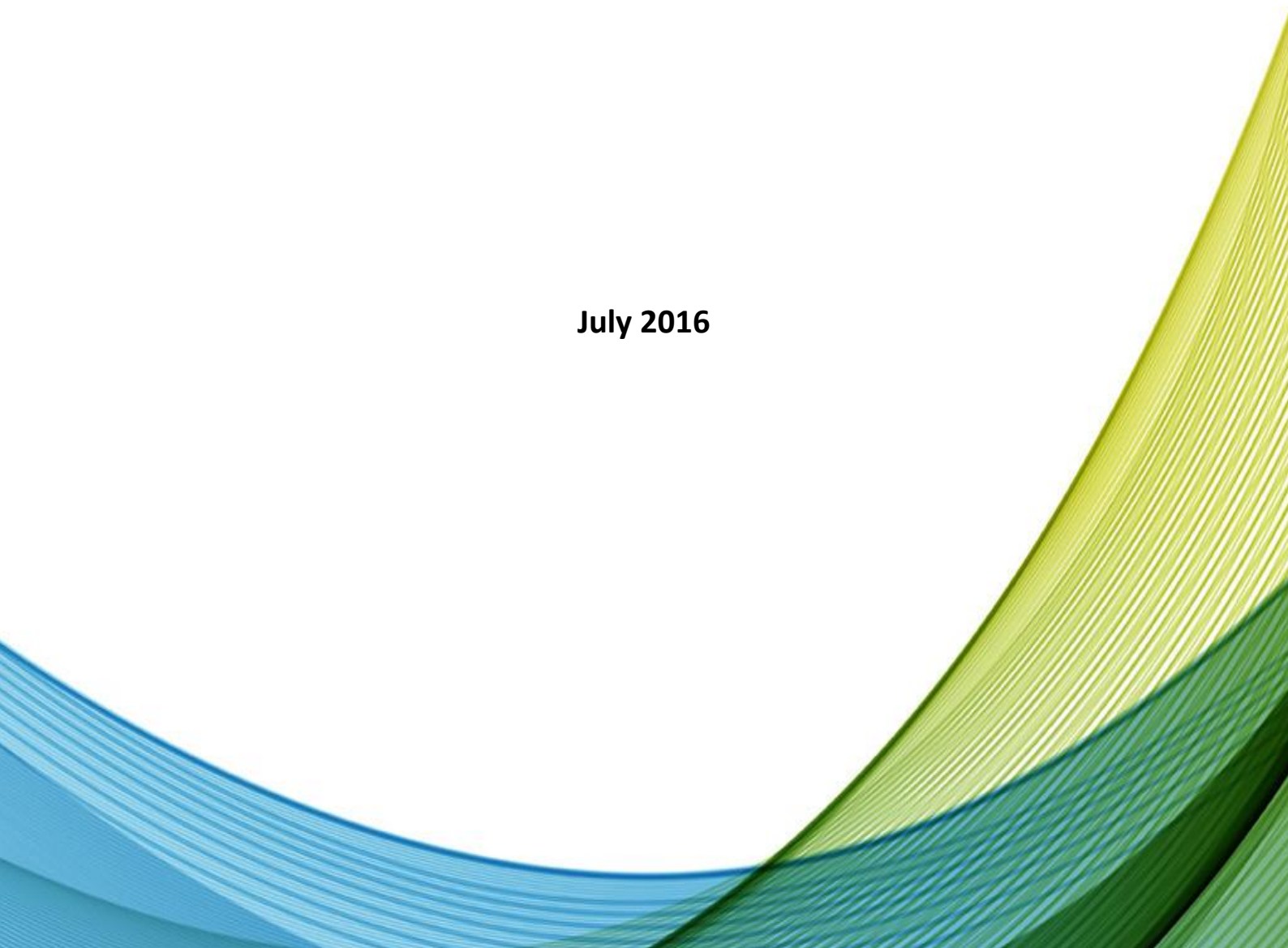


# **How engagement has influenced the development of our thinking**

**West, North and East Cumbria Success Regime**

**July 2016**



## Introduction

The engagement programme for the West North and East Cumbria Success Regime began in September 2015 (building on engagement activities and views captured in a number of previous development programmes). The programme has included a number of activities and mechanisms to allow the general public, patients, staff and other stakeholders to hear updates from the Success Regime and feed back their views, including public meetings, stakeholder update meetings, focus groups, an online 'Have Your Say' form and survey, email and post, and a travelling Healthwatch 'Chatty Van' visiting locations across Cumbria.

While the programme of engagement has been extended and we are still formally capturing all submissions, the Success Regime has been considering feedback through the engagement process on an ongoing basis.

This paper sets out to detail how the feedback we have received during the engagement programme has already been factored into the thinking of the workstreams that make up the West, North and East Cumbria Success Regime.

## Reporting

To ensure the responses we have received during engagement were fed back to the workstreams, we have established a number of reporting lines

This has included:

- Updates to Programme Executive Group meetings (fortnightly)
- Updates at Programme Board meetings (monthly)
- Feedback session to Senior Responsible Officers workshop (30 March 2016)
- Feedback session to Senior Responsible Officers workshop (27 April 2016)
- Draft Interim Engagement Report circulated to programme board members (July)

Additionally, noteworthy papers and submissions have been forwarded to relevant members within workstreams to ensure they were aware of innovative or novel suggestions, observations or recommendations contemporaneously with the engagement programme.

## Engagement Themes

During our engagement programme we have heard the views of thousands of people across West, North and East Cumbria. The key themes emerging from the Success Regime engagement activity can be summarised as follows:

### 1. Recruitment and retention

- Recruitment and retention is one of the biggest concerns for local people, particularly among staff who feel stretched and morale is low.

- There are some who believe that more could and should be done to solve recruitment problems and this should be the focus of activity before any services are changed. Many assert that a clear vision with a bright future for services in Cumbria will help attract and retain staff, although there were few specific suggestions as to what recruitment measures could be.
- Some people argue that local recruitment challenges stem from uncertainty about services in West Cumbria and returning services to West Cumberland Hospital will help solve this issue.

## **2. West Cumberland Hospital (WCH):**

- There is little evidence of public support for any option that reduces the perceived level of maternity service at WCH, with many referring to a consultant-led service being the only acceptable option.
- The idea of removing any further services from WCH did not have support from respondents.
- A fully functioning WCH with services returned and A&E services protected is the objective of local campaigners.

## **3. Community hospitals**

- While people understand the difficulties associated with recruiting, retaining and rostering staff in community hospitals, there was considerable opposition to the idea of removing inpatient beds from any community hospital site. We received a particularly large number of responses from the community in Keswick in this respect.
- There are calls from some quarters to increase inpatient beds at community hospitals to reduce 'bed blocking' and delays at A&Es, or at least an increased role, with more services provided from these sites, in any future models of care.

## **4. Financial**

- There are some people who believe North Cumbria University Hospitals NHS Trust should bear the burden of any cost reductions because its deficit makes up a large proportion of the overall health system overspend.

## **5. Integration**

- All respondents agreed that better integration of services – between adult and social, residential, community and acute care – is essential to improve healthcare in Cumbria, with many suggestion shared services under one roof. As such, there was a great deal of support for the idea of Integrated Care Communities, although many called for more detail about they would work in



- practice and many staff expressed concern that cuts to social care would make integration hard to implement.
- There were several who felt that this integrated system should go as far as a single NHS organisation with one collective budget to help ensure better coordination and delivery of services.

## 6. New services:

- There was widespread support for the increased use of tele-medicine in delivering efficient and effective patient care.
- There are mixed views about potential for a heli-medicine service. Anything that aids service delivery in remote areas is broadly supported but some people seem to understand the proposed service as being a helicopter ambulance service for injured patients. Others feel the heli-medicine option is something of a “gimmick” rather than a realistic proposal.

## 7. Factors specific to WNE Cumbria:

- The rurality and geography of west, north and east Cumbria – and its poor transport links – was perhaps the single most common concern among all responses we received. There are concerns about expectant mothers and acutely ill patients not receiving adequate care during the so-called ‘golden hour’. Furthermore, while many supported the idea of care closer to or in people’s home, several people highlighted issues in such as the time it would take for nurses and other social care staff to travel from patient home to patient home.
- The potential influx of new residents as a result of nuclear industry expansion – along with other projections of increased populations locally – remains a concern for local people.

These themes have emerged from a substantial engagement programme running from the autumn of 2015 through to 25 May 2016. The full engagement report can be read separately. The engagement programme included:

- **142 public or private stakeholder meetings** (including public meetings, workshops and focus groups)
- **31 staff engagement meetings**
- **161 responses to an online staff survey**
- **210 comment cards completed by staff across community and acute hospital sites**
- **163 written responses** (letters, emails, blogs, etc.) including formal papers
- **229 online responses through the ‘Have Your Say’ form** on the WNE Cumbria Success Regime website

- **86 location visits from a travelling 'chatty van' engagement vehicle, led by Healthwatch**, which has travelled to communities across WNE Cumbria, covering more than 3,700 miles and capturing the views of more than 3,400 people

In addition to the engagement activity detailed above key stakeholders were also involved in a range of other activities including, for example, an options evaluation workshop conducted to consider shortlisted options for emergency and acute medicine, women and children's services and community hospitals.

## What we have heard and our response

As a result of some of the strong themes we have heard during our engagement programme, we have been able to adapt and refine our thinking in a number of areas. These areas are set out below.

- The public expressed their desire for locally accessible services, highlighting difficulties in transport between West Cumberland Hospital and Cumberland Infirmary Carlisle due to the poor road infrastructure and public transport services. As a result, the options appraisal work for acute medicine and A&E, saw the working group able to bring forward a new workforce model which, following discussion with local clinicians, has enabled us to put forward a proposal to retain local acute medicine & A&E services at WCH.
- As a result of our extensive engagement with women and their partners, staff, clinicians and stakeholders, we learned that the maternity services provided at West Cumberland Hospital are very important to the local population, with feedback about fears of loss of all services from the west and consequent safety issues. Our emerging thinking and decision-making has been informed by this engagement and feedback and has resulted in groups working hard during two recent maternity workshops to reach a consensus for a model of the totality of maternity care that includes providing as much local care as possible within a framework of clinical safety.
- In our first Progress Report we raised the idea of closing all the inpatient beds in our community hospitals. Community hospital beds have been the subject of much local discussion, debate and engagement activity and, as a result, we discovered this emerging idea was very unpopular. While a number of people understood the strong clinical, workforce and financial argument to follow the example of other systems by not having beds in community setting, we have listened to local communities and are only proposing minimal consolidation at this stage, whilst ICCs begin to have a positive impact on care.
- Concerns have been expressed over the ability of the NHS to effectively attract and retain key staff – a challenge across the NHS but especially here in West, North and East Cumbria. Some people argue that the local recruitment challenges stem from uncertainty about services in West Cumbria and returning services to West Cumberland Hospital will help solve this issue. Others simply say that not enough has been done. Following discussion with stakeholders to agree priorities, a 10-point plan for workforce has been developed, and strong relationships have been developed with UCLAN and the LEP to take forward new initiatives.



- Concerns about the relatively long distances that some people have to travel in order to access services in West, North and East Cumbria and transfer times between WCH and CIC have led us to explore models in other parts of the country such as Dedicated Ambulance Vehicles for Maternity and Paediatric Services in Wales and Retrieval or Heli-Medicine Services in Scotland. We have factored these innovative ideas into our emerging thinking.
- The potential influx of new residents as a result of nuclear industry expansion, along with other projections of increased populations locally, remains a concern for local people. As a result, during our review of maternity services we undertook analysis of the effect that additional workers, due to the expansion of Sellafield, might have on maternity services. We concluded:
  - If there were 55,000 additional workers, it would be expected that they would be split in a ratio of 75:25 in the nuclear industry in favour of males (source: 'Sustaining our Nuclear Skills', DECC, 2015) and therefore this would mean that there could be around 13,750 extra female workers.
  - In turn, 13,750 extra females of a working age would result in about 7,000 extra childbearing age women and potentially this would result in around 350-420 extra births per year.
  - If these births are split between the North Cumbria (NCUH) and the South Cumbria (UHMB) maternity systems, this would result in each Acute Trust delivering under 200 births per year extra.
  - This would equate to 110 extra births per year in Carlisle and 90 in Whitehaven. This translates to an extra 2 births per week in Carlisle and 1.75 in Whitehaven.
  - However, population projections for Cumbria suggest that by 2020 childbearing aged women will decrease by 5,000 (source: ONS) which would bring the extra 7,000 childbearing aged women back down to 2,000.
  - Using the above projections, the extra 2,000 extra childbearing women would result in approximately 100-120 extra births per year.
  - Based on this analysis, the impact of additional workers, on the maternity system of North Cumbria would be minimal.
- We noted the positive response to our plans to include a move towards greater use of technology such as electronic referrals and tele-consultations. We have developed an IM&T strategy to support plans to have information/messaging conducted electronically, be able to view patient records on line across all local NHS organisations and deliver services closer to home through the use of digital services.