

# The Cumbria Local Health Economy Strategic Plan 2014 - 2019

**Executive Summary**



## Executive Summary

### 1 Status of this Document

This document sets out the collective five year plan for the Cumbria Local Health Economy. It is both the draft plan for NHS Cumbria Clinical Commissioning Group (CCG), and the collective plan for all the partner NHS organisations working together, including:

- Cumbria Partnership NHS Foundation Trust
- NHS Cumbria Clinical Commissioning Group
- North Cumbria University Hospitals NHS Trust
- North West Ambulance Service NHS Trust
- University Hospitals of Morecambe Bay NHS Foundation Trust.

Although obviously not an NHS organisation, Cumbria County Council is a key partner in the delivery of this plan, in terms of the Local Authorities place based leadership role and its responsibilities for Public Health and Social Care.

### 2 Our Vision and Principles

We are here to make a real difference to people's lives. Firstly this is about making a difference by improving the health and wellbeing of individuals and their families. In particular it is about taking serious action to reduce the inequalities in health that exist between different communities across Cumbria. We want to add years to peoples' lives, and quality life to those years.

Making a difference to people's lives also includes improving the day to day experience of patients and those working to deliver better healthcare. Working for the health service in Cumbria should be a privilege and a source of pride. We want this to be true for all our colleagues, as we recognise that quite simply people who are happy in their jobs provide better care.

Our key underpinning principles are:

- Doing the right thing for our patients, service users and populations
- Putting ourselves in your shoes – is this the care we would want for ourselves or our families?
- Access to the right healthcare, in the right place, right when you need it
- The Cumbrian health pound is finite and can only be spent once.

### 3 Our Objectives

To achieve our vision, we have set ourselves some important objectives. Collectively, as a system we are fully committed to:

#### **Radically increase the scale and integration of out of hospital services, based around Primary Care Communities:**

Primary Care Communities are developing around groups of practice lists in natural communities, and will serve populations of between 15, 000 and 40, 000 depending on local circumstance. At an overarching level, the key transformation for Primary Care Communities will be to move away from episodic, unconnected care, to a seamless system based on joint work around the patient and their family.

#### **Achieving sustainable, high quality provision, by delivering a programme of Hospital Services Consolidation:**

However successful our population health programmes and Primary Care Communities become, there are times when most of us will need to go to hospital. This should be reserved for those times when we need specialist help, requiring the staff skills, technology, and support services which can only be delivered in hospitals.

At the moment, there are real challenges in ensuring that our hospitals can continue to deliver the expected levels of care, and some major changes may be needed. The international evidence shows that small hospitals can deliver excellent quality of care, particularly if they work as part of broader clinical networks with larger, more specialist hospitals.

Overall, we will need smaller, cheaper, but still better hospitals in the future.

One important feature will be to fully address transport, across emergency ambulance provision, patient transport for planned interventions, and transfers between hospitals using new solutions, particularly to enable Cumbrian patients to access the optimal intervention delivered in tertiary centres outside our county.

#### **Deliver a modern model of integrated services, ensuring an optimal use of resources for patient pathways across community and hospital services and for cross-cutting priorities across the system:**

There is much more to a modern model of integration than Primary Care Communities. There will need to be a real connection between Primary Care Communities and clinical resources which have traditionally worked only within hospitals. We will need to develop networks so that clinicians with specialist skills, traditionally based in hospitals, can provide support to clinicians working outside of the hospital. The document, 'Future hospital – Caring for medical patients' published by the Royal College of Physicians in September 2013 proposed the creation of medical divisions. This is one element of the specialist support for our Primary Care Communities. A large part of a medical division would be based in the community and would be made up of clinicians, nurses and therapists for all organisations – 'teams without walls'. The 'walls' are both physical

(the 4 walls of the hospital) and organisational. This will bring specialist skills into the community to contribute to the management of increasing acuity and dependency outside of a hospital setting. The basic model is shown below.

## THE CUMBRIA HEALTH AND CARE SYSTEM

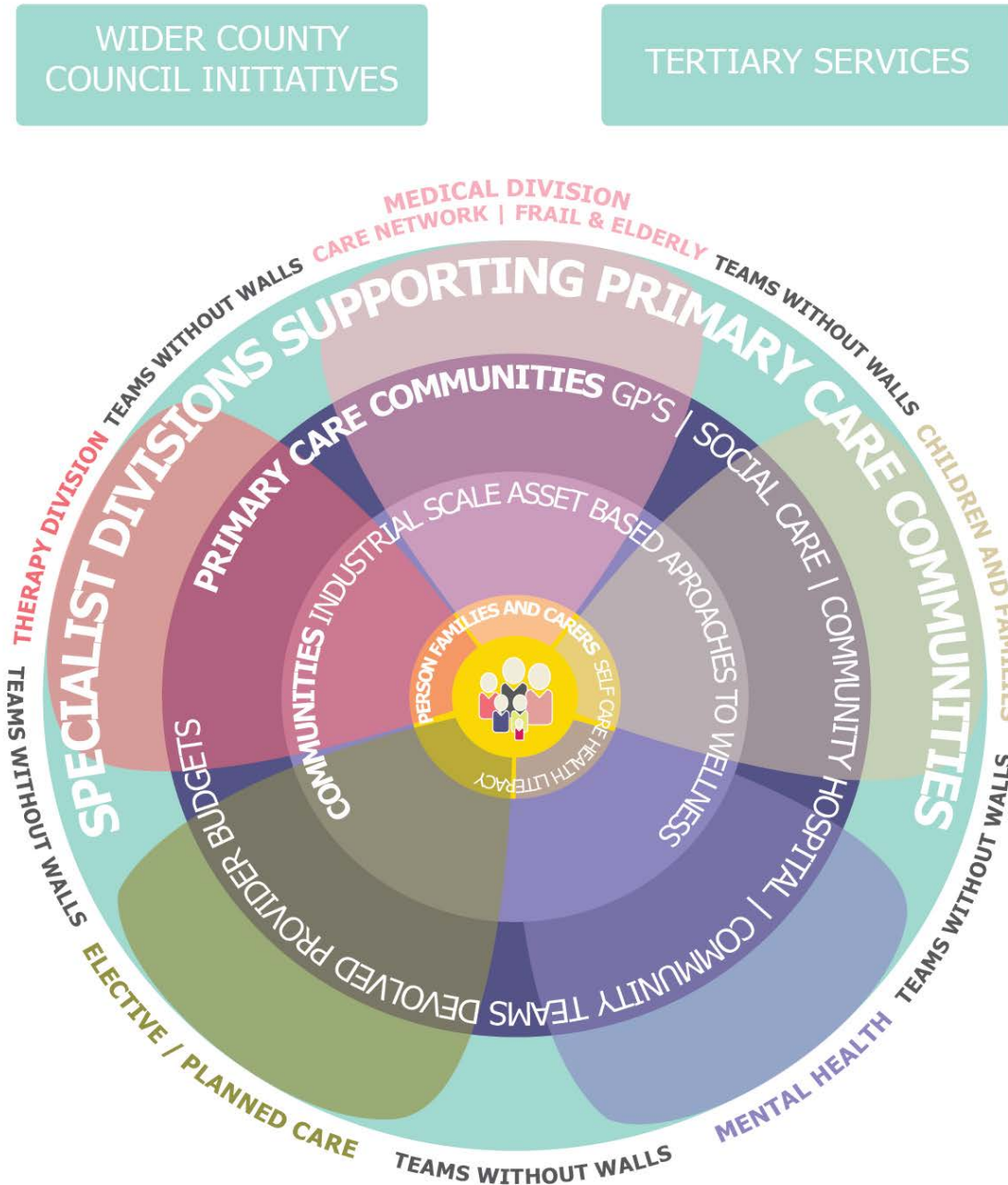


Figure 1 : The Cumbria Health and Care System

Improve population health outcomes, based on a major impact on reducing social isolation, smoking and alcohol misuse, and increasing activity and healthy eating:

We will work together with partners across Cumbria to deliver the Cumbria Wellbeing Strategy, and to refocus our system to promoting population outcomes as a health system, rather than just a healthcare system. This will include removing the constraints which prevent the third sector from taking a greater role, and seeking to achieve a new partnership between statutory and non-statutory services, built on the unique contributions both sectors can make.

## 4 The Challenge for Cumbria

Delivering our aims and objectives will be difficult. We will need to achieve radical change on a scale previously unseen. In part, this is because of the major challenges the NHS, and the interconnected social care services, are already facing in Cumbria.

Collectively, we need to acknowledge the scale of the problem:

### **The system causes more harm than is acceptable**

A wide range of core standards, including NHS Constitution Commitments, are not reliably delivered in Cumbria. This inevitably compromises patient outcomes.

There has been significant regulatory intervention from the Care Quality Commission (CQC) regarding the quality of a wide range of services. At the time of writing both North Cumbria University Hospitals NHS Trust and University Hospitals of Morecambe Bay NHS FT are in special measures, the highest level of escalation in the NHS.

### **Our system currently spends more money than it is allocated**

Collectively, we need to get the best possible value from our resources, and deliver a credible programme of cost reduction that removes our current over spend (in the order of £40M in 2013/14) and meets the efficiency challenges of the future (in the order of £30M in the next five years), in a period of austerity for the NHS.

### **There has been a loss of public confidence**

Inevitably, the continuous media reporting of the challenges in Cumbria has led to significant public anxiety. Additionally, communities are worried that valued local services will be lost, and that the NHS system will make bad choices just to balance the books.

### **We can't always attract the right staff**

Across Cumbria it continues to be very difficult to attract the right clinical staff, particularly in some specialist areas.

### **Our previous plans weren't successful enough**

Many of these problems have been present in Cumbria, to different degrees, for a long time. Despite some notable successes, we need to accept that we have not collectively planned

successfully to deliver a sustainable system, which delivers the right quality and right outcomes within the available resources.

## 5 What will be Different This Time

Collectively, the senior clinical and managerial figures in the Cumbria system have recognised that there has been a collective failure to fully confront and resolve these challenges in the past. These leaders have committed to working together, in the best interests of the patients, the population, and the system, rather than the interests of individual organisations. This gives us the best possible chance of jointly solving the challenges we face, in the spirit of shared accountability.

This will not be enough. We will need to engender a new clinical and managerial culture. This will need to be based on a credible continuous improvement culture, supported by evidence based tools to support front line practitioners and clinicians to drive service improvement, all of the time, everywhere, forever. For the future, 'just about good enough' will no longer be anywhere near good enough.

This will require a major investment in how we value all of our colleagues, striving to deliver the best care in our system.

We also need to be realistic. If we are not able to meet our challenges locally, the responsible regulatory and commissioning organisations outside Cumbria will intervene, and will impose solutions outside our control. We need to show demonstrable improvement quickly to keep control of our destiny.

## 6 Our Commitment

Collectively, the organisations across Cumbria have made some important joint commitments, so that we can meet the challenges we face:

- We will be much more accountable, and ensure that we consistently and reliably **deliver the standards of care** that are already enjoyed across most of the country, and should be ours of right
- We will **stop spending other people's money**, and will return our local NHS system to sustainable financial balance
- We will embed **continuous service improvement** methods across our system, empowering front line clinicians and practitioners to drive their own improvement in the interests of patients and communities
- We will **work together much more flexibly**, including where necessary changing which organisation delivers services, where it is delivered, and how it is paid for
- We will always put the **interests of patients and the overall system first**, ahead of our own organisations interests and professional interests.

## 7 Getting Back on Track: Long Term Transformation

In the short term we need to take action to stabilise our services, to get back on track, in order to achieve:

- A reduction in the harm caused to people
- Momentum through credible steps towards financial balance
- Developing an open narrative for the public, which reduces anxiety, instils confidence, and encourages participation.

This will involve taking difficult decisions, and will require resilience, creativity, flexibility and a good deal of collaborative working.

In the medium term we will transform the local health and care system. This will be based on delivering our objectives, i.e:

- Developing Primary Care Communities
- Achieving hospital services consolidation
- Delivering an excellent modern Model of Integration
- Improving Mental Health and Learning Disabilities Services
- Building a high quality Children's Health and Care System
- Becoming population health focused.

## 8 What This Will Mean for Our Population

The population health challenge is enormous. We will work with partners to deliver the key priorities set out in the Joint Strategic Needs Assessment (JSNA):

- Improving care to respond to the challenges of an **ageing population**
- Improving the health of **children and young people** and the quality and integration of care services
- Improving **mental wellbeing** and reducing **alcohol misuse**
- Reducing health **inequalities and premature mortality** from cancer and cardiovascular disease.

This will include up scaling population health approaches, to seriously address some of the key determinants of health and causal factors in people avoidably using healthcare services, including social isolation, smoking, alcohol misuse, excess weight and inactivity.

## 9 What This Will Mean for People Who Use Our Services

To deliver our vision we will need to develop a new level of partnership between the local population and the local health and care system. This will include:

- Providing much better information to help people to make good, informed decisions about when and how to access services

- Radically re-orientate our system to provide specialist support for self-management. People want to retain control of their own health and healthcare, we need to reorganise the system to help them to do it.

## 10 What This Will Mean for Our Staff

Our staff are our greatest strength. Individually and collectively they strive to provide the best quality of care they can for their patients. To support the workforce, we will:

- Enable continuous service improvement, all of the time, everywhere, forever, through the development of the Cumbria Learning and Improvement Collaborative (CLIC)
- Ensure that we have safe, but productive, staffing levels
- Ensure that care is provided in the right place, by the right clinician, based on good team working and multi-disciplinary approaches
- Provide rewarding careers
- We won't simply ask hard working staff to just do more, rather we will work together to maximise the time staff spend on work which really adds value to patients, and reduce the activities that don't.

## 11 What This Will Mean for Organisations

Organisations in Cumbria will need to change. This will mean much less organisational sovereignty, and a focus on working together for the common good.

To be sustainable, the current configuration of NHS trusts, social care, and commissioning organisations may need to change. Any changes will be designed around promoting integration in the best interests of patients.

## 12 What This Will Mean for Everyone

Overall, we want to achieve a much high quality system, which delivers really good and much fairer outcomes, within the financial resources we have available. This is summed up by the seven 'No's' developed by the North East Transformation System, as listed below:

- No barriers to health and wellbeing
- No avoidable death, injury or illness
- No avoidable suffering of pain
- No helplessness
- No unnecessary waiting or delays
- No waste
- No inequality.



