

NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF GOVERNING BODY MEETING
Wednesday 6 June 2018
Botcherby Community Centre, Victoria Road, Carlisle. CA1 2UE

Present:	Jon Rush	Lay Chair (Chair) (JR)
	Amanda Boardman	Lead GP – Lead GP Children and Adult Safeguarding (AB)
	Ruth Gildert	Registered Nurse (RG)
	Les Hanley	Lay Member – Health Improvement (LH)
	Denise Leslie	Lay Member – Public Engagement (DL)
	Colin Patterson	Lead GP – Primary Care (CP)
	David Rogers	Interim Accountable Officer/Medical Director (DR)
	Peter Rooney	Chief Operating Officer (COO)
	Peter Scott	Lay Member – Finance & Governance (PS)
	Charles Welbourn	Chief Finance Officer (CW)
	Kevin Windebank	Secondary Care Doctor (KW)
In Attendance:	Paul Day	Communications & Engagement Officer (PD)
	Eleanor Hodgson	Director of Children’s Integration (EH)
	Caroline Rea	Director of Primary Care and Integrated Care Communities (CR)
	Anna Stabler	Director of Nursing & Quality (ASt)
	Brenda Thomas	Governing Body Support Officer (BT)

GB 46/18 **AGENDA ITEM 01: Chairs Welcome and Apologies**

The Chair welcomed everyone to the meeting. Apologies were received from Sue Stevenson – Healthwatch Cumbria.

GB 47/18 **AGENDA ITEM 02: Declarations of Interest**

The Chair reminded Committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS North Cumbria Clinical Commissioning Group.

Declarations declared by member of the Governing Body are listed in the CCG’s Register of Interests. The register is available either via the Governing Body Support Officer or the CCG website at the following link:

<http://www.northcumbriaccg.nhs.uk/about-us/how-we-make-decisions/declaration-of-interests/index.aspx>

Declarations made at this meeting:

Anna Stabler, Director of Nursing & Quality declared that she was now working back with North Cumbria University Hospitals Trust (NCUHT) three days a week and as a result she had updated her Declarations of Interest form. The Chair confirmed that appropriate measures were being put in place to manage the potential for conflicts of interest. Therefore a non-financial, professional interest was declared in Agenda Item 17, Quality Exceptions Report. It was agreed that ASt was not precluded from presenting the report and remaining in the meeting for this item.

Colin Patterson declared a potential financial interest in Agenda Item 7 as he is a Partner in Cumbria Health Care, Carlisle. CW confirmed that this report was to seek approval for the process in determining GP input into Integrated Care Communities (ICC) and not approving the expenditure which could be allocated. This would be undertaken by the Primary Care Committee. Therefore there was no conflict of interest in this item and CP could remain in the meeting and participate in the decision making.

GB 48/18

AGENDA ITEM 03: Minutes of the Governing Body Meeting held on:**Minutes:**

- 04 April 2018

Resolved: The minutes of the meeting were agreed as a true record.

Matters arising:

GB 31/18, Agenda Item 7, page 7, Resolved item 7, KW asked if the North Cumbria System Leadership Board was the responsible body for ensuring that the changes specified were implemented in line with the conditions agreed by the Governing Body, was the Review Group now obsolete as a committee. The Chair advised that the response would be provided as part of the Agenda Item 5, Chair and Chief Officer's report under the Healthcare for the Future Update report.

Action Log:

- 02/18-19, GP 31/18 – Seek response to letter sent on 10 April 2018
- 04/18-19, GP 38/18 – Action completed and included in Agenda Item 17, Quality Exceptions report.

Resolved: The action log be updated accordingly.

GB 49/18

AGENDA ITEM 04: Questions from members of the public present

Questions and answers from members of the public are contained in Appendix 1.

GB 50/18

AGENDA ITEM 05: Chair & Accountable Officer Report

DR presented the report advising that North Cumbria had been notified that the North Cumbria Health and Care System have been approved by NHS England and NHS Improvement to be part of the next wave of Integrated Care Systems. DR confirmed

this was good news as it put North Cumbria at the forefront of national policy. However NHS England had yet to confirm whether or not any additional funding would be supplied in support of moving into the new system.

DR also ran through the following key highlights detailed in the report:

- North Cumbria CCG Operational and Financial Plan 2018/19 had been submitted by the required deadline of 30 April 2018.
- The CCG's Annual Report and Annual Accounts had been successfully signed off and submitted by the required deadline and was available to all on the CCG website.
- A CQC review had been undertaken across the Health and Social Care System in Cumbria and the outcome of that review was available on the CQC website. He also advised Members would receive a full report of the review under Agenda Item 11 on the agenda of this meeting.
- National Breast Screening Programme – outcomes of the technical problems had been highlighted nationally.
- Gluten Free Changes – North Cumbria CCG will follow the national programme.
- A&E targets – after a difficult winter North Cumbria University Hospitals Trust have met the 95% target over a consecutive period.
- NHS Birthday plans – encouraged everyone to get involved at any of the events outlined in the report.
- Appointment of Claire Edwards in the role of Health Partnerships Officer. Working with the 3rd sector and health organisations

DR then thanked the three Governing Body Members whose terms of office were to end 30 June 2018. These were, Peter Scott – Lay Member for Finance & Governance, Les Hanley – Health Improvement and Ruth Gildert – Governing Body Registered Nurse. Members praised the contribution made by all three during their time in office. They were also thanked for the positive challenges they had posed during the Healthcare for the Future consultation. This had played a crucial part in both, the consultation and decision making process, ensuring that the CCG effectively considered the outcomes from the consultation.

Health Care for the Future Update:

DR advised that there was a significant amount of work being undertaken around Maternity and Paediatrics, especially around identifying which women may require more paediatric input during the antenatal period. However, as yet no changes had been made to the current pathways and no west Cumbrian women were being advised to birth at Carlisle. He also confirmed that the work around Community Hospital medical beds and the Hyper Acute Stroke Unit were ongoing.

In particular DR advised that he had spoken to Brenda Walker from the Stroke Association and she had confirmed that the communication with the association had been excellent and they really felt like they had been included in the ongoing work.

PR advised reminded Members that when the Health & Scrutiny Committee (HSC)

referred the Maternity and Paediatrics decision to the Secretary of State the Independent Reconfiguration Panel (IRP) encouraged the HSC to continue to work with the CCG and its partners to determine the best way to implement the decision. PR confirmed that there was an open invitation to the key leads of the HSC to have input into the implementation process.

DR advised that in relation to the question raised by KW under matters arising in the minutes for 4 April 2018, the Governing Body had approved the SLB to provide assurance regarding the implementation of the Community Hospital Medical bed closures and the Hyper Acute Stroke Unit. However the implementation was subject to the conditions clearly defined in minute number GB 31/18 being met. Therefore there were no further considerations to be put before the Implementation Reference Group (IRG) on these decisions.

In response to a question from KW, DR confirmed that the IRG did still exist. PR reiterated that in relation to Community Hospital Beds and Hyper Stoke Unit the IRP had completed its work; unless the conditions agreed by the Governing Body could not be met. At which time the IRG would need to consider the reasons why these conditions could not be met and, if necessary make further recommendations to the Governing Body. However there are still recommendations to be made by the IRG for Maternity and Peadiatrics.

KW asked if other Members of the Governing Body felt assured with this process. RG expressed concern and sought clarification on how updates on the implementation of the changes would be reported back to the Governing Body. The Chair confirmed that assurance would be received through the presence of some its Member's sitting on the SLB. These were currents identified as DR, PR and JR plus an additional Lay Member not yet identified. They would ensure that the SLB was working within its remit and that the conditions imposed were being met. If that assurance was not received then it would be referred back to the IRG as detailed above.

It was agreed that DR and KW meet outside of the meeting to discuss the outstanding work of the committee.

Resolved: The update be noted.

GB 51/18

AGENDA ITEM 06: Prime Financial Policies and Delegated Limits Review

CW presented the report advising that the Prime Financial Policies and Delegated Limits had been reviewed in light of the Boundary Change and had been considered in detail by the Audit Committee in March 18. He also advised that it had been anticipated that these would be considered by the Audit Committee in February 18 and the Governing Body in April 18. However due to adverse weather conditions the Audit Committee had to be pushed back into March 18, therefore it was not possible to get them to the April Governing Body meeting.

CW advised that there had been a couple of minor changes since the delegated limits appended to the report had been considered by the Audit Committee. These were in relation to Packages of Care detailed in Section H. Members were asked to accept the inclusion of the Mental Health Care Team and Children's & Family Team to this

section, in order that they could approve the same level of packages as the North of England Commissioning Support Continuing Healthcare Team. Discussion ensued and it was agreed that both teams should be included under Section H of the Financial Delegated Limits for Approval and Authorisation.

Proposed by Amanda Boardman, seconded by Les Hanley;

Resolved: The Prime Financial Policies and Financial Delegated Limits appended to the report be approved.

GB 52/18

AGENDA ITEM 07: Approval Process for GP Input into ICCs

CW advised that approval was being sought on the process, detailed in the report, which would enable the Primary Care Committee (PCC) to consider proposals from each Integrated Care Community. The said proposals would enable the activity shifts required to release costs in the system and support the implementation of the ICCs. Therefore because of the fact that these reports could not be generated in time for the Governing Body meeting today and the next Primary Care Committee was not until 19 July 18, approval was being sought to hold an additional Part 2 Primary Care Committee meeting in June to consider the proposal. Any decisions taken would be presented to the Primary Care public meeting public meeting on 19 July 2018 for ratification.

CW reminded Members that the PCC already had delegated authority within the CCG's Scheme of Delegation (8.4) to approve CCG business cases for primary care investment where the amount remains within the budget set for primary care investment schemes set by the Governing Body.

CP advised that the proposals being drafted by the ICCs were for the provision of additional services which would be required to implement ICCs and were not for anything currently provided within a GP contract or provided for within existing GP incentive schemes.

Proposed by Ruth Gildert, seconded by Denise Leslie;

Resolved: The process detailed in the report for the consideration of ICC proposals be approved.

GB 53/18

AGENDA ITEM 08: NHS North Cumbria CCG Patient Choice Policy

PR presented the report advising that it was a matter of good practice that all CCG's had a policy which outlined patient choice in relation to non-elective care.

PR highlighted the following key points detailed in the report:

- Page 2, Items 2 and 3 – the definition of when the patient choice referred to in this policy applies;
 - Page 3, Item 7 – the definition of services areas which item 2 does not apply to;
 - Page 3, Items 10 – outlines the principles which allows choice in other circumstances than those set out in Item 2, (in line with the Department of
-

Health's policy and guidance); and

- Page 4, Item 11 – defines how a variation to the policy could be considered.

In response to a question from ASt, PR confirmed that the exceptions detailed on page 3 under item 7 were in line with National Guidance. Concerns were raised relation to Maternity services being included in the exceptions. **It was agreed that clarity would be sought around Maternity and if necessary this would be amended or removed as applicable.**

Discussion ensued around the wording patient choice 'quick read' version for patients. Concerns were expressed around the wording in the paragraph under the heading of "is choice offered in every case". **PR advised that further work around the wording in the 'quick read' version would be undertaken.**

Proposed by David Rogers; seconded by Charles Welbourn;

Resolved: Subject to the amendments requested above being made the Patient Choice Policy and the patients 'quick read' version be approved.

GB 54/18

AGENDA ITEM 09: NHS North Cumbria CCG Stakeholder Survey 2017/18

PR advised that NHS England commissioned independent stakeholder surveys for all CCGs. The attached survey for 2017/18 was the first findings for North Cumbria CCG. The previous survey for 2016/17 had been for Cumbria CCG and therefore this report was not a like for like comparison. He confirmed that the largest group of stakeholders which had been surveyed was the CCG member practices (the Membership) but also included partner organisations, services providers, and other third sector stakeholders.

It was noted that there had been significant improvements in some areas but it was also acknowledged that further work was required especially in relation to some of our partner organisations.

Discussion ensued around some areas of the report, in particular the following:

- Pages 38 and 39 – Concern was expressed around the safeguarding questions and the high percentage of local authority stakeholders that did not know the CCG's effectiveness in relation to both Local Children's and Adults Safeguarding Boards. In response it was advised that the surveys were sent to many individuals within the local authority, some of which would have no involvement in those boards and therefore would answer don't know. It was agreed from that perspective the survey was flawed. In addition it was noted that the Adults Safeguarding Board had been undergoing a journey of improvement and this could have impacted in the result.

CP stated that the findings were based on the feedback received and the CCG needed to ensure that further work was undertaken to see continued improvements year on year.

- Page 44 – Concern was expressed that a high percentage of the CCG Membership did not feel able to influence the CCG's decision making process.

CR advised that this was a significant increase from the 8% in 2017. PR agreed advising that the improvements seen were in relation to the big piece of work, which was ongoing with the Membership, to improve communication and to enable the GPs to feel ownership.

PS reminded Members that there still may be “antibodies” from GPs who strongly disagreed with the 2012 NHS reforms.

In response to a question from CP, PR advised that there was no action plan which could be linked to the stakeholder survey. However, there were set programmes of work which would support improvements with stakeholders. DL advised that it was important to improve patient communication and engagement. PR confirmed that there were elements of the survey that did relate to the way the CCG involves patients and public. Hence, the work on informing and involving patients and patients would continue in earnest as the system moves towards ICCs.

Resolved:

1. The results of the survey were considered and noted.
2. The development sessions detailed in the report be noted.

GB 55/18

AGENDA ITEM 10: General Practice Update Report

CR presented the report which included providing an overview on the following areas detailed in the document:

- Current Issues facing General Practices – three core issues of recruitment, workload and finance.
- General Practice in North Cumbria – comparative performance;
- GP Leadership;
- Commissioning of GP services on behalf of NHS England;
- General Practice Development; and
- Engagement.

CP advised that in the second version of the GP Development Programme the CCG had included Members ideas for improvements. This had resulted in Members being surprised the CCG had listened and included some of their suggestions. In addition showed them how difficult it could be to implement some of the changes being recommended.

Discussion ensued around how difficult recruitment was in Cumbria and how it was not just the public sector. Plans to open Carlisle airport had had to be postponed because of recruitment issues. Therefore it was important that employers in Cumbria worked together to address this problem. It was also noted that the Tour of Britain had two stages based in Cumbria this year and it was suggested that the CCG explores, with other partners/stakeholders, possible avenues to use this event to promote recruitment campaigns.

Resolved: The update be noted.

GB 56/18

AGENDA ITEM 11: Care Quality Commission (CQC) Local System

PR presented this report advising that this was a review that had been undertaken to understand how older population moved through the health and social care system in Cumbria. It focused on the interfaces between services and what improvements could be made. The outcomes of which were presented to key stakeholders at a Summit held on 21 May 2018. The report was then published immediately after and was available on the CQC website.

PR advised that there were 10 areas of focus for the local health and care system to secure improvement on and these were detailed on page 53 of the attached CQC report. He advised that a Cumbrian wide action plan was being developed and was due for submission on 3 July 2018. A key issue of these 10 identified areas of focus was recruitment.

AB welcomed the review and asked if they would be coming back to review other areas of work across the system. Discussion ensued and ASt advised that this review had been undertaken at the direct request of the Secretary of State and there was no current intention to return. It was acknowledged that further improvements were required and these would form part of the action plan. Further updates would be presented to the Governing Body as appropriate.

Resolved: The report and the next steps in the review be noted.

GB 57/18

AGENDA ITEM 12: I Want Great Care Patient Experience System Contract

CR presented the report advising that since the above contract had been initiated three years ago there had been a number of other systems developed which were, either free or more cost effective, which could be utilised to obtain patient feedback. Therefore the CCG had not renewed the contract for the I Want Great Care Patient Experience System when it had expired at the end of March 2018. It was confirmed that this would not lead to the loss of data around patient experience as it would still be produced but just from various other systems. CW advised that this would provide a saving of £90,000 which would contribute the cost improvement programme.

Resolved:

1. It be noted that the contract for the above system was not renewed upon its expiry on 31 March 2018.
2. The content of the report be noted.

GB 58/18

AGENDA ITEM 13: Counter Fraud Annual Work Plan 2018/19

CW presented the report advising that the Audit Committee had approved the above plan at its meeting on 24 May 2018 and it had been brought to the Governing Body to provide wider assurance and awareness. He advised that this plan had been developed in response to the outcomes of the NHS Protect review on the CCG's Counter Fraud self-assessment submission; which had taken place in 2017. Since that review there had been a number of events provided to staff which raised awareness of the potential for counter fraud, not just in the work place, but in everyone's day to day life.

In response to a question from RG, CW confirmed that the word Trust contained on page 14 under 4.3, "The CCG will" the word Trust should read CCG.

Resolved: The Counter Fraud Annual Report, annual Self Review Toolkit (SRT) and the Counter Fraud Work Plan for 2018/19 as detailed in the report and approved by the Audit Committee on 24 May 2018 be noted.

GB 59/18

AGENDA ITEM 14: NHS Cumbria CCG Annual Report and Annual Accounts

CW presented the Annual Report and Annual Accounts had been submitted to NHS England in line with the required timelines. He confirmed that as delegated by the Governing Body under the CCG's scheme of delegation, the Audit Committee approved the said report and accounts at its meeting on 24 May 2018. A presentation based on the contents of the report would be made at the Annual General Meeting on 1 August 2018 which would take place alongside the Governing Body meeting, scheduled for that date. CW advised that the Annual Report and Annual Accounts were available on the CCG website and could be found by following the link below:

<http://www.northcumbriaccg.nhs.uk/about-us/Annual-Reports-and-Annual-Accounts/annual-reports-and-annual-accounts.aspx>

Resolved: The submission to NHS England of the CCG's Annual Report and Annual Accounts 2017/18 on the 29 May 2018 be noted.

GB 60/18

AGENDA ITEM 15: Register of Interests and Register of Gifts and Hospitality

CW presented the report advising that this was also presented to the Audit Committee on 24 May 2018. He also confirmed that the Audit Committee monitored any update to the process underpinning the compilation of the registers. CW advised that in line with NHS England's 2017 statutory guidance to CCG's on Conflicts of Interest, 92 % of CCG employees and decision makers had undertaken the new mandatory training on Conflicts of Interest. Those that had not completed the training by the required deadline of 31 May 18 were being chased to complete the training.

BT informed Members that the CCG also published the required Procurement of Interest register which was compiled on the CCG's behalf by the North of England Commissioning Support (NECS).

ASt stated that since the production of this report she had updated her conflicts of interest form in line with the declaration she made at the start of the meeting.

Resolved: The report be received and noted.

GB 61/18

AGENDA ITEM 16: Cumbria Learning and Improvements Collaborative (CLIC) Fourth Annual Report – 2017/18

SS presented the report highlighting the key achievements of 2017/18 as detailed on page four of the report. He also advised that a key success was that the Collaborative and the Trusts were aligning resources as the drive toward ICCs progressed.

SS confirmed that it was important now to focus on how, as ICCs develop, the governance arrangements for the Collaborative are established, including funding. **It was agreed that DR and SS meet outside of this meeting to discuss possible governance arrangements in the emerging ICCs.**

The Chair advised that he had received positive feed-back from third sector organisations that had attending CLIC training.

In response to a question from DR, SS confirmed that with regards to other education and training both trusts were looking to align training to bring staff across both organisations together. There was also a drive to align both trusts and GPs.

In response to a question from CP, SS confirmed that CLIC had undertaken some work with the Senior Management in Social Care of Cumbria County Council. However, CCC employees have not attended the programme of works offered.

ASt thanked Paul Day for the work he had undertaken to support a 'Listening into Action' project on a web portal.

Resolved: The report be received and noted.

GB 62/18

AGENDA ITEM 17: Quality Exceptions Report

ASt presented the report advising that this was an exceptions report to the document considered in detail at the Outcomes & Quality Assurance Committee, the minutes for which could be found under Agenda Item 19. Members attention were drawn to the following key areas:

- Page 2, Learning Disability Mortality Reviews (LeDeR) – the CCG had worked with the NHS England Regional Coordinator to train nine new reviewers making a pool of 17.
- Page 4, CQC: NCUHT had made good progress with the recommendations from the last CQC report.
- Page 5, Attention Deficit Hyperactivity Disorder (ADHD) Service – The CCG Mental Health Commissioner is working with CPFT to commission a service to meet a capacity gap and reduce the waiting list for the ADHD service following the consultant leaving.
- Page 6, Continuing Health Care (CHC) - The CCG was holding meetings with NECS to ascertain how best to fully deliver a fully integrated end to end CHC process, which would minimise delays and deliver a high quality service for clients. In addition the CCG were in the process of undertaking interviews to appoint two nurses to support the delivery of CHC.

Resolved: The report be noted.

GB 63/18

AGENDA ITEM 18: Performance Report

PR presented the report reminding Members that this report had been considered in detail at the Finance & Performance Committee. He then highlighted the key performance issues highlighted on pages one and two of the report.

PR advised that there had been significant improvement in the A&E waiting times during Quarter 4. However, both the 18 weeks standard and the diagnostic 6 week standard continued to diminish.

Resolved: The report be noted.

GB 64/18

AGENDA ITEM 17: Minutes of:

Executive Committee:

- 23 February 2018
- 22 March 2018

Finance & Performance Committee:

- 21 March 2018
- 18 April 2018

Implementation Review Group:

- 24 January 2018

Primary Care Committee:

- 8 March 2018

Outcomes & Quality Assurance Committee:

- 16 March 2018
- 19 April 2018
- 11 May 2018

Resolved: The minutes of the above meeting be received.

GB 65/18

AGENDA ITEM 18: Wider System Meeting Minutes

System Leadership Board Meeting:

- 08 February 2018

Resolved: The minutes of the above meeting be received.

GB 66/18

AGENDA ITEM 19: Any other urgent items of business

The Chair advised that whilst there were no other formal urgent items of business he would be providing a verbal update of the appointment of Lay Members under part 2. This was due to the fact that the appointments were subject to references and some of the references had not yet been received. The new Members would hopefully be present at the August meeting and would be formally introduced at the public meeting.

GB 67/18

AGENDA ITEM 20: Questions from members of the public present

Questions from members of the public and the answers are contained in Appendix 2.

GB 68/18

AGENDA ITEM 21: Date and time of next meeting approved:

Wednesday 1 August, 2018, commencing at 13:00 at Energus, Blackwood Road, Lilyhall, Workington. CA14 4JW. Followed by North Cumbria CCG's Annual General Meeting.

The meeting closed at 16:25

Questions & Answers from Members of the Public - Agenda Item 4

Neil Hughes

“The Health and Care of our People, will be run with our people, for our people, building the first new Health and Care Democracy”.

This is the proposed vision noted by the North Cumbria System Leadership Board (SLB) on 12 October 2017. However not only does the Eden Health and Wellbeing Forum (HWF), which regards itself as the reference group for the Eden Integrated Care Community (ICC), explicitly intend not to involve the public in its activities but it even declines to communicate with the latter.

Eden ICC’s current exclusion of the public, apparently backed by the Eden HWF, is making the North Cumbria SLB’s vision a laughing stock. What action does the CCG intend to take?

The Chair advised that the wording around the SLB vision had changed, however the emphasis remained the same. He also stated that whilst he could not comment on the Eden HWF, the System Leadership Board was currently being re-shaped and developed which was why it had not been meeting in public. This included JR being tasked to set up a Board which included stakeholders. However he did not consider this the best way forward and he was in the process of setting up a session with stake holders to discuss how best to proceed.

Appendix 2

Questions & Answers from Members of the Public - Agenda Item 20

Evelyn Bitcon (EB)

Agenda Item 16 - Cumbria Learning and Improvement Collaborative Fourth Annual Report – 2018/19 (CLIC)

Having attended some of the above training sessions they are second to none and are free. I have asked several times over the last few years if you can please, please, please promote this offer of the third sector who struggle sometimes and need extra help and training and this is a real good way of learning for them. I know the CVS have put it out in their news-letter but a lot of people out there on the shop floor really don’t know it means they can attend as well. They think it is for public services. Therefore I ask the CCG to get the message promoted out there much more widely to the third sector.

Discussion ensued around how CLIC programmes were promoted to the third sector. It was acknowledged that the CCG invests significantly in CLIC to support, not just the third sector, but the wider system. It was noted that the CCG does put a huge amount of time into trying get the third sector to engage in these programmes. However, in response to EB’s concerns that the message was not getting out to the right people, Denise Leslie, Lay Member for Public Engagement, advised that she was meeting Claire Edwards, Health Partnership Officer with the CVS and would discuss how to promote CLIC programmes right across the third sector.

Agenda Item 17 – Report from the Outcomes & Quality Assurance Committee held on 11 May 2018 - Section 136 Suite

I think you are asked to have a look at that as it has cost a lot of money – my understanding was that when we had the Lord Keith Bradley report from seven, eight, nine years ago now, that we had to try to stop putting people with complex mental health problems in police custody cells and they had to go to a place of safety which was less restrictive. My understanding was that those three beds, mentioned in the above report, were actually going to be used for that. So I am a little bit concerned on what those beds have actually been used for as they were supposed to be linked in with a liaison and diversion service, that I think, Lancashire Care were providing. Is this happening in the North because I think it might not be?.

Discussion ensued and Peter Rooney (PR) confirmed that the Section 136 suite was still running at Carlton Clinic. In response to a question from EB, PR confirmed that the national legislation around the length time it was legally permissible to detain someone with mental health issues in police custody had changed. Under the act it was now not permissible to detain children at all and the length of time an adult could be detained had also been reduced. In response to a further question from EB, PR confirmed that the changes were enacted around November 2017 and that there had been a lot of multi-disciplinary work done in North Cumbria with Cumbria Constabulary and partners to ensure that the said changes were complied with. This included a successful bid for external home office money which, was applied for in conjunction with Cumbria's Crime Commissioner. This had enabled the establishment of a single point of access for professionals and other people to speak to a mental health nurse, 24 hours a day, 7 days a week. This supported people to be effectively taken to the right place of care; for example if an ambulance crew was called to someone who was displaying mental health symptoms, they could call the single point of access, speak to the nurse and get advice around where the best place for that individual to be treated was. PR also advised that the CCG was continuing to make an investment in this service despite the end of the home office funding.

In response to a further question from EB around services in the South of the County PR confirmed that this response related only to services provided in the North of the County and that it was Morecambe Bay commissioned services in the South of the County.

Integrated Care and is a plea for Mental Health Services

I am concerned to see that Mental Health services have not included in Phase one of the move to an Integrated Care System (ICS). Going back to when the Success Regime came into the County and did not include mental health services in its business case, I was told that they had been asked to keep it out but I was assured there would be some consultation around beds. I was also assured Mental Health would be included in the initial development of the ICS. The fact that this is now not included leads to a lack of public confidence and a feeling that Mental Health Services should have a higher priority within the system.

Amanda Boardman (AB) stated that whilst it was perceived that Mental Health Services would not be included until 'phase two' of ICC development it did not mean work was not being undertaken to improve Mental Health service provision within the ICCs. AB advised that in conjunction with general practice and Cumbria Partnership Foundation Trust work was progressing on four PDSA's (Plan, Do, Study & Act). One was a multi-agency approach to improve services for people with dementia and another around people with Learning Disabilities who develop issues with constipation. In response to a question from EB, AB confirmed that service users were being included in the PDSA work.

EB advised that people were concerned as historically the Mental Health services in Cumbria were poor and people have suffered greatly as a result and the only way you are going to build up trust with the public and users is to include them and improve mental health services.

Agenda Item 11: Care Quality Commission (CQC) Local System

With regard to mental health services & the Success Regime promises regarding services, will we be Learning lessons from the past history? Will services be Co designed early with "Stakeholders" including Patients, Carers and third sector and not just the regulars?

The CCG confirmed that working with all of the stakeholders, they will be ongoing co-production work at the earliest stage possible, including any lessons from the past.