

CUMBRIA HEALTH SCRUTINY COMMITTEE

Minutes of a Meeting of the Cumbria Health Scrutiny Committee held on Tuesday, 28 February 2017 at 10.30 am at Council Chamber - County Offices, Kendal, LA9 4RQ

PRESENT:

Mr N Hughes (Chair)

Mr J Bland	Ms V Taylor
Mr R Gill (Vice-Chair)	Mrs GR Troughton
Mr J Lister	Ms C Wharrier
Mrs V Rees	Mr M Wilson

Also in Attendance:-

Mr A Bennett	- Senior Responsible Officer, Better Care Together, Chief Officer, Lancashire North CCG
Mr B Clark	- NHS England
Ms J Clayton	- Head of Communications and Engagement, NHS Cumbria Clinical Commissioning Group
Ms Y Fairburn	- Associate Chief Operating Officer
Mr N Greaves	
Mrs L Harker	- Senior Democratic Services Officer
Mr R Heaton	- Chief Matron
Mr D Houston	- Senior Manager - Health and Care Integration
Mr M Huddart	- North West Ambulance Service
Dr G Ozuzu	- Consultant Ophthalmologist & Lead Clinician, Ophthalmology at the University of Hospitals of Morecambe Bay NHS Foundation Trust
Mr G Raphael	
Mr T Rideout	- NHS England
Mr P Rooney	- Chief Operating Officer, NHS Cumbria CCG
Mr R Shaw	- North West Ambulance Service
Mr D Stephens	- Policy & Scrutiny Project Officer
Ms S Stevenson	- Chief Operating Officer, Healthwatch Cumbria
Mr D Walker	- Medical Director, University Hospitals of Morecambe Bay NHS Foundation Trust

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

48 APOLOGIES FOR ABSENCE

Apologies for absence were received from Ms C McCarron-Holmes, Mr M Cassells, Mr A Toole and Ms J Williams.

49 MEMBERSHIP OF THE COMMITTEE

There were no changes in the membership of the Committee on this occasion.

50 DISCLOSURES OF INTEREST

Mr R Gill advised that his wife was an employee at the West Cumberland Hospital.

51 EXCLUSION OF PRESS AND PUBLIC

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

52 MINUTES

RESOLVED, that the minutes of the meeting held on 13 December 2016 be agreed as a correct record and signed by the Chair.

53 BETTER CARE TOGETHER UPDATE

The Committee received a report which updated the Committee on the delivery of the Better Care Together Programme.

Members were informed that the Better Care Together had been awarded £4.73m of further Vanguard funding for the 2017-18 financial year which took the total amount received to almost £13m over a three year period. It was explained that progress was quicker than originally envisaged, bringing together health and care services and moving care closer to people's homes. The Committee noted that plans for 2017-18 were still being finalised but would continue the theme of developing care closer to people, bringing the organisations providing health and care closer together to prevent duplication and ensure seamless care, and continued to modernise services to ensure they were provided with the public at the centre.

The Committee discussed the workstreams, recent events and successes and STP alignment.

A discussion took place regarding the Integrated Care Community Development and members asked if collaborative working was progressing well. It was explained that integrated care was the future of health care and that individual organisations should not be working in isolation, highlighting many examples of joined up working.

Members were informed that the 2017/18 work plans were due to be finalised at the end of March 2017 with no major service reconfigurations expected.

The Committee noted that the DToC programme of work was launched in April 2016 which brought together partners from across the Morecambe Health community to take a co-ordinated look at how they might work together to reduce the rising number of patients who were “trapped” in an acute hospital bed.

Members discussed readmission figures following discharge. It was explained that there was evidence to show that patients were safer out of hospital in their own environment, emphasising that this was only carried out following assessment. The Committee emphasised the need for care in the community to be available to provide support following discharge and requested further data regarding this service be made available at a future meeting.

It was explained that readmissions were monitored and members requested further information regarding a detailed breakdown of DToC and readmission figures be made available at a future meeting of the Committee.

The Committee emphasised the importance of engagement with the community and it was agreed that Bay Health Care Partners through their engagement ambassadors and other mechanisms such as Healthwatch would draw up specific plans to engage effectively with rural areas.

During the course of discussion members were informed that ICCS in South Cumbria was variable at this stage as funding had only been available in the last 18 months. A discussion took place regarding the availability of ophthalmology services within ICCS. Members were informed there was the facility for patients to have an initial consultation in the community but highlighted the significant capacity shortfall. Discussions were, therefore, taking place with local optometrists to empower them with the necessary skills to carry out the service in the community. It was agreed that a further update would be made available to members in the future.

A further request was also made for a map of facilities in South Cumbria and the services offered from those sites to be circulated to all members of the Committee.

RESOLVED, that

- (1) the report be noted;
- (2) an update from ICC Clinical Leads be made available to the Committee within the next 12 months.

54 SUSTAINABILITY AND TRANSFORMATION PLAN FOR SOUTH CUMBRIA AND LANCASHIRE

The Committee received an update on progress to date on the production of the Sustainability and Transformation Plan (STP) for South Cumbria and Lancashire.

Members were informed that in December 2015, the NHS published guidance on the publication of Sustainability and Transformation Plans (STPs) which asked every health and care system to come together, to create its own ambitious local blueprint for accelerating its implementation of the Forward View.

The Committee noted that in the guidance, authored by the six national NHS bodies, a clear list of national priorities was set out for 2016/17 and longer-term challenges for local systems, together with financial assumptions and business rules. This reflected the settlement reached with the Government through its new Mandate to NHS England which was not solely for the commissioning system, but set objectives for the NHS as a whole.

The guidance also stated that as a truly place-based plan, the STPs must cover all areas of CCG and NHS England commissioned activity which, for Cumbria, meant:-

- the West, North and East (WNE) Cumbria – it would, however, be expected to have alignment with the STP covering the North East of England;
- the whole of Lancashire and South Cumbria - this would include sub plans for the more localised health economies including Morecambe Bay.

The Committee considered the eight transformational workstreams:-

- Prevention
- Primary Care Transformation
- Regulated Care Sector
- Urgent and Emergency Care
- Acute and Specialised
- Children and Young People Mental Health
- Learning Disabilities
- Mental Health Transformation

and it was highlighted they were all becoming important.

Members discussed the potential issues which could arise due to Cumbria being a two tier Authority and it was confirmed that agreement would be sought on which partner would take the lead with additional support being provided thereafter.

The Committee discussed the importance of collaborative working and raised their concerns regarding the lack of integration from all partners. It was noted that everyone was mindful of this and acknowledged that safe and appropriate decision-making together was essential rather than a fragmented approach.

A discussion took place regarding the reference to 'Three major gaps'

- Health and Wellbeing
- Care and Quality
- Finance and Efficiency

Members were informed there was a great deal of misunderstanding and highlighted that the main focus was to be as effective as possible within the resources available emphasising that the STP were working with all partners.

The Committee discussed the development of the Accountable Care Systems across the five areas and it was noted that Morecambe Bay were most advanced but all other areas were making progress with regards to working together. It was acknowledged that there were challenges ahead but there was a central resource to ensure the STP did progress.

Members felt that the clinicians provided a good service but concerns were raised regarding administration. The Committee were informed that there was a lack of resources at present but acknowledged that support to the clinical team was crucial.

Members felt that liaison should take place with other Health Scrutiny Committees, potentially to establish joint arrangements for scrutinising the STP as a whole.

The Committee discussed the development of draft communication materials on the STP and it was agreed this would be made available to members of the Committee prior to publication in mid March.

The Chair welcomed the update and emphasised the necessity for public engagement.

RESOLVED, that

- (1) the report be noted;
- (2) the draft communication materials on the STP be made available to members of the Committee prior to publication in mid March.

55 NWAS - CARE QUALITY COMMISSION REPORT

Members received a report which gave an update from the Care Quality Commission (CQC) on their inspection of the North West Ambulance Service (NWAS). It also contained the response from NWAS and an update on the performance of the Trust.

The Committee were informed that the CQC had carried out their announced focused inspection of NWAS, as part of their comprehensive inspection programme, between 23 and 26 May 2016, with an unannounced inspection taking place on 6 June 2016.

Members noted that three core services had been inspected - Emergency Operations Centres, Urgent and Emergency Care, Patient Transport Services, together with the inspection of the NHS 111 service provision.

The Committee were informed that overall, the CQC rated NWAS as 'Requires Improvement' and had identified specific areas for improvement. It was noted that concerns included a high level of vacancies among front-line paramedics, the Trust's Complaints Policy and mental capacity assessments.

A discussion took place regarding reviewing the process for pre-alerting hospital accident and emergency departments to ensure that communication was sufficient for the receiving department to be made fully aware of the patient's condition. The Committee were informed that improvements had been made which, it was anticipated, would reduce waiting times and members requested further information regarding the length of time ambulances were detained.

The Committee were informed that turnaround times for NWAS had increased, highlighting that North Cumbria had bucked the trend and improved by two minutes overall, noting that overall cycle time had increased. Members noted that work had been undertaken with the acute hospitals which had shown improvement and were informed that a dedicated team worked with individual acute sites to investigate the processes undertaken.

Members discussed why NWAS had recently retracted its formal response to the Success Regime consultation and asked what change in circumstances was the retraction based. The Committee were informed that if option 2 came to fruition there were concerns regarding transferring patients between sites. It was noted that maternity services was a key area of concern and detailed discussions had been undertaken with the Cumbria Clinical Commissioning Group and the acute hospitals where assurances had been made that clinicians would be provided for transfers.

The Committee noted that within the risk registers, some risk descriptions did not clearly describe the risk; some of the information recorded under controls and assurance were not actually controls or sources of assurance; there was no target rating for risks on the risk register, meaning it was unclear what level of risk the Trust was aiming for, and there were a number of risks without actions identified to mitigate the identified risk. Members were concerned at the lack of communication with staff and were informed that all staff had been informed of changes through staff forums in community/acute hospitals, media briefs etc.

Members discussed the possibility of pre-alerting patient transfers between Carlisle and West Cumbria hospitals. It was felt that this was important but did not take place at present but discussions were in place.

The Committee drew attention to the Trust reviewing the staff training requirements for the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) guidelines. Members were informed that staff had to undertake mandatory training on the Mental Capacity Act highlighting that this was also available as an e-learning course.

A member drew attention to the difficulties which arose regarding training for first responders and representatives from NWS agreed to investigate this matter further and respond direct. During the course of discussion a concern was raised regarding safeguarding for first responders and it was confirmed that they all received level 2 safeguarding training highlighting this was considerably better than at the time of inspection.

A discussion took place on how NWS measured its performance and members asked that further detailed information be made available in future.

RESOLVED, that

- (1) the report be noted;
- (2) a further progress report be made available at a future meeting of the Committee.

56 NHS ENGLAND - STATUS OF FORMAL DIRECTIONS TO THE CUMBRIA CLINICAL COMMISSIONING GROUP

Members received an update from NHS England on the status of formal directions to the Cumbria Clinical Commissioning Group.

The Committee were informed that on 8 July NHS England wrote to NHS Cumbria CCG to confirm the outcome of the 2015/16 financial year assurance process. It was noted that NHS England had placed formal directions (effectively regulatory requirements) on all CCGs assessed as Inadequate overall for 2015/16. On 24 August NHS England wrote to NHS Cumbria CCG to confirm that NHS England was placing formal directions on the CCG.

It was explained to members that on 15 September a fuller explanation of all of the formal directions requirements was provided by NHS England to NHS Cumbria CCG. This provided further clarity on the specific requirements of the formal directions, and included a key requirement to submit a further iteration of the Improvement Plan and the Financial Recovery Plan.

The Committee were informed that NHS England had commissioned PricewaterhouseCoopers (PwC) to review the CCG Improvement Plan during December 2016. The CCG was to provide documentary evidence to PwC to demonstrate progress on the Improvement Plan on 9 December 2016 and NHS England held its quarterly assurance meeting with NHS Cumbria CCG in January 2017.

Members noted that the areas of concern included leadership and financial management, therefore, the CCG were also requested to develop an in-year financial recovery plan.

The Committee were informed that further assessments had been undertaken with the CCG together with PwC which highlighted that good progress had been undertaken and most of the recommendations had been implemented.

The Committee noted that with regards to the Financial Recovery Plan NHS England were satisfied that a credible plan had been developed. Members were also informed that there had been significant improvements in leadership with robust management in place.

A discussion took place regarding the future boundary changes of the CCG and questions were raised regarding an equitable split. Whilst acknowledging there would be challenges members were assured processes were in place to ensure there were sufficient resources to ensure the needs of the population were met.

The Committee discussed the resource allocation, highlighting the ageing population in the county, and it was agreed that the details of the Advisory Committee on Resource Allocation and the evidence and recommendations submitted to the Secretary of State would be circulated to all members of the Committee.

RESOLVED, that

- (1) the report be noted;
- (2) a further update be made at a future meeting of the Committee.

57 HELME CHASE MIDWIFE-LED MATERNITY UNIT

The Committee received a report which outlined the outcome of the consultation on the proposed variation to Helme Chase Midwife-Led Maternity Unit.

Members were informed that the consultation resulted in coverage on local radio, regional television and local newspapers, including attendance by a television crew at the MSLC event. It was noted there was no media campaigning during that period and coverage overall was balanced.

The Committee noted that concerns had been expressed regarding the future viability of the Unit, women arriving at the Unit before the midwife and about services being watered down. It was explained that constructive in-depth discussions had taken place with a small number of service users who attended the MSLC event and midwives from the Unit were able to offer reassurances about the services available to women. Members requested further information on the number of occasions expectant mothers in the early stages of giving birth had to wait at the Unit for the midwife and the length of delays involved.

Members raised their concerns about further planned changes for the Unit, including possible closure. It was confirmed by the CCG that neither themselves or the University Hospitals of Morecambe Bay NHS Foundation Trust were intending to close the Unit.

Members were made aware that an independent research, which involved more than 90 mothers and future mothers, showed that just over half of the women interviewed supported the changes being made permanent. It was explained that positive feedback had also been received from midwives.

It was noted that a number of themes emerged during the consultation, the most prominent was concerns about the future viability of the Unit which was underlying in many of the comments received. A further concern was regarding the loss of inpatient postnatal care which had been very much valued in the past. It was explained that this change was in line with a national shift towards women returning home as soon as they were clinically well enough, with post natal care being provided in their own homes and in the community.

Further concerns were also raised regarding increased pressures on the consultant-led services at Furness General Hospital and Royal Lancaster Infirmary, difficulties contacting the on-call midwife, arriving at the Unit before the midwife, the impact on midwives and the need for better communication about the services available at Helme Chase.

The Committee were informed that as a result of the feedback received the Trust had already begun exploring the possibility of introducing a centralised telephone line for women to contact maternity services. It was also improving its verbal and written communication with women about how the service worked. In addition, it had stepped up public information about the range of services available at Helme Chase, including open days to enable women and families to see the range of services available.

A discussion took place regarding the timing of the interim changes noting that the University Hospitals of Morecambe Bay NHS Foundation Trust were under great pressure. Members were informed that the Care Quality Commission had carried out two inspections since the interim change and were rated as 'good' on both occasions and were confident that women would not be disadvantaged.

RESOLVED, that

- (1) the proposal would be in the interests of the health service in its area;
- (2) the Committee receive a further report from the CCG after 12 months on the performance of the Unit and an assessment on how the new model is operating.

58 CANCER SERVICES

The Committee received two separate reports from the Cumbria Clinical Commissioning Group considering the progress made in delivery cancer service standards in Cumbria, and a report from Healthwatch on people's experience of cancer services to help the Committee consider how this supported or challenged those findings.

(1) CCG on the Clinical Outcomes

Members received a report detailing the progress which had been made in delivering cancer service standards in Cumbria, and in particular considered the improvements seen at North Cumbria University Hospitals NHS Trust during 2016, following a period when national performance standards were not achieved. It also reflected the better performance at the University Hospitals Morecambe Bay Trust (UHMBT).

The Committee raised their concerns regarding the lack of radiology support for additional breast clinics which hampered the ability to manage capacity in a flexible manner to meet demand in the UHMBT area, and asked how the proposed changes in the CCG would affect the service. It was explained that the UHMBT area would be part of the Sustainability and Transformation Plan for South Cumbria where a cancer network alliance worked across the whole area providing more resilience and clinical capacity.

Members discussed the services of North Cumbria University Hospitals Trust. Concerns were raised regarding the complex cancers which were more likely to legitimately extend beyond the treatment of 104 days emphasising the need to resolve issues with diagnostics. It was explained this was a minimal number of cases which was usually due to complex or rare cases which required specific diagnostic.

The Committee discussed the current performance which had resulted in improvements for Cumbrian cancer patients, however, it was noted there was still further scope for improvements.

Members raised their concerns at the capacity issues which meant that the services remained vulnerable to staff turnover, sickness and fluctuations in demand.

A concern was raised regarding the lack of radiotherapy equipment at the Cumberland Infirmary and it was agreed that a letter would be sent to NHS England, the specialised commissioning services, to seek confirmation that it was their intention to replace the LINAC radiotherapy machine and ascertain timescales and number of machines.

A discussion took place regarding the location of Lead Cancer GPs and it was explained that the service was in the process of management of change regarding future roles and an outcome was awaited.

(2) Healthwatch on Patient Experience and View of Services in Cumbria

The Committee received an update on Cumbria Cancer Services from Healthwatch Cumbria which provided an update on the experience of people of the Service.

The report highlighted that in most cases services provided by acute trusts was felt to be good, however, there were certain aspects of care that were a concern. It was noted there was evidence that patient experience was inconsistent across pathways.

Members noted that Healthwatch Cumbria was continuing to keep service provision and improvement under review, particularly in the south of the county where they were working with and monitoring effectiveness. It was explained that repeated issues of concern were investigated in detail and, in some cases, would be taken forward to the Healthwatch Board who would look at the issues as part of a project.

The Committee welcomed the information and asked for any further information at a future meeting.

RESOLVED, that

- (1) the report be noted;
- (2) a letter be sent to NHS England to seek confirmation it was their intention to replace the LINAC radiotherapy equipment at the Cumberland Infirmary, ascertaining timescales and number of machines.

59 NEVER EVENT AND SALINE INCIDENT EXCEPTION REPORT

The Committee received a report from North Cumbria University Hospitals NHS Trust which provided an update on how Never Events were being managed across the Trust.

Members received details of Never Events declared since April 2016 as well as progress made on previous Events. The Committee also received an update on the saline incident which had occurred at the Cumberland Infirmary on 4 January 2017.

It was noted that NHS England defined Never Events as serious incidents that were wholly preventable as guidance or safety recommendations that provided strong systemic protective barriers which were available at a national level and should have been implemented by all healthcare providers.

Members questioned whether the circumstances which led to the Never Events in 2012 and 2015, covered in the January 2017 Coroner report, had been addressed. It was confirmed that immediate remedial action, specific training and measures had been put in place.

The Committee highlighted the sharp rise in complaints received by NCUHT recently. It was explained that concerns were welcomed highlighting that the majority of complaints were in connection with operational pressures. It was noted that complaints around care were minimal since the introduction of matrons walking their area.

RESOLVED, that the report be noted.

60 COMMITTEE BRIEFING REPORT

Members received a report which gave an update on developments in health scrutiny, the Committee's Work Programme and monitoring of actions not covered elsewhere on the Committee's agenda.

RESOLVED, that

- (1) the report be noted;
- (2) an update on NWAS CQC Improvement Plan be considered by the Committee in 6 months time (earlier depending on the outcome of the Healthcare for the future of WNE Cumbria);
- (3) an update on the Sustainability and Transformation Plan be considered by the Committee in six months time.

61 DATE OF FUTURE MEETING

It was noted that there would be a Special meeting of the Committee to be held on Wednesday 22 March 2017 at 10.30 am in Cumbria House, Botchergate, Carlisle.

The meeting ended at 3.55 pm