertaken and an update report on delayed transfers of care would be circulated to the Board.

46 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) IMPROVEMENT UPDATE

The Board received a report from the Independent Chair, Cumbria SEND Improvement Board.

Members were informed delivery was underway against all the priority areas resulting from the SEND inspection in 2019. It was explained the first formal monitoring visit from the DfE and NHS England had taken place on 6 February 2020 and had provided a barometer of progress. The Board was informed no concerns had been raised at the meeting as there was evidence that remedial works were in place. Officers acknowledged the importance of outcomes and impacts highlighting the challenges, particularly with regard to capacity. It was agreed that further information on capacity challenges and risks associated with them would be included as part of a future report to the Board.

The Board noted that a dedicated SEND Project Manager would take up Post on 20 February on a two year secondment from the North Cumbria Clinical Commissioning Group and would report to the Senior Manager Partnerships and People Improvement. It was anticipated this role would provide enhanced co-ordination of this complex and challenging programme of improvement activity.

Members noted the key activity over the last quarter had related to engagement with parents and carers with significant numbers responding to the SEND survey; and a series of engagement and listening taking place across the county during January 2020. It was explained that the indicative survey findings suggested regaining trust of parents and carers remained a major area of priority.

The Chief Executive Officer from Healthwatch Cumbria gave a positive update on the engagement and co-production work which was being undertaken highlighting the encouraging number of responses received to a recent survey from children, parents and carers.

The Cabinet Member for Children's Services drew attention to a positive engagement event which she had recently attended. Members were informed there was a positive view on what people wanted to see in the future but highlighted the concerns raised by parents and carers regarding the transition from children to adults.

The Board discussed Area 2 of Working Group 3 – Co-Production and Engagement which was to establish and develop ways to ensure the close involvement of children, young people and their families in the co-production of the services, resources and support that they needed. A concern was raised regarding the lack of reference to engagement in Workington and the Allerdale area. Officers assured the Board engagement would take place in this area highlighting to members that large demographic consultations would be undertaken.

During the course of discussion concerns were raised regarding the role of schools and the difficulties encountered by their leadership. In particular, concerns had been raised regarding the additional costs incurred for the provision of special needs. Members felt it was important to recognise the context in which schools were working and felt this should be borne in mind.

A brief discussion took place regarding funding and the Board requested further information including where the proposed funding would come from, any gaps and whether the resources would be adequate.

The Board was informed that key risks relating to capacity to maintain the pace of delivery required within the timescales as well as the regaining of trust and faith of parents and carers remained. It was highlighted that mitigating actions were in place but the risks remained important to retain oversight of.

Members welcomed the update and asked that the Board receive the full report in due course. The importance of the need to see real improvements in services and to respond to the concerns of parents and carers was emphasised.

The Board asked that the Independent Chair of the Cumbria SEND Improvement Board attend their next meeting in April 2020.

RESOLVED, that

- (1) the updates from the working groups be noted;
- (2) the continuing analysis underway of the SEND parent/carer, professional and young people's surveys be noted.

47 NORTH CUMBRIA CHILDREN AND YOUNG PEOPLE'S RESILIENCE EMOTIONAL WELLBEING AND MENTAL HEALTH LOCAL TRANSFORMATION PLAN REFRESH 2019-2020

The Board received a report from the Interim Director – People which gave an update on the North Cumbria Children's Transformation Plan. Members were informed that this year had seen a final refresh of the Plan as part of the national, government programme, 'Future in Mind – Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing' (DoH 2015). It was explained the refresh of the North Cumbria Local Transformation Plan set out how the transformation work would continue to improve support services in 2020 and beyond.

Members were informed the 2019-2020 refresh of the Plan acknowledged the significant changes in service organisation and provision since 2015 and identified the challenges to achieving and maintaining our vision that 'All our children and young people can access the support they need to achieve emotional wellbeing and mental health and have the ability and confidence to ride life's inevitable ups and downs, now and in the future'. It was explained the transformation process required for this priority health area did not come to an end this year and would continue in

modified form as further improvement was achieved and embedded in services. The Plan also highlighted a number of achievements during the last four years and set out how priorities going forward would be addressed.

The Board noted the key objectives for the coming year which included working with all schools and FE Colleges in North Cumbria to further develop the school support offer. During the course of discussion concerns were raised regarding whether schools would not be equipped to deal with all issues. Attention was drawn to the provision of bespoke training and advice to schools by the Public Health Nursing Team and it was suggested that the leads could be approached with a view to producing a strategy plan for support to schools.

Officers informed members that work was being undertaken with ICS partners to develop different mechanisms of engagement with schools and would form part of the Cumbria Outcomes Framework.

During the course of discussion officers highlighted that the whole system approach continued to be central to this work and that partnership working remained strong and robust. It was emphasised that whilst services appeared different in terms of approach consistency of outcomes was important.

The Board noted that specialist services during 2015–2017 were predominantly focussed on the development of models for the services that were requirements as part of the Future in Mind initiative. Officers highlighted that by the end of 2017 a crisis support model was agreed and implemented in north Cumbria, resulting in significant improvements in support and access for children and young people experiencing a mental health crisis. Members were informed that by the end of 2018 a perinatal mental health service and community eating disorder service had both been established and that 2018-2019 saw significant reduction in waiting times for specialist help which had been largely maintained.

A discussion took place regarding the action plan and the lack of details regarding the allocation of actions. Officers confirmed that the information did exist but had been omitted from the Plan due to the size.

The importance of the implementation of the Strategy to reduce the impact of adverse childhood experiences and development of a trauma informed system across all services and communities was highlighted.

Members discussed the increasing number of pupils excluded from schools and how challenging behaviour was dealt with. During the course of discussion concerns were raised regarding the number of pupils referred to pupil referral units which had resulted in alternative education provision being investigated. Officers informed the Board that the number of exclusions in Cumbria were low, highlighting the positive work undertaken by Exclusion Panels to provide additional support for challenging children.

A discussion took place regarding the 18 weeks' referral to treatment target and the Board felt this was not acceptable and that there should be a more challenging target included to aim to improve services. The Executive Lead from North Cumbria Integrated Care NHS Foundation Trust informed members that the System Leadership Board would be looking at this in the next few weeks.

The Board welcomed the Plan and positive joint working which was being undertaken. Members were pleased with the principles of the nationally adopted 'THRIVE' framework which would support the building of resilience and independence in families as well as better equip early help and preventative services to identify emotional wellbeing and mental health needs early, and respond appropriately.

The Chair, on behalf of the Board, thanked officers for the positive work they had undertaken.

RESOLVED, that

- (1) the content be noted;
- (2) the approach set out in the Refresh of the North Cumbria Children and Young People's Resilience Emotional Wellbeing and Mental Health Local Transformation Plan Refresh 2019-2020 be endorsed subject to the review of the 18 week referral to treatment target by the System Leadership Board.

48 NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE SYSTEM UPDATE

The Board received an update on the North East and North Cumbria (NENC) Integrated Care System (ICS). It was explained the ICS for NENC was approved as part of the ICS third wave in June 2019 and, although it was geographically the largest in England, its population size of 3.1 million was similar to other ICSs in the North of England. Members noted there were now 42 Partnerships including 14 ICS areas with the remainder expected to be in place by next year.

Members received a presentation which highlighted that ill health contributed to worklessness, poorer productivity and lower economic growth which impacted the health, wealth and wellbeing of the population. It was explained that the health and care cycle was driven by poorer population health as a starting point which led to an over-dependence and over utilisation of the hospital sector, and funding being drawn away from investment in prevention which stopped the causes of poor health being addressed.

The Board was informed of the longstanding positive and effective clinical networking between the North East and Cumbria which included Cumbrian patients accessing specialist hospital services in the North East, visiting consultants and specialist nurses who had helped to develop the local staff in Cumbria, access to the Great North Children's Hospitals, support in haematology supported by digital

sharing of blood films and the digitisation of radiology images which would enable North East NHS radiologists to support Cumbria and avoid the need to rely on private providers.

Members were informed that Newcastle University arranged placements for undergraduate medical students in Cumbria, the Northern Deanery hosted two GP training programmes in Cumbria and pressures on elective care in Cumbria had been supported from Newcastle and Northumbria.

Officers felt that all of those initiatives improved access for Cumbrian patients and enabled medical staff to work in a wider network, providing peer support and maintaining proficiency.

The Board was informed that the aim of the ICS and the four Integrated Care Partnerships (ICPs) was to work as part of a broad regional partnership to realise a shared vision to improve the health and wellbeing of the people who lived in the area, substantially reduce health inequalities and improve the quality of their health and care services. It was emphasised that in working together as a system, the ICS would always place the people it served, and the communities in which they lived, at the centre of decision-making.

In conclusion officers highlighted the importance, as a region, to take full advantage of the current opportunity to shape future partnership arrangements to secure the benefits of collaboration.

Members welcomed the report and the development and increase in production through closer working relationships. It was emphasised that despite the challenges a very strong partnership had developed over the last 2/3 years to deliver outcomes, highlighting that characteristics and style partnership functions were critical to making this meaningful.

During the course of discussion attention was drawn to the early interventions taking place in Barrow and the ambition for Lancashire and South Cumbria to work in a similar way.

The Board discussed the next steps which included the establishment of an ICS Partnership body and governance framework with an openly appointed Independent Chair, comprising representation from the partners within the four ICP areas. It was explained this would provide a strategic view on issues where working at scale made sense and added value, shaping and endorsing strategic priorities so that local plans were complemented by a common vision and a shared plan for the North East and North Cumbria as a whole. The Board emphasised the importance of clarity on decision-making and governance.

The Chair, on behalf of the Board, welcomed the report and invited a further discussion at a future meeting.

RESOLVED, that the report be noted.

49 BAY HEALTH AND CARE PARTNERS (BHCP) BETTER CARE TOGETHER (BCT) STRATEGY AND LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE SYSTEM STRATEGY

Members received a joint report from Morecambe Bay Clinical Commissioning Group and Healthier Lancashire and South Cumbria regarding the NHS Long Term Plan (LTP) which set out a range of ambitions for the NHS for the next 5-10 years. It was explained that alongside this, the Bay Health and Care Partners (BHCP) Integrated Care Partnership (ICP) had agreed to undertake a refresh of the Better Care Together (BCT) Strategy.

The Board was informed that the BCT Strategy had been developed over a number of months and the BHCP Leadership Team and Partnership Board had been engaged in the process through updates and discussion on key elements of the document as they had evolved, such as the key priorities and financial principles.

Members received the final draft version and the Board was asked to give consideration and feedback on the document prior to a final Strategy being produced for approval by BHCP and partners in March.

The Board then discussed the draft ICS Plan which had now been produced and was asked to note development and consider the document.

Members were informed that the Plan built on plans in local areas. Officers highlighted the need to accelerate changing the way in which services were provided across Lancashire and South Cumbria over the next four years; improve the health and wellbeing of local communities, deliver better joined up care closer to home and deliver safe and sustainable high quality services.

The Board welcomed the opportunity to make further comments outside the meeting and the County Council confirmed they would provide a response.

Members felt that this broadly reflected the Local Authority's direction of travel but felt there was an opportunity for more engagement at this stage regarding the community and care agenda. During the course of discussion it was felt that the Plan should reflected the Authority's language.

A general discussion took place regarding the substantial scale of the financial challenges and it was felt that more collaborative working could reduce demand on services and result in savings across the system. Officers acknowledged the need to work together more collectively, highlighting the possible financial benefits regarding the management of long-term conditions.

RESOLVED, that

- (1) the final draft Better Care Together Strategy be considered and further feedback be provided direct to support production of a final version for approval by BHCP and Partners in March;

- (2) the draft Lancashire and South Cumbria Integrated Care System Strategy be considered and further feedback be provided;
- (3) further engagement take place with the Local Authority regarding the future direction of travel.

50 WINTER PLANNING

a North Cumbria

The Board received a presentation on the North Cumbria System Winter Urgent Care Performance.

Members were informed that GPs (including Cumbria Health on Call) had reported average activity levels for winter, with North West Ambulance Service experiencing average activity but a significant rise in handover delays over 60 minutes. Officers highlighted the success on demand in A&E departments and felt this was partly due to the positive impacts ICCs were having on the service.

The Board noted that escalation beds were consistently over 85 with a significant rise in patients with length of stay over 21 days which had resulted in north Cumbria being a major outlier in increasing patients with long lengths of stay. Officers explained that Operational Pressures Escalation Level 4 (OPEL) had occurred on three separate occasions but assured members that arrangements with partners regionally were in place to address those issues.

During the course of discussion the possible impact of coronavirus was highlighted as a potential pressure on services.

Members were informed that integrated discharge teams were being established in the Cumberland Infirmary but there were still major challenges in Delayed Transfers of Care (DToC). It was explained that home care and residential and nursing home capacity was a particular concern and there was a requirement to look at system capacity and demand in future.

Members received an update on the number of delayed and cancelled operations. The Board raised their concerns regarding the impact this had on patients and asked what steps were being undertaken to address the challenges. Officers acknowledged the concerns and explained that initially there was a need for ring-fenced beds and care packages to be made available to help address some of the other challenges.

During the course of discussion the Board was informed that the Cumbria Health Scrutiny Committee would be considering the Plans at their meeting in May and welcomed any further comments from members.

In conclusion, the Board was informed that a robust Winter Plan for 2020/21 was in preparation for April 2020.

RESOLVED, that the report be noted.

b South Cumbria

The Board considered a report from the Chair of the Morecambe Bay A&E Delivery Board outlining their work and progress together with an update on Winter 2020 to date.

Members were informed that over the last three years the Emergency Department's (ED) four hour 95% standard for concluding the management of patients within four hours had not been met in Morecambe Bay. The A&E Delivery Board, therefore, developed an Urgent Care Recovery Plan for Morecambe Bay health and social care partners to work together to improve performance, quality and outcomes.

The Board noted that the approach was to aim to ensure there was an urgent and emergency care system which incorporated mental health, the social care sector, primary care, voluntary and community sector, alongside acute and community services. It was felt that this was key in the current focus on integrated urgent and emergency care. Officers outlined the four key priorities of work which included Integrated Urgent Care, System Improvement at the Hospital Front Door and in A&E Departments, Improving Patient Flow in the Hospital and Improving Discharge and Rehabilitation in the Community.

The Board was informed of the recruitment difficulties encountered with regards to carers and highlighted the negative impact this had on DToCs. Officers raised their concerns regarding DToCs and the effect this was having on other services.

Members were informed that with regards to domiciliary and intermediate care a bridging services provided by UHMB (with additional NHS E/I funding for winter) continued. There was an intention to begin to develop service specifications for Intermediate Care Services (ICAT), Rapid Response and Intermediate Care Beds. It was explained that initial discussions had taken place on the number of ICAT/locality hub developments required in South Cumbria to fully determine when pathways and teams had been developed. It was acknowledged that there was a need to complete the Strategy, however, the overarching ICS needed to be agreed with Cumbria County Council.

RESOLVED, that the report be noted.

51 ADVERSE CHILDHOOD EXPERIENCES ACTION PLAN

Members agreed to defer this item to the next meeting of the Board.

RESOLVED, that the item be deferred to the next meeting of the Board.

52 2019-20 BETTER CARE FUND QUARTER 3 REPORT

Members received a joint report from the Interim Executive Director – People (Cumbria County Council), Chief Finance Officer (NHS North Cumbria CCG) and Chief Officer, NHS Morecambe Bay CCG which provided an update on Cumbria's 2019-20 Better Care Fund (BCF) and improved Better Care Fund (iBCF), including updates on the current position relating to permanent residential admissions and Delayed Transfer of Care (DToC).

The Board was asked to note the 2019-20 quarter 3 submission (attached as Appendix A to the report) that was made to NHSE under delegated arrangements. The report also asked for delegations to be put in place in relation to the quarterly submissions for 2020-21 if timings did not match Health and Wellbeing Board meeting dates.

During the course of discussion members raised their concerns regarding DToCs and it was agreed an update report would be circulated to the Board.

RESOLVED, that

- (1) the contents of the report and the quarterly submission (referred to at Appendix A of the report) made under delegated processes to NHSE be noted;
- (2) if timings do not match the Cumbria Health and Wellbeing Board for the 2020-21 Better Care Fund quarterly submissions it be agreed that the Cumbria County Council Executive Director – People in consultation with the Chair and Vice-Chairs of the Board can approve this.

53 BETTER CARE FUND/IMPROVED BETTER CARE FUND 2020-21

Members considered a joint report from the Interim Executive Director – People (Cumbria County Council), Chief Finance Officer (NHS North Cumbria CCG) and Chief Officer, NHS Morecambe Bay CCG which provided an update on the 2020-21 Better Care Fund (BCF) and improved Better Care Fund (iBCF) spend proposals and asked the Board to indicate their approval for the spend proposals for 2020-21. The report also asked for delegations to be put in place in relation to those service areas that had been identified as being reviewed.

RESOLVED, that

- (1) the BCF/iBCF (including Winter Pressures) 2020-21 spend proposals (as detailed in Appendix A of the report) be approved;

- (2) authority be delegated to the Council's Executive Director – People in consultation with the Chair and Vice-Chairs of the Board, provided the required agreements with the relevant CCGs are in place to implement changes to schemes that are identified as being reviewed.

54 HEALTH PROTECTION REPORT OF COMMUNICABLE DISEASES IN CUMBRIA

The Board received a report from the Director of Public Health (Cumbria County Council) which outlined the situation in Cumbria in relation to a number of communicable diseases, those of tuberculosis (TB), Human Immunodeficiency Virus (HIV), sexually transmitted infections (STI) and blood borne viruses (BBV).

Members discussed Coronavirus and were informed that preparations for the flu pandemic had been built upon and officers were confident that they were well prepared for any incidents.

During the course of discussion the Cabinet Member for Children's Services raised a concern regarding funding for the Bridgeway Centre in Penrith. The Chair confirmed that the Police and Crime Commissioner had attended a meeting of the Cumbria Leaders' Board with a proposal regarding funding and that discussions were ongoing.

RESOLVED, that the report be noted.

55 CUMBRIA PUBLIC HEALTH ALLIANCE UPDATE

Members considered a report from the Director of Public Health (Cumbria County Council) which provided an update on the development of the Cumbria Public Health Alliance (PHA), its links to the Locality Forums and the mechanisms for ensuring two-way influence and dialogue between the Board and each locality through agreed strategic aims and locally identified priorities.

The report updated the Board on the recent meeting of the Public Health Alliance, held on 21 January 2020 which comprised of a pre-meeting on the Cumbria Joint Public Health Strategy Implementation Plan, Thriving Communities and Social Prescribing in North Cumbria.

RESOLVED, that the following be noted:-

- (1) the Cumbria Public Health Alliance and any identified plans for future activity;
- (2) that each item in the report includes reference to the pertinent section of the Cumbria Joint Public Health Strategy.

56 FUTURE MEETING DATES

The Board noted that:-

- (1) the next Cumbria Health and Wellbeing Board Development day would take place on Friday 13 March at 10.00 am in Cumbria House, Carlisle.
- (2) the next meeting of the Board would take place on Friday 24 April at 10.00 am in Cumbria House, Carlisle.

The meeting ended at 12.55 pm