CUMBRIA HEALTH SCRUTINY COMMITTEE

Minutes of a Meeting of the Cumbria Health Scrutiny Committee held on Tuesday, 26 February 2019 at 10.30 am at Council Chamber - County Offices, Kendal, LA9 4RQ

PRESENT:

Ms C Driver (Chair)

Mr P Dew
Mrs RC Hanson
Mr N Hughes
Ms V Taylor
Mr CJ Whiteside
Mr S Wielkopolski
Mr M Wilson

Also in Attendance:-

Mr D Blacklock	-	Chief Executive, Healthwatch Cumbria
Ms V Cawley	-	Strategic Change Lead, Programme Manager for Merger, Cumbria Partnership NHS Foundation Trust/North Cumbria University Hospitals NHS Foundation Trust
Ms J Clayton	-	Head of Communications and Engagement, NHS North Cumbria Clinical Commissioning Group
Mrs L Harker	-	Senior Democratic Services Officer
Professor J Howarth	-	Deputy Chief Executive - Cumbria Partnership NHS Foundation Trust and North Cumbria University Hospitals NHS Trust
Mr P Rooney	-	Chief Operating Officer, NHS North Cumbria Clinical Commissioning Group
Mr D Scheffer	-	Joint Company Secretary, Cumbria Partnership NHS Foundation Trust/North Cumbria University Hospitals NHS Foundation Trust
Mr D Stephens	-	Strategic Policy & Scrutiny Adviser
Ms G Tiller	-	Chair, North Cumbria University Hospitals NHS Trust

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

53 APOLOGIES FOR ABSENCE

Apologies for absence were received from Ms A Bradshaw, Mr M Cassells, Mrs S Crawford and Ms C McCarron-Holmes.

54 MEMBERSHIP OF THE COMMITTEE

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

55 DISCLOSURES OF INTEREST

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

(2) Ms H Horne declared a pecuniary interest as she was a member of Healthwatch England Committee which was a Sub-Committee of the Care Quality Commission.

56 EXCLUSION OF PRESS AND PUBLIC

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

57 MINUTES

RESOLVED, that the minutes of the meeting held on 18 December 2018 be agreed as a correct record and signed by the Chair.

58 COMMITTEE BRIEFING REPORT

The Committee received a report from the Policy and Scrutiny Team which updated members on the developments in health scrutiny, the Committee's Work Programme and monitoring of actions not covered elsewhere on the Committee's agenda.

Members noted that a formal meeting of the Joint Cumbria and Lancashire Health Scrutiny Committee would take place on 26 March to consider the Better Care Together Work Programme for the next 12 months. It was highlighted that the existing Committee only scrutinised changes to Health Services for the Morecambe Bay area.

Members were informed that following the formation of 44 Sustainability and Transformation Partnerships (STPs) in 2016 covering the whole of England, in some areas, including Lancashire and South Cumbria those partnerships had evolved to form an Integrated Care System (ICS). It was explained that since then there had been an impending need to establish a Joint Health Scrutiny Committee between the two county councils and two unitary authorities within the Lancashire and South Cumbria footprint.

The Committee noted that Lancashire County Council was taking the lead on establishing the Joint Committee and, at this stage, the Cumbria Health Scrutiny Committee was asked to recommend that the Chair of the Committee liaise with the Chair of the Lancashire Health Scrutiny Committee and the Steering Group which was developing the terms of reference.

A concern was raised regarding the voice of rural Cumbria being lost as the predominance of members of the Joint Committee would be drawn from urbanised areas. Whilst this was acknowledged the importance of the Cumbria Health Scrutiny Committee being fully engaged in the development of the Joint Committee was also highlighted.

Members were informed that the next meeting of the Joint Advisory Group would take place on 12 April and would focus on Population Health Management Models which were being developed in the North and South Systems.

Members noted that the Committee would receive the Quality Accounts for each Trust at their next meeting. A discussion took place regarding the mechanisms for a response. Members were informed that Healthwatch Cumbria were engaging with Lancashire to investigate this and it was agreed more information on this would be made available to the Cumbria Health Scrutiny Committee.

RESOLVED, that

(1) the report be noted;

(2) the Chair of Cumbria Health Scrutiny Committee be invited to the Lancashire Health Scrutiny Steering Group;

(3) the following items be added to the existing Work Programme:-

(i) Orthodontics in South Cumbria;
(ii) Digital Records Update.

59 HEALTHCARE FOR THE FUTURE UPDATE

The Committee considered a report from NHS North Cumbria Clinical Commissioning Group which provided an update on the progress made following the Healthcare For the Future Consultation.

(1) Maternity and Paediatrics

The Committee were informed that currently there were no changes to consultant-led maternity services and that work was continuing to establish transitional care.

Members were informed that the latest maternity survey published by the Care Quality Commission (CQC) in January 2019 had indicated that women who gave birth in north Cumbria last year felt they were treated with dignity, respect and kindness.

The Committee noted that the survey for North Cumbria University Hospitals NHS Trust (NCUH) covered the three maternity departments at the Cumberland Infirmary, Carlisle; West Cumberland Hospital, Whitehaven; and the birthing centre at Penrith Community Hospital. It was explained that the Trust had performed better than the national average for feeding and home care after birth as well as for 13 other questions. Members were informed that for the remaining questions the Trust performed about the same as the national average and did not score below average in any areas

The Committee was then informed that the Short Stay Paediatric Assessment Units (SSPAU) were working well on both sites and that positive feedback had been received from both staff and service-users.

Members noted that currently there was no change to overnight beds at the West Cumberland Hospital and that SSPAUs would continue to develop when the necessary resources were in place.

The Committee noted that following agreement in March 2017 by the CCG Governing Body for a 12 month review of progress regarding sustainability of consultant-led services as part of its decision-making process the review period had started on 1 April 2018 and would end on 31 March 2019. It was explained to members that the process of reviewing data would continue for some time after this date. It was noted that members of the Implementation Reference Group (IRG) had met several times and reviewed staffing, progress in recruitment and the Alongside Midwifery-Led Unit (AMLU) audit.

A discussion took place regarding the outcomes of an assessment of risk associated with distance. It was explained that a report had been commissioned by an external organisation to assess evidence regarding distance travelled and birth outcomes. Members noted this had been delayed but would be considered by the IRG in the first instance.

It was explained to members that currently there was no change to consultant-led services and no women were being advised to give birth in Carlisle that would previously have been admitted to the West Cumberland Hospital.

Members were informed it was anticipated the IRG would complete its review of data collected to the end of March with recommendations in May or June ready for consideration by the public CCG Governing Body meeting in June or August 2019.

It was agreed that once the Independent Review Group had published its findings and recommendations these would be made publically available in accordance with Purdah legislation.

(2) **Stroke Services**

The Committee welcomed the continuing work to develop a Hyper Acute Stroke Unit (HASU) at the Cumberland Infirmary Carlisle, noting that acute services for north Cumbria would not change until conditions to support the development were in place.

Members were informed that there was considerable work being undertaken to ensure estates and equipment issues, including the provision of a second CT scanner were resolved, as well as the ongoing challenge around staffing. It was emphasised to the Committee that there were no financial issues.

The Committee received an update on the recent recruitment campaign which had been undertaken for the stroke service highlighting that sustainability of a workforce was one main driver for this.

A discussion took place regarding the publication of a timetable of events leading up to the HASU and members were informed this was not available at the present time. It was explained to the Committee that the planning around the service had been more challenging and complicated than originally anticipated but agreed that there were lessons to be learnt from this for the NHS to improve the planning process.

Members discussed Telestroke and were informed this was a web-based approach to treating stroke victims which could be actioned across the whole of the region.

The Committee noted that Work with Building Health Partnerships, supported by NHS England, to develop a community-led stroke prevention movement was ongoing. It was highlighted that recently more than 20 organisations had been represented by 35 people at an event in Egremont which had a focus on reaching those in communities with the highest level of stroke.

(3) **Integrated Care Communities (ICCs)**

The Committee were informed that the ICCs were becoming more established. One of the key features was Rapid Response which described the initial support from health and social care teams to help people with deteriorating health to avoid a hospital stay or support to help patients return home from hospital sooner. It was highlighted that this was co-ordinated by the hub and provided within two hours of the referral.

Members noted that in addition, ICC teams would also support people leaving hospital, either to get them home sooner with additional support or to assess their ongoing needs under the Discharge to Assess (D2A) model. It was highlighted this had proved positive during the recent winter months.

The Committee were informed that health and social care professionals would provide rapid response support when a person's health was deteriorating or their care was compromised, such as a chronic condition flare-up or carer breakdown, to prevent further deterioration.

A discussion took place regarding 'carer breakdown' and how this was brought to the attention of the hubs. It was explained that good joined up working including social workers, clinicians and increasingly the third sector organisations took place which, it was anticipated, would remove the breakdown. Members were informed there was also a co-ordination hub where this type of information was received and considered on a daily basis. During the course of discussion it was suggested that the use of technology, such as an APP on a telephone, should be investigated in the future.

It was highlighted to members that as routine carers received appropriate support through carers assessments and their needs were considered in the same way as those of the patients.

A discussion took place regarding the sharing of information with third sector organisations. Members were informed that at present, and in accordance with the information governance, if a member of the third sector organisation was employed in a team within the hub, and with patient consent, they would had access to their records.

During the course of discussion, whilst members appreciated the substantial work which had been undertaken in ICCs around pathways and their role in discharges, concerns were raised regarding the lack of resources in a number of ICCs. The Committee suggested that reference groups in all areas, similar to that of the West Cumbria Forum, should be considered. Members felt that further information would be beneficial to them regarding the work of ICCs and it was suggested that a more in-depth report, specifically on ICCs, should be considered at a future meeting of the Committee. Members were also afforded the opportunity to visit hubs within the ICCs.

The Committee's attention was drawn to positive work being undertaken in the Barrow area where a number of organisations worked together from one central base.

A discussion took place regarding the proposed refurbishment of Penrith Hospital. Members noted that this had been consulted on but the works were contingent on the receipt of external capital funding which had still not been received. It was explained that refurbishment at Penrith Hospital had always been scheduled to take place last, and not until 2020. It was explained that at present there was no timetable for works to begin. It was agreed that the Committee would be kept updated as appropriate.

RESOLVED, that

(a) the report be noted;

(b) a report specifically on ICCs be considered at a future meeting of the Committee building on the work undertaken by the Joint Health and Adults Scrutiny Advisory Group.

60 NORTH CUMBRIA PRIMARY CARE

The Committee received a presentation on North Cumbria Primary Care (NCPC), a new not for profit model for primary care in which GPs became salaried, with surpluses reinvested with patients and the third sector joining the Partnership Board.

The Committee were informed that a small team of four, funded by the Trust, had been established to set up the model. Members raised their concerns regarding the lack of resources.

During the course of discussion the Chief Executive of Healthwatch Cumbria suggested that he contact NHS England highlighting the need for funding for additional resources.

The Committee were informed that the non for profit model would have strong financial control and clinical governance. It was explained that surpluses would be invested to improve patient care and support staff with the Partnership Board including nurses, third sector, patient and manager representatives. Members noted that staff would transfer under TUPE regulations. It was emphasised that the model had been legally protected to ensure that it could not be sold off in the future.

Members highlighted the increasing use of the third sector and emphasised the need for good co-production to be supported. The Committee drew attention to the need to ensure that the third sector were supported, suggesting that they at least be afforded expenses to cover their costs. Officers agreed with the concerns of members but highlighted the lack of financial support at present.

Members were informed that a partnership was made up of the practices themselves, UCLAN medical school, Cumbria Health on Call, local NHS Trusts, patients and the third sector. It was explained that to date 13 practices had expressed an interest with more showing an interest.

A discussion took place regarding the structure and the Committee noted that the NCPC was constructed with two GPs as shareholders which gave it the ability to hold GMS contracts and NHS pensions. It was explained that the aim was to increase the numbers of shareholders to GPs from each locality. A discussion took place regarding the Shareholders Agreement and it was agreed to share this in confidence with the Committee.

A discussion took place regarding the risks of a monopoly in Cumbria and members were informed that they were not opposed to competition. It was explained that there would still be a mixed model in North Cumbria for the foreseeable future as not all practices had expressed an interest in moving to the new model.

The Committee noted the reasons for the NCPC included:-

- Developing a multi-speciality multi-disciplinary model of primary care.
- Improving patient care access and experience.
- Improving staff experience and morale.
- Creating the ability to work at scale.

- Developing workforce model at scale.
- Recruiting young doctors.
- Strengthening the patient voice.

A discussion took place regarding the strengthening of the patient voice and members were informed that the model had been shared with patient groups and that they had a formal seat on the Strategic Partnership Board. It was explained that the model was being designed so that the patient voice could not be ignored.

Members were given an update on the Draft Clinical and Operating Model which included four pillars:-

- 'Same day care'- this was care which patients needed to access on the day.
- 'Complex and long term conditions' – this was care which required good co-ordination and continuity.
- 'Improving the population health' – this was the community focus of looking at the wider determinants of health, reducing variation and starting to close the gaps.
- 'Patient activation' – to be truly person centred, patients must be activated in their own health needs and be seen holistically in relation to their health and wellbeing needs.

Members noted that a Same Day Health Centre at West Cumberland Hospital was now up and running. It was explained that this was a new service for Copeland patients to offer more appointments for those who needed to see a GP, nurse or other primary care staff urgently.

A discussion took place regarding same day care and the clear plan for digital health to be developed with the first components, including e-consulting and remote consulting to boost capacity within practices working by the end of 2019. Members welcomed this but concerns were raised regarding the reluctance of service users to use this facility. Those concerns were recognised and it was explained that options were being investigated which would allow capacity for GPs.

The Committee considered patient activation and whilst appreciating that to be person centred, patients must be activated in their own health needs. The difficulties which may be encountered to motivate people to take their health seriously was highlighted.

Members discussed the 'at scale pharmacist led medicines management' and concerns were raised regarding a number of pharmacists who at present felt demoralised. It was explained this was designed to take the bulk of this task off GPs and extend this role to pharmacists who had the professional knowledge.

A discussion took place regarding the workforce and members noted that recruitment and retention was anticipated to be the biggest risk. It was explained that a whole programme of work was starting on this across clinical and non-clinical teams. It was highlighted that this did not only include GPs but also a range of other services, including building the multi-disciplinary/multi-speciality team which would include clinical pharmacists, first contact physios, primary mental health workers, physicians associates and nurse practitioners.

Members were informed that there was a focus on attracting young doctors. It was highlighted that, to date, four young doctors had become partners, having been attracted by the values and ethos of the approach.

The Committee discussed GPs becoming salaried and were informed that this had been welcomed. It was explained there was no longer much appetite for GPs to become partners as this brought with it a number of other issues including responsibility for premises and staff.

A discussion took place regarding the financial viability of the model and members were informed that detailed financial modelling had been undertaken which had predicted a surplus. It was explained that a small amount of national finance had been received but further finances would be required to realise the wider ambition.

The Committee welcomed the positive proposals and recognised and commended the work which had been undertaken to achieve this.

61 NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST CARE QUALITY COMMISSION

The Committee received a presentation from North Cumbria University Hospital NHS Trust (NCUHT) giving an update on the Care Quality Commission.

Members noted that following an inspection of NCUH in 2018 there had been 29 ‘must do’ actions and 51 ‘should do’ actions identified. It was explained that care groups were actively engaging in the progression of the actions raised by the CQC with each care group developing a Quality Improvement Plan (QIP) which were incorporated into a wider Trust QIP that would ultimately feed into the Trust-wide objectives.

The Committee were informed of the joint governance arrangements which included improvements being managed by care groups, with support around progress through monthly meetings with care groups and leads which were chaired by the Executive Systems Chief Nurse and Interim Chief Operating Officer.

Members noted that the new joint Trust CQC assurance processes were being rolled out during February 2019 and would utilise annual external peer reviews, internal quarterly self-assessment, 4-6 weekly department checklists and a re-launch of the weekly 15 Steps programme with all assurance activity reported to the Joint Compliance Board.

The Committee welcomed the areas of improvement but raised their concerns regarding the urgent and emergency services. It was suggested that future reports include a RAG rating to show improvements required were being actioned.

During the course of discussion a member raised her concerns regarding staff reporting. It was highlighted that following this being raised at a joint annual general meeting last year it had been agreed to invite Derek Eland, whose work examines the human condition particularly in stressful and challenging situations, to a future meeting but, to date, this had not taken place. It was agreed that this would be investigated.

The Committee were informed that there was a 'Freedom to Speak Up' policy in place and all staff were encouraged to use this. Whilst officers acknowledged the enormous pressures which staff were under during the winter months they raised their concerns regarding staff feeling they could not speak up about issues. It was agreed that the comments would be fed back the Trust's Executive Team.

A discussion took place regarding the recent experiences of an in-patient at the Cumberland Infirmary, Carlisle and it was agreed this would be investigated further.

RESOLVED, that

(1) a detailed spreadsheet outlining the progress made against each of the 'must dos' be circulated to the Committee;

(2) concerns regarding staff reporting be raised at the Trust's Executive Board.

62 POTENTIAL MERGER BETWEEN CUMBRIA PARTNERSHIP FOUNDATION TRUST AND NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST

The Committee considered a report from the Cumbria Partnership NHS Foundation Trust (CPFT) and North Cumbria University Hospitals NHS Foundation Trust (NCUHT) on the potential merger of the Trusts.

Members were informed that in the last 12 months, the trusts had joined up more care they provided to patients and the way it was delivered behind the scenes. It was explained this was already proving to be positive for patients and a more efficient and cost effective way of working.

The Committee noted that to be able to fully join up future works and secure the long term future of health and care services for the population they served, the two trusts were proposing to formally merge into a single organisation.

It was explained to members that this was a necessary part of wider plans to join up all of health and care services across north Cumbria and beyond. It was noted that North Cumbria was already one of 14 national integrated care systems and was working as part of the larger aspirant north Cumbria and north east integrated care

system. It was highlighted that this way of working had been endorsed nationally in the newly published NHS Long Term Plan which set out integration as one of the requirements to drive an NHS fit for the future.

The Committee were informed that the boards of both trusts had approved the 'strategic case for the proposed merger' on 20 December 2018. A business case had been submitted to NHS Improvement as the regulator responsible for approving the merger, with the support of the main commissioners of the two Trusts – NHS North Cumbria Clinical Commissioning Group (NCCCG) as well as the NHS North Cumbria System Leadership Board. It was explained that the ambition was to approve a full business case by June 2019 with a view to the merger taking place on 1 October 2019.

Members were informed that at the same time as planning to merge, CPFT was preparing to transfer the provider of mental health services in the county to larger, more specialist mental health trust(s). It was felt important that this work took place at the same time to ensure that the organisations delivering health and care services in north Cumbria continued to be viable.

Members welcomed the report but concerns were raised regarding the risk levels of failure of trusts as a potential concern for local authorities. The concerns of associated risks, including financial pressures and performance targets was acknowledged and it was explained that a risk register had been developed for the potential merger that identified key risks. It was explained that this would be managed by the Programme Team and reviewed regularly by the Executive Scrutiny Group.

The Committee raised particular concerns regarding the south of the county and it was acknowledged that work was still required. Members emphasised the need to ensure that patients in both the north and south of the county received the same quality of service when they were transferred. It was felt that at present patients in the north of the county would receive better quality of care than those in the south. It was explained that staff in the south of the county were employed by the CPFT, therefore, the views of the Trust had been expressed to the commissioners for their consideration when looking at the next steps.

A discussion took place regarding the views of the Trust. Although the information was not publically available members were assured that the main objective was that any transaction should lead to an improvement in quality of services highlighting that future services needed to fundamentally link with ICCs.

The Committee raised its concerns regarding the reluctance of CPFT staff in the south to transfer to Lancashire Care. It was explained that the views of staff and union leads had been taken into consideration. It was emphasised that once a decision was agreed support would be available to all staff concerned.

Members sought clarification on the geographical boundaries of the merged bodies and it was confirmed that where the trust was commissioned to provide services on a countywide basis or outside they would still provide those services.

A discussion took place regarding the provision of services to HM Prison Haverigg and its location within Cumbria. Members were informed that it was on the north/south boundary and was part of the Morecambe Bay Clinical Commissioning Group. It was highlighted to members that the commissioned health support services would continue in the prison.

The Committee drew attention to February 2011 when the NCUHT Board had agreed that the Trust was not viable long-term and started a process to identify a partner which did not proceed because of concerns regarding the Trust's clinical and financial viability. Members asked what evidence there was that would suggest merging now would increase viability in North Cumbria. It was explained that NCUHT had been unsustainable for a number of years and that this time planning work was being undertaken with the ICCs and partner organisations to create a viable solution from within the provider services across north Cumbria, recognising the need for strong partnerships across wider geographical areas in the future to deliver a long-term clinical strategy.

The recruitment challenges were highlighted to members explaining that the shortage of clinical staff in key areas currently presented a key risk to quality, safety and service capacity. It was anticipated that more attractive and innovative roles would be developed as a result of the two Trusts merging would support a better recruitment offer and promote staff retention at key stages in career development.

Members drew attention to the community hospital staff emphasising the connectivity and knowledge which community nursing teams brought to the community. The Committee highlighted those teams in a positive manner and felt that moving those staff across the system could prove negative in the loss of skill and knowledge which the individuals held. The value of local knowledge was recognised by officers and it was confirmed to members that resources would not be moved if they did not agree to it highlighting that ICCs were about working in community areas.

The Committee discussed the plans to deliver the merger noting that the joint executive teams for the trusts and the wider system leadership had already delivered a number of significant components of the north Cumbria system transformation programme. Members noted that one transformation scheme delivered to date was the reconfiguration of community hospital bed capacity and were informed that no new bed closures were proposed.

A discussion took place regarding mental health and the Child and Adolescent Mental Health Service (CAMHS) and it was highlighted to members that this was a novation of contracts and not a merger. It was explained the contracts were commissioned by the clinical commissioning groups novated by the providers.

The Committee received an update on stakeholder communications and engagement. It was explained that a comprehensive plan would be implemented to ensure engagement took place with staff, key partners and the wider community regarding the proposed merger plans, focussing on the benefits it would bring. Members noted this would also provide an opportunity to identify further benefits or feedback on any risks or issues.

The Committee noted that this would include a range of engagement sessions and communication co-ordinated with engagement about the future of mental health services, the NHS long term plan and the north Cumbria integrated care system plan. It was explained work would be undertaken with governors at CPFT, who were already developing a proposal to extend their remit across to NCUHT services, to build membership for the new merged organisation during engagement sessions and involve more people in the development of services and co-production opportunities across the system.

Members noted the Plan would also support the engagement and communication requirements of developing a new name and a web and social media development strategy for the merged organisation. The Committee were encouraged to submit any suggested names for the merged organisation.

RESOLVED, that

(1) the update be noted;

(2) an update Communications Plan be circulated to the Committee.

63 NORTH CUMBRIA CANCER BRIEFING

The Committee considered a report on cancer care in north Cumbria. Members were informed that cancer was a priority in North Cumbria with a goal of increasing cancer survival rates by reducing inequalities, delivering the best possible outcomes for every patient affected by cancer and the best possible patient experience.

Members were informed that the key feature of the demographic profile for north Cumbria was the proportion and future growth of the population aged over 65 years. It was explained that across Carlisle, Eden, Copeland and Allerdale districts there were almost 14,500 more people over 65 years of age living in Cumbria when compared to the England age profile. It was emphasised that a sustainable solution was needed to address the fact that Cumbria had a ‘super-ageing’ population, whose health concerns would only become more complex in the coming years. It was anticipated that by 2020, nearly 25% of the North Cumbria population would be aged over 65 which would impact on the demand for health care services.

The Committee were informed that currently there were approximately 2,450 new cases of cancer diagnosed every year within North Cumbria, 20% higher than the rest of the country. It was explained that, in conjunction with this, the number of emergency presentations of cancer was 108 for every 100,000 people, which again, was significantly higher than the rest of the country, although it was emphasised that the proportion of early deaths from cancer was comparable to the rest of England.

Members noted that smoking was the single biggest contributor to avoidable cancers, but overweight, excess alcohol consumption and lack of exercise were also contributors.

A discussion took place regarding screening and members were informed that participation within the region was higher than the national average. Whilst members acknowledged the uptake on screening they felt that active encouragement was still required. Officers appreciated there was room for improvement with regards to screening, highlighting in particular vulnerable groups and those areas in Cumbria which had higher cancer mortality rates. It was explained that it was anticipated screening programmes would be available as part of ICCs.

The Committee raised its concerns regarding higher mortality rates in deprived areas and members highlighted the need for engagement to take place to promote screening programmes and reduce disparities. It was explained that the longer term endeavour for ICCs was to shift population health to change lifestyle, highlighting the need to get ahead of demand. Members noted that this was also being considered as part of the Population Health Framework which would be considered by the Cumbria Health and Social Care Working Group.

During the course of discussion concerns were raised regarding the south of the county and it was felt that a fifth element should be added to the Public Health Strategy to include data.

The Committee then received an update on the cancer centre and were informed that NCUHT intended to build a modern, state of the art, cancer facility at the Cumberland Infirmary, Carlisle which would serve patients across the Trust's area. Members were informed that the project would cost around £35m and was one of the local projects identified by NHS England for capital investment in July 2017, emphasising that it would not be a Private Finance Initiative building.

Members were informed that the project had been developed in partnership with NHS Specialised Commissioners and the Newcastle-upon-Tyne Hospitals NHS Foundation Trust. It was explained that a Full Business Case had been approved in December 2018 with support received from NHS England and NHS North Cumbria Clinical Commissioning Group. The Committee noted that the FBC had now been submitted to NHS Improvement for approval. It was anticipated that the new cancer centre would be fully operational by June 2021.

The Committee were informed that the Cancer FBC was consistent with national, regional and local health policy and was a key component of the Cumbria North East Strategic Transformation Plan. It was explained that it was part of the North Cumbria Clinical Strategy incorporating new models of service delivery, supporting improved standards of care and adopting ways of working that enhanced the quality of patient experience and had a revised workforce model to cover the short, medium, and long term. It was noted that both Trusts had identified the fragility of the service due to the lack of a substantive clinical workforce and had developed mitigating workforce plans. It was felt that working across a number of sites would make best use of clinical capacity and would prove beneficial.

The Committee welcomed the joint working arrangements with the Newcastle-upon-Tyne Hospitals NHS Foundation Trust but asked for further information on how this would work in practice. Members were informed that clinicians employed by Newcastle would also work across the Cumberland Infirmary, Carlisle and West Cumberland Hospital, Whitehaven. It was explained that the majority of the services were commissioned by NHS England but the North Cumbria CCG would work with the NHS and both Trusts on quality issues.

Whilst members welcomed the new cancer centre being provided in Carlisle they sought assurances that people living on the west coast would have access to the services and facilities. The Committee received confirmation that cancer services at the West Cumberland Hospital would continue to be provided in partnership with Newcastle explaining that some cancer interventions would always be delivered in Carlisle and not the West Cumberland Hospital, Whitehaven. It was emphasised to members that there was no intention to diminish services in West Cumbria.

A discussion took place regarding relationships with local hospices and the important role they played and it was confirmed they would still provide palliative care.

The Committee were informed that a telemedicine/digital health pilot project would begin in the next few weeks which would allow patients to have digital appointments with oncologists in Carlisle. It was highlighted this would allow people to have a consultation closer to home and would reduce clinicians travelling time.

Members thanked officers for an informative report and asked that their thanks be passed on.

64 DATE OF FUTURE MEETING

It was noted that the next meeting of the Committee would be held on Wednesday 22 May 2019 at 10.30 am at County Offices, Kendal.

Members were informed that this would be the last meeting of the Committee that Gina Tiller would attend in her capacity as Chair of the North Cumbria University Hospitals NHS Trust.

The Chair, on behalf of the Committee, thanked her for her contributions and wished her well for the future.

The meeting ended at 3.20 pm