

CUMBRIA HEALTH SCRUTINY COMMITTEE

Minutes of a Meeting of the Cumbria Health Scrutiny Committee held on Monday, 24 July 2017 at 10.30 am at Council Chamber - County Offices, Kendal, LA9 4RQ

PRESENT:

Ms C Driver (Chair)

Mr GD Cook	Mrs J Riddle
Mr N Cotton	Ms V Taylor
Mr P Dew	Mr CJ Whiteside
Mr R Gill (Vice-Chair)	Mr S Wielkopolski
Ms C McCarron-Holmes	Mr M Wilson
Mrs V Rees	

Also in Attendance:-

Ms H Fordham	-	Chief Operating Officer, Morecambe Bay Clinical Commissioning Group
Mrs L Harker	-	Senior Democratic Services Officer
Ms S Lindsay	-	Group Solicitor/Manager, Environment
Mr P Rooney	-	Chief Operating Officer, North Cumbria Clinical Commissioning Group
Ms B Smith	-	Corporate Director - Health, Care and Community Services (Cumbria County Council)
Mr D Stephens	-	Strategic Policy & Scrutiny Advisor

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

1 ELECTION OF VICE-CHAIR

The District Council representatives elected a Vice-Chair of the Committee from amongst their members.

RESOLVED, that Mr R Gill be elected Vice-Chair of the Committee for the ensuing year.

2 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr M Hawkins, Mr N Hughes and Mrs R Hanson.

3 MEMBERSHIP OF THE COMMITTEE

It was noted that Mr M Wilson attended in place of Mr M Hawkins and Mr G Cook and Mr N Cotton attended in place of Mrs R Hanson and Mr H Hughes for this meeting only.

4 DISCLOSURES OF INTEREST

Mr R Gill and Mr C Whiteside declared that their respective wife was employed at the West Cumberland Hospital.

5 EXCLUSION OF PRESS AND PUBLIC

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

6 MINUTES

- (a) With reference to the penultimate paragraph regarding the 'Resolution Procedure', referred to at page 21 of the minutes held on 22 March 2017 at 10.30 am, it was agreed the words 'immediately after this on the 22nd' be removed.
- (b) During the course of discussion a query was raised regarding the end time of the meetings and the Democratic Services Officer informed members that her colleague who was in attendance at the meeting had confirmed the times were correct.

RESOLVED, that

- (1) the minutes of the meeting held on 28 February 2017 be agreed and signed as a correct record;
- (2) with the inclusion of the amendment referred to at (a) above the minutes of the Special meeting held on 22 March 2017 be agreed and signed as a correct record.

7 CUMBRIA HEALTH SCRUTINY VARIATION SUB-COMMITTEE

In accordance with the Terms of Reference of the Cumbria Health Scrutiny Variation Sub-Committee, it was

RESOLVED, that following members be appointed to the Cumbria Health Scrutiny Variation Sub-Committee:-

Allerdale – Carni McCarron-Holmes
Barrow – Sol Wielkopolski
Carlisle – Jessica Riddle
Copeland – Mike Hawkins
Eden – - Neil Hughes
South Lakeland – Vivienne Rees.

8 LOOKING FORWARD - THE HEALTH AND CARE SYSTEM IN CUMBRIA

The Committee received a joint presentation from the Corporate Director – Health, Care and Community Services, Chief Operating Officer, North Cumbria NHS Clinical Commissioning Group (CCG) and Chief Operating Officer, Morecambe Bay NHS Clinical Commissioning Group on the Health and Care System in Cumbria.

The presentation outlined:-

- National Context – Five Year Forward View
- Regional Context – Sustainability and Transformation Partnerships (STPs)
- Local Context – two Local Delivery Plan areas; Morecambe Bay and North Cumbria
- Challenges and Opportunities
- How the Overview and Scrutiny Committee might support.

Members considered the content of the presentation in detail. Whilst it was acknowledged that the scrutiny of social care takes place separately to Health Scrutiny it was agreed that in future there may be the necessity for joint working between Health Scrutiny and the Adults Scrutiny Advisory Board as certain matters arose.

A discussion took place regarding the national context and the Committee were informed that to take forward the STPs it was necessary to strengthen the governance with plans for financial and performance stability to be managed via that process. The adequate representation of local areas and partners was highlighted. It was noted that a proposed structure had been established but no terms of reference had yet been agreed. The Committee were given reassurances that in the interim there was collaborative working across the two CCGs to protect the interests of all patients. Members emphasised the importance of governance highlighting that this enabled the Committee to challenge any future changes.

The Committee raised their concerns regarding the significant workforce and recruitment challenges which were highlighted in North Cumbria and members highlighted the need for all concerned to work together to improve recruitment and retention. Members emphasised the need to promote the investment which was taking place in Cumbria hospitals which it was felt could alleviate some of the recruitment challenges.

Members were informed that a public consultation exercise had been carried out to promote recruitment in the area, highlighting links with the University of Cumbria and Central Lancashire. It was felt that in North Cumbria the service models needed to be revised in the future to promote recruitment. It was explained that retention was less of an issue in Cumbria.

A discussion took place regarding the national service improvement priorities and it was explained that focus was continuing on improving accident and emergency performance, strengthening access to GP and primary care services and improvements in cancer services and mental health services. Members noted there was a clear focus on funding and efficiency, with the requirement to deliver a 10 point plan in terms of funding and efficiency. Members attention was drawn to the importance of maintaining a clear focus on engaging patients and the public in design and implementation.

A discussion took place regarding GP vacancies and the importance of GP trainer facilities was highlighted as it was felt this encouraged retention of GPs in the area. Officers acknowledged the importance of this facility and informed the Committee that improved connections were being sought with Health Education England who were responsible for the service.

The Committee, whilst acknowledging that much progress had been made in the rural areas, raised their concerns regarding the lack of communication/consultation in those areas. The poor attendance at a recent Integrated Care Communities (ICC) meeting was highlighted as an example. Officers agreed that communication was a problem and agreed to look at this further and, in particular, the issue regarding ICC meetings would be investigated.

It was suggested that a presentation be made to district councils regarding changes going forward and officers agreed to look at this further.

The Committee discussed the reliance on carers/volunteers for a number of the services and it was acknowledged that they had an important role in supporting families. Members were informed that the challenge for the CCGs was to ensure support was available for carers/volunteers.

A discussion took place regarding co-ordination hubs and the improvements they could make with regards to the discharge of patients. The Committee were informed that it was anticipated to have one hub in each ICC area which would hold a significant amount of information regarding patients which should help deliver a more efficient service on discharge of patients.

The Committee discussed the key expectations in the five year forward view which included the integration of care through continuing to develop new models of care, taking forward STPs by strengthening governance and partnership working (44 nationally) and developing locally into accountable care systems. Members were informed that the West, North and East STP was rated as advanced which was predominantly due to the partnership work and the significant improvements which had been achieved.

A discussion took place regarding technology and leadership. Members were informed that significant improvements had been made with regards to technology but acknowledged that improvements were still required with regards to leadership.

The Chair thanked officers for their presentation and the detailed discussions which ensued. She asked that clarity on acronyms be considered in future.

RESOLVED, that the presentation be noted.

9 COMMITTEE BRIEFING REPORT

The Committee received a report from the Strategic Policy and Scrutiny Adviser 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.

Members discussed the process and procedure with regards to the Special meeting held on 22 March 2017 and it was agreed that 'lessons learnt' would form part of a future development session for members, with independent input from the Centre for Public Scrutiny if necessary.

The Committee discussed the referral to the Secretary of State from the meeting held on 22 March 2017 and were informed this had been submitted in April 2017 and confirmation of receipt had been received but a full response was still outstanding. Members agreed that a written request be made for an update on this issue.

During the course of discussion concerns were raised about the lack of communication regarding Better Care Together and it was agreed that they would be invited to attend the Cumbria Health Scrutiny Committee meeting at least annually to update members on key health projects and challenges.

A member raised concerns regarding problems incurred by the deaf community accessing health care services and it was agreed a task and finish group would be convened to look at this matter.

The Committee's attention was drawn to a concern regarding the lack of a timeline for the 'In Patient Mental Health Strategy' and it was agreed this would either be discussed at the meeting scheduled in October 2017 or take the form of a task and finish group.

Members highlighted the necessity to monitor ongoing changes and it was anticipated that information would be requested from all key bodies and reported to the Committee on a regular basis.

The Committee agreed that the issues relating to 'Sustainability and Transformation Plans' and 'Update from Integrated Care Communities Clinical Leads' should be combined with a possible timeline for discussion of October 2017.

Members received a brief explanation regarding Lead Member meetings and it was agreed that improved communications between those meetings and the Cumbria Health Scrutiny Committee were required.

RESOLVED, that

- (1) the Work Programme be noted and amended in accordance with the discussions;
- (2) a written request be made for an update from the referral made to the Secretary of State.

10 DATE OF FUTURE MEETING

It was noted that the next meeting of the Committee would be held on Monday 9 October 2017 at 10.30 am at Cumbria House, Botchergate, Carlisle.

The meeting ended at 1.40 pm