CUMBRIA HEALTH SCRUTINY COMMITTEE

Minutes of a Meeting of the Cumbria Health Scrutiny Committee held on Monday, 26 February 2018 at 10.30 am at Conference Room A/B, Cumbria House, Botchergate, Carlisle, CA1 1RD

PRESENT:

Ms C Driver (Chair)

Mr P Dew	Ms V Taylor
Mrs RC Hanson	Mr CJ Whiteside
Mr N Hughes	Mr S Wielkopolski
Ms C McCarron-Holmes	Mr M Wilson
Mrs V Rees	

Also in Attendance:-

Mr D Blacklock	-	Chief Executive, Healthwatch Cumbria
Ms J Clayton	-	Head of Communications and Engagement, NHS North Cumbria Clinical Commissioning Group
Mr N Greaves	-	Communications and Engagement Manager (Healthier Lancashire and South Cumbria)
Mrs L Harker	-	Senior Democratic Services Officer
Ms H Horne	-	Chair, Healthwatch Cumbria
Mr M House	-	Consultant Paramedic
Dr W Lumb	-	GP Sedbergh & Clinical Lead East Integrated Care Community & Joint Chief Clinical Information Officer, Morecambe Bay Clinical Commissioning Trust
Ms H McConville	-	Senior Manager, Integrated Care Communities and Community Services Development, Morecambe Bay Clinical Commissioning Trust
Dr M Ridgeway	-	
Mr R Shaw	-	North West Ambulance Service
Mr D Stephens	-	Strategic Policy & Scrutiny Advisor
Mr P Rooney	-	Chief Operating Officer, NHS North Cumbria Clinical Commissioning Group
Ms S Wells	-	Director of Midwifery, Gynaecology and Obstetrics, University of Morecambe Bay NHS Trust
Mr P Woodford	-	Associate Director of Corporate Affairs, University Hospitals of Morecambe Bay NHS Trust

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

35 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr R Gill and Mrs J Riddle.

36 MEMBERSHIP OF THE COMMITTEE

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

37 DISCLOSURES OF INTEREST

Mr C Whiteside declared a personal interest as his wife was employed at the West Cumberland Hospital.

38 EXCLUSION OF PRESS AND PUBLIC

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

39 MINUTES

With reference to minute 33 – Co-Production – Alston, Wigton and Maryport resolution (2) should read 'survey of the three Alliance Groups' and not 'public survey' as stated.

RESOLVED, that with the inclusion of the above amendment the minutes of the meeting held on 14 December 2017 be agreed as a correct record and signed by the Chair.

40 HEALTHCARE FOR THE FUTURE UPDATE

The Committee received a report from NHS North Cumbria Clinical Commissioning Group updating members on progress since the decisions were made following the Healthcare For The Future Consultation on 8 March 2017.

(a) **Maternity Option 1**

Members were informed that NHS North Cumbria Clinical Commissioning Group had agreed the 12 month period to test the viability of Option 1 Maternity should start on 1 April 2018, 13 months after the decision was taken, with progression to Option 1 as soon as agreed implementation plans could be safely put in place. It was emphasised that the 12 months would not mean a sudden cut-off for the service if progress for sustaining the service was being made.

It was highlighted to members that the Governing Body had been very clear that it would like to see the continuation of Consultant-led maternity services at both the Cumberland Infirmary, Carlisle and the West Cumberland Hospital, Whitehaven provided this could be done safely and sustainably. It was explained the main risk to this was if progress on recruitment and retention of staff, not just in Maternity, but also in Paediatrics and Anaesthetics was not sufficient to assure the Independent Review Group and ultimately the Governing Body that Option 1 would be sustainable.

The Committee were informed that the implementation of Option 1 Paediatrics required significant recruitment of paediatric consultants and whilst there had been some progress there was still a shortfall in the numbers required. Members noted this was also required to implement Option 1 Maternity. It was explained this also required the mobilisation of the Dedicated Ambulance Vehicle (DAV) highlighting that this may take longer than initially expected. Therefore, there were real risks that the timeline for implementation of Option 1 Maternity due to the interdependency on the other service may be delayed leading to a longer period of uncertainty for the staff and public.

It was agreed that information regarding the names and structure of the groups and panels involved in the implementation would be circulated to members.

The Committee discussed the recruitment challenges and attention was drawn to a recent publication by Cumbria Local Enterprise Partnership (LEP) on skill shortages in Cumbria. Members encouraged a dialogue to take place with the LEP to outline the recruitment challenges which were being faced.

It was acknowledged that all partners should be working together, as recruitment was a major issue in many areas, highlighting that there was a collective leadership responsibility to promote Cumbria as a great place to live and work. Members were informed that recruitment of health staff from abroad was being undertaken.

Members highlighted community champions in the county who it was felt could also help to promote the area.

During the course of discussion concerns were raised regarding the potential increase in patients travelling by ambulance on the notorious stretch of the A590 and A595.

Members discussed the Government Consultation on Proposals for the Creation of a Major Road Network and it was suggested that North Cumbria Clinical Commissioning Group be requested to feed into the response to the consultation led by the County Council on the need to improve the A590 and A595.

(b) **Update on Maternity and Paediatrics**

The Committee were informed that a considerable amount of work had been undertaken to develop Alongside Midwifery Led Units (AMLU) at both the West Cumberland Hospital and the Cumberland Infirmary.

Members noted that with regards to paediatrics plans were progressing to begin offering a Short Stay Paediatric Assessment Unit service from 0900-1700 Monday to Friday and would run alongside the existing in-patient service. It was highlighted that this did not mean there would be fewer beds.

The Committee discussed Co-production and were informed the Working Together Steering Group was now well established with smaller working groups actively covering telemedicine, children's, recruitment and retention, links with new mothers through the Maternity Voices Group and care at a distance.

(c) **Community Hospitals**

Members received an update on Community Hospitals and were informed that plans describing potential new models of health and care had been developed by the members of the community alliance groups in Alston, Maryport and Wigton. It was noted the plans were being reviewed by the Implementation Reference Group.

The Committee were informed that in Alston the beds were currently closed due to staffing challenges, and was operating alternative arrangements with access to beds in residential care. It was explained that hospital staff had been redeployed within the community and feedback had been positive.

Members noted that in Maryport the Alliance had been well supported and despite some parts of the community who remained unhappy about the loss of beds, the Group issued a statement of support for the plan being developed.

The Committee drew attention to the lack of attendance at some Alliance Group meetings highlighting Wigton in particular. It was explained that work was being undertaken collectively with colleagues to afford everyone the opportunity to engage highlighting that some communities were more active than others.

The Committee discussed the criticisms from the public following engagement in Alston and it was noted that positive discussions had since taken place to meet the anxiety of the community.

The Committee were informed that work was now focusing on developing operational and financial plans to support the alternative proposals and linking with the development of Integrated Care Communities (ICCs).

(d) **Integrated Care Communities (ICCs)**

The Committee noted that although not part of the consultation itself, the development of ICCs was crucial to deliver the changes planned and was also closely connected with the community hospital work.

It was noted that a communications and engagement plan had been developed to set out the overall approach for sharing information and working with local people and stakeholders.

A discussion took place regarding the overarching implementation plan for the Community Hospitals. It was explained the Implementation Reference Group would consider the final proposals regarding community services at its next meeting with the expectation that recommendations would be taken to the North Cumbria Clinical Commissioning Group's Governing Body who, in turn, would make them public.

(e) **Emergency and Acute Services**

The Committee were informed that a new composite workforce was now well established. It was explained that high-risk patient pathways were already in place. Members noted that work continued to develop strong links with UCLan at the West Cumberland Medical Education Campus.

(f) **Emergency Surgery, Trauma and Orthopaedics at West Cumberland Hospital**

Members noted that additional general surgery, out-patient clinics, orthopaedic surgery and minor trauma was now routinely undertaken at West Cumberland Hospital.

It was agreed that further information on additional general surgery, out-patient clinics, orthopaedic surgery and minor trauma now routinely undertaken at West Cumberland Hospital would be shared with the Committee and considered for wider press release.

(g) **Stroke**

The Committee were informed that work to develop the Hyper Acute Stroke Unit had moved on with the development of a more flexible staffing model.

RESOLVED, that

(1) the report be noted;

(2) North Cumbria Clinical Commissioning Group be requested to feed into the response to the consultation led by the County Council on the need to improve the A590 and A595;

(3) information regarding the names and structure of the groups and panels involved in the implementation be circulated to members;

(4) further information on additional general surgery, out-patient clinics, orthopaedic surgery and minor trauma now routinely undertaken at West Cumberland Hospital would be shared with the Committee and considered for wider press release.

41 COMMUNICATIONS AND ENGAGEMENT PROGRAMME - BAY HEALTH AND CARE PARTNERS

Members considered a report by Bay Health and Care Partners (BHCP) regarding their Communications and Engagement Programme.

The Committee were informed that BHCP had been exploring how they could accelerate and increase the pace of the transformational Better Care Together (BCT) programme. It was explained that the BCT plan was constructed following extensive conversations and engagement with members of the public and clinical staff across Morecambe Bay.

Members noted the number of substantial challenges which were being faced not only by local healthcare but the NHS right across the country. It was explained that in order to address those challenges it was likely services would need to transform. The Committee were informed that before plans were finalised, BHCP would be engaging on another programme of engagement with the public and staff on what was believed some of the key challenges were, it was felt needed to be addressed to enable the provision of safe high standards of sustainable care for generations to come.

It was highlighted that this was not a consultation exercise but was intended to stimulate conversation and engage the public for their views and opinions on the challenges which it was believed needed to be addressed, known as the ‘five hard truths’. Members noted that any feedback would help to inform any proposed further transformation service changes.

The Committee welcomed the Programme but concerns were highlighted regarding the lack of engagement with rural areas, drawing particular attention to Central Lakes. The lack of IT facilities in those isolated areas was also highlighted as problematic in taking part in the process. Members were informed that all local councils had been invited to make contributions to the engagement process but BHCP committed to liaise with those areas where concerns had been highlighted. It was agreed that more specific details of those isolated communities would be made to the officers concerned, and local members would be involved in developing plans to reach those communities.

A discussion took place regarding the use of modern technology highlighting the use of text messaging. The Committee were informed that whilst appreciating not one size fits all a programme was being developed with GPs to enable patient appointments to be added to their electronic diaries.

The Committee noted the ‘five hard truths’ and in particular the significant costs incurred to provide ‘fragile services’ in Morecambe Bay. It was explained that particular services experienced recruitment issues, therefore, the Trust were prepared to pay a higher rate to employ permanent staff rather than use locums whose costs were significantly more.

Members discussed the programme report and the expectation of specific proposals. It was explained this was an engagement exercise with the public and in partnership with Healthwatch Cumbria.

The Committee questioned whether Integrated Care Communities (ICCs) would front any formal consultation and it was explained they remained commissioned services, therefore, those who commission them would consult. It was highlighted that ICCs would be strongly involved in any future changes.

RESOLVED, that

(1) the report be noted;

(2) local members will work with BHCP to develop plans to engage with areas highlighted as hard to reach.

42 BETTER CARE TOGETHER UPDATE

The Committee considered a report from Bay Health and Care Partners which provided a summary of the key focus areas for the South Cumbria Integrated Care Communities in addition to the Communication and Engagement activity which had taken place across South Cumbria over the past quarter.

The Committee were given an update on risk management and referrals with STRATA. It was explained that the aim, by the end of February, was to enable anyone to refer a patient to the Third Sector via the STRATA system in less than three minutes and would focus on care homes, dressing produces and mental health.

Members were informed the Electronic Frailty Index (EFI) system was considered to be a positive step forward with regards to integration of care and it was envisaged would speed up processes. It was highlighted that in the past 18 months there had been a significant improvement in the quality and success of referrals.

A discussion took place regarding the effective use of the system in reducing delayed transfers of care. It was confirmed this was an improvement in the process but highlighted that delays were often complex and multiple.

Members were informed that the system, available in both the north and south of the county identified individuals who required care and support and this enabled their needs to be considered in terms of commissioning. It was explained that the methodology included a scoring system for individuals, highlighting this was only used as an indication and was evidence based on a combination of factors regarding the individual.

Members raised their concerns regarding failed referrals and it was explained that as the system was electronic from end to end it was considered to be fail proof. It was noted that the data was reviewed on a monthly basis.

The Committee held a detailed discussion regarding care homes and were informed that all ICCs were identifying opportunities to work more closely with the care homes in their areas. It was explained that development of ICCs had been a catalyst for General Practice on some areas to collaborate about how they worked together to offer a more streamlined and effective offer to those resident.

It was explained to members that in some ICCs the case manager had targeted residential and nursing homes, following a large number of inappropriate requests for GP visits. This was prioritised and seen as an opportunity to reduce requests and free up GP time. It was noted that recent success included one ICC working with care home staff to review 100 residents and complete up-to-date care plans that were electronic and had visibility in the wider system.

The Committee noted that work in the ICCs was contributing to the development of an overall strategy for supporting the regulated care sector. It was anticipated that going forward the CCG would work more closely with commissioners from the County Council to explore ways in which appropriate elements of this work was included within the service specification and contracting process.

A discussion took place regarding the provision within ICCs for patients with learning disabilities and members of the deaf community. It was explained that those with learning disabilities would need to be included as part of the ICC policy. With regards to the deaf community it was explained that a more effective system was being developed which would include a move from the text messaging system to an APP based platform.

Members discussed the provision of urgent care for young people with mental health problems in the Kendal area. It was acknowledged this had been identified as a problem, therefore, a robust piece of work had been undertaken and links had been formed with a clinical psychologist who would engage direct with schools in the area.

A discussion took place regarding the number of Multi-Disciplinary Teams initiatives which had taken place across South Cumbria and it was agreed that additional information would be provided to the Committee.

The Committee discussed the communications and engagement activity throughout the county when it was acknowledged there were differing levels of interaction throughout the county which was challenging and required different approaches to engagement.

RESOLVED, that

(1) the report be noted;

(2) additional information regarding Multi-Disciplinary Teams be made available to members.

43 HELME CHASE MIDWIFE LED MATERNITY UNIT

Members received a report from Morecambe Bay Clinical Commissioning Group regarding Helme Chase Standalone Midwife Led Unit.

The Committee were informed that as an organisation and maternity service there were concerns regarding a drop in births at the standalone maternity unit which started in around 2012/13 with a fall in births in 2013/14 from 280 to around 190. It was explained this had been caused by the implementation of robust clinician guidance nationally across all maternity services including at University Hospitals of Morecambe Bay (UHMBT), which had resulted in a larger number of women being unable to meet the safe criteria for birth in a standalone midwife led birth centre.

Members noted that due to the considerable drop in births occurring at Helme Chase the decision was taken to continue to provide 24 hour care but as an on-call service from 8.00 pm to 8.00 am as an interim change. It was explained this was implemented in December 2014 and fully supported by the Clinical Commissioning Groups of both Cumbria and North Lancashire. Members noted that in February 2017 the Cumbria Health Scrutiny Committee agreed that the interim changes could be made permanent.

The Committee welcomed the report but questioned whether the Unit would be at risk in the future if the birth figures at Helme Chase continued to decrease. Members were assured that as a maternity service provider and commissioners of those maternity services they were committed to ensure Helme Chase remained a real choice for women to give birth at and would continue to encourage women who met the clinical criteria to use the facility to do so, whilst respecting their choices, wishes and needs.

A discussion took place regarding the implementation of the Saving Lives Care Bundle and the Secretary of State's national initiative to reduce stillbirth by 50% by 2030. It was explained that since implementing the bundle, there had been an increase in the numbers of scans and inductions of labour as a result of the four elements of care put in place to reduce the risk of still birth. Members questioned whether we were too risk averse in the desire to reduce still births and the importance of pro-active management of risk was emphasised. It was highlighted that the role of a maternity service/multi-professional team was to ensure that everyone involved was aware of all the risks and knew the opportunities and options available to them, ultimately keeping them safe.

A discussion took place regarding the location of midwives and members were informed that the same principals as an on-call service were used; the patient would call a central contact number, the message would be conveyed to the on-call midwife and arrangements would be made to either meet at home or Helme Chase.

The Committee were informed that if the service failed to meet the needs of women this would be logged as a clinical incident and a full investigation would take place. It was agreed that information relating to the number of clinical incidents relating to the maternity led unit at Helme Chase which had led to formal complaints would be made available to members.

Members were informed that service questionnaires were made available to all users of the Maternity Lead Unit with the information received regularly analysed. It was agreed that the data would be made available to members of the Committee.

The Chair, on behalf of the Committee, congratulated the work of Helme Chase Midwife Led Maternity Unit.

RESOLVED, that

(1) the report be noted;

(2) information relating to the number of clinical incidents which led to formal complaints be made available to members;

(3) data regarding service questionnaires be made available to the Committee.

44 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (SOUTH)

Members received a presentation on the Sustainability and Transformation Partnership (STP) for South Cumbria highlighting the challenges:-

- financial shortfalls due to increased demand for services
- poor health throughout the region
- lack of joined-up care
- an ageing population with complex needs
- problems recruiting and retaining staff
- increased need for mental-health support.

The Committee noted that the STP was working to become an Integrated Care System for Lancashire and South Cumbria, made up of five Integrated Care Partnerships, tackling three major gaps: health and wellbeing, care and quality and finance and efficiency.

Members were informed that significant progress had been made in establishing governance and had assured the whole system included establishing:-

- an STP Board;
- a Joint Committee of Clinical Commissioning Groups (CCGs) with powers delegated from constituent CCGs to make legally binding decisions;

- a Partnership Board, comprising senior representatives from a wide range of statutory and third sector organisations, primary care and Healthwatch;
- a Social Partnership Forum bringing together trade unions, NHS employers and staff-side representatives;
- all GP surgeries working in Primary Care networks.

A discussion took place regarding the membership of the Partnership and STP Boards highlighting the importance of elected member representation. It was agreed that clarification and details of elected representative members from Cumbria would be provided to members.

The continued pressures experienced by GPs was discussed, noting that this was partly due to more complex patients requiring longer appointments, therefore, necessitating additional GPs. It was explained there was a need to upskill existing workforce across the system to enable them to deal with the more complex cases thereby reducing some of the pressures on GPs.

A discussion took place regarding the difference between Local Delivery Plan areas (LDP), becoming known as Integrated Care Partnerships (ICPs) and Primary Care Networks (PCNs). It was explained the ICPs were at Morecambe Bay level and PCNs involved frontline staff working together to provide collaborative care.

The Committee noted that the partnership had been working to adopt a ‘place-based approach’ to commissioning in Lancashire and South Cumbria. It was explained this would mean commissioning organisations (health and local government) to work together to govern the common resources available for improving health and care in their area, taking an approach to developing local systems of care to be determined using a common set of design and operating principles and changing the roles of commissioners to support the development of systems of care across the ICS and in local ICPs.

Members were informed it was proposed that in Lancashire and South Cumbria place-based commissioning should work at three levels: collective, at the level of the Integrated Care Partnership and neighbourhood. The following were highlighted as priority areas for Lancashire and South Cumbria:

- delivering transformed primary care to provide a service that was sustainable, efficient, effective and attractive to work in;

- improving the whole stroke pathway for patients including prevention, primary care, in-hospital services and rehabilitation;

- implementing a Suicide Prevention Strategy that aimed to reduce suicide by 10% by 2020;

- improving population health by focusing on developing neighbourhoods and the prevention of stroke and diabetes.

Members discussed the three levels of commissioning and it was confirmed the ‘Neighbourhood’ level would be the same as the Integrated Care Communities footprints in South Cumbria.

The Committee raised concerns regarding the sparsely populated rural areas, highlighting the number of second home owners and tourists requiring medical attention in certain parts of the county which placed pressures on resources. It was acknowledged that the rural environment throughout Cumbria was a challenge and a pragmatic solution was being investigated.

A discussion took place regarding the involvement of 3rd sector organisations and it was confirmed they would continue to receive funding as they did now they would be commissioned initially but guarantees could not be made for the future. Members raised concerns regarding voluntary organisations competing with each other for commissioned work and felt it was necessary to involve them when co-designing services.

A discussion took place regarding the governance proposal and concerns were raised regarding the siting of the Health Scrutiny Committees and Health and Wellbeing Boards which gave the impression they were equal bodies. It was confirmed that the different roles of the bodies were understood.

The Chair welcomed the presentation and asked that the Committee be kept updated accordingly.

RESOLVED, that

(1) the presentation be noted;

(2) clarification and details of the elected member representatives from Cumbria who are on the STP and Partnership Boards be made available to the Committee.

45 NORTH WEST AMBULANCE SERVICE - CARE QUALITY COMMISSION IMPROVEMENT PLAN AND USE OF OTHER AGENCIES

The Committee received a report from the North West Ambulance Service NHS Trust (NWAS) on the Care Quality Commission (CQC) Improvement Plan and Use of Other Agencies.

(1) **Care Quality Commission Improvement Plan Update**

Members were informed that in May 2017 ratings were provided for each of the Trust’s core functions following the CQC inspection. It was explained that overall it was found that the Trust’s NHS 111, patient transport service and emergency operations centres were rated as ‘good’, however, the emergency and urgent care services were described as ‘requires improvement’.

The Committee noted that following the inspection the Trust produced a robust action plan and had worked with the NHS Improvement and the Advancing Quality Alliance to focus on delivery of the required actions to move from 'requires improvement' to 'good'. It was explained that all actions were either complete or permanent work in progress and the action plan had now been incorporated into the Trust's normal business.

A discussion took place regarding improvement in the performance of NWAS, particularly in remoter areas of Cumbria. Members were informed there had been significant improvements in the previous 12 months due to restructuring and fleet profile.

The Committee discussed the 'requires improvement' across three areas of 'Well Led' and were informed this had been addressed by recruiting a Consultant Paramedic for the county and putting all staff into teams with a dedicated Team Leader.

A discussion took place regarding the ongoing actions and the Committee were informed NWAS was continually working on a number of issues. It was noted those were areas that they would continue to try to improve and reinforce, even though they had already improved since the inspection. The areas included:

- Safeguard
- Incident Reporting
- Performance Figures
- Staff Morale
- Recruitment of Paramedics.

The Committee were informed that actions had been undertaken to improve and reinforce. It was noted this included members of the Leadership Team attending incidents, clinical contact days, mandatory training for all staff, team allocations which had improved staff morale and formal yearly appraisals. It was emphasised there was a new ethos and structure to aid improvement.

Members were informed that as well as reorganisations steps had been made to alleviate pressures and appointments had been made to certain roles, one of which included a Director of Quality and Innovation who would be implementing strategies going forward.

The Committee discussed the morale and mental health statistics within the Service. NWAS recognised support was required and mechanisms had been put in place for all staff. It was explained Cumbria now had qualified Trauma Risk Management assessors who were available to all staff.

It was highlighted that data from Morecambe Bay regarding survival from cardiac arrests was world leading but no specific reason could be determined for this. Members noted that statisticians had been engaged to investigate the results.

A discussion took place regarding the use of defibrillators and it was acknowledged that publicity needed to be undertaken to promote their availability. The west of the county, in particular Whitehaven, was highlighted as an area which was being concentrated on with regards to the use of defibrillators, community first responders and educating the general public. The Elected Member representative for that area requested that the Copeland Health Forum be involved.

(2) **Use of Private Ambulance Providers**

Members were informed that the Trust used private ambulance providers to support operations for both the Paramedic Emergency Service (999) and the Patient Transport Service (non-emergency service). It was noted this usage took place during times of high operational demand as well as short term gaps in resources due to sickness or other unplanned absences.

With regards to the Paramedic Emergency Service, private providers were used to provide transport to low acuity calls which had been triaged by a clinician on scene or within the Trust's Urgent Care Desk to free up paramedic resources to attend higher acuity calls. The Patient Transport was used to support the on-the-day unplanned element of the contract whilst supporting the core NWAS resources to provide improved flexibility, resilience and responsiveness at a local level.

Members were informed that due to the large footprint of the North West Ambulance Service use of private ambulance providers agencies could be extensive, therefore, in order to comply with procurement legislation and to ensure the effective deployment of private ambulance providers, the Trust used a procurement framework. Ambulance providers were managed through a contract with a separate company, 365 Solutions who acted as a broker and operated an online portal for providers to bid for the shifts.

A discussion took place regarding the use of 365 Solutions and members were informed this was used more in the north of the county to ensure resources were available. It was explained there was an on-going recruitment process being undertaken which it was anticipated would reduce the use of 365 Solutions.

In conclusion NWAS representatives welcomed the opportunity to attend any community group meetings to update the public as necessary.

The Chair, on behalf of the Committee, thanked NWAS for their update and asked that following the next CQC inspection a further report be made to a future meeting.

RESOLVED, that

(1) the report be noted;

(2) a report be made to a future meeting of the Committee following a further CQC Inspection.

46 COMMITTEE BRIEFING REPORT

Members received a report which updated the Committee 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 arrangements for the Joint Health and Adults Scrutiny Advisory Group be noted;

(2) the Strategic Policy and Scrutiny Advisor together with the Chair of the Committee scope an initial draft document regarding future partnership working with Cumbria Learning and Improvement Collaborative (CLIC) for consideration by members;

(3) an update on the Joint Health and Adults Scrutiny Advisory Group be added to future Cumbria Health Scrutiny Committee agendas;

(4) information regarding cancelled operations and their impact across both Acute Trusts be added to the work programme.

47 DATE OF FUTURE MEETING

It was noted that the next meeting of the Committee would be held on Monday 14 May 2018 at 10.30 am at County Offices, Kendal.

The meeting ended at 3.10 pm