

CUMBRIA HEALTH SCRUTINY COMMITTEE

Minutes of a Meeting of the Cumbria Health Scrutiny Committee held on Thursday, 18 July 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 J Kane (Vice-Chair)
Mr CJ Whiteside
Mr S Wielkopolski
Mr M Wilson

Also in Attendance:-

- | | |
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| Ms C Alexander | - Associate Director of Operations – Surgery Care Group, University Hospitals of Morecambe Bay NHS Foundation Trust |
| Ms N Blease | - Clinical Services Manager, University Hospitals of Morecambe Bay NHS Foundation Trust |
| Ms J Clayton | - Head of Communications and Engagement, NHS North Cumbria Clinical Commissioning Group |
| Mrs L Harker | - Senior Democratic Services Officer |
| Mr M Hindley | - Programme Director for the South Cumbria Transfer of Services |
| Ms H Horne | - Chair, Healthwatch Cumbria |
| Mr G O'Hare | - Executive Director of Nursing & Chief Operating Officer Northumberland, Tyne & Wear NHS Foundation Trust |
| Ms J Moore | - Director of Partnerships and Strategy, Lancashire Care |
| Mr S Rigg | - Communications and Engagement Manager, University Hospitals of Morecambe Bay NHS Foundation Trust |
| Mr P Rooney | - Chief Operating Officer, NHS North Cumbria Clinical Commissioning Group |
| Mr D Stephens | - Strategic Policy & Scrutiny Adviser |
| Ms P Travers | - Northumberland, Tyne & Wear NHS Foundation Trust |

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

12 ELECTION OF VICE-CHAIR

The District Council representatives elected a Vice-Chair of the Committee from amongst their members.

RESOLVED, that Mr J Kane be elected Vice-Chair of the Committee for the ensuing year.

13 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr D Blacklock, Mr F Cassidy and Ms A McKerrell.

The County Council's representative from the Barrow area raised his disappointment at the lack of attendance from the Barrow Borough Council member. Whilst it was acknowledged the current representative was a recent appointment following the District Council elections it was highlighted that prior to this there had been no attendance by the previous member for a significant number of meetings.

14 MEMBERSHIP OF THE COMMITTEE

It was noted that following the district council elections Mr F Cassidy, Mr J Kane and Ms A McKerrell were now permanent members of the Committee representing Barrow Borough Council, Copeland Borough Council and Carlisle City Council respectively.

15 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.
- (3) With reference to agenda item 10 – University Hospitals of Morecambe Bay NHS Foundation Trust Improvement Plan Following the Care Quality Commission Inspection Report (minute 23 refers) 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.

16 EXCLUSION OF PRESS AND PUBLIC

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

17 MINUTES

RESOLVED, that the minutes of the meeting held on 22 May 2019 be agreed as a correct record and signed by the Chair.

18 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 North Cumbria Clinical Commissioning Group (CCG) had met on 3 July 2019 to consider the findings of the Independent Review Group chaired by Dr Bill Kirkup CBE.

The Committee noted that the Governing Body had considered the following recommendations:

- (a) The existing pattern of maternity services with consultant-led units in Whitehaven and Carlisle was operating effectively at present and was proving innovative and adaptable in overcoming challenges. A commitment should be given to sustain this service pattern.
- (b) Midwifery-led services operating alongside those units were important in offering choice of birth setting in line with Better Births. A commitment should also be given to sustain this element of the service pattern.
- (c) There will be challenges to sustaining this service pattern. It was important that a decision about Option 1 does not lead to any sense of complacency or 'job done'. It was also important, however, that the stability of Option 1 was not undermined by a perception of crisis every time a challenge arose. A commitment should be given to maintaining vigilance and supporting innovative measures to counter those challenges in future, continuing the collaborative Working Together approach between the community and the NHS.

Members were informed that the Governing Body had voted unanimously to accept the recommendations and acknowledged and thanked North Cumbria University Hospitals NHS Trust for its hard work and creativity in tackling the issues undermining sustainability.

The CCG recognised the importance of working with the Cumbria Health Scrutiny Committee and emphasised the need for this to continue, as well as highlighting that a key need was to also involve the community.

The Committee drew attention to the difficulties regarding the recruitment of staff to the existing consultant-led units in Whitehaven and Carlisle and concerns raised regarding whether both units could be sustained safely. It was agreed the Committee would continue to receive a progress report on the challenges.

A discussion took place regarding the Royal College Standards regarding training which were based on big cities, therefore, created problems in rural areas such as Cumbria. The Committee welcomed the opportunity to work together to ensure models were adjusted for rural areas.

Members were informed that the Standards were written in order to protect patients; but over a period of time there had been an overall drift in the number of clinicians required in certain areas, therefore, this would continue to cause a challenge in Cumbria. It was explained that the national NHS Long Term Plan was to establish a clinical model for geographically remote hospitals which should prove beneficial for the county.

During the course of discussion a member raised a concern regarding the denial of risk by the NHS, highlighting the substantial risk to pregnant women haemorrhaging. A concern was also raised regarding the dynamics in social media. It was explained that if anything inappropriate or illegal had been posted action would have been taken but the Commissioners were unable to regulate social media.

A discussion took place regarding the comparisons made in relation to maternal mortality ratio and neonatal mortality rates by country and whether there had been any specific findings which could be applied to Cumbria. It was explained there was a potential correlation between distance and risk highlighting that other countries had to travel much further than those distances in the county.

The Committee, whilst welcoming women in North Cumbria having the ability to register their pregnancy and have access to their maternity notes via an app, raised concerns regarding those who did not have access to the technology required. It was explained that the information could still be made available in paper form.

The Chair, on behalf of the Committee, congratulated the CCG and echoed their sentiments whilst drawing attention to the high standard set for future co-production. It was felt the report from the Independent Review Group was well balanced and that the recommendations emphasised this was a very nuanced decision.

RESOLVED, that

- (1) the report be noted;
- (2) the work being undertaken to retain consultant-led maternity services at the West Cumberland Hospital continue to be reported to the Cumbria Health Scrutiny Committee.

19 FUTURE MENTAL HEALTH SERVICE PROVISION IN NORTH AND SOUTH CUMBRIA

a North

The Committee received a presentation from representatives of Northumberland, Tyne and Wear NHS Foundation Trust (NTW) regarding the future mental health service provision in north Cumbria.

Members received a general overview of NTW and were informed they were working with partners to redesign their mental health primary care model. It was explained that funding had already been secured for the Psychiatric Liaison and Crisis and Home Based Treatment services and that enhanced bed management to reduce out of area placements had already been introduced.

The Committee was informed that to date the Learning Disability pathway was being reviewed and improved, the rehabilitation pathway was being reviewed and redesigned and there were significant improvements already in place in Child and Adolescent Mental Health Services (CAMHS) with an improved partnership with Lancashire Care Foundation Trust (LCFT).

A discussion took place regarding the workforce and it was noted that Cumbria Partnership NHS Foundation Trust (CPFT) and NTW had a joint recruitment process in place for nurses, employing five nurse consultants and developing non-medical roles. It was noted the first cohort of nursing apprenticeships were scheduled to begin in January 2020.

A concern was raised regarding workforce training and the lack of skilled people. It was suggested and acknowledged by officers that upskilling trained staff would be a positive move. A specific concern was raised regarding experienced specialist qualified youth mental health workers in schools. It was explained that NTW had responsibility for training mental health support workers in schools and colleges and this could be transferred across once funding was agreed. It was agreed that NTW would meet Mrs Hanson separately to discuss this matter further.

The Committee was informed of a number of key drivers which had been identified in 2018 which included waiting lists, lack of electronic waiting lists, recruitment and retention issues, poor rate of service user and carer feedback and engagement, staff wellbeing and involvement and high levels of sickness and poor retention rates.

A discussion took place regarding the RIO system which was an advanced electronic care patient record system which NTW currently used. It was acknowledged that Cumbria would benefit from a similar system.

Members were informed that since 2018 children and young people waiting for treatment had significantly reduced and the locally agreed standard was that 90% wait no more than 48 hour from referral to first contact for urgent appointments. It was explained an electronic waiting list was now in place and was reviewed weekly by CAMHS managers and staff.

The Committee was informed that NTW had commissioned to provide a Monday to Friday, 9 am to 5 pm service whilst acknowledging that a more comprehensive service was required. It was felt there was a need to develop a home treatment service and enhance a community service. The importance of engaging with primary care, including GPs was essential to ensure that people were signposted to the correct service.

A discussion took place regarding the problems incurred, including vast amount of wasted time, for GPs to access an approved social worker in Cumbria. Whilst acknowledging the challenges it was explained that NTW were not responsible for health care practitioners and this was the responsibility of the Local Authority. It was agreed that an invite to a future Working Group would be extended to Dr Hanley to discuss this matter further.

The Committee welcomed some of the achievements to date which included the increase of young people who had a co-produced care plan, a proactive strategy and action plan for service user and carer engagement in place, staff wellbeing, reduction in sickness and absence and reduction in agency and vacancies.

Whilst members welcomed the improvements which had been made they also recognised the challenges they still faced which included demand growth outstripping capacity which resulted in longer waiting times than they wanted, workforce gaps, age profile of some senior leaders and difficult commissioning arrangements.

The Committee raised their concerns regarding the high suicide rates in Cumbria. It was explained that the Suicide Prevention Strategy would be considered in future by all key partners and third sector organisations. It was agreed that delivery of the Strategy would be included on the Joint Health and Adults Advisory Group work programme.

In conclusion, NTW outlined opportunities going forward which included bringing people together as a key early priority, understanding what worked in the unique geography of Cumbria and building on it, sharing what was really good across the newly formed organisation and what the greater critical mass could bring.

The Chair thanked officers for their update and asked that the Committee receive a further report in future.

RESOLVED, that

- (1) the update be noted;
- (2) NTW would meet separately with Mrs Hanson to discuss mental health support in schools and colleges;

- (3) NTW be invited to the Lead Health Scrutiny Member meetings with North Cumbria System Leads;
- (4) delivery of the new Suicide Prevention Strategy be included on the work programme for the Joint Health and Adults Advisory Group.

b South Cumbria

The Committee considered a report on the current position in relation to the transfer of South Cumbria Mental Health and Learning Disabilities Services from Cumbria Partnership Foundation Trust (CPFT) to Lancashire Care Foundation Trust (LCFT) planned to take place on 1 October 2019.

Members were informed that the transaction covered a number of services from the south of Cumbria which included approximately 400 staff, predominantly clinical, who would transfer from CPFT to LCFT. It was recognised there were many good practices within CPFT from which LCFT could learn and develop, but equally there were a number of challenges which would need to be addressed moving forward.

The Committee noted the challenges included estates and staffing issues in some areas and IT systems. It was explained that LCFT had developed a strategic improvement partnership with Northumberland, Tyne and Wear Trust (NTW) and would be working closely with NTW to develop service improvement plans which were co-produced with service users and staff to make the necessary changes and ensure the highest quality care was delivered.

Members raised their concerns regarding the use of agency staff, emphasising this had been an issue for a long time. It was acknowledged that recruitment was challenging but explained this was improving.

A discussion took place regarding service improvement plans and the lack of firm timelines. It was explained that the improvement plans were comprehensive but would be shared with the Committee at a later date. It was agreed that a potential workshop, possibly combined with a site visit for members be arranged towards the end of the calendar year/early next year to look at the challenges and improvement plans.

The Committee was informed the key priorities of LCFT included addressing pressures in adult mental health urgent care pathway, improving Care Quality Commission rating, enhancing partnership working and relationships with stakeholders including voluntary, service users/patients, increasing staff engagement and co-production in service delivery, securing appropriate investment in mental health services and safely transitioning South Cumbria Services in to LCFT.

Members raised their concerns regarding the lack of reference to vulnerable people, highlighting the necessity for immediate improvement of services for people with learning difficulties. Whilst this was acknowledged by officers it was felt there was a need to get the basics right initially to ensure the care provided was safe. During

the course of discussion it was accepted that the lack of specialist in-patient services for people with learning disabilities was not acceptable and needed to be developed together with out of county care for mental health services.

Members were informed a full communications and stakeholder engagement plan had been developed and launched which included key groups such as service users, carers and families, voluntary sector, staff and other engagement. It was explained that staff engagement events had taken place at all levels across the county.

During the course of discussion disappointment and concerns were raised regarding the lack of communication. Members drew attention to the benefits of engagement with elected members, highlighting their role in the ability to disseminate information to a number of other sources including local councils and communities. It was suggested that the LCFT Chief Executive be invited to the Lead Health Scrutiny Member meetings for South Cumbria System Leaders.

Officers acknowledged the concerns raised confirming they were further behind engagement activities than their colleagues in the north of Cumbria. It was agreed that LCFT would meet with members who expressed an interest to discuss the engagement process and the support members could offer in accessing networks within their communities.

The Committee highlighted the importance of third sector involvement. It was explained that third sector organisations provided good support for certain services whilst accepting the need to build further relationships in the future.

A concern was raised regarding the lack of after-care services and it was explained there was a programme of work to develop primary care support which was part of the development improvement programme for the future.

Members were informed that new governance arrangements were in place to oversee the transaction. It was explained that the south Cumbria service did not trigger the threshold for a material and significant transaction. However, it was good practice to regard the transaction as significant and follow the process set out by NHSI.

The Committee noted there were concerns highlighted on agreement of the transfer following a quality review which included delivery of CAHMS services which currently faced significant quality and performance challenges, pressure in the adult mental health urgent care pathway and workforce issues, specifically Consultant CAMHS, ADHD and eating disorders. It was explained they would be considered through the due diligence process emphasising that there were no significant patient safety concerns as a result of the transfer.

A discussion took place regarding the key risks and associated mitigation highlighted to date, drawing attention to the transfer and access to patient records. The Committee asked whether the interim solutions to ensure safe transfer and access to records, agreed between clinical and IT colleagues, was compatible between the different systems. It was explained that the various bodies used

different versions of the same system which were being aligned to ensure compatibility. It was highlighted that additional funding for developments had been secured.

Members were informed that 97% of patient records were on the IT system and that the outstanding paper records were an issue. It was explained that the preference was for all records to be scanned and available on the system, highlighting this was unlikely to be achieved before 1 October 2019.

The Committee drew attention to the previous CQC inspection which had highlighted a number of safety concerns regarding the Kentmere Ward environment. It was noted that a significant capital sum was required to make the necessary improvements and discussions with commissioners and CPFT were ongoing in this regard. Officers confirmed that there were no plans to make any changes other than address staff and environment issues. Members highlighted the necessity for the Committee to be afforded early notice of any potential variations of service to allow consideration of a need for a meeting of the Variation Sub-Committee to be convened.

The Committee noted the report and emphasised the potential for positive co-production with members in a more informal arena. It was agreed that a further report be considered at a future meeting.

RESOLVED, that

- (a) the update be noted;
- (b) LCFT meet with members who express an interest to discuss the engagement process and the support members can offer in accessing networks within their communities;
- (c) the LCFT Chief Executive be invited to the Lead Health Scrutiny Member meetings for South Cumbria System Leaders;
- (d) the Committee be afforded early notice of any potential variations of services;
- (e) a potential workshop, possibly combined with a site visit for members, be arranged towards the end of the calendar year/early next year to look at the challenges and improvement plans.

20 ORTHODONTICS IN SOUTH CUMBRIA

The Committee received a report from University Hospital Morecambe Bay NHS Foundation Trust (UHMBT) on Orthodontic provision. It was explained the service provided care to complex and multi-disciplinary cases as part of a managed clinical network and to two local area providers. Referrals were received from General Dental Practitioners and Specialist Orthodontic Practitioners.

Members were informed that UHMBT had stopped accepting new referrals in April 2016 and new referrals were now managed through Blackpool Teaching Hospital. It was explained this was due to the loss of substantive staff and the unsuccessful recruitment of a consultant orthodontic. It was highlighted the Service was heavily reliant on consultant management, therefore, the service was fragile and became unsustainable. The Committee noted the lack of recruitment of appropriately trained staff and a consultant was due to a national shortage and the geographical position as a Trust.

The Committee were given an update on the workforce challenges noting that the substantive consultant would leave the Trust in September 2019, it was anticipated the specialist orthodontist at Furness General Hospital (FGH) would have a fixed term contract on a flexi-retirement basis covering both the FGC and Royal Lancaster Infirmary. Members were informed that support from agency orthodontic consultants had been unsuccessful. It was explained that an approach had been made by a local orthodontic consultant currently working at Blackpool to join the Service on either a bank position or fixed term contract with the possibility of this being substantive in the future.

Members were informed there were currently 548 patients with the majority of those requiring consultant follow-up to progress and discharge where appropriate. It was explained that for multiple reasons to date the discharge of patients had not been as large as expected.

A discussion took place regarding the future of orthodontic services within UHMBT. Members were informed that the NHS specialist commissioners had been informed of the frailty of the service since 2015. It was explained that a meeting had taken place with all providers and the three Orthodontic Consultants (two at Blackpool and one at UHMBT) to formulate a way forward across informal partnerships. It was highlighted that partnership working would strengthen safe provision of Hospital Orthodontic services along with sustainable future workforce planning.

The Committee was informed that patient numbers accessing hospital orthodontic services at UHMBT had been too large to sustain with a single consultant. It was explained that capacity and demand planning would need to identify a future service to manage the numbers receiving treatment in a different way as well as looking to train future consultants if possible. It was anticipated there would be an improvement in primary care provision in 2020 as a procurement exercise was being undertaken with commissioners, enabling more patients to receive ongoing treatment in primary care, following secondary care advice.

During the course of discussion it was suggested and agreed that service models outside the UK would be looked at.

In conclusion, it was felt that initially the safety of patients was paramount as well as being able to sustain the service in the future and enable patients to receive treatment closer to home. Members welcomed the request from the Associate Director of Operations for Surgery and Critical Care for a workshop led by Specialist Commissioning to consider the service on a wider (ICS) footprint.

The Chair welcomed the report and asked that the Committee be kept updated on future developments in addressing the issues in the Service and the outcome of the discussions with NHS Specialised Commissioning on the future of the service within the wider Integrated Care System footprint.

RESOLVED, that

- (1) the report be noted;
- (2) the Committee be updated on future developments in addressing the issues in the Service.

21 UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST (UHMBT) IMPROVEMENT PLAN FOLLOWING THE CARE QUALITY COMMISSION (CQC) INSPECTION REPORT

The Committee considered a report which provided an update on the University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) Improvement Plan following the Care Quality Commission (CQC) Inspection report.

The Committee were informed that the overall rating for the Trust was 'Requires Improvement' with the Trust previously rated as 'Good'. It was explained that many of the areas identified in the CQC inspection were known to the Trust and work was already underway and being actioned with good progress being made.

Members noted that the Trust proactively commenced additional work as soon as the original draft report was received and a summary of the approach and actions was summarised into five key areas: Campaigns, Improvement Plan, Thematic Pieces, Visibility of Assurance and Partnerships.

The Committee were informed that a monthly progress report would be provided and monitored by various bodies within the Trust. It was explained that staff, Council of Governors and key stakeholders would also be provided with ongoing regular updates regarding the Improvement Plan through the Trust's communication and engagement process. The Improvement Plan would also be published on the Trust's external website and internal intranet site to make it available to patients, the local population, staff, governors, stakeholders and other interested parties.

Members considered the Improvement Plan and discussed the risks associated with staff recruitment and deployment. Whilst it was acknowledged that recruitment was challenging it was explained that pro-active partnership work with the Local Authority was being undertaken by a dedicated recruitment team to attract people to the area. The potential budget overspend due to the use of locums was highlighted and it was explained that the Trust were working collaboratively with colleagues to agree a fixed fee throughout the district.

The Committee drew attention to the need to continue to utilise a 'hotspot' and the workforce heat map report which aggregated vacancies, long term sickness and maternity leave for any department, to target those areas with the additional RN staff recruited, whilst taking into consideration candidates preferences for placement. It was explained that this was an ongoing review by the Senior Nursing Leadership Team at the monthly Executive Chief Nurse Form but had no specific target date.

Members raised their concerns regarding the staff sickness absence rates which were above the national average. It was noted that it had been recommended that the Trust should focus on how the wellbeing and occupational support offered to staff could support a reduction on sickness absence. It was explained that progress to date had included the delivery of preventative measures and campaigns highlighting that the success of this was dependent upon the level of staff engagement and involvement.

A discussion took place regarding the effects of bullying and harassment on staff resilience and the recommendation to review and develop a Trust wide Bullying and Harassment Reduction Plan. Members emphasised the need to encourage openness from staff around those issues and the use of non disclosure agreements. Members were informed there was already a work programme developed by the Bullying Harassment Working Party and that a clear action plan was in place. It was explained there were numerous ways to anonymously raise concerns which included via an App on staff mobiles, intranet and desk tops as well as conversations with the Trust's Freedom to Speak Up Guardian.

The Committee discussed the recommendation for the Service to ensure that all staff had received safeguarding training for adults and children. Members raised their concerns at the low number of relevant staff who had undertaken the mandatory training emphasising the need for this training to be 100%. It was explained that taking into account staff absence there was an expectation that 95% of staff would undertake mandatory training and it was agreed that an update on progress would be made available at the next Lead Member meeting.

A discussion took place regarding the requirement to develop and agree a 2019/20 CIP to deliver £22m savings and concerns were raised regarding the impact this would have on the Service. Members were informed that to achieve the target there was an agenda for organisational development to drive efficiencies in the Organisation. It was explained a piece of work had been undertaken by Four Eyes which highlighted efficiency opportunities not only for the Trust, but also across the health economy.

During the course of discussion clarification was sought on what happened to the £20m additional resources from the price modification several years ago.

The Committee welcomed the report and asked for a further update at a future meeting.

RESOLVED, that

- (1) the report be noted;
- (2) an update on progress on achieving 95% safeguarding training across nursing staff to be made available at the next Lead Member meeting;
- (3) a further update be made available at a future meeting.

22 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' agenda.

Members were informed that the next meeting of the Joint Cumbria and Lancashire Health Scrutiny Committee had been scheduled for 6 September 2019 and would focus on community beds, ophthalmology, ear nose and throat and stroke services. The Committee emphasised the importance of encouraging colleagues from Lancashire County Council to attend the meeting and suggested that future meetings should also take place in Lancashire.

The Committee noted the appointment of a Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System and welcomed early sight of the draft Terms of Reference which was being considered by the Lancashire Internal Scrutiny Committee.

A discussion took place regarding the Joint Health and Adults Scrutiny Advisory Group and members unanimously agreed that this be continued for a fixed period of time. It was noted that the amended scope would be produced and forwarded to the Chair and Vice-Chair of Scrutiny Management Board for approval.

During the course of discussion it was agreed that the Joint Health and Adults Scrutiny Advisory Group consider extending invitations to future meetings to Healthwatch Cumbria.

The Committee were informed that work was in progress with regards to an earlier request made by members to visit two ICCs in both North and South Cumbria.

Members discussed the future Work Programme of the Committee and the following topics were suggested for future consideration:-

- Waiting Lists;
- Vascular Services;
- Stroke Update – Specialist Stroke Unit;
- Digital Records for both North and South Cumbria;
- Out-turn Report from Joint Cumbria and Lancashire Health Scrutiny Committee.

RESOLVED, that

- (1) the Joint Cumbria and Lancashire health Scrutiny Committee update be noted;
- (2) the update on the appointment of a Joint Health Scrutiny Committee for the whole Lancashire and South Cumbria Integrated Care System be noted;
- (3) the update from the Joint Health and Adults Scrutiny Advisory Group be noted;
- (4) continuation of the Joint Health and Adults Scrutiny Advisory Group be approved;
- (5) an amended scope for the Joint Health and Adults Scrutiny Advisory Group be produced and forwarded to the Chair and Vice-Chair of Scrutiny Management Board for approval;
- (6) the Joint Health and Adults Scrutiny Advisory Group consider extending invitations to future meetings to Healthwatch Cumbria;
- (7) an update on the Joint Health and Adults Advisory Group planned engagement, particular with the district and parish councillors be made available to members;
- (8) relevant sections of the Communications and Engagement Plans for the System Plans be circulated to the Committee;
- (9) the following topics be considered in the future:-
 - (a) Waiting Lists;
 - (b) Vascular Services;
 - (c) Stroke Update – Specialist Stroke Unit;
 - (d) Digital Records for both North and South Cumbria;
 - (e) Out-turn Report from Joint Cumbria and Lancashire Health Scrutiny Committee.

23 DATE OF FUTURE MEETING

It was noted that the next meeting of the Committee would be held on Monday 7 October 2019 at 10.30 am at Cumbria House, Carlisle.

The meeting ended at 3.10 pm