Success
Regime
West, North & East Cumbria

NHS

11th August 2016

Moira Gibb
Chair
Finance and Investment Committee
NHS England

Dear Moira

I am pleased to confirm that intensive work continues in earnest on the propositions and interventions developed through the WNE Cumbria Success Regime.

Following approval of the Pre-Consultation Business Case by the local statutory bodies in June, and the very helpful support session chaired by Mike Prentice, we have continued to develop our thinking and analysis to address the key areas identified by colleagues as worthy of further focus and respond to the further information requested by NHS England through the assurance process. This has been an extremely productive and engaging process, and ensured that we have been able to maintain pace and momentum ahead of formal consultation.

NHSE identified some very specific requirements with regard to additional detailed financial analysis that gives confidence that we have a robust “bottom up plan” to deliver a described end state for each sector (provider – at the level of acute and community sites, and commissioner). In developing this plan, we are required to demonstrate and evidence the following:

- An understanding of the current baseline position and end state budget, with evidence of a modelled approach to, and plan for, delivery (e.g. in relation to current and future workforce numbers)
- Demonstration that there has been no double counting of savings, that the plans are affordable and that they close the financial gap
- All within the context of a viable clinical strategy, supported by both commissioner and providers including a clear set of proposals for those services proposed for reconfiguration

Colleagues across the system have been working closely together, with specific technical/analytical support, and to this end we attach a suite of supplementary documents for the following purposes;

- To complement/provide further content to information contained within the locally approved PCBC.
- To provide additional detailed information in response to specific requests from NHS England.

The information is provided in a series of six papers attached, which should be taken together and read in conjunction with the PCBC. These papers have been developed through the Success Regime governance arrangements and subject to the same due diligence as the PCBC, including consideration by the local statutory bodies at their formal Board meetings during July and early August.

To follow is a list of the papers, together with a brief summary of the content and purpose of each.

a) **Paper 1 – Integrated Care Communities (ICC) – additional information**

This paper provides additional detail (building on the PCBC) on the way in which our model for community based integrated care will develop, to improve health outcomes and relieve pressure on the acute and residential care systems. Furthermore, how we will create a workforce that is appropriate to deliver this model. The workforce will need to be radically re-designed to addresses local and national workforce pressures; and also to reduce overall headcount in pursuit efficiency, whilst making the best use of the considerable assets/resources of our citizens and communities. This paper also sets out how we plan to implement and govern full delivery of the ICC model, giving specific examples of achievements to date that give us confidence that our proposals are both realistic and locally deliverable.

b) **Paper 2 – Financial Update**

This paper should be read in conjunction with the PCBC and Paper 1 above, and covers the following;

- Further sensitivity analysis around the financial challenge
- Additional granularity around the organisational plans underpinning the top-down efficiencies identified
- Additional detail around the estimated savings delivered through the ICCs
- Expanding on the workforce implications of the PCBC options to provide a more comprehensive picture of the changes described
- Understanding how the PCBC options impact each of the discrete sites in terms of activity, capacity, workforce and cost
- Further areas to be explored close the residual financial gap in 2020/21 are being explored.

c) **Paper 3 Oncology, Radiotherapy and Chemotherapy – Financial Update**

This paper should be read in conjunction with the PCBC, and sets out the case for an additional dedicated capital requirement of £35m required to increase Linear Accelerator capacity required to serve the population, through a tertiary network arrangement with Newcastle. This requirement is not included in the PCBC financial analysis but is essential to deliver the required service configuration.

d) **Paper 4 – Maternity Services in West Cumbria**

This paper draws upon the extensive analysis undertaken in preparation of the PCBC (including travel times, financial, workforce and citizen engagement) to describe in more detail an approach to delivering maternity services that is supported by commissioners and providers locally and nationally. This option takes due cognisance of the detailed input of the RCOG through their own extensive review and further builds upon option 2 of the PCBC – titled “partial consolidation”. We believe, that in developing this model for an elective consultant and midwifery lead unit at West Cumberland Hospital (WCH) we have made a major step forward in securing consensus and commitment from all health care partners to an option that is deliverable in the immediate and local context. In presenting this additional narrative we do not intend to prejudice the outcome of future consultation by suggesting that local decisions have already been made, but instead to share with you this proposal for a sustainable and viable option.

e) **Paper 5 – West, North and East Cumbria Equality Impact Analysis (EIA) Report July 2016**

We are confident that throughout the development of our PCBC we can evidence that we have given due regard to equalities issues, particularly in respect of impacts on citizens/populations that are considered to have protected characteristics. This consideration was an integral part of our approach to designing our new services and care interventions, and engaging with our populations in so doing. Specific examples include;

- Accessing hard to reach communities through the “chatty van”
- Exploring differential demand pressures in depth, particularly with regard to those with protected characteristics or otherwise for whom accessing high quality services in the most effective way possible is imperative
- Approach to development of the ICC model (and community hospitals configuration) and maternity options

We are clear that the equalities analysis is an iterative process, and should be subject to ongoing monitoring as the consultation proceeds and work develops further. We therefore attach the consolidated EIA for completeness only, and re-iterate that it is a starting point, from which there will be an ongoing process to engage with citizens (recognizing the legally

defined protected characteristics) through the consultation process due to start in September.

f) Paper 6 – How engagement has influenced the development of our thinking

The PCBC describes in Chapter 3 what our extensive and deep process of engagement has told us. It also sets out our engagement method and approach. This paper provides further detail on both the key themes arising from our engagement, but also how we have inculcated these in to our thinking as we developed our PCBC and options for consultation.

I trust that you will find this additional information useful and self-explanatory. We remain extremely keen to build on the pace, momentum and commitment of the local health and social care economy to press on and implement the changes that we have co-designed so as to ensure a sustainably safe and high quality care system that can return to financial balance at the earliest opportunity.

Whilst not all of our proposals require public consultation, we have described our full set of proposals to present to you a viable and comprehensive clinical strategy. In advance of proceeding to public consultation in September (following approval of our supporting case) we continue to work closely with both our legal advisors and the Consultation Institute to determine the precise wording of our consultation questions. This work will continue over the summer, and consider the detailed options described under the following specialties and service areas that we believe will be subject to formal consultation;

- All maternity services
- All paediatric services
- Acute medicine and urgent care at Whitehaven
- Community Hospitals
- Hyper acute stroke services

We very much look forward to hearing from you and hope the attached information will ensure that the August Finance and Investment Committee discussions are fruitful and productive.

Yours sincerely

Sir Neil McKay
Chair