

## CUMBRIA HEALTH SCRUTINY COMMITTEE

Minutes of a Meeting of the Cumbria Health Scrutiny Committee held on Monday, 4 October 2021 at 10.30 am at Conference Room A/B, Cumbria House, Botchergate, Carlisle, CA1 1RD.

### PRESENT:

Ms C McCarron-Holmes (Chair)

Mr A Bowness  
Mr F Cassidy  
Dr M Hanley  
Mr N Hughes

Mr J Lister  
Mr A Semple  
Mr CJ Whiteside  
Mr M Wilson

### Also in Attendance:-

- |                |   |  |
|----------------|---|--|
| Mr D Blacklock | - | Chief Executive, Healthwatch Cumbria   |
| Ms J Clayton   | - | Head of Communications and Engagement, NHS North Cumbria Clinical Commissioning Group            |
| Ms E Day       | - | Network Manager, Lancashire and South Cumbria Health and Care Partnership                        |
| Ms D Dodgson   | - | Head of Primary Care for North East and North Cumbria, NHS England and NHS Improvement           |
| Ms R Duguid    | - | Chief Operating Officer, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust             |
| Ms P Fletcher  | - | Senior Primary Care Manager, NHS England and NHS Improvement                                     |
| Mr A Gardner   | - | Director of Planning and Performance, NHS Morecambe Bay Clinical Commissioning Trust             |
| Mrs L Harker   | - | Senior Democratic Services Officer   |
| Mr D Muir      | - | Nursing and Chief Operating Officer, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust |
| Mr G Quinn     | - | Area Head of Service, North West Ambulance Service NHS Trust                                     |
| Ms K Rees      | - | Senior Engagement Officer, Healthwatch Cumbria   |
| Mr T Robson    | - | Dental Clinical Lead, NHS England and NHS Improvement  |
| Mr P Rooney    | - | Chief Operating Officer, NHS North Cumbria Clinical Commissioning Group                          |
| Mr J Smith     | - | Programme Director, Lancashire and South Cumbria Health and Care Partnership                     |
| Ms R Stanger   | - | Sector Manager, North West Ambulance Service NHS Trust   |
| Mr D Stephens  | - | Strategic Policy & Scrutiny Advisor  |

- Ms S Walkden - Project Manager, Lancashire and South Cumbria Health and Care Partnership
- Mr P Woodford - Director of Corporate Affairs, University Hospital Morecambe Bay NHS Foundation Trust/Chair of Patient and Carer Assurance Group

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

### **14 ELECTION OF VICE-CHAIR**

There were a number of apologies received from District Council representatives, therefore, it was agreed that this item would be deferred until the next meeting of the Committee. Mr A Semple was appointed as Vice-Chair for this meeting only.

### **15 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mr T Allison, Mr P Dew (Mr J Lister attended as substitute) and Dr S Haraldsen (Mr A Bowness attended as substitute), Mr J Kane and Mr D Shepherd.

### **16 MEMBERSHIP OF THE COMMITTEE**

- (1) Mr A Bowness attended as substitute for Dr S Haraldsen for this meeting only.
- (2) Mr J Lister attended as substitute for Mr P Dew for this meeting only.

### **17 DISCLOSURES OF INTEREST**

- (1) Dr M Handley declared a personal interest in agenda item 13 – Ambulance Provision in Alston (minute 26 refers) as his wife was a member of the Alston Ambulance Team.
- (2) Mr C Whiteside declared a personal interest as his wife was employed at the West Cumberland Hospital.

### **18 EXCLUSION OF PRESS AND PUBLIC**

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

## 19 MINUTES

With reference to minute 9 – New Hospitals Programme Update it was agreed that the:-

- (1) words 'state of the' be added to fourth paragraph so that the sentence read '..... state of the art facilities and technology, .....
- (2) first sentence of the eighth paragraph be removed.

**RESOLVED,** that with the inclusion of the above amendments the minutes of the meeting held on 21 July 2021 be agreed as a correct record and signed by the Chair.

## 20 COMMITTEE BRIEFING REPORT

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

Members were informed that the Lead Health Scrutiny members had met with system leaders from the North Cumbria Integrated Care Trust regarding the Penrith Minor Injury Unit plans for changing out of hours access. The Committee asked that further information regarding the use of Penrith Hospital be circulated to members.

The Committee was informed that a meeting of the Joint Cumbria and Lancashire Health Scrutiny Committee to consider the Care Quality Commission report for the University Hospital Morecambe Bay NHS Foundation Trust would be convened on 9 November 2021.

During the course of discussion an issue was raised regarding the poor gender balance on the Cumbria Health Scrutiny Committee and it was suggested that this should be taken into account when considering its future membership.

**RESOLVED,** that the following be noted:-

- (1) the update on Lead Health Scrutiny Member meetings with System Leaders in the North and South of the County;
- (2) the provisional arrangements for the Cumbria and Lancashire Joint Health Scrutiny Committee;
- (3) the existing Committee Work Programme. The following items be added to the Programme:-
  - (i) Liberty Protection Safeguards to be scheduled for the December meeting;

- (ii) Access to GP Services and Prescription Services to be scheduled for the December meeting;
- (iii) Enhanced Network Model of Acute Stroke Care and Rehabilitation in Lancashire and South Cumbria be considered again at the February 2022 meeting;
- (iv) North West Ambulance Service Provision in Cumbria to be considered at the meeting scheduled for May 2022;
- (v) Update on NHS Dentistry in North Cumbria to be considered at a future meeting date to be agreed;
- (vi) Female Specific Services Across the County to be considered at a future meeting date to be agreed;
- (vii) Update on the Improvements Made to Pathways of Care Since the Transfer of Mental Health Services to CNTW to be considered at a future meeting date to be agreed.

## **21 IMPACT OF COVID 19 PANDEMIC**

The Committee received similar updates regarding the Impact of the COVID 19 pandemic from representatives of both University Hospitals of Morecambe Bay (UHMBT) and North Cumbria Clinical Commissioning Group (NCCCG).

Members received details of COVID cases throughout the county and were informed that Cumbria had been substantially higher than the national average but this had diminished and stabilised over the last few weeks, noting that although deaths had not been eradicated they had significantly reduced.

The Committee raised concerns regarding the statistics for the Allerdale area. Whilst officers acknowledged the concerns they highlighted the large geographical area and explained this had not been consistent throughout the pandemic explaining that the latest increase was due to school aged children.

The Committee was informed of the challenges regarding estates in the south of the county. Officers explained a reconfiguration had taken place which had ensured that the Westmorland General Hospital had remained COVID free and, therefore, cancer treatment and elective surgery had taken place during the pandemic.

Officers emphasised the significant pressures which were being experienced by all services across the whole of the county. It was explained that UHMBT was currently at its highest state of escalation alert with daily meetings taking place to look at pathways for patients.

The Committee, whilst acknowledging the continued support of the workforce, raised concerns regarding the situation in hospitals in the south of the county and future issues which could ensue during the winter months, asking what measures could be taken to alleviate the situation.

Members were informed that a number of steps were being undertaken which included commissioning additional community beds with staff being relocated to care homes to provide support, promotion of the flu, COVID and COVID booster vaccinations, campaign by social care for the recruitment of staff and implementation of systems within the community to prevent hospital admissions. Officers highlighted the significant planning which was being undertaken with regards to resources and beds for the winter and it was agreed the winter plan would form part of this update at the next meeting of the Committee.

A discussion took place regarding the workforce and officers explained that the immediate challenges around workforce included the social care sector and welcomed any support which the Committee could offer.

Members were informed that in the north of the county whilst services were still available it was anticipated waiting times would be longer. It was explained that measures which were put in place during COVID such as remote consultations and telephone triage would continue to try and alleviate the backlog.

The Committee received a positive update on vaccination uptake in north Cumbria noting that this was higher than the national average. Members were informed that the COVID vaccination programme would now be rolled out to 12-15 years.

Members highlighted the introduction of Vaccine Champions; officers welcomed this and encouraged the Committee to promote the vaccination. It was agreed that information regarding vaccinations would be circulated to members as it became available.

A discussion took place regarding the finance needed for the additional resources required to deal with the pressures. Officers confirmed there was a continuation of funds for elective care and it was anticipated there would be additional resources for the winter challenges.

A concern was raised regarding the lack of care packages on the discharge of patients which resulted in re-admission to hospital, together with insufficient responses received following complaints. Officers acknowledged the concerns raised and explained that currently there was no capacity in the system to provide a package of care, highlighting the national challenges in social care. The Chief Executive, Healthwatch Cumbria explained that People First currently held the contract for the NHS Complaints Service and offered their help and support.

A discussion took place regarding the role of the Integrated Care Communities (ICCs) and members asked how they could play a role in the current situation, with concerns raised regarding their lack of communication. Officers acknowledged the importance of ICCs at local level, highlighting it was never intended that they would provide a focal point for communication. It was explained that this was a challenge for the NHS to ensure they were open and transparent with their communications.

Members were informed that ICCs and Primary Care Networks had been very pro-active during the roll out of the vaccination programme which had helped to alleviate the anxiety of the public.

The Committee drew attention to the impact of the pandemic on mental health. Officers confirmed there had been a rise in mental health issues during the summer with a significant increase of new referrals from children and young people. It was explained there was additional community investment being made to Children and Adolescent Mental Health Service, crisis teams and mental health school support services.

During the course of discussion members were updated on two new wards, mainly single bays, at the Royal Lancaster Hospital and the Committee was offered a future site visit.

**RESOLVED**, that

- (1) the update be noted;
- (2) UHMBT include their Winter Plan as part of the update on the impact of the pandemic.

## **22 UPDATE ON HEALTH AND CARE BILL IMPLEMENTATION AND LOCAL GOVERNMENT REFORM**

The Committee considered a joint report from the Chief Operating Officer – North Cumbria Clinical Commissioning Group and Chief Officer - NHS Morecambe Bay Clinical Commissioning Group which informed members that following the introduction of the Health and Care Bill 2021-22 on 6 July 2021 this would enact policies set out in the recommendations by the NHS for legislative reform, following the NHS Long Term Plan (January 2019), and the White Paper, Integration and Innovation: working together to improve health and social care for all (February 2021).

Members were also informed that following the announcement on 21 July 2021 by the Secretary of State for Housing, Communities and Local Government about his decisions, subject to Parliamentary approval, to implement the proposal for two unitary councils on an East-West geography for the whole of the administrative county of Cumbria, and not to implement the proposal for a single unitary council nor the two other proposals for two unitary councils for the area.

The Committee noted that NHS England had set out options for boundary alignment in integrated care systems in specific geographies where upper-tier local authorities currently had to work across more than one ICS footprint.

Officers explained that that the Secretary of State intended to review the areas of Cumbria and North Yorkshire, as they would remain non-coterminous following the conclusion of MHCLG's unitarisation process. Members noted that those reviews would take place in two years, following the implementation, subject to parliamentary passage, of the Health and Care Bill.

Members raised their concerns regarding the implications of the Bill for the Cumbria Health Scrutiny Committee highlighting that referrals to the Secretary of State would not be included. The challenges regarding boundaries were also raised, particularly those of Millom and Eden.

**RESOLVED**, that

- (1) the report be noted;
- (2) once the Bill has been passed into legislation the Committee will need to look at the implications for its ways of working and changes to its operating model around variations to Health Services.

## **23 ENHANCED NETWORK MODEL OF ACUTE STROKE CARE AND REHABILITATION IN LANCASHIRE AND SOUTH CUMBRIA**

The Committee considered a report by Lancashire and South Cumbria Health (L&SC) and Care Partnership regarding the Enhanced Network Model of Acute Stroke Care and Rehabilitation in Lancashire and South Cumbria.

Members were informed that the reduction of mortality and dependency due to disability after stroke remained a key strategic priority for the L&SC health and care economy in 2021. Officers explained that the shared vision of all stakeholders in the system, inclusive of stroke survivors, was to deliver sustainable and equitable acute stroke care to benefit close to 6,000 people across Lancashire and South Cumbria who attended the hospital emergency department with suspected stroke symptoms each year.

The Committee was informed that the Business Case sought to address the unwarranted variation and increase thrombolysis and thrombectomy rates to the national ambition. It was explained that as a system there was a need to increase the speed and capacity with which the acute stroke and ambulance services could respond to stroke to save lives and reduce disability. Members noted there was an expectation to improve patient outcomes in the region of 36 more lives saved and 360 stroke survivors with less disability each year.

Officers explained that commissioner investment over a three-year period had been approved to implement an Enhanced Network Model of Care. Members noted this was designed to optimise workforce capacity, stroke beds and ensure nationally recommended travel times to hospital emergency departments across the county's semi-rural geography were not compromised.

Representatives of the L&SC Integrated Stroke and Neurorehabilitation Delivery Network were in attendance and provided:-

- an explanation of the anticipated clinical benefits for the residents of South Cumbria;
- an update on the proposed operational delivery model and the identified impacts on the residents of South Cumbria and existing acute stroke services in the Morecambe Bay area;

The Chair of the Patient and Carer Assurance Group informed members that the Group supported the proposal, highlighting how this could reduce future mortality rates and disabilities. The Committee was informed that more recent engagement visits to Stroke Association support groups in July 2021 had again provided support for the proposed model of care. It was explained that the main concerns expressed were around the availability of car parking at Royal Preston Hospital but that further work would be carried out to minimise the impact of increased travel.

Members welcomed the proposals to improve the services and asked what differences there were between the Enhanced Network Model and the Hyper Acute Service Unit (HASU) in North Cumbria. Officers explained that this was a very similar model to the HASU.

A discussion then took place regarding the data provided for the Furness General Hospital and members asked why they were lower than other areas. Officers explained that patients ordinarily attending Furness General Hospital with suspected stroke symptoms would continue to be taken directly there for initial triage and treatment before being transferred to Royal Preston's Comprehensive Stroke Centre for up to the first 72 hours of multi-disciplinary stroke specialist inpatient care, then repatriated back to Furness General Hospital's Stroke Recovery Unit for ongoing care and inpatient rehabilitation or discharged home with care from the Integrated Community Stroke Team.

A discussion took place regarding travel times to Preston and members asked whether the HASU in Carlisle had been considered as a quicker option for more northern areas. Officers emphasised the importance of a quick assessment in order to achieve a positive outcome and highlighted the potential need for patients diverted to the HASU in Carlisle to be transferred to Newcastle, therefore, increasing the travel time.

Members highlighted the additional challenges due to the geography of the county and drew attention to the conflict of local care and best care. Officers acknowledged the geographical issues and explained care would be central where necessary but local where possible.

The Committee were informed of workforce recruitment difficulties often encountered but welcomed the willingness for all the trusts across the whole of South Cumbria and Morecambe Bay area to work together to ensure there was resilience to deliver a good service. Officers explained work was being undertaken and advice sought for the recruitment and training of staff to take place over the next 2.5 years with the Plan being progressed by a dedicated Workforce Working Group.

Members raised their concerns regarding staffing levels and asked for reassurances that there would be sufficient workforce in place to provide a resilient service. Officers explained that work was being undertaken with local universities with a view to them delivering training for staff as well as two members of staff from each site attending appropriate courses with the funding being met from the recruitment budget.

A discussion took place regarding the availability of finances and officers explained the capital and revenue had been committed for the next three years with the money ring-fenced to improve services.

Members emphasised the need for a robust and comprehensive communications and engagement plan. Officers explained this would include a multi-factorial approach to ensure the wider Lancashire and South Cumbria public and services were aware of the transformation.

**RESOLVED,** that

- (1) the update be noted;
- (2) a further report be made available to the Committee in six months' time giving an update on the progress made in planning the Enhanced Network Model of Acute Stroke Care and Rehabilitation in Lancashire and South Cumbria.

## **24 UPDATE ON NHS DENTISTRY IN NORTH CUMBRIA**

### **a NHS England and NHS Improvement**

The Committee received a presentation from NHS England and NHS Improvement on NHS Dentistry in North Cumbria which informed members that primary care dental services operated in accordance with the National Dental Regulations and must evidence compliance with General Dental Services Regulations and Dental Charge Regulations. Officers highlighted that the Regulations, unlike those for General Medical Practice, did not allow for Patient Registration.

Members were informed that NHS Dentistry contracts and provision was activity and demand led with the expectation that practices delivered and managed their available commissioned activity to best meet the immediate needs of any patient presenting by entering into an agreed and formal signed course of treatment. Officers explained that they tried to keep equity with regards to commissioning, therefore, this was reviewed on a yearly basis.

The Committee was informed that NHS England did not commission private dental services, this was regulated by the Care Quality Commission and dentist regulation was undertaken by the General Dental Council. It was explained that National NHS Dentistry Regulation and Contracts did not prohibit the provision of Private Dentistry by Dental Practices.

Members received an explanation as to the current commissioned capacity, noting there were 39 NHS practices throughout North Cumbria.

The Committee was informed that the NHS dentistry pressures and challenges included the recruitment and retention of the dental workforce due to a number of reasons including a preference for dentists to work in city regions to avoid travel, particularly to remote and rural locations.

Officers highlighted the national problem due to the impact of COVID 19 and explained this was creating significant pressures in an increasing number of local North Cumbria and North East localities with North Cumbria being of particular concern.

Members were informed that a revised set of contractual targets had been introduced from April 2021 with a requirement to deliver at least 60% of normal activity volumes in return for income protection. It was noted that whilst restoration of NHS dental activity continued, a return to full capacity would be dependent on the further easing of COVID 19 infection prevention control measures.

The Committee drew attention to the anxiety which patients may have been experienced during COVID and asked how people were being reassured that it was now safe to attend the dental appointments. It was explained that work was being undertaken with local authorities to promote oral health and the measures being taken to ensure dentists were working in a safe environment.

A discussion took place regarding the local measures and actions to date which included the establishment of a small number of urgent dental care centres accepting referrals from dental practices and NHS 111. Officers explained this supplemented the existing urgent/unscheduled care services delivered from Cleator Moor, Carlisle Dental Access Centres and the supporting practices with commissioned urgent dental care slots. It was emphasised that there were incentives for all North Cumbria NHS dental practice to prioritise patients who had not secured an appointment in the practice within the previous 24 months (adults) and 12 months (children) who required urgent dental care.

A concern was raised regarding the closure of a dental practice in Maryport and the additional on-costs such as travel that patients incurred in this instance and in remote areas generally. Officers explained that discussions had taken place with the provider but unfortunately the contract was handed back due to issues regarding recruitment and retention of the workforce.

During the course of discussion concerns were raised about the longstanding issue regarding lack of NHS dentistry services in Copeland and a suggestion that there was a need to promote dentistry as a career. Members were informed that dentistry courses were oversubscribed, highlighting the need for more student places to be made available to help to alleviate workforce problems.

The Committee was informed there was investment in additional clinical triage capacity within the out of hours integrated NHS111 North East and North Cumbria Dental Clinical Assessment Service; increased investment into the new Dental Out of Hours Service contract to ensure there was sustainable capacity available.

A discussion took place regarding next steps and members were informed that plans were being finalised to re-commission the NHS dental capacity that had disappeared since the start of the COVID pandemic as well as starting to address some of the historic capacity gaps. It was explained that subject to a successful outcome of the procurement process this would provide general access capacity in 2022-23 which was in excess of the contract hand back capacity.

Members were informed there were ongoing discussions to finalise the additional capacity that was likely to be required to fully address the historic gaps in provision identified by the North Cumbria Access Review. Officers explained that work would continue to engage with Health Education England and their delivery partners in the development of initiatives/opportunities to improve recruitment and retention of dentists and dental team staff in North Cumbria.

Officers concluded and summarised that all NHS dental practices were still operating at a significantly reduced capacity due to the requirement to continue to adhere to national infection control guidance. It was explained that it was, therefore, necessary for dental practices to triage patients to ensure that those with the greatest clinical need were prioritised which could, therefore, lead to delays for patients seeking non clinically urgent and more routine dental care.

The Committee was informed that progression to resume the full range of routine dental care was being risk managed by individual practices and that this position was likely to continue until at least end of March 2022. Officers highlighted that plans were urgently being progressed to increase the clinical treatment capacity available.

**RESOLVED**, that an update on the improvements made to dentistry provision in West Cumbria be considered at a future meeting of the Committee.

## **b Healthwatch Cumbria**

Members received an update from Healthwatch Cumbria (HWC) on West Cumbria Dental Services.

The Committee was informed that HWC had been highlighting the dental problems faced by members of the public in West Cumbria through listening to the experiences of people in Copeland who had struggled to obtain NHS dental treatment.

Officers explained that a thorough engagement process had taken place, specifically with residents in Cleator Moor who were not registered with an NHS dentist, to obtain a clear picture of the current situation.

A discussion took place regarding the engagement process. Members were informed there was an acknowledgement by Healthwatch to ensure everyone had fair access, being aware of those who were digitally excluded. Officers explained that as well as engagement taking place electronically information had appeared in the local newspapers as well as distributing this in the form of a leaflet.

Members noted a report had initially been shared with the West Cumbria Dental Project Steering Group, Copeland Borough Council, Copeland PPG, Lowther PPG, and West Cumbria Support Groups in order to raise awareness of the dental issues in West Cumbria with the commissioners and help influence local policy.

The Committee was informed that the aim of the project was to find a solution to the considerable shortage of NHS dental places in Copeland.

Members raised their concerns regarding the lack of access to dental services for children, highlighting that private treatment was not a solution due to the costs. Whilst this was outside the remit of Healthwatch they were prepared to listen and amplify their voices if necessary.

During the course of discussion members were informed that concerns had been raised with regards to transport with a number of patients having to travel more than 20 miles to access dental services.

The Committee was informed that an option with regards to a mobile dental truck had been put forward to try and alleviate some of the issues. Officers explained that whilst this was a superficial solution it was not feasible for anything other than screening due to the hygiene measures required.

## **25 ROWANWOOD WARD, CARLETON CLINIC, CARLISLE - TEMPORARY CLOSURE UPDATE**

The Committee considered a report from Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) regarding the temporary closure of Rowanwood Ward Psychiatric Intensive Care Unit, Carleton Clinic, Carlisle which commissioned 10 beds for adult men and women providing assessment and treatment by a multi-disciplinary team.

Members were informed of the longstanding issues regarding recruitment and retention of resources, highlighting that it was now reliant on agency registered staff to operate. Officers explained that the balance between quality and risk had recently changed and it was expected that the staffing issue would deteriorate.

The Committee noted that a decision to reduce bed capacity to six was made in July 2021 to mitigate the risks and alleviate some of the pressures with a number of options reviewed to sustain the six beds. It was explained the reliability of those options were not deemed sufficient, potentially resulting in only three employed registered nurses working on the ward by early September 2021.

Members were informed it was, therefore, escalated for decision by the Trust Board to reach agreement to temporarily close Rowanwood and absorb the subsequent bed impact across the Trust due to the inability to assure safe staffing levels. Officers explained that given the scale of challenge with registered nurse vacancies on Rowanwood Ward and across North Cumbria inpatient wards more generally, it was proposed that the timescale for the ward reopening would depend upon the progress in recruiting into the qualified nursing vacancies, which was likely to take several months.

The Committee raised concerns that Rowanwood would not re-open and suggested that a Task and Finish Group be established to look at staffing and patient management at Carleton Clinic. Officers confirmed this was a temporary closure because of safety concerns due to lack of resources.

A discussion took place regarding the relocation of patients since closure and members raised their concerns that vulnerable patients had to go to the North East.

In conclusion, members were informed that CNTW was committed to maintaining inpatient mental health facilities in North Cumbria and had recently completed remedial works to alleviate dormitory accommodation in Oakwood Ward on the Carleton Clinic site.

Members were informed that work was about to commence on a £1.8m refurbishment of the Hadrian Unit on the Carleton Clinic site which would include the creation of seclusion and de-escalation facilities as well as the provision of en-suite facilities throughout the ward.

The Committee noted that CNTW had recently expressed an interest for a new hospital build to replace current inpatient facilities in Carlisle as part of the UK Government's new hospitals plan for England, however, this expression of interest was unsuccessful.

Members were informed that in line with the national priority to recruit and retain NHS staff, CNTW had also established a Recruitment and Retention task force which was overseeing and guiding recruitment and retentions strategies for the entire footprint of services across CNTW. It was highlighted that there was a particular focus in the work of the Task Force to look at inpatient staffing as it was recognised that this environment was particularly hard to recruit and retain staff.

Members were informed that locally discussions had already started to take place about establishing a new team for Rowanwood Ward going forward and the Trust felt confident they would be able to recruit enough staff. It was explained that a major focus was to recruit sufficiently skilled and experienced registered nurses which would be supported by the development of a detailed induction and staff training strategy for Rowanwood going forward.

**RESOLVED**, that

- (1) the report be noted;
- (2) an update on the improvements made to pathways of care since the transfer of Mental Health Services to Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust be made to a future meeting of the Committee.

## **26 AMBULANCE PROVISION IN ALSTON**

The Committee received a presentation from North West Ambulance Service which provided an update on ambulance provision in Alston. It explained that their aim was to provide a safe and effective operating model for Alston Moor residents which would be achieved by the promotion and implementation of an enhanced Community First Responder (eCFR) Scheme; continuing to support current Emergency Medical Technicians (EMTs) in maintaining their current scope of practice and would seek to develop an operational model which was fit for purpose and was sustainable to reduce gaps in provision.

A discussion took place regarding the number of challenges which included a reduction in EMTs from 18 to six in the last 18 months, the inability to convey a patient off the Moor, limited cover, the need for EMTs to undertake the Ambulance Assistant Practitioner Apprenticeship, the current EMTs demographics and future proofing the care available to the Alston Moor community and a communication and engagement strategy to generate understanding of how the ambulance service serves communities.

Members received an update on the engagement work which had been undertaken with various organisations and details of a service evaluation from working and clinical groups. The Trust highlighted the challenges with regards to communications and provided appropriate reassurances that there would be effective engagement with the local community in the future.

The Committee was informed that Alston was to act as a pilot for the proof of concept eCFR course plus an additional module to develop a Level 4 award. It was explained that Nwas was at the completion stage of drawing up a course and was due to have a proof of concept ready in the next few weeks. The position regarding qualification was clarified.

Members received information regarding the call category classification together with a summary of the annual and quarterly incidents attended together with an ARP annual comparison by area for 2020/21.

In conclusion members were informed that the next steps were to ensure the Communication Strategy directly engaged with the Alston Moor community, resurrect support for the eCFR programme with the community, revisit working groups to establish next steps of the operating model, representation for Alston Moor Working Group from the Committee to support independent arbitration and to develop a model which could respond and provide safe care until arrival of an NWS resource.

A discussion took place regarding the opportunities for the Cumbria Fire and Rescue Service to provide support in responding to Category 1 incidents in Alston. It was agreed that NWS would contact the Chief Fire Officer to have a wider discussion about support across other rural parts of the county, recognising the challenges faced by committing at a county level but building on the specific local challenges presented by Alston.

**RESOLVED,** that

- (1) the update be noted;
- (2) NWS contact the Chief Fire Officer to discuss the provision of support in across other rural parts of the county;
- (3) NWS attend a future meeting to discuss their provision across Cumbria, including a specific update on the position in Alston.

## **27 DATE OF FUTURE MEETING**

It was noted that the next meeting of the Committee will be held on Tuesday 7 December 2021 at 10.30 am at County Offices, Kendal.

The meeting ended at 4.15 pm