

<b>NHS North Cumbria CCG Governing Body</b>	<b>Agenda Item</b>
<b>2 August 2017</b>	<b>11</b>

**Title: Healthcare For The Future Update**

<b>Purpose of the Report</b>								
To update the Governing Body on progress on the areas where decisions were made following the Healthcare For The Future consultation and to ensure the Governing Body has oversight of the process.								
<b>Outcome Required:</b>	Approve		Ratify		For Discussion		For Information	X
<b>Assurance Framework Reference:</b> <b>2, Better Care</b> – Commission services that ensure the delivery of high quality and safe care of patients								

<b>Recommendation(s):</b>
<b>The Governing Body is asked to</b> note the content of this report and raise any further actions.

<b>Executive Summary:</b>
<p><b>Key Issues:</b></p> <p>The attached report is intended to provide a brief update on actions taken following the 8 March Governing Body meeting, to further enable the Governing Body to ensure good oversight of the implementation process.</p> <p>The NHS Cumbria CCG Governing Body made decisions relating to six service areas on 8 March 2017. This followed the 12 week Public Consultation undertaken in 2016. The decisions were informed by the consultation, including important contributions from members of the public, patients, carers, stakeholder organisations, clinicians and experts in each of the relevant service areas.</p> <p>The decisions made on 8 March focused on which options for each service area would be implemented. The decisions did not include a prescriptive set of implementation actions, nor did they include a detailed timeline in all cases, recognising that these would need to be developed in partnership with our communities and stakeholders over time.</p>

**Key Risks:**

The risks in relation to each service area consulted on are shown in the attached report. Overall, the key risk is that the implementation phase will be delivered sub optimally, potentially leading to:

- delays in implementation
- failure to realise the planned benefits for patients
- increased financial costs
- reputational damage and reduced public confidence in the local NHS
- reduced confidence amongst clinicians and the broader workforce

**Implications/Actions for Public and Patient Engagement:**

The CCG is fully committed to a continued process of engagement with the public and patients, and to the principle of co-production relating to all of the service changes. This is was set out explicitly in relation to Maternity, Paediatric and Community Hospital services.

**Financial Impact on the CCG:**

There are no further financial implications from this report other than support of facilitation of the process.

<b>Strategic Objective(s) supported by this paper:</b>	<b>Please select (X)</b>
Support quality improvement within existing services including General Practice	
Commission a range of health services appropriate to Cumbria's Needs	
Develop our system leadership role and our effectiveness as a partner	
Improve our organisation and support our staff to excel	

<b>Impact assessment:</b> (Including Health, Equality, Diversity and Human Rights)	A full range of impact assessments were undertaken as part of the consultation process. Those impact assessments will be updated where appropriate during the implementation phase.
---	---

<b>Conflicts of Interest</b> Describe any possible Conflicts of interest associated with this paper, and how they will be managed	None identified.
--	------------------

<b>Lead Director</b>	Peter Rooney, Chief Operating Officer
<b>Presented By</b>	Stephen Childs, Chief Executive
<b>Contact Details</b>	peter.rooney@northcumbriaccg.nhs.uk
<b>Date Report Written</b>	26 July 2017

# Healthcare For The Future Update

## 1. Introduction

The purpose of the report is to give an update to Governing Body members on the service areas where decisions were made following the Healthcare For The Future Consultation at the Governing Body meeting on 8 March 2017.

## 2. Maternity and Paediatrics

### a. Maternity

At the time of writing we understand that the maternity referral is still being considered by the Department of Health and is likely to be one of a number of referrals waiting to be processed as a consequence of the general election purdah.

### b. Developing the Alongside Midwife Led Units (AMLU) :

- There is agreement to go ahead with the development of AMLUs on both sites prior to the review of the maternity decision by the Secretary of State. Detailed planning work has taken place.
- Phase one – further development of midwifery led care on both sites by using designated rooms : Now commenced on both sites
- Phase two – implementation of AMLU's on both sites. An area has been defined at West Cumberland Hospital (WCH) and is currently at design stage. The date for phase 2 at Cumberland Infirmary Carlisle (CIC) is to be confirmed.
- Clinical and patient experience audits are being agreed with Maternity Voices (MVP) for phase one.
- Development of an audit for the Health Scrutiny Committee has started with community input planned.
- There has been significant input to planning by MVP including visits to the units and full involvement in the design proposals.

### c. Other maternity developments

- Staff engagement sessions have taking place on the hospital sites and there are plans build a regular schedule
- The visit from the Royal College of Anaesthetists has taken place and a their report has just been received and is being considered for comment.
- The planning to respond to the wider Better Births agenda, and required development of local maternity system (LMS) as an STP requirement, is well advanced. Work on development of community maternity hubs will be co-

produced with women and midwives. The overall LMS plan is due for national submission in October and will need Trust and STP sign off.

- The LMS Senior Responsible Officer (SRO), Eleanor Hodgson, is now part of the joint LMS leads group with Cumbria and the North East Maternity Network providing North Cumbria CCG with a great opportunity to build valuable, effective relationships.
- The meeting / governance structure for LMS and the implementation of service options are in place.

### 3. Paediatrics

The children's work stream infrastructure is in place and includes a Short Stay Paediatric Assessment Unit (SSPAU) implementation and data/ performance group

#### **a. Developing the SSPAU**

- The current assessment processes on both sites have been mapped
- A workshop to define new service flow for delivery of SSPAU in line with Royal College standards on both sites took place on 16 June 2017. The SSPAU operational policy is now being finalised.
- The detail on data capture for the SSPAU is being assessed and an alternative to the current inpatient episode recording system is under consideration.
- Patient story work is underway to add to the voice of service user as we change services
- Detailed work on the transfers of Paediatric and Maternity cases is being undertaken (in lieu of the dedicated ambulance vehicle – DAV).
- Work is underway to identify written protocols in other trusts covering the emergency response where no Paediatric Doctors are on site
- A phased plan is being developed detailing steps towards an SSPAU model
- A review of the environment at both WCH and CIC to improve patient flow and enable a more fit for purpose unit giving the SSPAU its own defined area
- Clinical staff are developing an audit to capture a range of information from current short stay patients at both WCH and CIC
- Plans are being developed and implemented to address a range of specific issues e.g. CAMHS, oncology, radiology, ED and anaesthetics.
- A business case is being developed to include investment in staffing including the community infrastructure to support the SSPAU.

#### **b. Workforce**

- Considerable work is underway, increasingly with community input (co-production) to improve the recruitment of paediatric staff

- The development of nurse practitioners continues – 2 currently and 2 have applied for training
- The staffing business case is being produced as per expected investment requirements in the Pre Consultation Business Case and the workforce planning tool for medical and nursing work force.
- There is the possibility of a development with UCLAN to provide a research base for our remote model and in so doing aid recruitment.

**c. Links with Integrated Care Communities**

- Consultant / GP and Multi-disciplinary Team (MDT) clinics: the Brampton pilot is underway. A pilot in Workington is to start on 16 August. A joint clinic and MDT will be held every four weeks. A pilot in Penrith is currently under development. Guidance notes and flowcharts have been produced to support consistency across North Cumbria.

**d. Integration**

- A Children and Young People Asthma workshop was held on 28 June to support development of a whole system pathway. Work is underway to develop a whole system End Of Life pathway which will involve a multiagency workshop being held in September.

#### 4. Co-production – Maternity and Paediatrics

The Working Together Steering Group (WTG) has now met twice in Whitehaven. The next meeting will be on 14 September at Energus at 6pm. The independent group is chaired by the Archdeacon of West Cumberland, the Venerable Richard Pratt.

It has been clear from the two sessions that there is still some confusion about what has been decided. Presentations about the clinical model being developed and the public and patient input into those changes has helped to develop a broader understanding of what needs to be achieved.

There was also a presentation on the work undertaken to develop the recruitment offer for consultant paediatricians with feedback from the Working Together Group helping to shape the job advert.

There is a session planned for 9 August to finalise the terms of reference for the WTG and the success criteria for Option 1 Maternity. There is another session planned for recruitment and retention.

The group has identified several areas where the community and NHS can work together. They are:

- Recruitment and Retention

- Telehealth
- Childrens
- Treatment at Distance
- How the steering group will work

A banner suggested by the 'We Need West Cumberland Hospital Group' has been designed and printed and is now in place at the West Cumberland Hospital.

Work to establish the Independent Review Panel continues with progress on the chair soon to be confirmed and approaches made to other clinical experts to support the work.

The following 'phases' for the development of the Independent Review Panel have been determined:

### **Set-Up**

#### **Phase 0:**

- Agree scope and objectives
- Determine the membership of the Independent Review Panel
- Agree the terms of reference taking into account the CCG decision-making recommendations
- Support with the induction of members
- Establishing the working relationship with the Working Together Group
- Mapping other inter-dependencies (with local groups / professional bodies)

#### **Phase 1:**

- Review 'success/progress criteria' put forward by the Working Together Group and offer advice accordingly. The 'audit' is about better informing options 2 & 3 if option 1 proves to be un-workable. Therefore the 'success' issue is a judgment call based on sufficient progress being made (plus no new problems?) to encourage the system to keep going with option 1.
- Discuss and agree what is to be audited and the corresponding indicators for the MLU and paediatric services - the key issue is building confidence (or otherwise) that option 2 or 3 are viable if 1 doesn't continue. To answer this, we need some data on both clinical outcome and 'mother & baby experience' aspects of quality.
- Engage an audit partner and design the audit approach Most of the work will be done by the clinical team
- Report back on progress to the Working Together Group, CCG Governing Body, System Leadership Board and Health Scrutiny Committee?

#### **Phase 2:**

- Receive and review conclusions of the Working Together Group regarding progress against the 'Success Criteria'
- Monitor progress of the MLU and paediatric audits and receive interim findings where appropriate
- Receive findings of the MLU and paediatric audits

**Phase 3:**

- Prepare final report with recommendations. The key issue is whether or not to stop the option 1 implementation (based on progress against the success criteria) and then, if it is to stop, whether or not to try option 2 (based on the audit) before progressing to option 3.

## 5. Community Hospitals

Work with the community alliances has continued, although some of that work was limited by political activity during pre-election periods.

In recent weeks workshops have been held in Maryport and Wigton. At the latter it became clear that closure of medical inpatient beds hadn't been fully understood. A meeting is being held in Alston this week and more workshops are planned.

These sessions are being led by Cumbria Partnership NHS Foundation Trust (CPFT) with support from Cumbria County Council and input from NHS North Cumbria Clinical Commissioning Group (CCG). Future sessions will be used to consider and appraise the proposals developed by the community.

There is work going on to ensure that the development of alternative services to support the community are closely linked with the development of Integrated Care Communities (ICCs) to ensure work is focused to deliver the best for communities and links with the work involving GPs and social care teams.

The following co-production phases have been determined:

**Phase 1**

- Team in place for the work (clinical lead, management lead, project manager, financial input, nominated lead from CCC, and ICC leads)
- Maryport nursing team presented at national community hospitals conference on the topic of 'Community Hospitals as the hubs of population health systems – an exciting future without beds' Sister from Wigton also there. Many contacts and conversations happening around the country

**Phase 2 July 17 – end Dec 17**

- Development of agreed model and business cases
- Wider engagement with community groups, local health and care teams and local GP practices has re-started.
- Good meeting of Maryport Alliance with all groups endorsing the work towards a business case for 'option 2' – a no bed option. Really positive press coverage. Wider community events planned to review the first drafts of the business case.
- Wigton meeting held and another session planned soon.
- Alston 'Alliance' meetings planned in coming days – cross fertilisation of ideas with ward sisters invited to each other's meetings

**Phase 3 Jan - end May 18**

- Transition and implementation

## 6. Accident and Emergency

### Progress to date

- High-risk patient pathways are already in place.
- 8 x Advanced Care Practitioners (ACPs) now recruited and working at SHO level.
- 10 x Trainee ACPs (not all nurses) recruited, along with 1 x Prof (Cardiology), 1 x Academic Fellow, 2 x Physician Assoc Lects, and 2 x ST3s, 1 x Registrar.
- 3 x Trainee Senior ACPs will join new UCLan MSc in Hospitalist Medicine Course in September to qualify as 'Registrar' equivalents.
- £460k underspend at year end.
- Academic Fellow and Senior Lecturer recruitment underway jointly with UCLan.
- Now rolling out the composite workforce model in West Cumberland Hospital (WCH) A&E.

## 7. Emergency Surgery, Trauma & Orthopaedics at WCH

### Progress to date:

- Additional General Surgery fortnightly operating session and Out Patient clinic at WCH (Prof Canelo) in place from June.
- Additional Orthopaedics being undertaken at WCH from July.
- Minor trauma now routinely undertaken at WCH in daily elective lists to ensure efficient, timely trauma care.

## 8. Stroke

- The work to develop the Hyper Acute Stroke Unit is being taken forward by NCUH. There are workforce challenges within the department. Business case is being developed.
- Co-production: The Stroke Association is working with the clinical teams involved and is committed to running events with members and recent survivors of stroke and their families to support the process. These meetings are likely to happen in October.

## 9. Recruitment

There has been significant work undertaken by NCUH to update the recruitment offers being made. An updated paediatric job offer, with job design which has involved existing paediatric consultants at the Trust, is currently out to advert. The community has also fed back on the job offer and brochure selling west, north and east Cumbria as a place to live and work. This was updated ahead of going out to advert.

## 10. Risks

### a. Co-production

- The community doesn't engage with us

- We are unable to meet the expectations of those engaging
- We are unable to resource the multiple work streams that are being generated by the WTG.

**b. Maternity**

- Identifying managerial and leadership capacity to handle major change within service
- Time is required for culture change towards a woman centred more community focussed service in line with better births ( both for service users and staff )
- Managing expectations re: the new community hubs
- Ability to define new staffing models to achieve continuity of carer and new service configurations
- Risk of recruitment and retention of staff in obstetrics and in interdependent specialities
- Risk of the impact of midwifery retirements in the medium term
- High level of work required for Better Births to fulfil national requirements

**c. Paediatrics**

- Recruitment and retention of staff particularly paediatricians and Special Care Baby Unit staff
- Management and leadership capacity for major service change – now exacerbated by changes in operational management
- Public/ staff confidence re: transfers
- One team - two sites – significant culture change to take place
- Engagement with other specialities re interdependencies

**d. Community Hospitals**

- Loss of engagement from community (mitigated by continued co-production approach)
- Unrealistic proposals (mitigated by clear parameters in mandate)

**e. Stroke**

- Consultant recruitment.
  - Funding requirement
- Interdependencies:
- 2<sup>nd</sup> CT Scanner at CIC.
  - Early Stroke Supported Discharge (ESSD) – business case under revision)

**f. A+E**

- Consultant recruitment

**g. Mitigations**

- There is a firm and public commitment from a cross West, North and East Cumbria to work with the community.
- There is resource to support this work (but it is taking time to free it up)
- There continues to be a commitment to honesty and clarity with the Working Together Group and community alliances about challenges facing the services.



**North Cumbria**  
Clinical Commissioning Group

For more information contact...

name. Julie Clayton  
Head of Communications and Engagement

tel. 01768 245490  
email. [Julie.clayton@northcumbriaccg.nhs.uk](mailto:Julie.clayton@northcumbriaccg.nhs.uk)