Success Regime
West, North & East Cumbria

NHS

Success Regime: Options Evaluation

Options evaluation workshop

5th May 2016

Key

Agenda

Item	Agenda item	Topics	Time	Owner
1	Introduction and Background	• Purpose and objectives of today • Context, including PCBC • Process to date	09:00 – 09:15	Neil McKay
2	Shortlist of options	Presentation of shortlisted options for • Emergency and Acute Medicine • Women and children's services • Community hospitals	09:15 – 10:00	Stephen Singleton
	Break	• Review posters of options to understand the detail	10:00 – 10:15	
3	Introduction to the evaluation criteria	• Introduce the evaluation criteria: methodology and key factors to consider	10:15 – 10.30	Claire King Stephen Singleton Neil Chapman Stephen Welfare
4	Women and Children's services	• Panel introduction to impact of options on each criterion • Group discussion to review and challenge the detailed assessment of each option against the evaluation criteria	10:30 – 11:30	Various facilitators (tbc)
5	Emergency and Acute Medicine	• Panel introduction to impact of options on each criterion • Group discussion to review and challenge the detailed assessment of each option against the evaluation criteria	11:30-12:30	Various facilitators (tbc)
	Lunch		**12:30-13:00**	
6	Community Hospital beds	• Panel introduction to impact of options on each criterion • Group discussion to review and challenge the detailed assessment of each option against the evaluation criteria	13:00 – 14:00	Various facilitators (tbc)
7	Feedback in plenary	• Table-by-table summary	14:00 – 14:45	Neil McKay
8	Next steps and close	• Communicate next steps	14:45 – 15:00	Neil McKay

Evaluation criteria

Assessing the impact on the health and wellbeing gap

Methodology for assessing the impact on the gap

- 1) Identified the main groups whose health and wellbeing may be impacted on (in a positive or negative way) by the proposed options for emergency and acute medical care, women and children's services and community hospitals, namely:
  - Pregnant women and babies
  - Children and young people
  - Older Frailer Individuals
  - People with conditions who are most likely to access A&E and require rapid access to medical care
  - Those who live in rural areas
  - People with protected characteristics
- 2) Analysed a range of information and datasets for West, North and East Cumbria relevant to these groups, in order to understand and summarise the potential impact of the options.

Key factors to consider

- Consolidating services can deliver better public health outcomes if access to a range of services is improved and the number of hospital visits/time in hospital is reduced
- People living in areas of high deprivation will generally experience poorer health and wellbeing
- Changes to services can impact on the health and wellbeing of carers and family members, as well as patients e.g. accessibility to respite and ability to make hospital visits
- People living in rural areas may experience more stress, anxiety and cost than those living in urban areas, if access to services close to home is reduced
- Protected characteristics: analysis suggests the proposed options would not significantly impact on health and wellbeing linked to the following characteristics: ethnicity, sexual orientation, gender reassignment, religion and belief. However some of the proposed options may impact on disabled people, women, children and young people, pregnancy/maternity and older people (aged 65+)

Evaluation of options

Impact on the **health and wellbeing gap**

Emergency and Acute Medical care

	1 *New ways of working*		2 *Partial consolidation*		3 *Full consolidation*	
	WCH	*CIC*	*WCH*	*CIC*	*WCH*	*CIC*
A&E	24/7 A&E	24/7 A&E	Daytime A&E	24/7 A&E	UCC	24/7 A&E
Non-elective	Reduced complexity	Surgery, Trauma I and complex medical	Ambulatory and selected GP admissions	All surgical , trauma and acute medical	Ambulatory	All acute non elective
Frail elderly	Frailty assessment inpatient & rehab	Assessment and inpatient	Frailty assessment, step up and rehab	Frailty Assessment, inpatient and rehab	Frailty assessment, step up and rehab	Frailty Assessment, inpatient and rehab

Narrative

Public health outcomes

Option 1: no impact	Option 2: no impact	Option 3: a negative impact
• **Falls Prevention:** If rehab is not available over both sites, frail elderly people attending CIC may be at an increased risk of repeat falls • **Reduced non-elective provision at WCH:** Carers and family members may need to travel further to visit elderly patients. 20.8% of households in Allerdale (and 23.4% in Copeland) do not own cars (Source: ONS). Relying on others/public transport may impact on wellbeing and finances and is especially problematic for disabled people	**A&E:** West Cumberland Hospital in 2012/13 saw an increase in attendances compared to 2011/12. The majority of increases were seen between the hours of 8am and 6pm. Sunday and Monday showed the largest number of attendances. (Source: Cumbria PNA 2014). This suggests that A&E provision at WCH would need to be maintained Mon-Sun 8am-6pm. **Elective admissions:** For Allerdale and Copeland combined the standardised elective admission ratio for all causes was 117.9 (117.3-118.5) in 2008/09 to 2012/13 compared to England. The rate of elective admissions for hip and knee replacement were significantly higher for Allerdale and Copeland combined 108.3 for hip replacement and 108.1 replacement respectively (Source: Local Health)	**Emergency Admissions:** Between 08/09 – 12/13 the rate of emergency hospital admission (all causes) across Copeland and Allerdale was significantly lower than the England average, however rates for CHD, stroke and MI were significantly higher than the England average (COPD – no significant difference) (Source – Local Health) . Therefore, reducing A&E and non-elective provision at WCH could have a negative impact on people requiring urgent, acute care.

Key

Compared to "Do nothing", the option has:

no impact · a positive impact · a strong positive impact · a negative impact · a strong negative impact

Impact on the **health and wellbeing gap**

Women and Children's services

	1 *New ways of working*		2 *Partial consolidation*		3 *Full consolidation*	
	WCH	*CIC*	*WCH*	*CIC*	*WCH*	*CIC*
Paediatrics	14 hour SSPAU; low acuity beds	14 hour SSPAU and Inpatient	14 hour SSPAU	Inpatient and SSPAU	Outpatient only 9-5 hot clinic	Inpatient and SSPAU
Maternity	Low risk CLU	CLU and MLU	MLU	CLU and MLU	Ante natal and post natal only	CLU and MLU
Narrative – Public health outcomes (impact)	no impact		a negative impact		a negative impact	a negative impact

Narrative – Public health outcomes

1 New ways of working

Maternity - Low Birth Weight: In Allerdale & Copeland the rate of births in 2008-12 that were less than 2500 grams was 7.2% compared to a rate of 7.4% in England and is statistically similar. (Source: Local health). Babies with a low birth rate would be more likely to require specialist care.

Maternity - Wellbeing: The Royal College of Midwives has produced a guide on wellbeing. Evidence from a range of disciplines highlights the importance of supporting women in the transition to parenthood. New ways of working should be explored with colleagues, and aspects of routine practice that are outdated or not evidence-based, should be discontinued. (Source: CHAMPS JSNA Protected Characteristics Profiles)

2 Partial consolidation

Maternity - Breastfeeding: In 2014/15 the percentage of mothers in Allerdale that initiated breastfeeding was 64.8% and 59.2% in Copeland - both areas were significantly lower than England (74.3%). (Source: PHOF) – Mothers from west Cumbria requiring a CLU may also be more likely to experience difficulties breastfeeding.

Paediatrics - Tooth Decay: In England those aged 5 in 2012 had a mean severity of 0.94 teeth decayed, missing or filled. In Allerdale the mean was 1.13 and in Copeland 1.27, in Copeland the figure is significantly higher than England. This indicate s lifestyle issues that could require more specialist healthcare support (Source: PHOF)

3 Full consolidation

Maternity - Deliveries to teenage mothers: In England there were 1.5% of deliveries to teenage mothers in 2008/9 to 2012/13. In Allerdale and Copeland combined area the percentage was significantly higher at 2.1%. (Source: Local Health)

Paediatrics - Children's Health –Emergency Admissions in under 5s and admissions for injury in under 18s (/1000) are both significantly higher than the England average for children living in Copeland and Allerdale, whereas A&E attendances in under 5s is significantly better (Source: Local Health)

Key

Compared to "Do nothing", the option has:

no impact | a positive impact | a strong positive impact | a negative impact | a strong negative impact

Impact on the **health and wellbeing gap**

West Cumbria community beds

	1 Do minimum			2 Partial consolidation				3 Full consolidation
	Beds split across three sites			Beds at WCH site and Workington		Beds at WCH site and Cockermouth		Beds consolidated at WCH site
Community beds	Copeland (16)	Cockermouth (16)	Workington (16)	Copeland (32)	Workington (16)	Copeland (32)	Cockermouth (16)	Copeland (40)
Narrative – Public health outcomes	a positive impact			no impact		a negative impact		a strong negative impact
	• **More sites = improved accessibility:** Carers and family members may need to travel further to visit elderly patients. 20.8% of households in Allerdale (and 23.4% in Copeland) do not own cars (Source: ONS). Relying on others/public transport may impact on wellbeing and finances and is especially problematic for disabled people or those supporting a patient receiving palliative care.			**Falls prevention:** In 2008/09 there were 851 hospital admissions of Allerdale residents for falls and 624 for Copeland. Older people experiencing falls may spend time in a community hospital. This is one example of where reduced provision in Allerdale may not reflect demand.		**Deprivation in Workington:** 14 public health related datasets have been analysed to understand community levels of need within Cumbria . In Allerdale the following areas ranked highly in terms of need: Workington (North Side, Moss Bay and Moorclose) Therefore reducing the number of community beds in Workington could impact on health deprivation (source: Cumbria Intelligence Observatory)		• **Reduced non-elective provision at WCH:** Carers and family members from Allerdale would need to travel further to visit patients. 20.8% of households in Allerdale do not own cars (Source: ONS). Relying on others/public transport may impact on wellbeing and finances • **65 years and over population and projections:** 21.7% of the population in Allerdale are over 65 years old (Copeland = 19.8%) compared to 16.9% in England. Population projections estimate an increase of 2500 persons (11.9%) over 65 in Allerdale by 2017 and 1700 (12.1%) in Copeland. (Source: ONS). Therefore services utilised by older people need to be maintained in Allerdale.

Compared to "Do nothing", the option has:

no impact · a positive impact · a strong positive impact · a negative impact · a strong negative impact

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Impact on the **health and wellbeing gap**

Carlisle community beds

	2 *Partial consolidation*		3 *Full consolidation*
	Beds split across the Brampton and Keswick sites		Beds consolidated at a new build site in Carlisle
Community beds	Brampton (16)	Keswick (16)	New build Carlisle (32)
Narrative – Public health outcomes	no impact		no impact
	• **Population projections:** Between 2012 and 2017, the projected 65+ population of Carlisle and Eden is predicted to increase by 2,200 and 1,700 respectively (Source: ONS). Therefore demand for community beds is likely to continue to increase with time.		• **Population projections:** Between 2012 and 2017, the projected 65+ population of Carlisle and Eden is predicted to increase by 2,200 and 1,700 respectively (Source: ONS). Therefore demand for community beds is likely to continue to increase with time. • **Falls prevention and other rehabilitation services:** Many community hospital sites offer falls prevention/balance and stability classes. Patients from Carlisle would receive a more convenient service, however those from Brampton and Keswick would have to travel. Those at risk of falling are likely to have mobility issues, making travel more difficult.

Compared to "Do nothing", the option has:

no impact | a positive impact | a strong positive impact | a negative impact | a strong negative impact