

together for a healthier future.

It has been couple of months since we last issued an update from the *together for a healthier future* programme board. In that time we have made progress in a number of areas. We hope this update will provide a summary of some of the more recent activities and some of our priorities for the coming months.

We have also had the announcement of the Success Regime and have also included some information about what we know about this new initiative.

Success Regime

You will probably have received information already about the Success Regime which was announced by NHS England Chief Executive Simon Stevens on 3 June 2015 as a new national initiative to help the most challenged health economies.

North Cumbria is one of three health economies included in the Success Regime so far although more may follow. The other two are Essex and North, East and West Devon

Health and care partners from across North Cumbria welcomed the announcement as it is further recognition of the long standing and systemic challenges across our health economy which span organisational boundaries and are not easily fixed. These must be resolved if we are to make the necessary improvements to ensure people living in North Cumbria receive the best possible health and care services going forward.

Being part of the Success Regime will not only build on the joint working that is already taking place across organisations through the *together for a healthier future programme* but will provide increased impetus and hopefully will allow us to move further and faster in improving care and ensuring sustainable services to benefit local people.

We look forward to working with Monitor, the NHS Trust Development Authority and NHS England to understand how we can make the most of the opportunities that will be available to us. We will of course continue to communicate with and engage our staff, our local partner organisations, patients and the public as we move forward.

The Success Regime will work across whole health and care economies in a more joined-up way to resolve current problems and will:

- provide both support and challenge to the organisations within these health and care economies, not just diagnosing the problems and identifying the changes required, but importantly also implementing those changes;

- seek to strengthen local leadership capacity and capability, with a particular focus on leaders working together to drive improvements for patients and for their organisations;
- link with other developments and innovations, for example, exploring whether one of the new care models may form part of the solution.

It will be overseen jointly by NHS England, Monitor and the NHS Trust Development Authority to ensure consistent oversight of the whole health economy. A Programme Director with significant experience and leadership skills will be appointed to drive the process in each area.

Once we have more detail to share about how the Success Regime will operate in practice we will share this.

Treatment of the most seriously ill patients – ‘acute medicine’

NHS Cumbria CCG has provided additional funding to North West Ambulance Service which means that since 1 April 2015 there has been an additional ambulance available seven days a week and 12 hours a day. This arrangement, to ensure that people in West Cumbria receive a timely response when they need an urgent ambulance, will be in place for six months pending a full capacity review of all transfers.

Upper GI bleed and cardiology patients

From Monday 13 April 2015, a very small number of very ill cardiology and gastroenterology patients who come into West Cumberland Hospital and are assessed by their medical team as likely to benefit from additional urgent specialist care, have been transferred to the Cumberland Infirmary. This means they can access 24 hour services for the initial phase of their care. In line with expectations, approximately 3 cardiology patients and 2 upper GI bleed patients are transferring per week in addition to those patients already transferred. These new arrangements which are bedding in very successfully will have a positive impact on patient outcomes.

The vast majority of patients with heart and circulatory illnesses and with digestive conditions continue to receive their treatment at West Cumberland Hospital, with no change to other in-patients or outpatient provision.

Cumbria County Council Health Scrutiny Committee has approved the changes to these two patient pathways on an interim basis, given the anticipated safety improvements, but has indicated to the CCG that this level of change will require public consultation. Discussions have subsequently been taking place about arrangements for appropriate consultation which will involve targeting patients on those pathways and some carers and the CCG is taking this forward with support from North Cumbria University Hospitals NHS Trust.

Stroke patients

The CCG and North Cumbria University Hospital NHS Trust both recognise that stroke care needs to improve for patients across both of hospital sites in Whitehaven and Carlisle to ensure we meet national guidelines and impact positively on patient outcomes. In November 2014, the Trust hosted a visit from Professor Tony Rudd, National Clinical Director for stroke services, who made a number of recommendations for improvement including future consolidation of emergency stroke services in order to improve clinical outcomes for patients. These recommendations have been considered by the Stroke Team, and initial draft proposals shared with the Trust Board, the CCG and colleagues from other organisations involved in the *together for a healthier future* programme. It has been agreed that further discussions and confirmation of clinical support is needed from the Northern Clinical Senate, and that as well more patient engagement is necessary, particularly targeting stroke patients and carers. This would inform the further development of any proposals, which should they represent a significant service change would require public consultation led by the CCG.

The clinical team has also set out additional improvement work required over the next few months in order to raise the quality and responsiveness of the service for patients irrespective of any future service change, and this is being shared with the Trust Board.

Respiratory patients

The Northern Clinical Senate fully supported the proposal for considering very small numbers of respiratory patients who may benefit from accessing 24-hour specialist care at the Cumberland Infirmary. They made some helpful suggestions which have been taken fully into account. On 4 June the CCG and the Trust discussed proposals for this group of patients with Cumbria County Council's Health Scrutiny Committee in order to establish the way forward. The vast majority of patients with respiratory conditions would continue to receive their hospital care at West Cumberland Hospital, but for a very small number of highest risk patients better outcomes could be provided if they were to receive specialist care at Cumberland Infirmary. The Scrutiny Committee decided that this was not a significant variation to the way that services are provided which means that the changes can be made without public consultation.

As with stroke, upper GI bleed and cardiology patients, and patients who do receive care at Cumberland Infirmary, but who live more distantly will be transferred back to more local surroundings as soon as their medical condition allows.

Deteriorating patients

Facilitated improvement workshops with clinicians in emergency care at both Whitehaven and Carlisle are helping to develop first-class pathways for 'deteriorating patients' in line with the recommendations of the Northern Clinical Senate. The workshops are focussing on the identification of deteriorating patients, what is needed to deliver their high quality care and the criteria for accessing this care. This includes consideration of how patients are managed within the new integrated emergency floor within the new hospital at Whitehaven. The outputs of these workshops are anticipated to be shared with the Clinical Senate and CCG colleagues within the next few weeks to enable further pathway refinement.

Obstetric and midwifery care

The findings of the independent review of maternity services across Cumbria and North Lancashire (commissioned by the CCG with North Lancashire CCG from the Royal College of Obstetricians and Gynaecologists) were published on 25 March 2015.

The findings were made widely available but, in short, included a preferred option (Option 1) to retain four consultant-led maternity units at Carlisle, Whitehaven, Barrow and Lancaster with the immediate development of 'alongside' (on the same site or next to) midwifery-led units at Carlisle and Lancaster and in the longer term to evaluate the development of the same at Barrow and Whitehaven. However, it says that this can only be supported on 'safety and sustainability grounds' if steps are taken to reform the approach to staffing, improve antenatal, labour and delivery and postnatal care, address anaesthetic issues and agree sufficient paediatric cover for a special care neonatal unit.

The report says that the project team should now be established, including an external senior manager, external obstetrician, head of midwifery and patient representatives. This would be accountable to the lead clinical commissioning group and would develop a detailed feasibility report on the cost, viability and risks of proceeding with this option. Local views and social deprivation would be important considerations.

The project team, chaired by the CCG's Medical Director, Dr David Rogers, will meet for the first time on June 25. Dr Anthony Falconer, past president of the Royal College of Obstetricians and Gynaecologists who led the independent review has agreed to be an independent clinical adviser to the project team.

The work of the project team will include a programme of engagement activity to ensure the views of local women as users and future users of the services, and their families, are sought. As such the local maternity services liaison committees will also be represented on the project team and it is hoped that they will help to shape the engagement activity.

Child health

In the North Cumbria Trust's 'clinical options' paper, a proposal was described for a 24-hour short stay paediatric assessment unit at West Cumberland Hospital with low acuity beds supported by 24-hour consultant paediatric access, with a full inpatient unit at Cumberland Infirmary working as part of a system-wide child health network. This model would mean that many more children could avoid admission to hospital. For those still requiring hospital care, the majority would continue to receive their treatment at West Cumberland Hospital, although some of the most poorly children would be treated at the Cumberland Infirmary or, as already happens, taken to the Great North Children's Hospital in Newcastle.

The Clinical Senate advised that the Trust's Child Health Team should carry out an audit to understand the nature of patients currently presenting at West Cumberland Hospital. Patients presenting to West Cumberland Hospital between 15 December 2014 and 15 January 2015 were reviewed and it was confirmed that the majority of patients could be managed within a 16 hour time scale from admission to discharge, and that only a minority had conditions that would benefit from more specialised care.

The focus for the next piece of work is on identifying which children could be managed in the community without any (or just a very short) visit to hospital, and what would be required to achieve this, as well as further defining transfer criteria. The Trust is continuing to work with colleagues involved in the *together for a healthier future* programme, including those in community services and the CCG to develop the detailed pathways and support required to safely prevent admission and even further reduce lengths of stay. As with some of the other services outlined above, the CCG on behalf of the *together for a healthier future* programme board will be commissioning further engagement activity to inform this work.

Planned care and outpatients

Planned care includes all outpatient appointments, day case procedures or short stay planned (elective) operations. The shared aim is for more patients from across North Cumbria to have access to planned care in West Cumbria, making use of the new facilities and extra theatre space that will soon be available at the new West Cumberland Hospital as well as Community Hospitals and other amenities. The North Cumbria Trust has committed to transfer many of its outpatient appointments to West Cumbria.

The Trust has already started working to increase activity at West Cumberland Hospital, with some specialities seeing an increase over the past year such as breast surgery (6.5% increase from 13/14 to 14/15) and thyroid surgery (9.7% increase from 13/14 to 14/15). A new lithotripsy service (treating kidney stones) for North Cumbria also started in March 2015 at

West Cumberland Hospital.

Plans are now being put in place for to offer more services to patients at West Cumberland Hospital between October 2015 and January 2016 in the following specialities:

- Breast
- Vascular
- General surgery
- Gynaecology
- Orthopaedics
- ENT
- Orthodontics

Out of hospital services

Following a three day workshop in December 2014, we have mapped the range of out of hospital initiatives to reduce demand on acute services across the four localities in North Cumbria which have been developed through the *Better Care Fund* and *together for a healthier future*. Highlights include:

- Clinical coordination centre at Cumberland Infirmary in Carlisle - successful application to NHS England for GP infrastructure monies to support a number of Carlisle practices, in conjunction with Cumbria Health on Call (CHOC) and the North Cumbria Trust
- A single point of access for GPs has been developed in Copeland locality has been operating since 27 April, starting with three practices, increasing to eight Practices by the end of May 2015.
- Implementation from November 2014 of same day appointments available to all patients in Workington practices 7 days per week 8am-8pm

We now plan to:

- Confirm the core services each locality should have in place currently and undertake a gap analysis to support the development of a delivery plan
- Agree the future care model to allow the development of a detailed delivery plan as to the priorities and subsequent projects to move towards the future model.
- Develop the model for *Primary Care Communities* across the four localities and develop a detailed delivery plan.

While good progress has been made on a range of initiatives and improvements over the last few months as set out in this report, all partners in the *together for a healthier future* programme recognise that we need to accelerate progress in the development of a more comprehensive strategy given the pressures facing the North Cumbria health and care system. As explained above, we hope our inclusion in the Success Regime will help us to do that.

David Stout was appointed to work at the CCG as Transformation Director in April until end December 2015 to provide leadership to the *together for a healthier future* programme.