NHS
North Cumbria
Clinical Commissioning Group

NHS North Cumbria CCG Governing Body	Agenda Item
7 February 2018	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	X	Ratify		For Discussion		For Information	

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 approve the recommendation about the 12 month starting point and to note the content of this report and raise any further actions.

Executive Summary:

Key Issues

The attached report:

- outlines two proposals around the start date for the 12 month period as agreed in Option 1 maternity
- provides 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

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.

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 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	

Impact assessment: (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.

Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed	There were no conflicts of interest identified.

Lead Director	Peter Rooney, Chief Operating Officer
Presented By	Stephen Childs, Chief Executive and David Rogers, Medical Director
Contact Details	Julie.clayton@northcumbriaccg.nhs.uk
Date Report Written	1 February 2018

NHS
North Cumbria
Clinical Commissioning Group

Healthcare For The Future Update

NHS North Cumbria Clinical Commissioning Group Governing Body

7 February 2018

1. Introduction

The purpose of the report is to ask for approval to the recommendation to start the 12 month period to test the viability of Option One Maternity.

It also provides a short 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 Option 1 – start date for 12 months

Proposal to start the 12 month period to test the viability of Option One Maternity

The Governing Body made the following decision on Maternity on the 8th March 2017.

Recommendation 2.1: To test the viability of Option 1 over a 12 month period

Recommendation 2.2: If Option 1 is not proven to be deliverable or sustainable then implement Option 2 at the end of the 12 month period

Recommendation 2.3: Whilst testing Option 1, to prepare for Option 2 by implementing a Midwifery Led Unit (MLU) in Whitehaven alongside the Consultant Led Unit (CLU), in order that the MLU can be audited as if it was freestanding

Recommendation 2.4: To implement Option 3 if Option 1 is not proven to be deliverable or sustainable and, following audit of the MLU, Option 2 is not deemed to be safe.

The delivery of the recommendations

The Governing Body endorsed the following actions to be undertaken in order to deliver recommendations 2.1 – 2.4:

- Strenuous efforts will be made with local communities, GPs, patients and staff led by an independently chaired 'co-production' steering group to test to the limit the deliverability and sustainability of Option 1
- The criteria for testing the viability of Option 1 will be jointly agreed by the independently chaired 'co-production' steering committee. The criteria are likely to include the following:
  - The staffing and number of filled posts at agreed progress points
  - Evidence of adequate future supply of staff to maintain improvement with recruitment and retention
  - Monitoring of serious incidents / near misses / clinical outcomes
  - Measures of staff and patient satisfaction
  - Demonstrable change in ways of working for quality improvement including: a hub and spoke approach with risk stratification and transfer

of high risk care, development of Short Stay Paediatric Assessment Units (SSPAU), development of the midwifery agenda including the MLU model, restructuring of medical working practices, arrangements for emergency cover, skills maintenance and improved leadership

- **The criteria will be reviewed by an Independent Review Panel, for a 'stop/proceed' decision at each milestone.**
- Co-production approaches will be used to develop other care model innovations including development of the MLUs, and proposals to mitigate the challenges of providing care at distance
- The audit of the Whitehaven MLU will be undertaken using pre-agreed criteria and the outcome of the audit will be received by the Independent Review Panel which will decide if a free-standing MLU in Whitehaven could be safely instated.
- The Co-production Steering Committee and Independent Review Panel will fit within an agreed governance structure with jointly agreed terms of reference.

When does the 12 month period start ?

The decision by the Governing Body did not include how it would be determined when the 12 month period would start but did make clear a number of actions that needed to occur.

These included:

- The establishment of an independent review panel of experts.
- An audit of the alongside midwifery led unit at West Cumberland Hospital (WCH) to be undertaken, using a set of pre-agreed criteria.
- An independent Co-production steering committee will be in place.
- The CCG would establish an Implementation Reference Group to oversee all the decisions of the Governing Body from the 8th March 2017.

Referral to the Secretary of State

The Governing Body decision on maternity was referred by Health Scrutiny Committee to the Secretary of State for Health in March 2017. It was therefore not possible to start anything other than progress with the introduction of midwifery led care and development of Alongside Midwife-led Units (AMLUs) at both the Cumberland Infirmary Carlisle (CIC) and WCH until the Secretary of State's response to the referral from Cumbria County Council's Health Scrutiny was received. The reason why we could progress with this was due to the fact this was additional to what was currently in place and not a reduction in choice – as it increases choice – or service provision.

The Secretary of State, following advice from the national Independent Reconfiguration Panel (IRP), has advised that we proceed with the implementation of option 1 and there is no need for further reviews or for further consultation. The IRP has highlighted the need for close working with Cumbria County Council's Health Scrutiny Committee throughout this process and we fully support this suggestion. Discussions about how this can happen are now underway.

Current progress as at 01/01/18

Action required	Progress as at 01/12/17
GOVERNANCE INFRASTRUCTURE	**ALL IN PLACE**
An independent review panel will be set up.	The Independent Review Group (IRG) is established and in place and has met twice and visited both sites at WCH and CIC.
A co-production steering group will be set up. Strenuous efforts will be made with local communities, GPs, patients and staff led by an independently chaired 'co-production' steering group to test to the limit the deliverability and sustainability of Option	Independently chaired Working Together (Co production) Steering Group chaired by the Venerable Richard Pratt has been in place since June 2017. A number of working groups are now established with positive work now being undertaken.
A Governing Body Implementation Reference Group will be set up to feedback on the implementation process.	The CCG has established an Implementation Reference Group (IRefG) which has also now met three times and has already received an update on the community hospital work as well as an update on maternity and paediatrics.
DEVELOPMENT OF MIDWIFERY LED CARE	
Recommendation 2.3: Whilst testing Option 1, to prepare for Option 2 by implementing a Midwifery-Led Unit (MLU) in Whitehaven alongside the Consultant Led Unit, in order that the MLU can be audited as if it was freestanding.	Midwifery-led care in place since June 2017. AMLU at WCH in place from 04/12/17 – There are ongoing discussions to refine the overall midwifery staffing model in line with Better Births.
The audit of the Whitehaven MLU will be undertaken using pre-agreed criteria and the outcome of the audit will be received by the Independent Review Panel which will decide if a free-standing MLU in Whitehaven could be safely instated.	The audit of the alongside midwifery led unit at WCH has been co-produced, is agreed and will be implemented in February 2018. The audit results will be reviewed by the Independent Review Group.
Option one criteria	
The criteria for testing the viability of Option 1 will be jointly agreed by the independently chaired 'co-production' steering committee.	Members of WTG have developed terms of reference and success criteria – this has been to the CCG Governing Body and CCC's Health Scrutiny Committee
CO PRODUCTION	
Co-production approaches will be used to develop other care model innovations including development of the MLU(s), and proposals to mitigate the challenges	MLU input to design of environment and operating processes and information leaflets from MVP

of providing care at distance	Care at distance group in place.

Other work supporting the change includes:

- Quality improvement focus on hub and spoke approach
- Supporting further development of the MLU model
- Developing skills and leadership within the service
- Developing the Better Births work programme
- Ensuring issues raised by the Greater Manchester, Lancashire & South Cumbria Clinical Senate should be addressed as part of implementation planning
- Supporting staff with training

Developing the closely related paediatric changes agreed following consultation including:

- Development of SSPAU
- Developing standard operating procedures

Implementing Option One

It is important to remind the Governing Body that option 1 is not status quo. This involves the planning for 100-200 mums who currently have their babies delivered at WCH to have their babies delivered at CIC. This is due to the additional paediatric support that will be available at CIC compared to WCH when Option 1 Paediatrics is in place.

Therefore there are a number of implementation considerations which have been identified. These have been identified through the public consultation or ongoing discussion with staff and clinicians as part of the programme. These issues do not affect the ability of the Governing Body to make a decision but will require consideration during the implementation phase:

- Significant work needs to be undertaken to provide a clearer vision for maternity services across the entire pathway of care in line with "Better Births" which outlines the choices available at all stages and develops the concept of community hubs
- The development of the detailed standard operating procedures for the dedicated ambulance vehicle will need to take place before the new service model starts
- All the relevant implementation issues raised in the second Greater Manchester, Lancashire & South Cumbria Clinical Senate should be addressed as part of implementation planning
- An organisational development plan should be developed that addresses the cultural challenge within the service that will come with the implementation of the new service model
- A full training plan needs to be developed for staff to address the required skill changes
- Any outstanding recommendations from the Royal College of Obstetricians and Gynaecologists report are completed.

There is a requirement for a comprehensive implementation plan which needs to include the mechanism for agreeing and planning for the transfer of 100-200 mums to have their deliveries at CIC.

The plan is underway and will include:

- Further capacity planning to ensure sufficient staff, beds and cots are available at CIC to accommodate these additional women. This includes midwifery staffing and beds, Special Care Bay Unit (SCBU) staffing and cots, as well as paediatric and anaesthetic staffing.
- Detailed work on clinical pathways and changes to operational procedures to support this change
- Steps to ensure further co production.

Steps:

- Governance, co-production and midwifery-led care changes in place
- Detailed plans for implementation of option 1 in place and agreed by the Implementation Reference Group
- Then the Governing Body with input from NCUHT and NWAS will agree the start date for maternity option 1.

Note that the view and decision of the Governing Body with input from our partners may be different to the start of the 12 month review period.

Starting the 12 month period

Therefore there are 2 proposals for the Governing Body to consider in relation to the 12 month period starting date.

A. The 12 month period starts on the 1st April 2018 with progression to Option 1 as soon as agreed implementation plans can be safely put in place

B. That the 12 month period starts only once option 1 is in place

Proposal A

Benefits include giving a clear indication of the start of this timeline. The community has been unclear about the starting point and it is now almost 12 months since the decision was made. This gives clarity.

There are challenges though. It may be viewed less favourably by the community and the earlier starting date gives less time for recruitment than Proposal B which will take longer to implement.

The Governing Body should however note that the decision in March 2017 was: Recommendation 2.1: To test the viability of Option 1 over a 12 month period.

Proposal B

Benefits include a full 12 month running period of Option 1, (if it can continue to be safely staffed) and this may be seen as giving it more of a go and is consistent with the decision from March 2017.

Challenges include exposing the service to more risk of potential short term urgent closure if recruitment can't be improved or sustained. It would expose NCUHT to

additional risk if there is any deterioration in staffing over this longer period and will require substantial implementation planning so there is a risk that the start time for this will drift from current expectation of early summer 2018.

It will also mean that the Paediatric Option 1 approved on 8 March 2017 will need to be implemented and to support this paediatric option the Dedicated Ambulance Vehicle (DAV) needs to be in place.

Members of the IRG are expecting their work to be time limited and any significant prolongation of this may cause work pressures for the individuals in the group that may be difficult to manage.

Recommendation

The Governing Body has been very clear that it would like to see the continuation of Consultant-led maternity services on both the CIC and WCH sites provided this can be done safely and sustainably. The main risk to this is if progress on recruitment and retention of staff, not just in Maternity, but in Paediatrics and Anaesthetics is not sufficient to assure the Independent Review Group and ultimately the Governing Body that Option 1 would be sustainable.

The Governing Body is reminded that to implement Option1 Paediatrics there is a need for significant recruitment of paediatric consultants while there has been some progress there is still a shortfall in the numbers needed to implement Option 1 Paediatrics. This is required to implement Option 1 Maternity. To support option 1 paediatrics this also requires the mobilisation of the DAV and we have been made aware that this may take longer than initially expected. So there are real risks that the timeline for implementation of Option 1 Maternity due to the interdependency on the other service may be delayed leading to a longer period of uncertainty for the staff and public.

In view of this the Governing Body **is recommended to approve Proposal A**:

- The 12 month period starts on the 1st April 2018 with progression to Option 1 as soon as agreed implementation plans can be safely put in place

3. Update on Maternity and Paediatrics

Maternity

Considerable work has been done to develop Alongside Midwifery Led Units (AMLU) at the West Cumberland Hospital (WCH) and the Cumberland Infirmary Carlisle (CIC).

Phase one – implementation of midwife-led care (MLC) on both sites:

- At WCH between 15 June and 15 January 214 women started on the midwife-led care (MLC) pathway and have now given birth, 138 remained on the pathway throughout and 76 transferred to consultant-led care as their status changed.

- At the CIC between 3 July and 15 January 167 women started on the midwife-led care (MLC) pathway and have now given birth, 104 remained on the pathway throughout and 63 transferred to consultant-led care as their status changed.

Phase two – implementation of AMLU's on both sites:

- WCH – Both rooms have undergone upgrade including painting, cupboards removed and medical gases moved. Services started November 2017.
- CIC - expected start – early 2018 – work has been slower.
- Clinical and patient experience audits agreed with Maternity voices (MVP) for phase one. Patient experience audit numbers are low – actions being taken to encourage completion.
- Development of AMLU audit as part of the maternity decision has been co-produced with MVP and other members of the Working Together Steering Group. Pilot implementation started in December with revisions suggested by Independent Review Group (IRG) being used from February 2018.
- Following the decision of the Secretary of State in November 2017 detailed planning work on option one (the transfer of 100/200 births) has started and is developing.

Paediatrics

Plans are progressing to start offering an SSPAU service from 0900-1700 Monday to Friday and this will run alongside the existing inpatient service and does not mean there will be fewer beds.

- Operational policy is being developed – standard operating protocols.
- Six week clinical audit of short stay patients at WCH has been undertaken - it confirms that an average of one child per day will need to be transferred to CIC under Option One – protocols being developed
- Significant work to develop a whole system asthma pathway including partners in the local authorities, Active Cumbria, local sportsmen and women and regional sporting clubs, the Great North Childrens Hospital, schools, local GPs and community teams. The children's working group of the Working Together Group is supporting this work.

Co-production

The Working Together Steering Group chaired by the Venerable Richard Pratt the Archdeadon of West Cumberland is now well established. Smaller working groups are actively covering – telemedicine, children's, recruitment and retention, links with new mums through the Maternity Voices Group and care at a distance.

All information from the groups are publicly available at:

www.northcumbriaccg.nhs.uk/ournhs

There has been considerable work to improve the look and navigable qualities of the page to make it easy to use.

Other developments include:

- The co-production of a plan to share information about the NHS Child Health App linking with a newly developed virtual group of organisations supporting children and families across north Cumbria.
- Development of a full system asthma pathway for children with input from the Children's Working Group
- Raising awareness of the medical education work at UCLan at West lakes Science Park

The next meeting is on 28 February at Allerdale Council Chamber, Allerdale House, Workington.

4. Community Hospitals

Plans describing potential new models of health and care have been developed by the members of the community alliance groups in Alston, Maryport and Wigton. The plans are being reviewed by the Implementation Reference Group (IRefG).

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.

An event was held in December in Wigton to encourage wider community groups' engagement.

There has been acknowledgement of the leadership shown by senior clinical nurses and allied health professionals (AHP) leads in working with these community alliance groups to gain their support in developing community based plans.

Work is now focusing on developing operational and financial plans to support the alternative proposals and linking with the development of Integrated Care Communities (ICCs).

5. 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.

Leadership models for each ICC have been strengthened with a trio of leaders for each ICC representing the community, the county council and GPs. This will enable a closer focus on each ICC developing in line with the needs of the community and at a meaningful pace with connections into the wider system.

More information can be found here www.northcumbriaccg.nhs.uk/iccs

Co-production

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 plans will be developed in line with the system wide Co-Production Framework currently being developed. Stronger links are being developed with Cumbria Council for Voluntary Service (CVS).

6. 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.

7. Emergency Surgery, Trauma &Orthopaedics at WCH

Additional general surgery, out-patient clinics, orthopaedic surgery and minor trauma is now routinely undertaken at WCH.

8. Stroke

The work to develop the Hyper Acute Stroke Unit has moved on with the development of a more flexible staffing model. It is linked to the Early Stroke Supported Discharge.

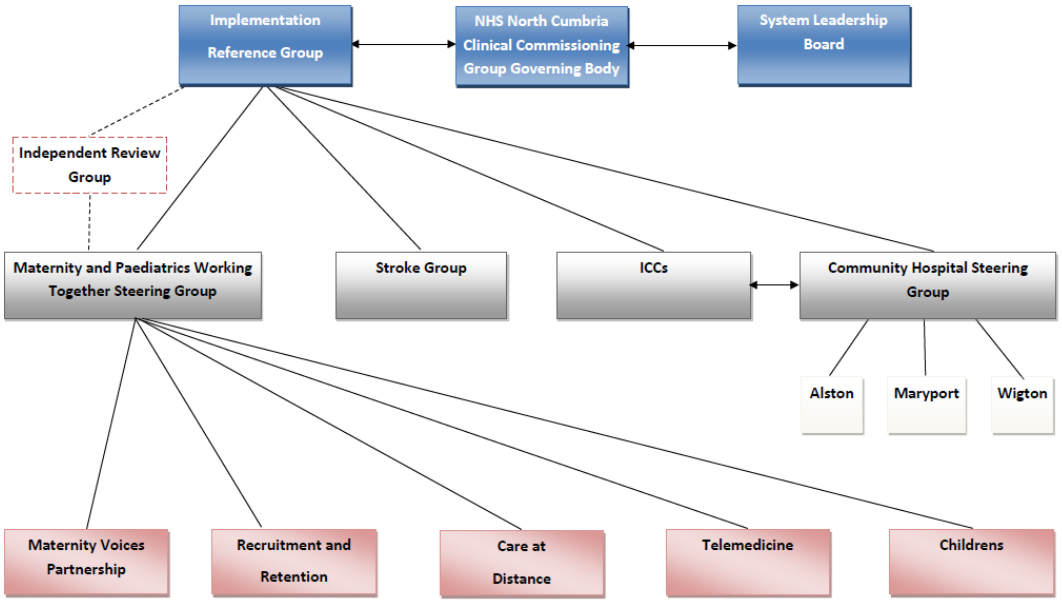
The Stroke Association (SA) is working with the clinical teams involved and will be holding a workshop in March in west Cumbria and April in Carlisle to involve patients, their carers and families in the service development.

They will be open to all interested members of the public.

9. 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:



10. 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.

A 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.

A 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. And links are developing to create joint academic and clinical posts at UCLan.

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.