



**Working Together Group
Fri 7 June 2019**

We want the IRG to know:



- Good understanding of risk

- members of the community have a good understanding of the risks and challenges we face; (eg Sellafield etc); we know that each package of decisions has a package of risks – nothing is risk-free
- though our view may be different from the NHS professional view, it comes from our lived experience of west Cumbria; so : we feel that our view of risk needs to be given weight equal to that of NHS professionals – coproduction!
- “local” is really important to us! Most people in west Cumbria are “somewhere” people – they feel safer closer to home and family; those who are “anywheres” (*David Goodhart*) may not (cannot?) understand the strength and depth of these feelings
- the concerns held are around the risks and experience of journeys to reach and return from care safely
- we all need to have trust and confidence in services and to be included in design and decisions about them

- Domino

- the community see the services at WCH (especially Maternity) as linked: if one part goes, all the others will be eroded; maternity is a cornerstone for many other services at WCH;
- WCH is greater than the sum of its parts

- Change : coproduction : commitment

- the conversations and relationships between the community and NHS system have changed from confrontational to shared; we are trying to get away from “them” and “us”
- coproduction makes Option 1 more sustainable – this presentation will show that! Coproduction is the essence of what is required in this place
- we are committed to supporting the NHS in coproducing Option 1 and healthcare generally

What have we learned?



- Share

- it's ok for the system to share information with the community early and openly – we can share challenges and risks
- we have even held confidential information (eg about the closure of the Whitehaven surgery)
- people in the community (including retired health professionals) can add value – time, extra energy, etc

- Flexible

- we have been flexible.... : we came to talk about x but jointly decided y was more important
- we have had to learn as we went along – no textbook; a coffee/tea break in the middle for chatting has been really good
- we have had a steering group and five working groups; we think this may need to change after the Option 1 review and decision

- Honest

- both sides are learning to be open and constructive
- it's been painful at times but we have persevered
- people now don't sit in blocks but mix

- Wider

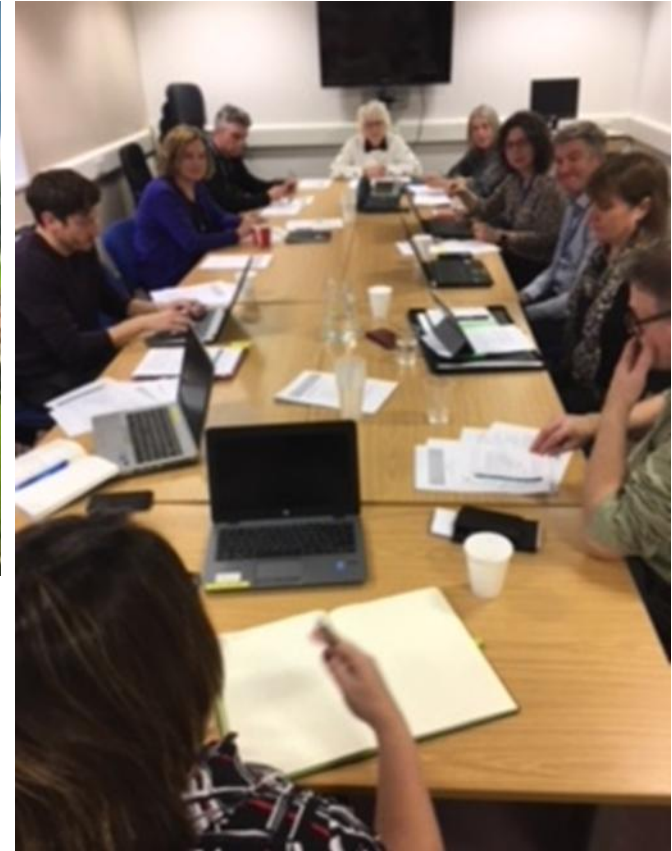
- better working with public health consultants / midwives (issues like breastfeeding support) is moving the conversation to “wellness”
- not just health : also other public issues eg the health contribution to A595 consultation

A picture of change



Before: 4,000 worried and angry people at Whitehaven Rugby Football Ground

After: a group of people (one of many) working at coproduction



Maternity Voices Partnership



- **Influential**

- impacting on how maternity teams work - the NHS mindset now seeks the involvement of service users
- key in perinatal mental health work, creating the approach of “first steps” type appointments at Happy Mums in case childcare is an issue
- other : family centred - needs of dads and partners on the agenda / improved breastfeeding support / expansion of public health services to include mental wellbeing in maternity (directly from feedback from service users in MVP workshops) / MVP surveys
- has influenced Co-production as a whole : Working Together Steering Group has matured to incorporate wider conversations (eg from Option 1 to NHS values [Kindness, Ambition, etc])

- **Active**

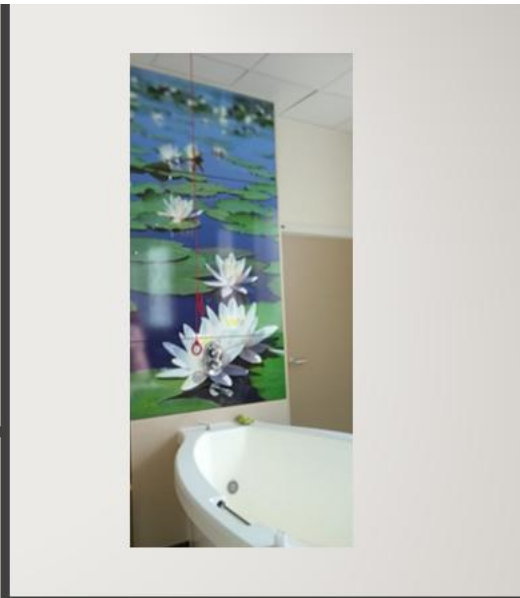
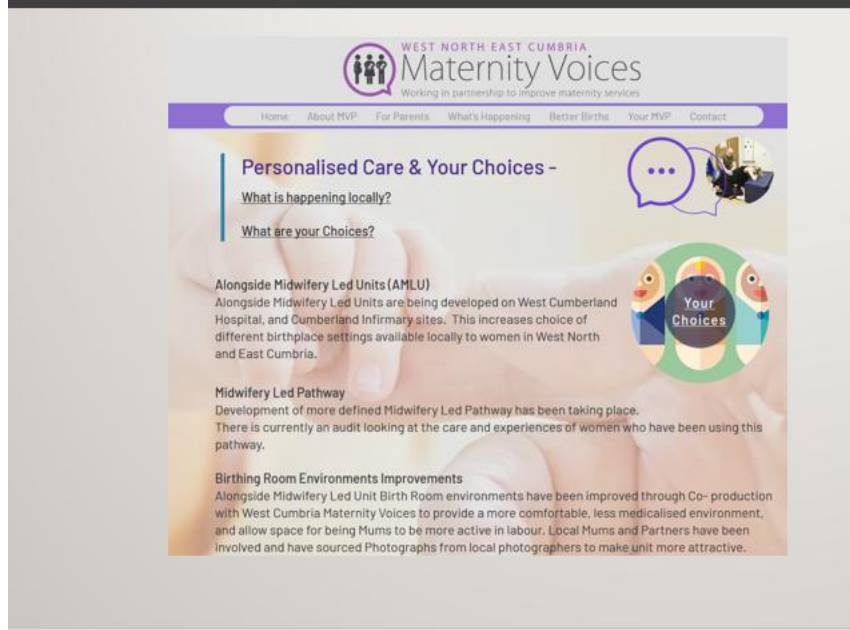
- growing , thriving , engaging and has an active user membership (regional and national recognition)
- heavily involved in the Better Births agenda
- AMLU – tangible that MVP was driving the work - making the best of what we had
- MVP has secured funding for a second birthing pool

- **Changing**

- moved from having an engagement wish list (via our Maternity Matters report) to things that are happening

Midwifery Led Rooms (West Cumberland Hospital)

- Active group of Service users/and midwifery manager involved
- Homelier less clinical feel to the space now
- More active birth equipment provided, parents designed posters to show use
- More colour in rooms
- Photo Wall art & Professional Photos donated via service user initiated contacts
- MVP with staff successful bid to Snowball charity for funds for new birth pool 2018 - **awaiting installation**
- MVP website providing info
www.wnecumbriamvp.co.uk

WEST NORTH EAST CUMBRIA
Maternity Voices
Working in partnership to improve maternity services

Home About MVP For Parents What's Happening Better Births Your MVP Contact

Personalised Care & Your Choices -
What is happening locally?
What are your Choices?

Alongside Midwifery Led Units (AMLU)
Alongside Midwifery Led Units are being developed on West Cumberland Hospital, and Cumberland Infirmary sites. This increases choice of different birthplace settings available locally to women in West North and East Cumbria.

Midwifery Led Pathway
Development of more defined Midwifery Led Pathway has been taking place. There is currently an audit looking at the care and experiences of women who have been using this pathway.

Birth Room Environments Improvements
Alongside Midwifery Led Unit Birth Room environments have been improved through Co- production with West Cumbria Maternity Voices to provide a more comfortable, less medicalised environment, and allow space for being Mums to be more active in labour. Local Mums and Partners have been involved and have sourced Photographs from local photographers to make unit more attractive.



Experience of care at distance



- **Geography and Demography :**

the group wants the NHS / IRG to understand:

- our geography; there are mountains, rivers, lakes to go round; the roads are not great : only one section of dual carriageway in west Cumbria; there are lots of communities further south than Whitehaven....
- our emotional geography
- our levels of car ownership / deprivation; there are estates where fewer than half the households have access to a private car
- the challenges of using rural public transport

- **Achievements**

- improving signage
- creating appointment information maps for people travelling to WCH and CIC with links to timetables
- supporting the development of remote consultation

Children



- **Specifics**

- asthma pathway – feedback, advice, and ideas, from the Children’s Group are vital to reducing admissions and improving planned care
- NHS Child Health App – supported plan for promotion

- **Change**

- the community has better understanding about treatment appropriate in different places (eg poorly children in specialist centre) – though it is still difficult for poorer families with more than one child
- SSPAU feels as if it working – there has been good feedback

- **Young people**

- no children / young parents on the group - but good relationships between professionals that weren’t meeting regularly – and young people getting involved
- growing links to youth groups

Recruitment and Retention



A more challenging area:

- What we have been able to try
 - **Tea with the Team** – both a success and a failure. It was to connect with new staff to help them connect into the community – it didn't attract many staff (probably wrong place and time) BUT we found lots of goodwill from the community and created a video shared at recruitment fairs
 - members of group joined the **recruitment day at WCH** and supported encouraging people to accept jobs there
- Supporting innovation
 - raised awareness of support needed for **clinicians coming from other cultures** and started work to prepare for new clinicians coming from India. Welcoming new doctors is everyone's responsibility: coproduction is committed to ensuring the community makes a success of this
 - more diversification of the workforce – understanding of impact of composite and **new roles**
 - work with UCLan / University of Cumbria – more awareness of **training our own**
- Understanding
 - more awareness of the challenge – before coproduction it was difficult to convey the issues, now there's a wider understanding that it is a national problem
- Need focus on **retention** as well

Telehealth



- Remote Consultation Clinics

- secured funding for remote consultation pilots in cancer, mental health, gastroenterology, paediatrics using **Attend Anywhere** technology
- **NHS Near Me Services:** Remote Clinics to be established in 8 Community Hospitals or Community Hubs (providing a nurse supported consultation as close as possible to patients' homes).
- equipment to be established in both CIC and in WCH to provide remote consultation allowing any service to test delivery of Remote Consultation Clinics.

- Improving access

- increasing links to specialist centres (paediatric nephrology, neonates)
- Foetal ultrasound and teleconsultation WCH to Newcastle
- perinatal mental health service

- Benefits for patient, families, NHS

- collecting feedback about experience / miles saved/ carer time saved etc
- this and other innovations will improve the outcomes for those living in deprivation and suffering poor health

Other things to think about



- Achievements / Positives

- WCH is in a different position in 2019 : £30m investment
- nationally we are the experts in rural and remote medicine - look at the progress we are making
- big improvements in the Trust : out of Special Measures / recruitment / etc
- big improvements in trust and ownership - the strength of coproduction and the very positive culture that we have evolved underpins a potentially very successful health and care model.

- Issues

- there is a fragility not only in the services, but also in coproduction and in the relationships between NHS and community;
- but we are starting to think differently..... we want the NHS to always think to ask the community for help
- and we are thinking about how to widen the involvement in coproduction
- population health – obesity is a big issue, as is care of the elderly
- more coproduction is needed in other areas : stroke / cancer care / ICCs

- Philosophy

- both society and NHS are changing : more and more focusing on shared decision making with patients
- increased resilience in communities / more creativity in finding solutions : better use of services
- our collaborative, inclusive approach means that these remote communities are now more empowered and so in a stronger position to support their NHS

Co-production: A change in attitude

A manifesto for the system



It matters to you and it matters to us

<u>Population</u>	Shared need	<u>NHS</u>
Physically and emotionally	To be safe	Effective services
By family and community as well as professionals	To feel supported	Skilled, compassionate professionals
Aids recovery	To have a positive experience	Supports retention, recruitment and progress
We can inform person-centred delivery	To be involved	Greater job satisfaction

We want the IRG & NHS to recognise a joint understanding of risk

Where we were..... Where we are



From public meetings to a shared ambition

<https://youtu.be/x6uUPIMt-kl>

https://youtu.be/SoBmzmW4z_o



Thank you for listening



- Good understanding of risk
 - Domino
 - Change : coproduction : commitment
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- We hope you will ask us some questions
 - May we ask you any questions?