

NHS North Cumbria CCG Governing Body	Agenda Item
6 December 2017	6b

Healthcare For The Future Update

Purpose of the Report							
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.							
Outcome Required:	Approve		Ratify		For Discussion		For Information
							X
Assurance Framework Reference:							
2. Better Care – Commission services that ensure the delivery of high quality and safe care patients							

Recommendation(s):
The Governing Body is asked to note the content of this report.

Executive Summary:
<p>Key Issues</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 focussed 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</p>

in partnership with our communities and stakeholders over time.

Key Risks:

The risks in relation to each service area consulted on are shown in the attached report. Overall, the key risk is that 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.

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

<p>Impact assessment: (Including Health, Equality, Diversity and Human Rights)</p>	<p>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.</p>
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Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed	<p style="text-align: center;">There were no conflicts of interest identified.</p>
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North Cumbria
Clinical Commissioning Group

Healthcare For The Future Update

NHS North Cumbria Clinical Commissioning
Group Governing Body

6 December 2017

1. Introduction

The purpose of the report is to give an update to members of NHS North Cumbria Clinical Commissioning Group (CCG) Governing Body on progress since the decisions were made following the Healthcare For The Future Consultation.

2. Maternity and Paediatrics

Maternity

Referral

The advice of the Independent Reconfiguration Panel has been reviewed and published by the Secretary of State in relation to the maternity referral made by Cumbria County Council's Health Scrutiny Committee.

It recognised the challenges the service faces but supports the decision made by the CCG's Governing Body on 8 March 2017. It does not call for a full review.

Developing the Alongside Midwife Led Units (AMLU):

- Phase one – development of midwifery led care on both sites by using designated rooms is now established. At West Cumberland Hospital (WCH) between 15 June and 27 November 184 women commenced on the midwife-led care (MLC) pathway and have now given birth, 115 remained on the pathway throughout and 69 transferred to consultant-led care as their status changed. These figures are very encouraging in terms of women choosing to use midwifery-led services – the transfer rate to consultant care is expected.
- Phase two – implementation of AMLU's on both sites. An area has been developed at the West Cumberland Hospital (WCH), the Maternity Voices Partnership has helped design the environment to be more relaxed with a more homely atmosphere. Work at the Cumberland Infirmary continues to identify a dedicated AMLU.
- There is an ongoing clinical and experience audit of midwifery led care which was developed with input from the Maternity Voices Partnership.
- Work has also been undertaken to co-produce the AMLU audit which was agreed with the health scrutiny committee as part of the CCG decision in March 2017. This has included the MVP and other members of the Working Together Group.

Other maternity developments

- Staff engagement sessions continue to take place on the hospital sites
- Work is ongoing to develop the wider Better Births agenda. The Local Maternity System (LMS) is well advanced with the first draft plan submitted in line with national deadlines. Work on development of community maternity hubs will be co-produced with women and midwives. The Better Births plan can be read here <http://www.northcumbriaccg.nhs.uk/about-us/key-policies-and-documents/west-north-and-east-cumbria-local-maternity-systemplannarrative311017---draft.pdf>

Paediatrics

Work to design and establish the Short Stay Paediatric Assessment Units (SSPAU) at both West Cumberland Hospital and the Cumberland Infirmary Carlisle is well underway. Plans are progressing to start offering an SSPAU service from 0900-1700 Monday to Friday after the New Year. This will run alongside the existing inpatient service.

Developing the SSPAU

- The current assessment processes on both sites have been mapped and the SSPAU operational policy is now being finalised.
- A way of recording attendance and admissions to review the potential impact of an SSPAU is being developed.
- Patient story work is underway, improved use of visual displays in ward areas is supporting the collection of the patient voice.
- Detailed work on paediatric transfers is being developed to support work to inform work on the dedicated ambulance vehicle (DAV).
- 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.
- Children's ward staff have visited other SSPAUs to see how they work and learn from them.
- Clinical staff are developing an audit to capture a range of information from current short stay patients at both WCH and CIC – ensuring that the redesigned services are fully informed by local factors.
- Plans are being developed to address a range of specific issues e.g. Child and Adolescent Mental health Service (CAMHS), shared care oncology, radiology, emergency department (ED) and anaesthetics.
- A business case is being developed to include investment in staffing including the community infrastructure to support the SSPAU.

Workforce

- Considerable work is underway, increasingly with community input, to improve the recruitment of paediatric staff.
- The development of nurse practitioners continues.
- Proposals to recruit to joint hospital / academic posts strengthening the links with the University of Central Lancashire (UCLan) to provide a research base for paediatrics in a remote and rural model. This could aid recruitment.

Links with Integrated Care Communities

- Continuing the consultant / GP and Multi-disciplinary Team (MDT) clinics at Brampton, Workington and developing other possible pilots.

Integration

- Work is continuing to develop a whole system asthma pathway. Connections have been made with Active Cumbria and local sports men and women as well as regional sporting clubs / the Great North Childrens Hospital / schools / local GPs and community teams. Patient stories have been collected to inform the issues and challenges with effective asthma management for children, young people and their families. The children's working group of the Working Together Group is supporting this work.

Co-production

The **Working Together Steering Group** (WTG) has now met four times. It brings together NHS leaders, staff, GPs members of the public, members of the West Cumbrians' Voice for Healthcare, members of We Need West Cumberland Hospital group and representatives from Local Authorities.

It is chaired by the Venerable Richard Pratt, the Archdeacon of West Cumberland.

Several smaller working groups have been established and cover a range of areas including – telemedicine, children's, recruitment and retention, links with new mums through the Maternity Voices Group and care at a distance. These smaller groups are looking for practical steps that can be taken to support the sustainability of Option 1 Maternity.

Developments include:

- Development of a telemedicine pilot and links developing with a paediatric specialist in Newcastle
- The development of a virtual children's support group network to provide feedback and advice as SSPAUs develop, the asthma pathway and other issues.
- An approach to Home Group to explore providing accommodation for medical staff for their initial period of employment.
- Links to the HR department at Sellafield to explore opportunities with the NHS.

The next meeting is on 6 December 6-8pm at Energus. All information from the group is publicly available at:
www.northcumbriaccg.nhs.uk/ournhs

The **Independent Review Group (IRG)** has met twice. It is chaired by Dr Bill Kirkup and made up of clinical specialists including an obstetrician, paediatrician, anaesthetist, neo natal nurse and a midwife who will assess whether enough progress has been made. There are no members of the group from NHS North Cumbria CCG or North Cumbria University Hospitals Trust (NCUH).

The group visited maternity, SCBU and children's ward at both the Cumberland Infirmary and the West Cumberland Hospital meeting frontline staff. They also spent an hour with representatives of the Working Together Group and those involved with developing the maternity audit.

3. Community Hospitals

Plans describing the new models are being drafted with the involvement of members of the community alliance groups in Alston, Maryport and Wigton. The plans will be considered in December.

In Alston the beds are currently closed because of staffing challenges, and alternative arrangements with access to beds in residential care are being trialled. Hospital staff have been redeployed within the community and feedback has been positive. This has been done with close contact with the community group. A recent community open day attracted more than 150 people.

In Maryport the alliance has been well supported and despite some parts of the community who remain unhappy about the loss of beds, the group issued a statement of support for the plan being developed. A similar engagement event attracted only a handful of people.

In Wigton engaging with the community to develop an alternative non-bed model has been more difficult.

Work has focused on:

- Developing a model agreed by community groups and develop a summary of operational and financial factors relating to alternative proposals.
- Wider engagement with community groups, local health and care teams and local GP practices.
- Close working of the merged Integrated Care Communities (ICC) and Community Hospital workstreams to dovetail work happening in Alston, Maryport and Wigton with the ICC strategy and business case.

- Acknowledgement of the leadership shown by senior clinical nurses and allied health professionals (AHP) leads in working with Community Alliance Groups to gain their support in developing community based plans.

4. Integrated Care Communities (ICCs)

Although not part of the consultation itself, the development of ICCs is crucial to deliver the changes planned. The development of ICCs is also closely connected with the community hospital work.

Information is now available online for each ICC on the North Cumbria Clinical Commissioning Group (CCG) website. It explains the areas covered, the health challenges the area faces and the progress that has been made as well as links to community groups, ICC contact details and the group of GP practices each ICC covers. The pages will be regularly updated with progress from each ICC.

They can be found here: www.northcumbriaccg.nhs.uk/iccs

Work will concentrate on developing four of the more advanced areas in the next few weeks.

Co-production

Engaging with local communities will play a key part in the success of ICCs. Services will be developed and improved through co-production which means drawing on the knowledge, ability and resources of service users, as well as providers. This recognises that communities and service users have valuable experiences and insight that can help and should shape future health and care services.

A communications and engagement plan has been developed to set out the overall approach for sharing information and working with local people and stakeholders. Each ICC will develop its own individual plan, working with the community to do so.

All communications and engagement aim to be done within the system wide Co-Production Framework currently being developed and using the following principles:

- **Open to all:** *working with communities right from the start, including hard to reach groups.*
- **Flexible:** *working with individual communities at a time and place that suits them.*
- **Responsive:** *listening to and acting on feedback.*
- **Clear:** *being honest and open in our messages and using plain English.*

Progress will be updated regularly on the new ICC webpages, through partner organisations, social media and the local media as well as events and meetings.

5. Emergency and Acute Services

The new composite workforce is now well established.

Work continues to develop strong links with UCLan at the West Cumberland Medical Education Campus.

High-risk patient pathways are already in place.

6. Stroke

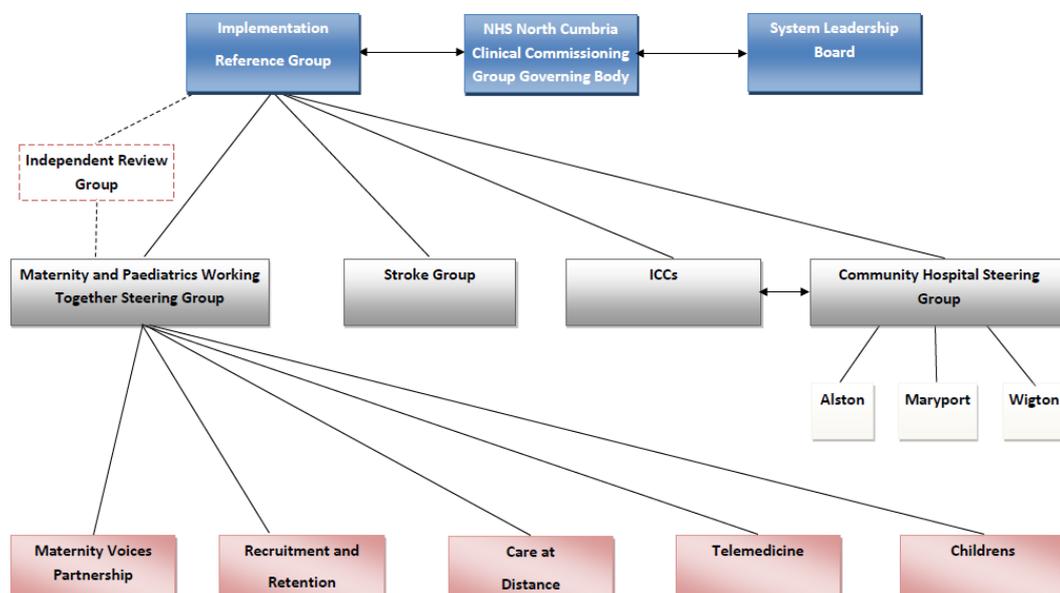
The work to develop the Hyper Acute Stroke Unit has been joined with the work supporting Early Stroke Supported Discharge. Work is focusing on staffing, equipment, pathway development, involving patients, cares and the community.

The Stroke Association (SA) is working with the clinical teams involved and is committed to run events in Carlisle and west Cumbria in mid-January with members of the SA, recent survivors of stroke and their families to support the process. They will be open to all interested members of the public.

7. Oversight and Assurance for the Governing Body

When the Governing Body made decisions following the Healthcare For The Future consultation, provision was made for oversight and assurance of the co-production process and to review clinical changes to ensure the new provision was safe.

The governance is demonstrated in the diagram below and has been updated to reflect the formed groups:



The Implementation Reference Group will be chaired by Dr Kevin Windebank the secondary care doctor representative on the Governing Body. It includes members of the Governing Body and representatives of Healthwatch Cumbria and Cumbria CVS.

It has met once. It will consider the work to develop new services and mitigations for the impact of that change before providing feedback for the CCG Governing Body.

8. Risks and Mitigations

Across all of the co-production work there is the risk of losing engagement and trust with staff and members of the community. There is considerable work ongoing to strengthen these relationships as well as work to make information about the processes as visible as possible and publicly available. There is also the risk of a lack of resources, the co-production work is supported by communications teams across the system and senior system leaders.

Lack of capital funding for works. Some funding has been secured and the business case process allows for the needs to be clearly demonstrated with appropriate check and challenge. There is some requirement for estate modification and second scanner to support HASU development.

Lack of staff, especially in maternity, anaesthetic and paediatric services, but also consultants in emergency medicine, stroke clinicians and community hospitals and general practice. This is a key concern and the focus of considerable system wide activity through HR and Workforce teams with specific recruitment campaigns and other initiatives. It is also the focus of some of the co-production work.

Defining new staffing models in maternity to achieve continuity of carer and new service configurations – this is a national issue with national guidance expected.

Impact of change on community hospitals. Moves to develop new models for Alston, Maryport and Wigton are progressing, but work to extend the bed base at other community hospitals will need carefully planned to minimise disruption.

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