

CUMBRIA HEALTH SCRUTINY COMMITTEE

Minutes of a Meeting of the Cumbria Health Scrutiny Committee held on Wednesday, 22 May 2019 at 10.30 am at Council Chamber - County Offices, Kendal, LA9 4RQ

PRESENT:

Ms C Driver (Chair)

Ms H Chaffey
Mr P Dew
Dr M Hanley
Mrs RC Hanson

Mr N Hughes
Mr CJ Whiteside
Mr S Wielkopolski
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 Desert	-	Consultant Clinical Psychologist, Rehabilitation
Mr A Gardner	-	Director of Planning and Performance – NHS Morecambe Bay Clinical Commissioning Group
Mrs L Harker	-	Senior Democratic Services Officer
Mr J Hawker	-	Chief Officer – NHS Morecambe Bay Clinical Commissioning Group
Ms H Horne	-	Chair, Healthwatch Cumbria
Ms C Parker	-	Principal Clinical Psychologist, PPS
Mr P Rooney	-	Chief Operating Officer, NHS North Cumbria Clinical Commissioning Group
Mr D Stephens	-	Strategic Policy & Scrutiny Adviser
Professor R Talbot	-	Joint Chair – Cumbria Partnership NHS Foundation Trust and North Cumbria University NHS Hospitals Trust

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

The Chair welcomed District Council representatives to their first meeting of the Committee.

1 ELECTION OF VICE-CHAIR

It was agreed that this item would be deferred until the next meeting of the Committee scheduled for 18 July 2019 when it was anticipated all District Council Committee appointments would have been agreed following their recent elections.

2 APOLOGIES FOR ABSENCE

An apology for absence was received from Mr J Kane, Copeland District Council representative. It was noted that Mr Kane had only been appointed to the Committee the previous night and had a prior commitment for today.

3 MEMBERSHIP OF THE COMMITTEE

Following the local District Council elections the following permanent changes to the membership of the Committee were noted:-

- (1) Dr M Hanley replaced Ms V Taylor as the Eden District Council representative.
- (2) Ms H Chaffey replaced Mrs V Rees as the South Lakeland District Council representative.
- (3) Mr J Kane replaced Ms A Bradshaw as the Copeland Borough Council representative.

4 DISCLOSURES OF INTEREST

- (1) Mr C Whiteside declared a personal interest as his wife was employed at the West Cumberland Hospital.
- (2) Dr M Hanley declared a personal interest as he was a member of the Alston Medical Practice and Cumbria Local Medical Committee.

5 EXCLUSION OF PRESS AND PUBLIC

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

6 MINUTES

- (1) With reference to attendance at the meeting it was noted that Ms H Horne, Chair, Healthwatch Cumbria should be added to the list of attendees.

- (2) With reference to minute 59(3) – Healthcare for the Future Update – Integrated Care Communities it was agreed the first two sentences of the fourth paragraph should read: ‘A discussion took place regarding **the breakdown of care around an individual** 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 address those difficulties**’.

RESOLVED, that with the inclusion of the above amendments the minutes of the meeting held on 26 February 2019 be agreed as a correct record and signed by the Chair.

During the course of discussion it was agreed that an update on the ‘Same Day Health Centre at West Cumberland Hospital’ would be included in the Work Programme for discussion at a future meeting of the Committee.

7 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 given an update on the meeting of the Joint Cumbria and Lancashire Health Scrutiny Committee which had taken place on 26 March 2019. The Committee’s attention was drawn to the lack of attendance at the meeting by elected members from Lancashire. Members highlighted the importance of convening future meetings with full attendance by both authorities. During the course of discussion it was agreed that the work programme for the Joint Committee would also be considered by the Cumbria Health Scrutiny Committee.

The Committee discussed the Care Quality Commission (CQC) report regarding the University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT). A concern was raised regarding a perceived number of factual inaccuracies in the report regarding feedback from both staff and patients and it was felt this should be investigated further. Members were informed that Cumbria Health Scrutiny Committee Lead Members were scheduled to meet with System Leaders from South Cumbria to discuss the report further with a view to a response being formulated.

During the course of discussion it was agreed that there were a number of lessons to be learnt from the report. A number of issues were raised including the problems incurred due to the geography of the county. Members were informed that work had been recognised to address the inadequate services provided by the Morecambe Bay Trust. The Committee was informed that the CQC UHMBT Report and Trust response would be considered at the July meeting of the Cumbria Health Scrutiny Committee.

The Committee was informed that Lancashire County Council was taking the lead on establishing the Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System. It was explained that the Chair of the Cumbria Health Scrutiny Committee would attend an imminent meeting of the Steering Group which would develop the Terms of Reference. It was agreed that an update would be made at the July meeting of the Cumbria Health Scrutiny Committee.

Members received an update on the Joint Health and Adults Scrutiny Advisory Group noting that the most recent meeting had focussed on Population Health Management Models being developed in the North and South systems. The Committee noted the Group had recommended that information and data from Social Care would be incorporated in the Population Health Management System (Radar) in North Cumbria and requested that this information be circulated to members of the Cumbria Health Scrutiny Committee.

A discussion took place regarding waiting times and members were informed that performance metrics were publically available and would be provided to the Committee to inform the Work Programme.

The Committee had a brief general discussion regarding recruitment and retention. During the discussion a question was raised regarding the new system for recruitment of GPs and whether this was proving positive. It was agreed that reports regarding recruitment and retention from both North and South Cumbria would be included on the Committee's work programme for discussion at a future meeting.

RESOLVED, that

- (a) the Joint Cumbria and Lancashire Health Scrutiny Committee update be noted;
- (b) the appointment of a Joint Health Scrutiny Committee for the whole Lancashire and South Cumbria Integrated Care System be noted and a further update be provided at the next meeting of the Cumbria Health Scrutiny Committee;
- (c) the Joint Health and Adults Scrutiny Advisory Group update be noted;
- (d) waiting times performance metrics would be provided to the Committee to help inform the Work Programme;
- (e) information on Population Health Management System (Radar) in North Cumbria be circulated to the Committee;
- (f) the existing Work Programme be noted and the following items be added:-
 - (i) CQC UHMBT Report and Trust response be considered at the Committee's meeting in July 2019;

- (ii) update on Same Day Health Centre at West Cumberland Hospital be considered at a future meeting;
- (iii) recruitment and retention reports from both North and South Cumbria be considered at a future meeting.

8 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

Members were informed that currently there were no changes to consultant-led maternity services.

The Committee received an update on accessibility to electronic maternity notes via an APP. It was noted that since going live on 1 April, 100% of women registering a new pregnancy had signed up to the service. Members were informed that NHS Wi-Fi could also be used to access the APP if necessary.

Members were informed that the Short Stay Paediatric Assessment Units (SSPAU) were working well on both sites. It was explained there were currently no changes to overnight beds at the West Cumberland Hospital. The Committee noted that SSPAUs would continue to develop when the required staffing was in place but, to date, no additional staff had been recruited.

The Committee received a update on the 12 months review and feedback from the Independent Review Group regarding the long-term sustainability of consultant-led services at West Cumberland Hospital, Whitehaven which had ended on 31 March 2019. It was explained that the review of data was underway and it was anticipated that a report would be made available to the Clinical Commissioning Group in the summer.

(2) Stroke Services

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

Members noted that considerable work was under way to ensure estates and equipment issues were resolved. It was explained that a Stroke Consultant had been appointed which would alleviate some of the ongoing challenges around staffing.

The Committee was given a positive update on the Copeland Community Stroke Prevention Group which was planning a series of community events offering health testing and advice to reduce the number of avoidable strokes. Members were informed there were several projects being rolled out, highlighting that the Rotary Club had been the driving force behind a number of events being organised to reach members of the community who did not attend GPs regularly. It was explained that pro-production was being undertaken with a wide range of voices in the Copeland area which, it was anticipated, would be rolled out in other areas of the county in the future.

During the course of discussion members were informed that both the North and South CCGs were part of a pilot Atrial Fibrillation Programme. It was explained the programme would not confirm a diagnosis but would give an indication if medical treatment was required.

It was explained there was also a community pharmacy project underway in communities where there were significantly higher than the average numbers of strokes.

(3) Integrated Care Communities (ICCs)

Members received an update on ICC developments which included details of health and wellbeing action groups being established to tackle local health issues in Workington, Cockermouth and Maryport.

The Committee noted that the events had identified healthy weight and smoking cessation as two of the key concerns, as well as associated health problems such as diabetes and stroke. It was explained that mental wellbeing, alcohol misuse, falls prevention and social isolation were also highlighted.

Members were informed that Cumbria CVS had recruited Third Sector representatives for each ICC to ensure links were strengthened. A concern was raised regarding the lack of communication with the leadership of ICCs and practices in certain areas and it was felt action should be taken to redress the feelings of anxiety. Officers, whilst acknowledging the issues being experienced in certain areas, explained that ICCs were at different stages of maturity. It was agreed this would be investigated further by officers with a clear commitment to improve communications.

A discussion took place regarding the future of ICCs and it was noted that their ambition was to bring teams together to become a movement for health. It was explained that ICCs were at different stages and it was agreed that a programme of visits to identified ICCs would be organised to allow the opportunity to speak to voluntary sector representatives, frontline and clerical staff. Members suggested that both North and South Cumbria CCGs identify two ICCs each – one which was leading the way and one which was still had challenges to address. It was also agreed that Healthwatch would consider how they could provide an analysis of patient experience.

The Committee briefly discussed Primary Care Networks (PCNs) and it was agreed that further information on them and how they would interrelate with ICCs in both the North and South would be considered at a future meeting.

The Committee welcomed the positive feedback at a recent Healthwatch England meeting on the work of the Trust with regards to ICCs. Members were requested to forward any concerns regarding ICCs to David Stephens, Strategic Policy & Scrutiny Adviser.

The Committee were informed that refurbishment work to improve the patient experience and ensure better privacy and dignity for inpatients at Brampton Hospital had been delayed by two months. It was expected that for the six months' duration of the works the majority of Brampton staff would join the Brampton/Longtown and Carlisle community health teams until the work was completed.

Members noted that Brampton hospital would continue to deliver all other services including outpatient services, physiotherapy and podiatry clinics and children and midwifery clinics.

The Committee noted that whilst it had been anticipated the works at Penrith hospital could be undertaken at the same time as Brampton, however, it was felt that in order to ensure maximum availability of beds for patients across north Cumbria, it had been agreed refurbishment of Penrith Hospital would take place in 2020.

It was emphasised to members that health leaders were confident the enhanced community model supporting the communities around Brampton and Carlisle along with keeping open the 28 beds in Penrith would meet the needs of patients over the next few months.

RESOLVED, that

- (1) the report be noted;
- (2) a programme of visits to identified ICCs be arranged;
- (3) an item on Primary Care Networks be considered at a future meeting of the Committee.

9 FAMILIAR FACES

(The Committee requested that acronyms be avoided in future reports).

Members received a presentation regarding 'Familiar Faces'; a new service for North Cumbria which had been developed to address the needs of patients often termed 'Frequent Attenders'.

The Committee was informed that the traditional medical model of care was inadequate when dealing with frequent attenders. Members noted there was evidence that consistent management by a skilled team, through a clinical care plan shared across the health system was beneficial.

A discussion took place regarding selection of the 300 patients from the total population. Members were informed that the top 1% of frequent attenders had been investigated and discussed further with GPs for selection.

Members were informed that Adverse Childhood Experiences (ACE) often had a significant impact on later life outcomes and contributed to patient complexity and clinical outcomes. It was explained that one to one patient contact would not address the problems of those patients, therefore, it was felt this had to be addressed as a system with consistent management, early identification and relevant staff who were trained to identify vulnerable patients.

The Committee noted that work was required to be undertaken across the whole system including public health, local authorities and third sector organisations to look at a system wide strategy. Members welcomed this approach and highlighted the benefits of shared learning across the wider system. During the course of discussion the inclusion of Crime Safety Partnership Groups was welcomed and the need to work more closely with them to provide help and advice to the districts was highlighted.

The Committee noted that the Familiar Faces service was embedded in three Integrated Care Communities (ICCs) across North Cumbria and the priority for 2019/20 was to extend the service to the remaining five ICCs offering equity of service and significant release of resources for the system.

Members were informed that each of the three ICCs who currently had access to the Service included one clinical psychologist who could provide direct therapy and one living well coach to provide direct support or links with other parts of the system. It was explained that the current ICCs involved were in Copeland, Maryport/Cockermouth and Carlisle but the future ambition was to involve all ICCs.

A discussion took place regarding the variability in service in the Eden area. It was explained that whilst living well coaches had recently been appointed there were still no coaches in Alston due to problems regarding recruitment.

The importance of effective system change was emphasised with the need for all the healthcare system to be involved to provide help and preventative measures.

Members welcomed the unique methods which had been developed to reliably identify the patient cohort from data across the health economy (including primary care, out of hours, emergency care, secondary care and emergency services).

The Committee discussed the need for a sustained period of specialist one to one services which would be needed and questioned how this would be achieved within the resources available. It was explained that it had been recognised those living with ACEs did benefit from discussions, therefore, there had been considerable investment in training 30 staff to ensure they had the skills to provide effective treatment and provide a consistent management model.

The Committee noted that the county had initiated and led a system-wide initiative for Cumbria becoming a trauma-informed county (ACEs) by providing the workforce across all sectors with the skills to detect issues early and be able to support individuals with their required needs.

Members acknowledged the work of skilled individuals and asked what the unskilled community could do to help. It was explained there was a lot of awareness and support in Cumbria from the community which included support from the Cumbria Resilience Project and other third sector organisations. During the course of discussion it was suggested that engagement with the West Cumbria Community Forum may prove beneficial.

The Committee acknowledged the challenges in providing the service and meeting the criteria for funding and queried whether they received the support they needed. It was explained that in order to achieve the objectives there was a need to be confident but to take calculated risks. Officers felt there was a need to support healthcare providers to highlight why change was required and to work together collaboratively.

Members were given examples of positive feedback from both patients and clinical staff on the Service. It was highlighted that this had released GP time to enable them to meet other demands on their Service. The Committee welcomed the outcome of discussions in due course.

The Committee welcomed the new approach, highlighting the amount of work which was required to be carried out around core competencies, and acknowledged that improvement in services could take a significant length of time.

The Committee as a whole would be supportive of the service being recommissioned following the final programme review, and of the service being rolled out across the County.

RESOLVED, that

- (1) the update be noted;
- (2) the Annual Report be circulated to the Committee when finalised.

10 MENTAL HEALTH SERVICES IN NORTH AND SOUTH CUMBRIA

The Committee considered a report by the Chief Operating Officer, North Cumbria CCG and Director of Planning and Performance, Morecambe Bay CCG which updated members on changes to mental health services in North and South Cumbria in respect of the CCGs' joint Commissioning Intentions. Members noted that the changes affected Adult Mental Health Services, Children and Young People's Mental Health Services (CAMHS) and Learning Disability Services.

Members were informed that with regards to mental health services, the Commissioning Intentions also recognised that although Cumbria Partnership Foundation Trust (CPFT) provided some good services they had had a CQC rating of 'Requires Improvement' for a number of years. It was explained that many of the underlying issues were difficult for a small Trust in a challenging geographical position to address on its own. It was highlighted that linked to this, there were a number of services, particular CAMHS, which had been in need of significant improvement for some time, despite the best endeavours of the Trust. It was felt wider organisational change or support was needed to make a difference.

The Committee noted this was supported in a 'Patient Safety Initiative' meeting between the Trust, CCGs and NHS England, NHS Improvement and CQC, where national mental health leads supported delivery of the commissioning intentions as a way of accelerating improvement in services.

Members were informed that the commissioning intentions for mental health services set out three clear objectives, the need to:

- ensure an improvement in the quality of services, particularly for areas such as CAMHS
- ensure the clinical and financial sustainability of services;
- deliver care models and pathways consistently across the wider Integrated Care System footprints for North and South Cumbria: ie in the South, across Morecambe Bay and as developed across Lancashire and South Cumbria Integrated Care System; in North Cumbria, as developed across North Cumbria and the North East of England.

The Committee were informed that the Commissioning Intentions of Morecambe Bay were clear and that the CCG believed the best way of addressing the three drivers was a transfer of services from CPFT to Lancashire Care NHS FT (LCFT). It was explained that the intentions for North Cumbria were for services to be delivered by, or in a very robust partnership with, Northumbria Tyne and Wear NHS FT (NTW).

It was explained to the Committee that NTW provided improvement support to other trusts through its consultancy arm, Trust Innovations (NTW TI). Members noted that NTW TI had been supporting improvement work in Cumbria since 2018, with an early focus on CAMHS. It was felt that this was essential as all organisations recognised that whilst a transfer of services could bring about significant improvement and clinical sustainability over the medium term, there was also a need to continue improving services whilst the process of transfer was taking place.

The Committee received an update on future arrangements and members were informed that all health organisations had undertaken appropriate assurance work and agreed that a transfer of services to LCFT was appropriate and should take place on 1 October, in line with the transfer in the North. It was explained that in reaching this agreement, a key feature was an improvement plan for services transferring linked to wider improvement for LCFT.

A member raised a concern regarding referrals to the Service and felt that until recently adult mental health services had been very good but following the retirement of the psychiatrist, which had left the post vacant, referrals were being rejected. It was also explained that referrals to CAMHS were also being rejected and welcomed any future improvements.

The Committee was informed that there were great challenges for medical recruitment but it was felt that the merger of two Trusts in the north would see an improvement in the recruitment of psychiatrists. It was explained that the CAMHS service had experienced a huge increase in demand for Tier 3 (a range of mental health professionals and specialists who were trained and experienced in working with young people and their families) and highlighted the challenges around access to the Service.

Members were informed that the intention in the south of the county was for the ICCs to look at mental and physical well-being highlighting the importance of embracing the wider community regarding the prevention agenda.

A discussion took place regarding CAMHS in the west of the county and members were informed that schools in West Cumbria had raised their concerns regarding the lack of assessment by the Service. Members were informed that the West Cumbria Mental Health Network had been unable to contact anyone from Tier 3 regarding a Conference scheduled for 24 June and asked that this be investigated as a matter of urgency. It was confirmed that the Joint Chair of Cumbria Partnership NHS Foundation Trust and North Cumbria University NHS Hospitals Trust would contact colleagues within CPFT to ensure engagement took place at the West Cumbria CAMHS networking event.

The Committee discussed the effects of mental health in schools. Whilst welcoming mental health first aid in schools concerns were raised regarding the intense stress on pupils and staff, highlighting in particular, the expectation for teachers to diagnose mental health problems.

Members requested that a report be considered at the next meeting of the Committee regarding how Lancashire Care and NTW would be improving services in South Cumbria and North Cumbria respectively. It was agreed that Lancashire Care would incorporate details on and implications of the review of urgent mental health services across Lancashire and South Cumbria.

Whilst it was felt the reorganisation seemed to be justifiable and heading in the right direction concerns were raised regarding capacity issues of LCFT. Members were informed that, as with North Cumbria, LCFT and CPFT were working together with NTW on the transfer process, including the Business Transfer Agreement and workforce arrangements etc. It was noted that Morecambe Bay CCG would work with CPFT and LCFT on the appropriate contractual changes to support the transfer.

The Committee were informed that all organisations coordinated arrangements as a collaborative joint endeavour through a monthly Programme Board with associated sub groups for workforce, communications, IT, estates etc. It was explained there were also discussions in place between the two CCGs, LCFT and NTW with a view to maintaining continued north/south bed flows to units in other parts of the county to ensure patient needs were met and best use of resources.

A discussion regarding the importance of engagement and communication took place. Concerns were raised regarding the lack of attendance at engagement events, highlighting that only 57 people had engaged in the 28 sessions organised in the north. It was felt there was a need to understand where to go to engage with the mental health system and who the public would contact to discuss future services. The Committee was informed there was regular engagement with NTW and Lancashire Care. The Committee felt that the disbanded Cumbria Mental Health Group had been an excellent forum for communication.

During the course of discussion it was recognised that communication could have been undertaken more effectively. The challenge to manage the message to inform the public that there would be no change in service provision and that this was about securing a long-term provider was highlighted to members. The importance of communicating with people to assure them that services would improve was emphasised. Members were informed that engagement events were also being organised for staff.

Members asked for further details regarding 'appropriate assurance work' and the recent presentation to the Cumbria Health and Wellbeing Board on CAMHS would be circulated to members of the Committee together with any other appropriate information.

During the course of discussion a member raised a concern regarding hoarding which had been recognised as a mental health issue and asked what resources were available across the service to deal with this. It was agreed this matter would be discussed at the next meeting of the Committee in July.

RESOLVED, that

- (1) the report be noted;
- (2) the presentation to the Cumbria Health and Wellbeing Board on CAMHS be circulated to members of the Committee together with any other appropriate information;
- (3) a report on how Lancashire Care and NTW would be improving services in South Cumbria and North Cumbria respectively be considered at the next meeting of the Committee.

11 DATE OF FUTURE MEETING

It was noted that the next meeting of the Committee would be held on Thursday 18 July 2019 at 10.30 am at County Offices, Kendal.

The meeting ended at 1.05 pm