

CUMBRIA HEALTH SCRUTINY COMMITTEE

Minutes of a Meeting of the Cumbria Health Scrutiny Committee held on Wednesday, 13 April 2016 at 10.00 am at Council Chamber - County Offices, Kendal, LA9 4RQ

PRESENT:

Mr N Hughes (Chair)

Mr J Bland	Mrs V Rees
Mr D Fletcher	Mrs M Robinson
Mr R Gill (Vice-Chair)	Mrs D Seward
Mr M Hawkins	Ms C Wharrier
Mr J Lister	Ms J Williams
Ms C McCarron-Holmes	Mr M Wilson

Also in attendance:-

Mr N Evans	- Democratic Services Manager
Mr D Houston	- Strategic Policy and Scrutiny Adviser – Health and Social Care
Mr D Stephens	- Policy & Scrutiny Project Officer

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

59 APOLOGIES FOR ABSENCE

None for this meeting.

60 MEMBERSHIP OF THE COMMITTEE

None for this meeting.

61 DISCLOSURES OF INTEREST

Mr Gill advised that his wife worked at the West Cumberland Infirmary.

62 EXCLUSION OF PRESS AND PUBLIC

There were no items on the agenda for which it would be necessary to exclude the press and public.

63 SUCCESS REGIME UPDATE

Members received a presentation from Sir Neil McKay of the Cumbria Success Regime on developing safe and sustainable services for West, North and East Cumbria. Key themes included the concept that proposals would be developed and implemented together, that safety, care and quality in the acute trust were paramount and that a strategy was required for maternity services which remained fragile. A public consultation setting out the options and case for change would commence after European referendum. Members heard the challenges that Cumbria faced in terms of the super aging population, disparity in life expectancy across the county, the financial and geographic difficulties and the strategies for addressing them including initiatives to deal with recruitment problems and the concerns over the quality of some services which would involve developing stronger links with other trusts with particular expertise. Members agreed that key to the success of any proposals would be a simplification of structures and a significant cultural change to make improvement a reality. In discussing the plans to establish an Independent Care Community members were advised that mental health services and children would be at the heart of any arrangements and that a significant appointment of an eminent professor jointly between the acute trust and the University of Central Lancashire was expected shortly. This would be a key milestone and such an appointment would contribute to attracting other key staff and create an environment staff would be keen to join. It was acknowledged that performance of the authority had not been good enough and the success regime was charged with developing a sustainable transformation plan with an implementation and delivery plan alongside.

Summary of responses to questions from Members

Sir Neil regretted that it had not been possible to release copies of the submission to CQC (Care Quality Commission) to members but this would be made available within days.

In relation to the need for advanced technology and improvements to the infrastructure members noted that money would need to be prioritised to support IT investment as required. The clear message was that additional funds were not likely to be forthcoming the proposals for the system would focus on using the existing resources more efficiently and effectively.

Consideration was being given to moving less complex surgery from Carlisle to Whitehaven but this needed to be viewed in the context that patients had a choice of where they were referred to eg. Some Carlisle patients may prefer to go to Newcastle given the long standing links between the two areas and the ease of travel etc.

In terms of changes to the ways GP's operated this would accelerate with the introduction of the Integrated Care Community which in turn would impact on the quicker discharge from hospital of patients and ultimately fewer admissions with changes to the way in which clinicians worked.

In terms of public engagement it would be possible to adjust plans for particular locations and to provide members with details on the amount of money spent/allocated for consultants/public engagement. Members were advised that additional funds had been allocated for this purpose.

Members thanked Sir Neil for his presentation and for making himself available to respond to members questions.

64 CLINICAL STRATEGY

Members received a presentation from Peter Rooney – Chief Operating Officer, Clinical Commissioning Group on the public consultation exercise to be undertaken in respect of the reorganisation of services. A formal paper would be brought to the next meeting of the committee in May noting that the process was running to an extremely tight timetable involving preparation of a pre consultation business case to be submitted to the NHS England Investment Committee by 16 May with it due to be considered on 23 May. Providing NHS England were content with the proposals a 3 month consultation period would commence after the European Referendum with a final decision likely to be made in October 2016.

Summary of responses to questions from members

Members agreed to provide feedback on the appropriateness of the proposed arrangements for public consultation events and acknowledged the openness to facilitating meetings with a variety of organisations including community groups, the third sector, Town Councils etc. Various methods would be used to publicise events and the proposals including social media, websites and more traditional methods.

In terms of the funds set aside for the exercise whilst a detailed figure was not immediately available it would amount to tens of thousands.

The intention was to run a transparent process focussing on deliverables so unrealistic options would be discarded with an assessment as to why they were considered inappropriate.

It would be important that there was an accurate assessment of risks both current and new eg. Ambulance service.

Confirmation would be provided as to whether members would have the opportunity to view the pre consultation business case before it was submitted.

Members confirmed they were generally content with the consultation proposals with the caveat that potentially more than 8 public meetings would be required.

65 DATE OF FUTURE MEETING

Monday 16th May 2016 at 10am.

The meeting ended at 1.05 pm