

## HEALTH AND WELL-BEING SCRUTINY COMMITTEE

Minutes of a meeting of the Health and Well-Being Scrutiny Committee held on 14 October 2009 at Forum 28, Barrow, commencing at 10.00 am.

### PRESENT

Mr B Wearing (Chair)

#### County Councillors:-

Mr J Bland  
Mr A Kennon  
Ms W Skillicom  
Mr R Wilson

#### District Councillors:-

Mrs D Dawes  
Mr G Garrity  
Mr J Hunter

#### Also in attendance:-

- |                |   |                                                                                                    |
|----------------|---|----------------------------------------------------------------------------------------------------|
| Mr P Clarke    | - | Cumbria NHS – Deputy Director – Communications and Engagement                                      |
| Ms E Clegg     | - | Cumbria LINK                                                                                       |
| Mr N Faulkner  | - | Cumbria County Council – Legal and Member Services                                                 |
| Mr D. Scott    | - | Cumbria County Council - Health Scrutiny Manager                                                   |
| Ms C Heatly    | - | Chief Executive – North Cumbria University Hospitals Trust (for item 8)                            |
| Dr C Graham    | - | Consultant Microbiologist – North Cumbria University Hospitals Trust (for item 8)                  |
| Ms C Warriar   | - | UNISON, West Cumberland Hospital (for item 8)                                                      |
| Mr G McGleenan | - | UNISON – Health Service Branch Secretary, Cumbria (for item 8)                                     |
| Mr S Gibson    | - | Regional Officer, UNISON (for item 8)                                                              |
| Mr N Maguire   | - | Director of Market Development, NHS Cumbria, (for item 10)                                         |
| Dr J Howarth   | - | Cumbria PCTs Lead on Community Hospitals Development (for item 10)                                 |
| Mr D Moorat    | - | Joint League of Friends (Cumbria) (for item 10)                                                    |
| Ms A Phillips  | - | Development Manager, Adult and Cultural Services Directorate, Cumbria County Council (for item 13) |
| Mr D Stephens  | - | Project Manager, Safer and Stronger Communities Directorate, Cumbria County Council (for item 13)  |

**15. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors B Jameson, H McDevitt, D Parsons and D Richardson.

**16. MEMBERSHIP OF THE COMMITTEE**

It was reported that Councillor D Dawes had replaced Councillor G Heath as the Barrow Borough Council representative. The Chair welcomed Mrs Dawes onto the committee.

**17. ELECTION OF VICE-CHAIRMAN**

It was reported that in accordance with the committee's terms of reference the vice-chairman should be a district councillor representative appointed by district councillor representatives on the committee. The election of a vice-chairman had been deferred from the previous meeting. It was noted that normal practice was for the vice chairmanship to rotate by District Council, with Barrow being the next in line. However Mrs Dawes preferred not to be considered as vice chairman this year because of her commitments in the coming year as Mayor of Barrow.

**RESOLVED**, that Mr G Garrity be elected vice-chairman of the committee for the remainder of the municipal year.

**18. DISCLOSURES OF INTEREST**

There were no disclosures of any personal or personal and prejudicial interest on this occasion.

**19. DECLARATION OF WHIP**

There were no declarations of the whip on this occasion.

**20. EXCLUSION OF PRESS AND PUBLIC**

**RESOLVED**, that the press and public should not be excluded from meeting in relation to any item on the agenda.

**21. MINUTES**

The minutes of the meeting held on 3 July 2009 had been previously circulated.

**RESOLVED**, that the minutes of the meeting held on 3 July 2009 be agreed as a correct record and signed by the Chair.

The Chair noted that in relation to item 8 – Overview Report, resolution number 15 on page 7 – action taken to ensure that a dedicated health scrutiny manager be appointed to replace Doug Scott on a like for like basis had been successful. It was hoped that his successor, who was attending the current meeting as an observer, would be able to take up his post in the middle of November.

## **22. PATHOLOGY SERVICES IN WEST CUMBRIA**

The Committee had previously received a report by the Health Scrutiny Manager which provided background information in order to help it consider concerns brought to its attention by Unison about planned changes to pathology services at the West Cumberland Hospital. The report also provided update information on post-mortem services in West Cumbria. The Chair welcomed Carole Heatly, Chief Executive and Dr Graham, Consultant Microbiologist from the North Cumbria University Hospitals Trust (NCUHT) and also Christine Warrier and Dallen McGleenan from Unison to the meeting.

The Trust's Chief Executive stated that the proposals for changes in pathology services arose from a national (Carter) report and a resulting review, commissioned by the Trust, (undertaken by Ernst and Young) which closely involved and gained the agreement of senior/professional staff within the Trust. She reiterated that the Trust's view was that the changes were an internal organisational matter which would not affect services to patients or compromise their safety. She stressed that the changes were required in order to address problems highlighted by the review and ensure the provision of a more effective and modern service. Ms Heatly acknowledged concerns expressed by staff, especially in Whitehaven, that the changes- could affect their working practices. However it was stressed that the changes would not compromise patient safety. Steps had been taken to consult with relevant stakeholders and interested parties. The need to work closely with trade unions was acknowledged though it was accepted that full agreement might not always be achieved.

The Unison representatives believed that the detailed changes had been undertaken under the umbrella of the Closer to Home initiative. However they stressed that the consultations carried in respect of that initiative were "broadly based" and did not encompass the type of detailed changes envisaged by the current proposals which it was felt had significant consequences for health provision in the area. Unison therefore felt that the proposed changes should be the subject of public consultation and scrutiny monitoring. Specific concerns were expressed about microbiology tests being carried out in Carlisle rather than West Cumbria which it was felt could compromise turnaround times and therefore be potentially detrimental to patient care. Other concerns expressed included the potential consequences of having laboratory services concentrated on one site, with a consequential loss of skilled staff in West Cumbria and increased workload issues. Unison was also concerned about possible curtailment of emergency surgery in West Cumberland Hospital after 10.00pm. Whilst not wishing to reopen the debate about the Closer to Home initiative (which the union supported) it was however felt that the public needed to be consulted about the proposed changes in pathology services.

Mr Scott advised the Committee that a key issue for the committee was whether it considered that the matter constituted a significant service change requiring it to be consulted. He stressed that if members had doubts or felt that there was a need to clarify the position further in respect of clinical arguments they could seek independent advice from a respected source before coming to a view. A wide range of questions were raised in relation to the concerns expressed which included matters relating to recruitment difficulties and training, transfer of skilled staff and loss of such skills in West Cumbria, the robustness of arrangements for transporting, tracing and tracking samples transferred to Carlisle, cost/value for money issues, the clinical benefits of the proposals, the balancing of risk factors, turnaround times, increased workload pressures for Carlisle, the effectiveness of one site locations and usage of high tech equipment. References were also made to proposals made about changes to pathology service arrangements in Lincolnshire and the way issue had been addressed there in relation to scrutiny involvement, public consultation and referrals to the Secretary of State.

The NCUHT representatives reiterated that the safety of patients would not be compromised by the proposed changes with the prime aim being to improve services. It was acknowledged that there had been difficulties in recruiting specialist staff particularly in the west of the County and that there were some arrangements for sharing on-call arrangements with other trusts. Contingency plans were in place in the event of any particular problem affected staff operating on one site. Patients would not know the difference, and cancer patients would benefit from quicker tests and faster output. There had been meetings to discuss the proposals with a range of interested parties including unions, practitioners, patient groups, politicians and clinical experts. Test samples would routinely be transported to Carlisle up to four times a day with additional transfers arranged as required.

Members were informed by NCUHT representatives that issues about appropriate transport and tracking arrangements would be addressed. The committee was informed that locating of special staff and high tech equipment on one site could result in improved efficiency (e.g. in relation to the accuracy of diagnoses) and assist with the recruitment of specialist staff. In terms of turnaround time results would be electronically communicated back to the West Cumberland Hospital but that initiation of treatment did not necessarily depend on the receipt of test results. There would be a need to address the challenges of increased workload in Carlisle. Steps had and were being taken to address such issues including usage of automated systems and improved IT etc. The way patients were treated would not be compromised. The changes taking place would improve the way the systems and processes operated for patients benefit. In relation to emergency surgery carried out in West Cumbria the Chief Executive categorically denied that there had been any decision to prevent emergency surgery taking place after 10.00pm at the West Cumberland Hospital. However Closer to Home did envisage that complex surgery should normally be carried out in Carlisle. However if for clinical reasons a patient could not travel then the clinical team would transfer to West Cumbria if required. Such emergency surgery was a rare event and would usually only take place at night if it meant saving a life.

Having heard the concerns of Unison and the case put forward by NCUHT the Committee considered how it wished to respond and extent to which it was felt that such changes would or would not disadvantage patients and whether the views of an independent expert were required. Overall the committee acknowledged that whilst the changes in the way services would be operated within the Trust important they were not intended in themselves to constitute a significant service change for patients. However avoiding them being so would depend on how the changes were implemented. It was noted that action had been taken to engage a range of stakeholders (albeit perhaps not in a sufficiently targeted manner) and that submitting the matter to full public consultation now was likely to be unproductive, and could result in confusion and have consequences for the plans to improve services overall.

The Committee recognised that there were genuinely held concerns about issues such as the transportation and tracking of samples being sent to Carlisle, turnaround time of results and specialist staffing and workload pressures. It was agreed that it would be helpful for all parties if scrutiny undertook a monitoring oversight role in relation to the implementation of the changes and take the advice of an independent expert adviser on any specific areas of concern particularly in relation to microbiology. Such an approach had been welcomed as part of the monitoring of the implementation of the acute medical service changes in Morecambe Bay area via a locality task group of the Committee. The Chief Executive of the Trust indicated that it would be happy to co-operate with such a scrutiny monitoring process and for an independent expert to be involved as required and would take account of any views expressed. The Trust was reassured that any scrutiny monitoring process was not intended to affect the timescale for the implementation of the changes. Unison representatives also expressed their satisfaction with the approach suggested.

#### **RESOLVED,**

- (1) to accept that the changes proposed in relation to the provision of pathology services in West Cumbria, whilst of importance and consequence to the internal operational systems of the Trust, are not intended to constitute a substantial service change for patients;
- (2) that bearing in mind that consultation has taken place with stakeholders/interested parties (albeit perhaps not in sufficiently targeted manner) the carrying out of a public consultation exercise on the proposed changes to the pathology services in West Cumbria at this stage was not likely to be productive;
- (3) that in view of the concerns expressed the about implementation, the Committee should monitor the implementation of the changes and give consideration to seeking the advice of an independent clinical expert (especially in relation to microbiology aspects of pathology services) in order to assist the scrutiny monitoring process.

## **23. CUMBRIA LINK REPORT**

The Committee received a brief report from the LINK member representative which included details about the first annual meeting of the Cumbria Health and Social Care LINK, ongoing action to monitor developments in relation to dentistry provision in West Cumbria, work with Action for Health on the development of the personalisation agenda in Cumbria and meetings about the provision of services in West Cumbria especially in relation to the development of the West Cumbria Hospital. Reference was also made about access to the Sands Centre in Carlisle, especially for older people without cars and the need for safe and regular access to public transport, and work of the Parent Voice Group which had been discussing organisational matters and changes relating to community equipment stores and associated costs.

**RESOLVED**, to note the report.

## **24. IMPLEMENTING "CLOSER TO HOME" IN NORTH CUMBRIA**

The Committee considered a report by the Health Scrutiny Manager regarding NHS Cumbria's readiness to proceed with the next stages of implementation of the "Closer to Home" initiative, including changes affecting community hospitals. As part of this process the Committee received a presentation/update from Nigel Maguire, Chief Operating Officer NHS Cumbria and Dr John Howarth, GP who is acting as NHS Cumbria's clinical lead for the community hospitals programme. It also heard from David Moorat in respect of concerns expressed by the Joint League of Friends in relation to the community hospitals and community care programme.

The presentation update given by Mr Maguire and Dr Howarth covered the historical background in respect of the development of the Closer to Home initiative (including the original proposals to close most community hospitals and the widespread opposition to it resulting in the development of an alternative strategy which took account of the public's views). The Committee was informed of the current position whereby all existing community -hospitals were being retained with four new units offering equivalent Step Up/Step Down units services to community hospitals opening this year in Carlisle, Whitehaven, Kendal and Barrow and the major infrastructure programme planned using a public private partnership (LIFT) scheme to build new community homes starting with Brampton, Millom and Cockermouth. There had initially been an overall increase in bed numbers at community hospitals though this would be adjusted in line with assessed need and the development of community services and in line with the outcome of the Closer to Home consultation. Dr Howarth gave details about action taken in relation to the development and sustainability of community hospitals, their economic viability, addressing issues relating to ensuring future beds numbers within an overall community system and on the new community venture programme which would rebuild community hospitals and care homes etc.

David Moorat of the Joint League of Friends reiterated that the Friends did not see their role as opposing the changes envisaged under Closer to Home emphasising

that it saw community hospitals as part of the solution in addressing health care changes and needs in the future. Referring to a letter from Dr Harper of the Penrith League of Friends he outlined a number of concerns which the Joint League of Friends had. These included concerns :-

- that the reduction in bed numbers at some community hospitals would exceed the range originally proposed under the Closer to Home initiative,
- that such reductions might take place before reliable out of hospital community services were established (particularly in relation to Penrith Hospital),
- about the extent to which appropriate care packages and equipment were and could in future be provided without unacceptable delays,
- about the need for independent monitoring of the development of community services and listening to patients concerns and issues relating to cost effectiveness of some proposals (e.g. in relation to minimal numbers of staff required at community hospitals even with reduced bed numbers or appropriately addressing the care needs of some people living at home).

Reassurances were given by the NHS Cumbria representative that, notwithstanding the existence of a paper mooted different figures, the reduction in the number of beds at community hospitals would be in line with the originally agreed range with exception of some possible minor re-balancing of bed numbers between Brampton and Reiver House, Carlisle. In relation to bed number reductions and the development of community services, members were informed that the development of community services was linked to the transfer of staff and to the development of more flexible ways of working, with team roles integrating hospital and community services. It was also reported that £1.5m had been provided to support adult social care in ensuring that sufficient domiciliary services were available in the community post hospital discharge. Expenditure on equipment stores had been doubled over the last 12 months.

Solutions were being sought in terms of home care services so that these could be as efficient as possible. In terms of the position at Penrith Hospital (apart from the beds now being closed down as a result of the refurbishment programme) final bed reductions would not be implemented on a permanent basis until at least April 2010, although a number of beds would be mothballed by Xmas. However, a flexible system would be operated whereby beds could be brought back into use rapidly as required. A flexible system would be available within the new integrated hospital/community team approach whereby resources could be shifted appropriately as necessary. The Committee was also informed that the value of receiving feedback on direct patient experience was recognised and steps were being taken to ensure that such information was collated (e.g. from rural parts of Eden). Assurances were also given that appropriate training would be part of the programme for rolling out the new integrated team way of working.

There was discussion about future monitoring of the implementation process with agreement about the need for effective communication and sharing of information amongst relevant parties in order to reduce the possibility of misunderstandings and address any concerns. The LINK representative indicated that now the speed of implementation was increasing, in line with groups such as the League of

Friends, it would be taking a more proactive stance in relation to monitoring changes and their outcomes. It was agreed that the Trust should continue to update the committee on developments.

**RESOLVED,**

- (1) to note the updated information provided in relation to developments on implementing the Closer to Home initiative in North Cumbria;
- (2) to welcome and note the responses made in relation to concerns expressed by the Joint League of Friends in relation to aspects of the implementation process;
- (3) that 2/3 representatives of the Committee together with representatives from LINKs and the Joint League of Friends meet with NHS Cumbria colleagues to consider the most effective ways of communicating, sharing information, expressing concerns and monitoring the development of the initiative and report back to the next meeting in January.

The meeting broke for lunch at 1.40pm and reconvened at 2.15pm.

**25. FLU PANDEMIC**

The Committee considered a report by the Health Scrutiny Manager on the outcome of the scrutiny task group's review of preparations made within the County to deal with a flu pandemic. A supplementary report outlining the deliberations of the task group agreed the previous day was circulated. Of the three recommendations made by the task group the Health Scrutiny Manager stated that the most critical was the need for key front line County Council services to be prepared. In relation to encouraging District Councils and the County Council to streamline business continuity plans it would be necessary, for example, to ensure that there was no build up of rubbish in the event of significant illness amongst waste collection and disposal operatives.

In supporting the recommendations district colleagues hoped that the recommendations would be communicated effectively to district colleagues via joint scrutiny and joint leader arrangements.

**RESOLVED,** to endorse the recommendations made by the scrutiny task group on preparedness for a flu pandemic to be forwarded to the Chief Executive of the County Council and reported to the County Council's Cabinet as follows :-

- (1) that all Directorates should sign up to carry out the Council's flu pandemic exercise within the next three weeks;
- (2) that there should be a high level message encouraging District Councils and the County Council to streamline their business continuity plans on waste collection and waste disposal;
- (3) that every Directorate should have a schedule to regularly review their business continuity plans.



Members also concurred with the view that the Safe, Stronger and Inclusive Community Scrutiny Advisory Body should monitor further developments in relation to business continuity plans. The Chair of the Committee agreed to write to the Chief Executive in relation to the recommendations and especially in relation to the one recommending that directorates sign up to carry out the Council's flu pandemic exercise within the next three weeks.

## **26. COMMITTEE BRIEFING REPORT**

The Committee considered a report by the Health Scrutiny Manager which updated it on new issues brought to its attention, on its work programme, on the monitoring of actions following previous scrutiny recommendations and on developments in health scrutiny.

Issues covered including matters relating to the refurbishment of Penrith Hospital and associated bed reductions, discussion being held about competition tendering proposals in respect of the commissioning of health services, concerns expressed about ambulance response times and the Broughton Control Room, monitoring of the West Cumberland Hospital development, the Closer to Home South Cumbria task group project outline, the project outline for the Children and Family Health task group, an update on the monitoring of the implementation of acute medical services, Morecambe Bay and the outcomes from the health scrutiny workshop held on 23 September. Details were also provided about an independent investigation held in relation to a complaint made about the scrutiny of acute medical services in the Morecambe Bay area, its conclusions and suggested responses to the recommendations made. Reference was also made about the new Care Quality Commission (the new national body responsible for supervising the quality of care provided by health and social care organisations including the NHS) and scrutiny's future relationship with this new organisation.

### **RESOLVED,**

- (1) to note the response from NHS Cumbria on improvements to the clinical environment at Penrith Hospital;
- (2) to endorse the view of the Committee's lead members that it should not establish a task group on performance in health and wellbeing but if major health issues were raised by the Joint Scrutiny Committee the Health and Wellbeing Scrutiny Committee could consider matters as appropriate;
- (3) to note the offer that any member wishing to take part in a discussion with NHS Cumbria Commissioning staff on competition within the NHS is invited to contact the Scrutiny Unit;
- (4) to note the Ambulance Trust's reply in relation to issues raised about ambulance response times and that an update report from the Ambulance Trust which includes data on performance information in relation to attendance response times and routes taken to destinations be submitted to the Committee's January meeting;
- (5) to note the Committee's current work programme bearing in mind additions made to it at the current meeting;

- (6) to endorse a project outline for scrutiny on Closer to Home – South Cumbria bearing in mind that at this stage this would only involve a conversation which may lead to some further consultation at a future date. That such discussions should include rural services in the south and the high rate of referrals to hospitals in the Barrow area;
- (7) To endorse comments made to the NHS which have been agreed by the task group on the West Cumberland Hospital development (including those relating to public engagement and development of a community ward) and that communication with the public needed to be improved (noting action already being taken by the Trust to address this);
- (8) To endorse the project outline for the scrutiny of child and family health and comments made to the NHS by the Task Group (concerning public engagement arrangements and concerning the eventuality of a single consortium bid being received for the Cumbria service);
- (9) To note the minutes of the Task Group on Acute Medical Services in Morecambe Bay and the press release issued following that meeting;
- (10) (i) to agree to add obesity and dementia to the scrutiny work programme giving priority to scoping work in relation to obesity initially in the New Year and place this on the agenda of the January meeting in order to identify members to serve on it;
  - (ii) to place cancer care, drug and alcohol and access to services on a reserve list to consider at a later date;
  - (iii) to make inquiries of Adult Social Care and the NHS about contingency plans to deal with a forthcoming period of financial constraint and report initial findings back to the next meeting of the Committee in order for it to decide on any future possible action;
  - (iv) to take account of the conclusions on scrutinising NHS consultations when setting up scrutiny work in the future.
- (11) not to invite a representative from the Care Quality Commission to meet the Committee at its next meeting in January (noting that LINK was due to meet with the CQC and would report back to the committee);;
- (12) that the Committee not engage with the Department of Health on the national consultation about quality accounts;
- (13) to note that an appointment has been made to replace Doug Scott as Health Scrutiny Manager;
- (14) to note that following a formal complaint made in relation to the scrutiny of acute medical service changes in Morecambe Bay an independent report had been commissioned which, whilst generally positive about the scrutiny process, had made five recommendations for improvement. The Committee concurred with suggested responses (as outlined in the report).

## 27. FUEL POVERTY: UPDATE

The Committee considered an update report on progress being made in regard to scrutiny recommendations made to and agreed by the County Council's Cabinet in May 2009. The Committee was reminded that a scrutiny exercise was undertaken early in 2009 on measures to address the problems of fuel poverty in Cumbria. A set of recommendations were agreed in March 2009 which were agreed by Cabinet in May for incorporation into the County Poverty Strategy. It was agreed that prior to the onset of winter a progress report be submitted to the Committee. Details of the progress being made in respect of each of the task group recommendations were included in the appendix to the report.

Whilst acknowledging that progress was being made it was noted that further action was required in a number of areas. These included developments in relation to designating Cumbria as a "warm zone" and the co-ordination of a response across the County (with funds currently being applied for) and ensuring that there was a sharing of good practice. It was also felt that there was a need to ensure that front line professionals were being proactive in relation to the offering of appropriate advice. There was a need to ensure that steps were being taken to ensure that those in greatest need were being targeted. Officers stated that whilst this was part of the action plan for the anti poverty strategy the matter would be further explored by the Fuel Poverty Task Group.

In relation to supporting councillors in raising their own awareness so that they could advise constituents it was agreed that officers should re-issue councillors with guidance information provided earlier in the year by Age Concern, and Ms Phillips agreed to take action on this. It was recognised that further action could be taken in relation to lobbying Government particularly on fuel poverty in rural areas and in obtaining relevant information on fuel poverty hot spots (e.g. where no piped gas was supplied) in order to advise on appropriate alternative heating particularly where funding might be available to help people avail themselves of such alternatives. Finally it was acknowledged that further action was required in relation to further measures being taken by agencies to help vulnerable people such as those with mental health difficulties who would find difficulty in dealing with problems with fuel poverty noting that advice had been provided to farmers in stressful situations resulting from the foot and mouth epidemic. Members also raised issues relating to excessive costs relating to pre-paid meters and issues relating to mobile home park sites which officers agreed to look at.

### RESOLVED,

- (1) to note the progress being made to date;
- (2) that further action is required in relation to a number of areas which the Committee had recommended such as warm zone arrangements, mental health affects, targeting of advice and locating of fuel poverty "hot spots";
- (3) to receive a further update report in six months time.

## **28. NHS CUMBRIA: QUARTERLY UPDATE REPORT**

The Committee considered a report which updated members about a range of issues relating to the work of NHS Cumbria. The report referred to developments in relation to community hospitals which had largely been dealt with earlier in the agenda. Details were also provided about developments in relation to future revision of acute and community health services for children and families in Cumbria. It was noted that the Committee had already established a task group to look at the structural changes envisaged and in relation to future consultation on aspects of them.

**RESOLVED**, to note the report.

## **29. DATES OF FUTURE MEETINGS**

It was noted that the next meeting of the Committee would take place on 15 January 2010 commencing at 10.00am.

The Chair announced that this would be the last meeting which the Health Scrutiny Manager, Doug Scott would be attending prior to his retirement. Members reiterated their thanks to Mr Scott for his considerable contribution towards health scrutiny in the County and wished him well for the future.

The meeting ended at 3.45pm.