healthwatch Cumbria

The Future of Healthcare in West, North and East Cumbria

Consultation response from Healthwatch Cumbria

December 2016

Contents

Introduction

This is the Healthwatch Cumbria (HWC) response to the NHS consultation "The Future of Healthcare in West, North and East Cumbria".

HWC is an independent organisation established in April 2013 as part of the implementation of the Health and Care Act 2012. A key role is to champion the views of local people who use health and care services in Cumbria, seeking to ensure that their experiences inform the improvement of services. We are constantly listening, recording and reporting on local people's views on a wide range of health and care issues. Through honing our reporting skills we are recognised as an independent provider of evidence based public experience and view. The integrity of our collection and presentation of public views was recognised most notably through our award winning Maternity Matters report from 2016 which clearly set out the key criteria for a great maternity service from the service user perspective. By working constantly and closely with the public, HWC is in a unique position to record and analyse their voices enhancing the validity of our response which is directly related to what we have heard.

Since the announcement in June 2015 by the Department of Health that West, North and East Cumbria would be one of three areas selected as part of the NHS Success Regime (SR) HWC has engaged with **over 14,500 people** at a wide variety of engagement activities.

During the consultation process, HWC has been involved in ensuring people are aware of it taking place and what mechanisms to use to ensure their responses will be included in the final analysis. We have also analysed all of our data and intelligence gathered from people since the SR was announced, particularly where it relates directly to the services which are under review.

The SR and the subsequent consultation generated many strong feelings amongst people across West, North and East Cumbria and people have expressed anger, concern and sadness about some of the options that have been presented to them. This response provides a summary of those view and includes some key messages which are summarised on pages four and five. These headlines were shared and endorsed by members of the West Cumbria Community Forum (WCCF) at its meeting on 16th December 2016.

HWC is not in a position to rank the options as its response is drawn from intelligence from multiple sources and would not want to favour one section of responses over another. The response will be made available on the HWC website and submitted to the NHS Clinical Commissioning Group (CCG) as a response on behalf of the people of West, North and East Cumbria whom have engaged with HWC.

Headlines

The consultation asks for people's views for six service areas:

- Maternity services
- Children's services
- Community hospital inpatient beds
- Emergency and acute care
- Stroke services
- Emergency surgery

The strongest responses were generated by the first four service areas and so the majority of comments in the HWC response relate to those areas.

The following statements provide a summary of the most frequently expressed views.

Maternity and Paediatrics

- **Many people have strong views that the full suite of consultant led services for maternity and paediatrics should be delivered at West Cumberland Hospital.**
- In particular, mothers and their families are very concerned about the implications of travel during labour and feel that this goes against what they expressed, and was captured in, the HWC Maternity Matters report which set out what people consider to be the key criteria for great maternity services.

Location of services, travel, equity, rurality

- **People are very worried, concerned and angry, especially in West Cumbria, about the possible changes to services as this may result in key services being further away from where they live**.
- People are worried that this will put lives in danger and cause increased concern when things go wrong. For example, making it more problematic for friends and family to visit.
- People feel that not enough attention has been paid to the need for a different model of healthcare that is shaped to address the challenges of rural and dispersed communities.
- The Cumbrian transport options and infrastructure are not sufficiently robust enough to support the need to travel to services which are at a distance.
- People say that the new West Cumberland Hospital represents a significant investment for healthcare in West Cumbria and should be used to the maximum of its capacity.

Community Hospitals and the development of Integrated Care Communities (ICCs)

- **People feel very strongly that all community hospitals should have beds. This is an integral part of the role they play in communities and is directly linked to the sustainability of the communities themselves. This is an especially strong view held by the community in Alston, and people in Maryport and Wigton are equally concerned about the impact that no bed provision will have on the role of their hospital.**
- People have not yet experienced how ICCs will work in practice and don't believe that local services are robust, extensive or integrated enough in a way to compensate for the loss of what a community hospital is known and trusted to provide.
- People are concerned about what social care packages would be available if community hospital beds were lost.
- People are concerned the council is not sufficiently engaged in the process, that an increase in social care provision is fundamental to the delivery of some of the options and yet the council is reducing the availability of beds through the Cumbria Care Modernisation Consultation.

Concern about the process and analysis of the consultation and its relationship with the emerging Sustainability and Transformation Plan (STP)

- People have expressed concerns about the consultation process, seeking reassurance that their views have been listened to, even if they choose not to rank the options in the document.
- People asked whether or not the views expressed and recorded during the engagement process would be included in the final consultation analysis. Their concern being that valuable feedback may be lost or ignored. They felt this was not made clear at any stage by the NHS.
- There is a view that the status quo has not been included in every service area as an option giving rise to doubts that decisions have already been made.
- This view has been enhanced by the publication of the STP which includes service options in the consultation.
- People are concerned that robust risk assessments have not ben completed for all of the options.

Lack of awareness of the consultation

- There are a large number of people especially in East and North Cumbria who remain unaware of the consultation or its implications.
- Of those who are aware and have chosen not to respond, some think that;
    - Decisions have been made already.
    - The decision making is best left to health professionals.
    - The options in the consultation will not have a direct affect on them.

Background

The West, North and East of Cumbria were selected nationally along with Essex and North, East and West Devon to take part in the NHS SR.

The SR is a national initiative intended to support and make improvements to the most challenged health and care services in the country.

The challenges specifically facing the West, North and East of Cumbria are:

- The NHS finds it extremely difficult to recruit and retain doctors, nurses, paramedics and other staff to the area.
- Some people are admitted to hospital, or are staying too long in hospital when they could have been receiving care at home or in the community.
- Over a number of years the NHS has continually spent significantly over its budget.
- The Care Quality Commission (CQC) whose role it is to inspect and regulate health and care services nationwide has graded some of the county's health and care services as "inadequate" or "in need of improvement". North Cumbria University Hospital (NCUT) NHS Trust has been placed in "special measures".

The aim of the SR is to provide local health and care leaders with access to support, expertise and resources from a national level to help local leaders make improvements to the areas most challenged healthcare services.

There are many organisations across the health and care system involved with the programme which is chaired by Sir Neil McKay and supported by medical director Dr Stephen Singleton and a team of health and care leads responsible for leading the programme. The independent communications consultancy firm Freshwater was commissioned by the NHS to handle all public relations, engagement and consultation activities throughout the SR programme.

A comprehensive programme management framework was put in place and HWC had a seat at the Programme Board and at the Executive Group. The role of HWC was to constantly remind decision makers to listen to the views and experiences of people so that they were an integral part of the SR process through regular engagement. Additionally, HWC was commissioned by the NHS to independently carry out tailored engagement activities designed to involve people in the development of the options that now appear in the consultation.

A series of service focused and enabling work streams was established concentrating on specific areas to ensure that a programme of the SR size, scale and complexity could be delivered. The work streams looked at how health and care is, and could be, efficiently delivered in the future. This included opportunities for the public, staff, patients and others to give their opinions and be involved in the development of new ideas for services.

Clinical work streams included:

- Elective care
- Maternity (children and families)
- Mental health
- Primary care communities
- Proactive and emergency care
- Social care
- Specialised services

The enabling work streams included:

- Communications and engagement
- Estates
- Finance and information
- Informatics and IT
- Organisation development
- Transport

HWC provided feedback from engagement activity to inform the work streams to help the NHS understand what people wanted and needed from health and care services in West, North and East Cumbria.

Some of the ideas emerging from the NHS thinking implied there would be significant changes in the way services would be delivered, and therefore a public consultation was required to allow local people to assess the possible options for how health and care services could be delivered. The NHS published a public consultation document (including an easy read version) outlining how some services might change and the public consultation ran from the 26th September 2016 until the 19th December 2016. The services affected by possible changes included:

- Maternity services
- Children's services
- Community hospital inpatient beds
- Emergency and acute care
- Stroke services
- Emergency surgery

The NHS invited the public to complete a questionnaire giving their opinions on the proposed changes mentioned. There is a separate consultation website that can be found at: *http://www.wnecumbria.nhs.uk/.*

As part of the engagement programme designed to encourage people to play an active role in the consultation process HWC was commissioned to tour West, North and East Cumbria using a mobile engagement vehicle known as the "Chatty Van" during the month of November 2016. The aim of this engagement was to raise awareness of the consultation, encourage the public to complete the questionnaire and give people an opportunity to discuss the proposed service changes. The van incorporated a "graffiti wall" to record people's views and comments about the consultation in an informal yet direct way; this proved extremely popular with the public and generated much debate. *(See appendix 1 for full programme of venues and people's comments from the graffiti wall).*

To support any matters related to the way in which the NHS public consultation was conducted a Public Consultation Process Stakeholder Advisory Group (PCPSAG) was established. Membership of the group comprised representatives from communities of interest across West, North and East Cumbria. HWC co-chaired the group. The role of the PCPSAG was to offer advice, views, suggestions or opinions to the SR Programme Board on, for example:

- The delivery of the consultation in line with the national guidelines and the consultation process agreed by Cumbria Health Scrutiny Committee.
- Language, tone and style of consultation materials.
- Assess by all communities of interest and place including seldom heard groups.

Summary of people's views in relation to the four service areas which have evoked the strongest responses. In each case there is a summary of views, quotes and sources.

Maternity

People's views on maternity services include:

- People feel very strongly that maternity services should be available locally. A full range of consultant led and midwife led services should remain at West Cumberland General Hospital (WCH) and not be transferred to The Cumberland Infirmary Carlisle (CIC).
- People believe that travel of less than 20 minutes is a reasonable time to travel to access antenatal care and to travel to the place where they will give birth. *This is a fundamental criterion in the HWC Maternity Matters report*.
- Many people expressed particular concerns around the risks to mothers and babies being transferred and the repercussions if anything happened, the availability of transport, bed shortages, access to services, continuity of care and the distance from family support.
- People felt that rural challenges affecting access to services, transport and travel times had not been fully addressed within the options.
- The public were aware the NHS had issues retaining and recruiting staff to the area, but felt these had not been addressed within the options.

People said:

"How many children and mothers are going to die if option 2 is implemented? Where is the risk assessment and data?"

"None of the proposed options for maternity services are safe, and women need to feel safe"

"Babies will die"

"How many dedicated ambulances for maternity (will be needed); there aren't enough now?'

"How is risk calculated in the organisation, show evidence of the corporate risk register, show a risk assessment of the options"

"I want to be reassured that if I require emergency help, that it is dealt with swiftly and safely and not at detriment to my baby's or my health"

"Healthy mums and babies will experience unnecessary harm and distress"

"Most important thing in relation to maternity services is that I have access to services close by

and that there is always someone available"

The comments and views presented around maternity are from the following HWC sources:

- Maternity Matters: What does a great service look like? February 2016
- Additional Maternity Matters locality analysis. July 2016
- Success Regime Stakeholder Engagement Meetings. September 2016
- Engaging people in the NHS Success Regime. June 2016
- Success Regime Listening Events. December 2015

- Graffiti wall comments, Chatty Van Tour. November 2016. *(See Appendix 1 for a list of all comments made on graffiti wall*).
- Maternity engagement visits. December 2016. *(See Appendix 2 for conservations recorded with women and their families).*
- West Cumbria Community Forum (WCCF) Meeting. December 2014. *(See Appendix 3 for all meeting notes from June 2015).*

Children's services

People's views on children's services include:

- People said that there could be more joined up working between services, particularly between maternity and children's services.
- People feel maternity and children's services should not be considered in isolation from one another.
- People have told us that if children are very ill they understand they may have to travel long distances to access specialist care. However, families would appreciate support with accommodation, transport and the assurance of speedy treatment without long waits.
- People believe it is important for children to get home as quickly as possible and that having training and regular support, regular GP/nurse visits, good aftercare, continuity and easy access to care is important to support recovery.
- Concerns were expressed from families whose children are not being provided with appropriate, or timely mental health care.

The views presented above regarding children's services are from the following HWC sources:

- Engaging People in the NHS Success Regime. June 2016
- Success Regime Stakeholder Engagement Meetings. September 2016
- Success Regime Chatty Van Engagement Events. January-February 2016
- Letter of concern to Children and Adolescent Mental Health Services (CAMHS). This letter outlined HWC findings using evidence from the HWC database, from reviews of existing reports and research on CAMHS and from speaking directly to families currently accessing mental health services for their children. April 2015

Community hospital inpatient beds

People's views on community hospitals include:

- People do not want the number of beds in community hospitals to reduce, and the focus on bed numbers has given rise to concerns about the future of community hospitals which they do not want to close. There are particular concerns about the future of the hospitals in Maryport, Alston and Wigton where none of the options include the status quo and all options remove all the beds from all three of these hospitals. It is the belief of many local residents that the sustainability of their community is directly linked to the current role and function of the community hospital being maintained.
- Because none of the options offered incorporated keeping the status quo in terms of maintaining existing bed numbers, this gave rise to the view that decisions had already been made.

- People told us that community hospitals are an important part of the community, and should offer more services and not less.
- People said it was important to be cared for in their local community hospital and to be closer to home, family and friends. They said it was a model that worked and they didn't understand why there was a need to change it.
- People expressed the concern that closing community hospitals beds could have a detrimental impact on the CIC and WCH, creating increased bed shortages and pressure on the acute hospitals seeking to cope with the increase in patients.
- Some people appreciated that some changes to community hospitals must take place to ensure sustainability.
- The county faces rurality and travel challenges. The rurality and dispersed population of the county mean that to provide accessible care people feel it is necessary to have local community hospitals.

People said:

"If the hospital goes, the community will die"

"The decision to close cottage hospitals in Cumbria is a really inhumane decision that will affect the most vulnerable and isolated people"

"No option to say we want to keep hospital beds"

"Ideas that come from people who have no comprehension of rural community will not address the real need"

People's views and comments on community hospitals have been collected from the following HWC reports:

- Engaging People in the NHS Success Regime. June 2016
- Success Regime Listening Events. December 2015
- Success Regime Chatty Van Engagement Events. January-February 2016
- Success Regime Stakeholder Engagement Meetings. September 2016
- Graffiti wall comments, Chatty Van Tour November 2016.

Emergency and Acute Care

People's views on emergency and acute care include:

- People believe that there should be greater information sharing and communication between GPs and acute services. Health and care services need to provide people with clearer information on important decisions made. There is a disparity between what people hear from the media and what they are hearing from the NHS about WCH.
- People are concerned about how the implementation of the NHS preferred option could affect the delivery of the North West Ambulance Service (NWAS), namely that NWAS may not have the capacity to cope with the changes.
- Full services should remain at WCH as people are concerned over the impact transferring services to CIC would have. People also feel that the transfer of services would affect

people's ability to access services and affect family and friend's ability to visit patients in hospital.

- Public concern has been raised over the ability to attract and retain clinical staff. People know that there are recruitment challenges but do not believe that enough is being done about it.
- People would be prepared to travel as far as was needed to get the expert treatment they required. However, if specialised services were delivered by other hospital trusts in Cumbria almost all those HWC spoke to say they would welcome and support this.
- Ultimately people believe the changes being proposed will adversely affect safety.

People said:

"Patients in Cumbria need to know that their loved ones can come and see them when they are in hospital – that's just impossible in Cumbria as the hospitals are so far away - so patients take longer to get better and so cost more money"

'The lack of public transport is a huge factor'

'What about the 'Golden Hour'?'

'What happens if the A595 closed?'

These views and comments on emergency and acute services are sourced from the following HWC reports:

- Success Regime Listening Events. December 2015
- Engaging People in the NHS Success Regime. June 2016
- Success Regime Chatty Van Events. January-February 2016
- West Cumbria Community Forum (WCCF) Meeting. 12th December and 13th February 2015
- Graffiti wall comments, Chatty Van tour November 2016.

Summary

The HWC response to the NHS consultation "The Future of Healthcare in West, North and East Cumbria" is wholly informed by the views of local people. These views have been collected through a number of engagement activities which have taken place since June 2015 when the SR was announced, not just those specifically designed around the consultation engagement associated with HWC mobile engagement vehicle known as "the Chatty Van".

The role of HWC is to listen, support, empower and engage with people and analyse all data and intelligence collected to accurately represent their views and experiences of the health and care services they have received and to influence change to improve these services.

In a time of challenges and inevitable change to health and care services in Cumbria, HWC is in a unique position to be able to reflect public feeling from a wide spectrum of health and care interests and present them on an independent platform.

Through our engagement activities with the public, HWC knows that people recognise the challenges that the NHS face, but are equally concerned and angry about the impact that some of the preferred options in the consultation document might have. They are concerned that the proposed options in the consultation will see services become less people centred and less accessible than at present. It is this message that underpins this public response to The Future of Healthcare in West, North and East Cumbria.

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Appendix 1

Graffiti wall comments Chatty Van Tour November 2016

1st November 2016

Cumberland Infirmary Carlisle

The age range 75+ mortality rates are the highest in Carlisle and Allerdale (approximately 31% of the whole N. Cumbrian area (including Copeland and Eden)). Wigton ward is ideally placed to take patients from both areas' (Stats from England.nhs.uk)

86% Wigton ward inpatients for 2015-2016 come from CIC patients residents in both Carlisle and Solway (starts from Wigton Hospital records), Wigton has a lot of DToLs, these patients would have remained in CIC if Wigton ward didn't exist NCUHT is 102% over the national average for DTOC days (per trust) in 2015-2016, Wigton ward is vital in assisting with this (stats from England.nhs.uk)

2nd November 2016

Wigton Hospital

I object to people being wound up wrongly about the changes to the community hospitals.

If you've been in Newcastle for serious surgery, you need the community hospitals for recuperation.

If Wigton hospital didn't exist Carlisle would be 5% over on its delay.

Wigton is already running an effective integrated team - I don't think they know about it.

Questionnaire did not give enough room to make other comments (x2)

Who owns the Wigton hospital building?

Why are they in the documents, saying Wigton is an old building when they all are except Cockermouth?

There's been recent refurbishment at Wigton

For carers - easier to have on one site - Wigton should be knocked down and rebuilt on a village. Reduce petrol costs, alongside the hospital should have care home facilities - everything on one site

Questionnaire too complex

My daughter would have died if she'd lived here as she wouldn't have of the care she needed in time

Public transport lack is a huge factor

2nd November 2016

Wigton Hospital

If you've been in Newcastle for serious surgery you need a community hospital for recuperation

The patients don't care about the age of the building

Who owns the building? If it has been sold has the land adjacent been sold with it?

We need step down beds to alleviate acute care beds

Caring - end of life care. A hospital where a family can visit without facing long travelling time - usually these visits are by elderly people to elderly people

An end to the phrase "the building is not fit for purpose". If that is the case how come Success Regime has their own agenda for these so call unfit buildings

We at Wigton are ideally situated as a relief site, offering the above facilities for the Cumberland Infirmary. We are 20 mins from Carlisle. Easy access from the Infirmary via the western bypass to the A596. Wigton hospital is situated off Wigton by pass so no traffic problems in Wigton Town Centre

Having already filled in the questionnaire in the document I wished these points to be made specifically about Wigton Hospital

Wigton Hospital is convenient for all living within 10-11 mile radius, for all patients, but most importantly it is easier access by elderly people visiting elderly/end of life relatives. In the hospital rather than having to travel to Carlisle or further afield. Patient beds are essential at Wigton particularly to free up beds in the Cumberland Infirmary after they become less dependent on the services there. But still need looking after before returning to their respective homes. We are told the building is not fit for purpose, what is wrong with the building? From my observations it does look to be in fairly good order, if any work on the structure is required surely in the day and age building expertise will easily rectify this problem without too much capital expenditure. Much money has been spent here in the past, consequently it would be a complete waste of money if the building is not fully utilised

3rd November 2016

West Cumberland Hospital

How is risk escalated in the organisation, show evidence of the corporate risk register, show a risk assessment of the options.

I've got a document and have filled it in. I work here and it's good to see people promoting it.

Workington Hospital

Need a health service helicopter at Whitehaven - but it's only one.

A&E admissions are double the national average (p33) why?

If a baby died on the way from Whitehaven to Carlisle, would it be cooperate man slaughter - because of all the warnings of such likelihood.

40 minutes to Carlisle - would be lucky on a good day. What about the 'Golden hour'? And when Sellafield comes out … Snookered!

4th November 2016

Penrith Community Hospital

Alston to Whitehaven 64 miles for treatment 'ridiculous' expensive when our hospital is used

Immigrants taking up our beds and services

Not enough money needs more investment

Alston too isolated and hospital was gifted to the town and shouldn't be closed

Alston Spa Car Park

You talk about home care. I cared for my husband in his final illness, in and out of hospital in the last year. I could never have coped caring for him at home, without the support of Alston Cottage Hospital. Also, the minor injuries unit saved the lives of him (several times), my mother and treated my broken bone when I had no transport and no access to the phone or internet.

The NHS has an obligation to facilitate a good death for terminally ill patients. Alston Hospital does that for locals in a way nowhere else will be able to match.

The removal of our hospital beds would be catastrophic we certainly can't imagine driving to Carlisle.

Young families have already said they will move away if there is no 24 hour care on Alston Floor.

The decision to close cottage hospitals in Cumbria is a really inhumane decision that will affect the most vulnerable and isolated people, and in turn will affect their quality of life to an exceptionally deep extent.

Alston Hospital was very useful to me when I had bowel cancer operation, when I had to come back home and I live alone. I had to come to Alston for 5 days.

Alston Hospital is the heart of our community! We are a good community and worth saving.

If the hospital closes everything will shut down - businesses, tourists, house values everything!

Alston is remote to the extent that any other hospital beds are over a half hour away, those beds are community hospital beds only. To get anymore extensive treatment the journey time reaches an hour or longer. And that's assuming the roads are passible in winter they frequently aren't.

Removal of the beds from Alston Cottage Hospital leaves the feel of the thin end of the wedge leading to the loss of other services provided at the hospital. The 24 minor injuries unit is a vital lifeline (literally) in the remote community of Alston Moor. Other services are at least an hour away.

Beds needed at night! End of life care with your loved ones around you is impossible when you are travelling to hospitals out of town. I myself am a non driver, no buses, how do we spend our vital last moments with loved ones. How do they cope in unfamiliar surroundings alone!

4th November 2016

Alston Spa Car Park

My aunt recently had a fall in her late 80's dementia. 10:30pm ambulance to Carlisle at 2am phone call, "can you pick her up we have no beds"!! If the worst happened they could have held her on A&E. Instead family member brings her back (black and blue in pain). A 2 hour round trip in 4 hours. She needed rest and TLC not a round trip!

None of the options are viable for health service provision for Alston Moor. They need to future proof the rural community is not being considered, the consultation is not adhering to the norms of participatory democracy, the argument for cost-effectiveness is ignoring the need for access to services in order for them to be effective.

None of the options are viable. At Alston we need our beds and our hospital.

Please consider families too: we need a minor injuries unit at Alston as well as beds, your proposal need reworking to serve our rural community.

If the hospital goes, the community will die.

Without our hospital my dad would have died at Carlisle.

We have an ageing population who doesn't have transport. Public transport is virtually non-existent.

We need our hospital beds as we live in an ageing community and travel is difficult.

Ideas that come from people who have no comprehension of rural community will not address the real ned; trying to close Alston beds has knock - on effects that results potentially in the destruction of our community; and the whole N,W,E Cumbria area is being treated as if no account

This consultation is not valid. When you want you're three year old to do something you give them a choice of what you want them to do… and something worse. The document does not include the option of leaving the beds in Alston. The people of Alston are not children, and we do not like to be patronised. Please start the consultation from the ground up, and include local proposals that are well into development (league of friends).

So many of our long-term carers are elderly and infirm themselves. They don't drive. If their loved one has to go one hour away (in good weather) what do they do? We need bed provision here.

The consultation document response form is essentially 'Tick boxes' there is no real space to offer other options. It seems geared to getting the answer the 'success regime' wants.

Our community is wonderful (Alston Moor) but it is continually undermined by the closure of assets that make it work. We live in constant relationships with our neighbours - unlike people in urban situations. With our hospital for the past 100+ years we have been able to die in our community with people we know. Don't drain the life blood from Alston Moor. Leave our beds!!!

What's the cost of setting up The Success Regime?

Where do the people live who make the final decisions?

Why set up The Success Regime if decisions supposed to be made locally?

4th November 2016

Alston Spa Car Park

Why does the NHS waste so much money on refurbing - e.g. kitchens and then redoing and redoing? When they built the new hospital in Carlisle they put all the old stuff in a skip.

Too much red tape - maybe Brexit will help

If the gov. appreciated the medics we have in this country, they wouldn't be leaving and going abroad

When they allowed the GP's to opt out I think the pressure transferred to the ambulance and social services which were struggling and are now broken, how will they cope with the extra caring in the community?

Management don't appear to be capable of coming in and rolling their sleeves up when short of staff

Management appear to get paid for failure

What a waste of time and money the previous questionnaire - because people couldn't understand the questions and some range the hospital for help in completing the questions

Read document, no options to say we want hospital beds. I object to SR proposals on financial/clinical grounds, too many unknowns. They're just not listening to us.

Ridiculous bringing outside agencies into do consultation. Should be smaller team from within NHS. If not possible use local accountant to look at costs, especially admin

Move staff around with the NHS rather than close beds

Why not partner hospitals with services such as blood service, use to have blood service in Alston hospital

9th November 2016

Egremont

If someone is taken to Carlisle to give birth, how do they get home?

How many dedicated ambulances for maternity as there aren't enough now?

Whitehaven

It shouldn't be called the 'Success Regime' it should be called the 'failure regime'.

Possible influx of people re: Moorside and its effect is not mentioned and taken account of

They shouldn't be taking services to Carlisle.

Cleator Moor

How many children and mothers are going to die if option 2 is implemented? Where are the risk assessment and the data? It must be available.

10th November 2016

Cockermouth

Maternity - a Carlisle based service will diminish the service in Whitehaven - babies don't wait!

Continuity of doctors in terms of seeing the same one is an issue which affects the care given.

Theresa May dismissed that there were any problems with getting to Carlisle - she should come here herself.

Workington

It takes me 3 buses to get to Carlisle hospital for my appointments… And 3 buses back.

No date in the back of the proposal document for when they have to be back by - and what does gender have to do with peoples opinions?

I have to take a bus then a train and they say they can't see you and make another appointment.

Closing the consultant led maternity services at Whitehaven will lead to deaths and it's a really long way to Carlisle.

Not going to meet the 'golden hour' for heart attacks and strokes.

We feel that they are deliberately under staffing and underutilising the hospital so that they can eventually turn it into an old folk's home.

It Stinks!

Spent money advertising and say they can't recruit but only advertising for temporary posts - no ongoing recruitment campaigning for full time permanent staff with incentives.

Where are these posts advertised?

Not looking at alternative models of cover e.g. upskilling nurses to nurse practitioners - advanced were practitioners etc. Need to start now.

Rather than cutting services should look at income generation e.g. beds for families.

Why not posted out to every household?

Accountability of the Success Regime to their local people and their elective representatives.

10th November 2016

Cockermouth

I had a low risk pregnancy; I went to WCH after 8 hours of labour and 2 hours of pushing. It was identified that my baby was breech and stuck. I was whisked away for an emergency C-section if I had been transferred to Carlisle at that point I am sure that me or my baby would be dead or in serious health problems. Not least how traumatic that would have been.

Bed to bed transfers or emergency C-sections would take too long. Mums and babies will die

What happens if proposed ambulance is occupied taking a mother to Carlisle and then another mother needs transferred? 2 hour wait? / Take an essential 'normal' ambulance offline?

Carlisle is frequently full. The next available consultant led hospital is Lancaster!! The idea of having to travel there to give birth is awful!! Too far.

We deserve the same access to health care that the rest of the country gets. Feels like we are second class citizens!

For people in Eskdale/Borrowdale it is just too far to travel to Carlisle for maternity services.

People are reliant on public transport - have to take lots of time off to access services (e.g. those on zero hours) which puts their jobs at risk.

Hospital pharmacy run by the doctors is putting restrictions on access to fulfilling prescriptions by town centre pharmacies

Distance to Carlisle, on poor roads, with limited places to overtake and often blocked/closed with accidents is simply too far and will take to long to get there in an emergency situation.

I had a low risk pregnancy but after a long and difficult labour I needed intervention from a consultant at 4am - transfer to Carlisle would have had a bad outcome for me and/or baby.

Will extra beds/staff be made available in Carlisle to accommodate additional people who would've otherwise given birth in Whitehaven?

Little use of the Penrith birthing centre demonstrates that mothers-to-be aren't comfortable with midwife led units.

40/45 minutes from Whitehaven to Carlisle - no way! - not sure what secret roads are being used to manage that or what mode of transport because it certainly isn't an ambulance using the A595.

Bad enough going from Cockermouth to Carlisle, even worse for the people travelling form further down South.

Unsafe, ridiculous, dangerous, listen to us.

Why did the minister need 1 and a quarter hours to get from Carlisle when they say an ambulance can do it in 40 minutes??

11th November 2016

Carlisle

I bet you everyone would be prepared to pay an extra £2 on national insurance if it meant hospitals wouldn't close

I understand the medical view of wanting to concentrate services in centre of excellence but I worry about the elderly being isolated from their community in hospital away from home

The hospital is wonderful but it has taken me months to get an appointment to see my GP- turns out I have lung cancer

12th November 2016

Maryport

It took ages to get my grandma out of Carlisle Hospital back here because there were no beds

Our family have always used this hospital

I'm too old to travel and want to be here

All the mangers at our hospital have BUPA!

This has all come about because of the need to pay off the mortgage on Carlisle Hospital

15th November 2016

Keswick

Far too many administrators - the ratio of administrators to medical staff has increased enormously in recent years

16th November 2016

Wigton

Should be beds left at Wigton - should be option 5

Integrated social care a load of rubbish

Road access from West to North

Should have been option 5 to retain beds at Wigton hospital. Not proper consultation without this option

From Wigton - Carlisle - 10 miles. To Keswick - 20 miles. To Workington - 19 miles. To Cockermouth 18 miles. Workington to Whitehaven 8 miles. Bowness on Solway to Whitehaven - 35 miles.

None of the proposed options for maternity services are safe, and women need to feel safe

16th November 2016

Wigton

I've seen people wait in the Infirmary for a bed for 9 hours and she then discharged herself - and there was no privacy.

Not enough staff

Wigton is a vital part of the health service provision

How much do we need to fund the service and where will we find it? That's how funds should be allocated.

Consideration has not been given to Wigton location as the only hospital in the Solway Plain

It is not the only old hospital - it is only 20 mins from Carlisle so do up Wigton instead of new build in Carlisle

If you take the beds out then you rip the heart out of the hospital

It appears that the decision has already been made

No option to keep any beds at Wigton

Although old, the current hospital is still fit for purpose. That seems to be used as a spurious reason to close the beds.

Taking maternity services from Whitehaven means people might as well go to Newcastle! Whitehaven covers the area NSEW.

The integrated community proposals have NO costings in the proposals. I would like to see costings comparisons.

Questionnaire seems to be skewed - only partial answers

Alternative to shutting the hospital will be inadequate for patients and practitioners because there is such a huge area to cover

The only answer is to increase taxation which I think people are happy to do so

Money spent on consultation is wasted

People who make the decisions have no idea of the transport issues as well as the geographical issues this area faces

Integrated care communities seem to be the "thing" now - won't work here with our distances

My mother received wonderful care, support, rehabilitation in Wigton hospital, after a stroke - it helped her enormously - much more effective than community care

Wigton hospital provides accessible local care for long term patients - enabling people to stay in their community and receive local visitors, family and friends

The plan to build new at Carleton Clinic means that for Carlisle people it's harder to get to via public transport than to get to Wigton from Carlisle

24th November 2016

Seascale

West Cumbria is entitled to a safe 24 hour emergency service. Why discriminate against West Cumbria!

South Copeland Millom poor transport links, high risk if RTC's roads closed leads to deaths

What about placental abruption and time delay-200% mortality definite

There are no buses now to Whitehaven

Already waiting an hours minimum for an ambulance

Golden hour for CVA and MI's what happens to this when we are waiting for 1 hour now for ambulance and paramedic crew

Emergency transfers can hit BNFL rush hour traffic resulting in slower transfer (South Copeland)

Loss of life is inevitable if this change goes ahead

Babies will die

What happens if A595 closed?

Too far to Carlisle from here and South of County

What happens if baby in SCBU in Carlisle and mum is in Millom? With other children?? How to visit

Elderly can't drive-visiting partners

High risk pregnancies? Need emergency treatment, Carlisle at least 1 hour away

My baby strangled itself with the cord just before delivery. If had to go to Carlisle he would be dead!

Millom

Why have breast screening group go to Whitehaven? -why not bring a mobile unit down?

We've always had a choice-Barrow/Whitehaven for maternity services now everyone will go to Barrow-what effect will that have on Barrow services?

People expect too much these days

25th November 2016

Appleby

What are we going to do as they are stopping buses from Kirby Stephen and Appleby to Penrith

Patients in Cumbria need to know that their loved ones can come and see them when they are in hospital- that's just impossible in Cumbria as the hospitals are so far away-so patients take longer to get better and so cost more money

Kirby Stephen

We go to both Carlisle and Lancaster for various things-both 50 minutes away in either direction! My test results from Carlisle have to be given to Lancaster by me as they won't share

26th November 2016

Workington

They won't be happy until it's sold off to France, China or somewhere!

In AE. (A&E) postcode divert meant that our beds were full

Appendix 2- Conversations and comments from maternity engagement visits

A two week period of engagement with mothers and families took place towards the end of the consultation period. Some conversations were captured and are presented here. Some detail has been removed to preserve confidentiality.

Conversations

The proposals will cause an unacceptable risk to mothers and babies and will result in more women having an elected caesarean. The Infirmary cannot cope with the number of births in the current catchment. There is a birthing unit at Penrith and mother and babies are transferred to Carlisle if necessary, but the journey is largely on the motorway and not on the A595 which is horrendous to travel at the best of times. I needed to go to theatre after both of my births and therefore under the proposals, if I was in Whitehaven I would have had the added stress of the transfer. When I was in some weeks ago, the staff were talking about the changes and saying it would have a big impact on their resources. I was in hospital for X days due to infection. How would my husband have been able to visit me if I was an hour away from home as he would have been caring for our eldest child? – this would have had a big impact on our family in terms of emotional support, bonding as a family and financially with travel and car parking etc.

If services cannot remain the same, I do not know which is the best option for families. It might be better to transfer everything to the Infirmary so that women have the very best support and could CIC become a Centre of Excellence?

I cannot imagine not having access to doctors when in labour. The midwives do an amazing job but I think it is important for them and women in their care that they have the support of doctors and Consultants. I had a forceps delivery and the baby was 'out' in 10 minutes, I would have been so worried if I had been in a situation where the midwife did not have support. We need to have confidence in our midwives and for this; the midwives need to feel supported by their peers and colleagues. If things go wrong in labour, a baby can be delivered in theatre in 6 minutes, how can this be achieved if there is to be a 45 minute journey from Whitehaven to Carlisle? Also, how many ambulances would be needed? When I gave birth, there were 4 mothers waiting for theatre. Also, who would travel in the ambulance? – The midwife/paramedic/partner?

I greatly value the care I received at Carlisle maternity. I feel the after care is important and that you are able to contact the maternity suite for a period after the birth for any advice or concerns that you have as new parents. With an increased number of births at the Infirmary, if the proposals to change services at WCH go ahead, there would be pressure on beds and staffing and I feel that this will result in risks for mothers and babies. There should be the same standards at whichever hospital you give birth in. I would be very unhappy if I had to travel from Carlisle to WCH to give birth.

X who works at the maternity unit at CIC said that there is only 1 theatre for caesarean births in Carlisle so a much bigger unit will be needed with substantial investment for buildings, staffing etc. X said this does not make any sense when a state of the art delivery suite has just been opened at WCH. Does anyone know what they are doing?

X who works at the X said that she works with sick and disabled children, a number who are disabled through problems encountered during labour and birth. The concern is that healthy mums

and babies will experience unnecessary harm and distress with a greater long term cost to the NHS.

The most important thing to me about a maternity service is that it is accessible. I am originally from X and had my first baby there. I was due to give birth in X as my nearest maternity hospital which was a 45 minute journey but I had a very quick labour and had to call the Emergency Services for help. The emergency response technician arrived on his own and safely delivered the baby within 30 minutes and I was then transferred to hospital. My second birth was much less traumatic as I literally live X streets away from the hospital.

In an increasingly litigious society, people complain if things go wrong and this results in an investigation with a midwife suspended from work and others are then under more pressure to cover the workload. It feels that midwifery will be in crisis with these proposals as there is such risk for mothers and babies at such a vulnerable time.

Not given a choice for X with her first baby, started in X which had a family room which was good for dads (however this is no longer provided) Both her babies had complications and were born in X. Home is very remote for services and inconvenient for visitors. Have to have their own car where they live for any anti or post natal visits. (Probably can't afford it)

Given choice of X , X or X for birth as remote at X. Was concerned about service provision at X for first baby - no overnight stays available, used X but was induced in X. Winter baby so weather conditions a concern for visiting and getting to X. Not directly impacted by changes in the West. Had three children but none in X but would have if could have had an overnight stay.

The Dad said his first child was X weeks premature and his wife had to have sections with the second and third child. He said in his view if his wife had to have travelled to Carlisle the children would not be here. He took a document to complete. The common theme of the Group was the dangers of Mum's in labour having to travel to Carlisle. One Mum said her eldest would not be here and she had to have a section with the second child. The question was asked "Why are they looking at no Consultants? One Mum said several years ago they wanted to do the same to Workington hospital but the changes did not go ahead because of the dangers of Mum's in labour travelling from Workington to Whitehaven. She asked "Why is it considered safe now for Mum's in labour to travel from Whitehaven to Carlisle?" X has told her there are rumours WCH is going to be made into a private hospital?

A grandma said her daughter had three difficult births, involving two emergency sections. Another Mum said there were problems with the placenta - she was bleeding when she was admitted to hospital - X later whilst in hospital there were serious problems and she had to have an emergency section. She was told afterwards if she had been at home and not in hospital she would have died. Another Mum made comments about the risks of flooding on the A595 and the road being closed. She also commented on the risks of car accidents on the way to Carlisle. A couple of Mum's discussed in the group concerns whether there are enough ambulances to take Mum's in labour to Carlisle. One Mum said they have the 60 minute rule- i.e. the time of travel from Whitehaven to Carlisle but she felt the travel is longer e.g. at least 70 mins.

Another Mum expressed views the service should stay as it is and there needs to be a Consultant. Further discussion with a grandmother bringing a X year old to the X. Her views were a Mum and baby in labour may not make it if having to travel to Carlisle. She was appalled there are threats to the baby care unit continuing in the future and also threats to services being Consultant led. This person took a document to complete. Another Mum said keep services and she said it would be a

waste of the new building at WCH if services are depleted. Another Mum said about the dangers of Mum's in labour going to Carlisle.

She said with her X child the birth was slow and baby's heart beat was going up and down. The Midwife was going to let the labour progress a little longer but the Consultant said at here had to be a section straightaway as baby was in distress. She felt if the Consultant had not made this decision her baby may not have survived. She said "What will happen in the future if there is no Consultant at WCH?" The friend was sent to WCH for checks and suddenly she was having a difficult birth and had to have a section - The Mum spoken to said “What would have happened if my friend had to travel to Carlisle?" This Mum said with her second child she was booked in for a section and she commented it all went well and the staff were fantastic. She said even though the staff were busy they were very caring. This Mum took a document to complete. The next Mum reiterated comments about the dangerous nature of the roads for Mum's in labour travelling to Carlisle. She said she had a document at home which her husband had picked up and she said she would fill it in.

Mother of 2 under 4’s

The most important thing to me about a maternity service is accessibility for any queries, a knowledgeable midwife and various signposting for support that is available (breast feeding coordinator etc) the ‘human touch’ care and compassion. Overall I had a very good experience of using the maternity services, however both of our babies were small which was quite stressful in the end with constant hospital appointments for which at times I don’t think it was fully clear what all the appointments were for.

Mother of 2 under 4’s

I feel it is Important to have a safe service close by and reassurance that there is help available if needed. My experience was actually very good at Carlisle. Even though they were exceptionally busy there was always somebody there when needed. The maternity suite could do with more facilities - e.g. there is only one room with a birthing pool at Carlisle and there isn't much space in the hospital to be anywhere comfortable. I think if I was having a baby in the west I would be really worried about the proposal. I would hate to think that medical help was not easily accessible - especially at the busy times of day and I don’t think it’s acceptable to need to travel to Carlisle if there's an emergency. When I had X last year, the hospital was completely full in maternity and that was without the extra pressure of patients from the west as well so it seems obvious to me that all patient care could be affected, not just the care of patients in the west.

Mother of 1 baby, aged 15 months

The most important thing in relation to maternity services is that I have access to services close by and that there is always someone available to answer questions or help me.
I want trained staff, whom are supportive and approachable – never making you feel as though you’re asking a silly question. I want to be reassured that if I require emergency help, that it is dealt with swiftly and safely not at detriment to my baby’s or my health.

If services were to be reduced or moved/shut down, putting pressure on the service deliverers then I feel that mothers and babies will be at risk, through all stages of pregnancy, birth and post-partum. Women are vulnerable at this time in their lives and should not feel stressed or worried that they are not close enough to services, or be able access what they need, when they need it – mother should be supported as much as possible, for their own health as well as that of their baby.

I have had the most positive experience of the service, from my booking appointment, scans, check ups, birth and after care was delivered by fantastic staff!

Birth became a traumatic and difficult time, but the doctors, midwives and all staff were excellent. My midwife stayed with me, just so I had the support I needed, because of this, I remained calm and even when I required emergency help, I knew I was in safe hands – as a first time mum – this was so important to me! The doctors and theatre staff I cannot fault! They even helped my husband to stay as calm as he could at the most stressful time we have ever experienced!

After care was fantastic, I was very well looked after. And I know when I come to have more children I will receive the same service again and I will not worry about anything that might be

Not enough credit is given to our maternity services and more , I feel should be invested – after all – children are our future, so let's give them the best start, by taking care of mummy from start to finish!

I feel the service that we already receive should be built upon, listen to the staff and the mothers – we need to ensure this area is well funded and well supported. not cut, not reduced, not put on the back burner.

Midwives know their mothers and babies , they know what they are doing and talking about – support them, and ensure they have what they need , when they need it – WCH should not have a reduction of services in this area, it is not acceptable that mothers should be expected to need to move in an emergency – this is unsafe!

Keep up the good work, all those in the maternity services, you are appreciated, we do need you and we understand how over stretched you are, but we thank you for not allowing that where possible to impact on the service you deliver – without you, I wouldn't have the happy, healthy X month old I have today and I possibly may not have been here either.

Mother of a 3 year old

The most important things for me about a maternity service are that it is a fully joined up service with the hospital, resourced with consistent, well trained and experienced staff, who communicate effectively with their service users.

I place value on a good relationship with a caring midwife. Unfortunately, I feel the midwife service feels very rushed and not a personable experience – don't feel like I have been able to develop any relationship. Generally no issues with the services provided via Cumberland Infirmary - the monitoring services including b/p pressure checks and growth scans are very efficient. However, due to lack of resources at Carlisle, I had to travel to Whitehaven which is a significant distance and it was a mission in itself to locate the department I required due to lack of signage. There needs to be increased resources for scans at Carlisle as it is and I am concerned over how Carlisle will manage if resources are already stretched.

The distance between the 2 sites is significant in both time and cost for West Cumbria residents and I feel that as a Carlisle resident, although I can continue accessing the same site, I will be disadvantaged by increasing demands on the service. I would also be worried about husbands, partners and other family members travelling on the A595 when they are stressed and feel there is the potential for an increase in road traffic collisions.

Mother of 2 children under 3

The most important thing to me about a maternity service is to ensure the safety and security of mother and baby.

The loss of consultant led maternity services at WCH is a major concern. My view on this is there should not be only a midwife led service, it should be consultant led or nothing. I had X easy natural births and required no medical intervention and was with a midwife only however my births were very quick going from X cm dilation to 10 cm in as many minutes and actually giving birth very quickly. What concerns me is that if something had been identified as a problem prior to actually giving birth I would not have enough time to get from WCH to CIC and in these cases would have ended up giving birth in the back of ambulance with no consultant to assist with the issue associated with me and my baby. I would rather go directly to CIC when in early labour rather than WCH where there would be no consultants. However, I do think consultant led services should remain at WCH. I am concerned about travel times from WCH to CIC, particularly at busy times, I do this journey X times a week and know how busy this road can get, what about the impact of road works and closures, tractors etc.

I just don't see how CIC would be able to cope with an influx of west Cumbrians or are there plans to extend the wards etc. there? Are there any stats on this in terms of bed availability? Would they increase staff to cope with demand both midwives and consultants? How much discussion with the Carlisle area has been done in terms of this?

I also read somewhere about a dedicated ambulance at WCH to transfer to CIC. What if more than one ambulance was needed? Who would get priority and how would this be decided? Would this ambulance for maternity only or for those where other services are being transferred such as stroke, again who would take precedence? Who would be in the ambulance? Would a midwife be there? If so would WCH overstaff to allow for this? Would it be an experienced midwife due to the complications or would they need to stay on the ward again, how would this be decided? Are there any plans to improve the road?

How would a midwife led unit affect recruitment and retention levels, what is the evidence from elsewhere? The black cloud over WCH for many years and the threat of closure will of course limit the attractiveness of working there. Work would need to be done to improve this and make WCH a more attractive place to work.

What about the impact of the influx of contractors expected due to the nuclear power plant and the other inward investments to West Cumbria?

During both my previous pregnancies I have had to attend many scans and consultant appointments due to the babies growth, would mothers need to attend these at CIC rather than WCH. If so this would impact on their jobs due to more time needed to be away from the workplace to attend appointments not to mention more time on one of the most dangerous roads in Cumbria.

My experience of using maternity services is good overall. However lack of consistency in terms of community midwifery is a minor issue. I am now X weeks pregnant with my X child and only seen my assigned midwife once. It was similar with my other X pregnancies.

Additional comments

I have ……. And so knew I would need a Caesarean. This was planned for Whitehaven but I went into labour at X weeks and was transferred to Carlisle

I was stuck there for X days all on my own. My husband had to travel from X to see us. If I have to go to Carlisle for another pregnancy/delivery I won't have any more children and I'm not the only one saying this.

The labour and birth was fine but then the placenta was not delivered and eventually the midwife had to get a consultant because the situation was becoming too risky. It was X pm

I was told I was a low risk patient but in the event I had to have an emergency C Section.

Midwife led units are preferable. The unit is "calm and lovely" but consultants need to be available if needed. I do wonder if having consultants close by leads to more (maybe unnecessary) interventions

Birth was in X as X and X could not provide the specialist care needed. Spent X weeks in X with a scan in X. The cost of regular journeys - even though own a car - was a big issue. "Transporting people across the X of England because of non-availability of services is unsatisfactory and will be a frequent problem if the reorganisation goes ahead".

"Are there enough ambulances of the type needed i.e. with appropriate equipment and a paramedic/midwife?" This is a dangerous road and anything can happen.

A grandmother stated that at present C Sections are being performed in Whitehaven during the night and arrangements should remain as they are

The new hospital was built on the understanding the local community would benefit from complete health services including consultant led care

If there are no paediatricians, sick or injured children will have to travel to Carlisle. That is wholly unacceptable

Carlisle will not cope with the situation if the recommendations go ahead. They can't cope now.

The people making these decisions do not understand the rurality of Cumbria and that in deprived areas about half of families do not have a car so that visiting becomes very difficult to arrange to coincide with public transport and visiting times.

My baby would have died and I might have as well if I had had to travel to Carlisle. The staff at WCH were wonderful and I had an emergency C section

Appendix 3-Meeting Notes WCCF from June 2015

West Cumbria Community Forum, Friday 12th June 2015

Welcome and Introductions

The Venerable Dr Richard Pratt, Archdeacon of West Cumberland, welcomed everyone to the meeting, with a special welcome to the group from Millom, followed by a brief round of introductions.

He also reminded people that the aim of the group was to create a space for a conversation, recognizing that there was a lot to talk about and a lot of strong feelings as the issues were important to everyone.

Attendees and apologies had been noted.

1. **Notes from Last Meeting**

Notes were accepted as a true record. Following a question, confirmation was provided that the project team which will be carrying out a feasibility study of Option 1 following the independent review of maternity services across Cumbria and North Lancashire included a local head of midwifery.

2. **Presentation on behalf of Millom Community Group**

Dr John Howarth from Cumbria Partnership NHS Foundation Trust and Jenny Brumby from the Millom Health Action Group delivered the presentation, highlighting the success of the project to date.

(Slides and links to the videos shown are attached.)

There was a brief question and answer session looking at aspects of the project, how they dealt with unrealistic expectations, community engagement and changing organisational culture. There was a strong focus on communication and developing trust and respect between those involved.

Millom now has a community Newsletter (Around the Coombe) which gives a wide range on information of which health is just one part.

There then followed a discussion about how to translate the lessons learned in Millom so they can be used in other areas with bigger and wider communities.

The success of the Millom group's video involving local school children to recruit GPs was noted. This led to a suggestion from the acute trust to involve the wider community in producing a recruitment video. This would be aimed at a wide range of clinical posts

including GPs consultants, and nurses as well as social care roles. The timescale is to launch the recruitment programme in September.

Action: It was agreed to pull together a small group of community representatives to work with the North Cumbria Trust to take this forward.

3. Clinical Commissioning Group Update, Services and Pathways

Success Regime
Dr David Rogers, NHS Cumbria CCG's Medical Director, explained that North Cumbria was one of three health economies included in the announcement about this new national initiative for the most challenged areas (3 June by NHS England Chief Executive Simon Stevens). The other two are Essex and North, East and West Devon) – others may follow. The Success Regime will work across whole health and care economies in a more joined-up way to resolve current problems and will:

- provide both support and challenge to organisations within these health and care economies, not just diagnosing the problems and identifying the changes required, but implementing those changes;
- seek to strengthen local leadership capacity and capability, with a particular focus on leaders working together to drive improvements for patients and for their organisations;
- link with other developments and innovations, for example, exploring whether one of the new care models may form part of the solution.

Further detail about the Success Regime will be shared once it becomes available.

Maternity

Following on from the report from the Royal College of Obstetricians and Gynaecologists published in March 2015, a project team is being developed to take this work forward. The team will be chaired by Dr David Rogers, the Medical Director of NHS Cumbria Clinical Commissioning Group and will include:

- Dr Anthony Falconer, former President of the RCOG, who led the independent review will be the team's independent clinical adviser
- Cath Broderick, who was lay assessor for the review and who is Chair of the RCOG's Women's Network
- local head of midwifery
- external managerial support
- representatives from maternity services liaison committees, which include local women with an interest in maternity services
- Healthwatch, as the statutory organisation for ensuring that the patient's voice is heard

The work of project team will include programme of public engagement, targeting women as users and future users of services and their families and other local groups with an interest.

High Risk Pathways

Respiratory

Following discussions involving local clinicians and after seeking and taking on board advice from the Northern Clinical Senate, a report went to County Council Health Scrutiny Committee to seek a view on whether changes affecting a small number of respiratory patients represented a significant variation – they decided it was not therefore did not require public consultation.

The proposal involved two cohorts of seriously ill respiratory patients. The first group involves patients with serious chest conditions (about one a fortnight) who need to be transferred to Cumberland Infirmary for 24 hour specialist care. The second group involves 10 to 12 patients, who are well known to the respiratory service, usually due to their complex and long standing treatment plan, who would be advised to go direct to Cumberland Infirmary. It is estimated that there will be approximately 15 admissions a year involving this group of patients. It should be noted that some consultants already advise their patients to present directly to Cumberland Infirmary (rather than West Cumberland Hospital) so this proposed change formalises existing practice.

These changes which represent a very small proportion of respiratory patients in West Cumbria do not include older people with COPD.

Upper GI bleed and cardiology patients

Since April 2015, a small number of very ill cardiology and gastroenterology patients who come into West Cumberland Hospital and are assessed by their medical team as likely to benefit from additional urgent specialist care, have been transferred to the Cumberland Infirmary. This means they can access 24 hour services for the initial phase of their care.

In line with expectations, approximately 3 cardiology patients and 2 upper GI bleed patients are transferring per week in addition to those patients already transferred. The new arrangements are bedding in very successfully.

The vast majority of patients with heart and circulatory illnesses and with digestive conditions continue to receive their treatment at West Cumberland Hospital, with no change to other in-patient or outpatient provision.

Stroke patients

The CCG and North Cumbria Trust both recognise that stroke care needs to improve for patients across both hospital sites in Whitehaven and Carlisle to ensure national guidelines are met.

Recommendations have been considered by the Stroke Team, and initial draft proposals have been shared with the Trust Board, the CCG and colleagues from other organisations involved in the *together for a healthier future* programme. It has been agreed that more patient engagement is necessary, particularly targeting stroke patients and carers. This would inform the further development of any proposals, which should they represent a significant service change would require public consultation led by the CCG.

Deteriorating patients

Relates to very ill patients who don't meet any of the recognised pathways. Facilitated improvement workshops with clinicians in emergency care at both Whitehaven and Carlisle are helping to develop first-class pathways for 'deteriorating patients' in line with the recommendations of the Northern Clinical Senate. The workshops are focussing on the identification of deteriorating patients, what is needed to deliver their high quality care and the criteria for accessing this care. This includes consideration of how patients are managed within the new integrated emergency floor within the new hospital at Whitehaven.

Transport

The *together for a healthier future* transport group continues its work to gain a better understanding of the transport available for the people living in West Cumbria and the gaps that may need to be addressed. An extra ambulance for 12 hours a day has been made available specifically for transfers between CIC and West Cumberland hospitals. This is for a

period of 6 months while the review takes place.

4. Writing Group Report

The video showing the new West Cumberland Hospital was shown (West Cumberland Hospital Video

The draft paper had been circulated to the members of the meeting, although members of the Writing Group didn't have an opportunity to comment before the wider circulation as the meeting of the Writing Group had been postponed.

There was a lot of discussion about what had been expected from the document and that the paper produced didn't answer all the questions. It was recognised that this was always going to be difficult as individuals were each looking for something slightly different. There was a question as to whether all the information could be in one document or whether there should be others giving additional information.

It was agreed that a meeting of the Writing Group should be arranged as soon as possible.

It was stressed it was important to get something out to the wider public about the new hospital which is opening in the autumn. There have been discussions with the Whitehaven News about having a 16-week countdown to the new hospital with articles every week.

Friday 4th September 2015, 10:00-12 Noon

Welcome and Introductions

The Venerable Dr Richard Pratt, Archdeacon of West Cumberland, welcomed everyone to the meeting.

He reminded people that the aim of the group was to create a space for a conversation and information sharing.

Attendees and apologies had been noted.

1. Notes from Last Meeting

The notes were accepted as a true record with two amendments to the attendee list:

Susan Hayman to be listed as MP for Workington.

Rick Petecki to be listed as Cumbria Association of Local Councils (CALC).

2. Presentation on the North Cumbria Success Regime

David Stout, Transformation Director, Cumbria Clinical Commissioning Group

Please find enclosed a copy of the presentation.

Success Regime

In June 2015 North Cumbria was identified as one of 3 sites in the Success Regime in England along with north, west and east Devon and Essex.

North Cumbria's health and care economy is among the most challenged in England; where issues apply system-wide and can only be resolved through collaboration, rather than by individual organisations.

Focus will be on the area covered by the 'North Cumbria' health and care system, which provides services for people living within the four districts of Copeland, Allerdale, Carlisle and Eden. These include hospitals, community and mental health services, general practice and social care.

The Success Regime involves local health and care leaders and their organisations working closer together supported by colleagues from three key NHS national bodies: the Trust Development Authority (TDA), Monitor and NHS England.

The focus is on delivering a sustainable health and care system fit for the future, with the involvement of patients, local people, clinicians, staff and partners.

Resources, support and expertise provided by the NHS at national level will help to accelerate the pace and scale of improvements needed across local healthcare. Locally, the programme will mean better care for patients and greater confidence in the long-term stability of our NHS services.

Progress to Date

The first Success Regime Programme Board meeting took place in mid-August, bringing together local health and care leaders.

Discussions included the scope for the local Success Regime, agreed terms of reference, and suggested arrangements for how they would work together over the coming months to tackle a range of challenges affecting the entire local health and care system.

Priorities include improving the quality of patient care, delivering services within the budget available, attracting more clinicians and other professionals to work in the area, and ensuring that local people, staff and partners are consistently involved in the development of local health and care services.

Next Steps

The Forum was told that the next steps would include the development of plans which set out the aims of the programme, including how patients, clinicians, staff, local people and others can become involved in the development of future arrangements for health and care across North Cumbria.

David emphasized that the Success Regime programme will build on work already underway, including the *Together for a Healthier Future* programme, launched in early 2014.

There is a commitment to share programme plans by the end of September and more detail about this will follow shortly.

David also highlighted that the Success Regime is still in its early phases and that national and local organisations need to work together to help drive improvement. However resources are limited and there is no set budget.

A discussion regarding the Success Regime followed. David was asked if there were any appointed contacts or representatives. He said that a Programme Chair has been appointed and that details would be released shortly. Nicky O'Connor, Portfolio Director, NHS Trust Development Authority had been appointed the Programme Director.

It was highlighted that the Success Regime is a programme of work and not an organisation; the Programme Board will oversee the work, which is made up of health and care organisations across different areas.

Susan Hayman MP recommended that the Success Regime will need to be driven locally as well as nationally, taking into account issues local to the area. The Programme Board will need to work collaboratively with local MP's to gain an

Understanding of what the local issues are. She also reported that in a meeting with the Health Minister he had seemed genuinely open.

David Stout clarified that there is a National Oversight Group which is responsible for overseeing the three different Success Regime programmes.

The Forum was advised that Healthwatch England has appointed Andy Payne to support and advise the three local Healthwatch organisations which have a role in the three Success regime areas. It was noted that whilst Healthwatch Cumbria is in place to champion the views of the general public in relation to the health and care sector there are other networks and organisations that also need to be involved.

Representative for Cumbria CVS, Carolyn Otley highlighted that Third Sector organisations are unsure as to how they fit in and requested that the Programme Board communicate and engage with the Third Sector. She pointed out that they have limited capacity to take on the larger role some envisage for them.

Gina Tiller, Chair, North Cumbria University Hospitals NHS Trust added that it is a good opportunity to work on the health economy together; the community currently feels that decisions are being made about them rather than their views shaping decisions.

Richard Pratt, Chair, summarised the discussion by saying that we were being told that all health and care bodies can help to shape the Success Regime by collaborative working and information sharing, and that all members of the Forum need to take responsibility for communication to those groups they come from or are in touch with: communication is everyone's task.

3. Royal College of Obstetrics and Gynecologists (RCOG) Implementation Update

Dr David Rogers, Medical Director, Cumbria Clinical Commissioning Group

Dr Rogers told the Forum that the RCOG Implementation Group in Cumbria had now met three times and was progressing activity in line with the recommendations of the RCOG review for Cumbria with a focus on the feasibility of the implementation of Option 1.

Two large clinical workshops are planned for early October providing an opportunity for clinicians to be involved and engaged in the testing process and an Engagement Sub Group is considering how local people can also be involved and engaged through an extensive engagement programme.

He also updated the Forum of the recent visit to Cumbria of the National Maternity Review team led by the Chair, Baroness Julia Cumberlege. They had visited Westmorland Hospital, Furness General, West Cumberland Hospital and Carlisle Infirmary and had also hosted a

drop in session in Carlisle. They had been driven from place to place and had experienced, first-hand, the challenges of the local infrastructure. The National Maternity Review team report is provisionally due in December 2015.

Alan Alexander pointed out the difference between a College Standard on the one hand (e.g. how many midwives on duty) and an actual outcome on the other (e.g. how many babies die, the number of Caesarean sections).

Ann Farrar told the Forum that a team of Midwives in Carlisle are designing the service they offer (e.g. how the midwife is the leader) and that similar work would be done in the west once the new Hospital opens.

Sandra Guise wanted to know when decisions would be made about the viability of the three options – to which the answer is by the end of March 2016.

4. West Cumbria Voice for Healthcare

Carole Woodman

Carole explained that she had been involved with engaging and representing people in different ways in past years and was now involved in establishing new group called West Cumbria Voice for Healthcare. This would be a voluntary organisation set to hear the views of local people in west Cumbria, linking with other campaign groups to offer a unified and structured picture of local views. The group was due to have its first formal meeting that afternoon.

It was noted that Cllr Mike Starkie, Mayor of Copeland, has also set up a local group to consider issues relating to Copeland but that this had a focus wider than health and care.

Forum members asked how to how information shared at the WCCF could be disseminated to the wider public and through groups such as the above. Healthwatch Cumbria will ensure that Forum Notes and the agenda and papers are placed on the Healthwatch Cumbria website.

Cllr Mike Starkey is to be invited to attend the next meeting of the WCCF to tell members about the role and function of his group. The Forum also agreed that they would include on the next agenda an update on the progress of the Success Regime and an update from West Cumbria Voice for Healthcare.

Action: Invite Cllr Mike Starkie and Group to next WCCF to provide an update.

Action: Include items on the Success Regime and the West Cumbria Voice for Healthcare on the agenda for the next meeting of the Forum.

5. Communication Group Report

The Communication Group (formerly known as the Writing Group presented the draft text for the leaflet on the New Hospital. Please see attached for copy of hospital leaflet.

The group had worked to develop the text to ensure that the leaflet provided useful information for the Public on what services would be available, and where, on the west Cumberland site when the new hospital opened.

Meanwhile, the group is working on a longer and more comprehensive version which will be available on the Trust website once finalised.

The New Hospital is opening in four weeks and NCUH will provide information and updates in a weekly supplement in the local newspaper. The New Hospital will have Public Open days on the following dates:

24th September 2015, 10:00am-13:00 (Public)

26th September 2015, 10:00am-13:00

(Public) Booking is not necessary.

Rhia Whytock, Communications Officer, NCUHT requested that the Forum promote the open days as much as possible before the opening on the 5th October 2015. Services will start to move to their new locations on 5th October, and they are aiming for completion by the 12th October 2015.

Patrick Leonard, CEO Howgill Centre, suggested using social media (much more frequently accessed by younger people, for example his client group) to advertise the open days, e.g. via Twitter and Facebook.

It was confirmed that the Trust has their own Twitter page available on: @NcumbriaNHS

It was noted that the leaflet should acknowledge all the organisations involved in the development of the material and all the organisations that deliver services on the site.

Action: Rhia Whytock to amend hospital leaflet accordingly.

6. Any Other Business (AOB)

Federation of GP's

David Stout, Transformation Director, Cumbria Clinical Commissioning Group, informed the Forum that new Federations of GP's have been set up to support, for example, enhanced collaboration and communication between practices across the County.

Action: The Forum agreed that they would like more information on the work of the Federation of GP's and requested that this be included in the agenda of the 9th October 2015.

CQC Inspections

NCUHT was asked when the CQC Inspection report would be available. Ann Farrar responded saying that it was expected soon.

Action: It was also agreed that the Forum would like an update on the outcome of the recent CQC inspections at the next meeting on the 9th October 2015.

Recruitment

The Forum members who have expressed an interested in assisting with approaches to recruitment have now been linked with Jeremy Rushmer. It was pointed out that the language used needed to ensure that recruitment addressed the specific needs of the geographic areas of both north and west Cumbria.

General Discussion

There was a brief more general discussion about the Forum, points made included:

That the Forum is about a couple of different things- presentations and sharing of information; and better engagement between the various parties; were we getting the balance between these correct?

That it was problematic to call the Trust "North Cumbria" when in fact it is "North and West Cumbria" – a distinction which matters to the people in West Cumbria.

That it will be important to talk not just about illness but also about health.

That quite a lot of our conversations have focussed on the elderly and their needs – but it will also be important to talk about other age groups – e.g. teenagers, early years.

That we need to consider the wider context to our concerns – for example the Health and Wellbeing Board, NHS and Local Authority finance.

Friday 9th October 2015, 2pm – 4pm Cleator

The Venerable Dr Richard Pratt, Archdeacon of West Cumberland, welcomed everyone to the meeting, followed by a round of introductions.

1. **Notes from Last Meeting**

   Notes were accepted as a true record.

2. **Success Regime**

   a. **Feedback from the meeting with Simon Stevens, Chief Executive, NHS England**

   Draft questions had been circulated and amended after feedback; Simon Stevens

has been asked to response to the questions in writing, reflecting the concerns of the group. It is important to note that the Success Regime is for all of North Cumbria (Allerdale, Carlisle, Copeland and Eden).

Reflections from the meeting included that not changing was not an option, neither was going it alone. The new £90 million hospital was not going to be a white elephant. It was stated that the area needed greater flexibility in national guidelines to develop integrated models of care that worked in a more rural setting.

It was agreed that it was very useful to get national figures to visit the area and to support the development of new models of care. The area could be seen as a template for other rural areas across the UK.

b. Engagement Proposals

A draft Communications and Engagement Plan was presented to the group covering: key principles; a draft timeline, fundamentals, stakeholder reference group, ensuring access to local leadership; clinically focused 'foundation' workshops, public deliberative events, health and care staff deliberative events, pre-consultation survey, market place events, patient and community interest groups, clinical groups, other stakeholders and health and care partners and what's different. A copy of the presentation is attached to the minutes.

The Success Regime (SR) web site is about to go live; all organisations agreed to put a ink on their web site to the SR website. A range of social media communications will also be used.

The stakeholder reference group will meet regularly and feed into the main programme board to support and challenge the engagement programme. It will provide regular access to the thinking of key people.

There was a general discussion about the proposals; overall people were positive about the proposals. There were some concerns about the time scale and trying to engage people in December, as well as capacity of the organisations. There were also concerns about managing expectation and making people aware about what is possible and what is not. Needs to be clear there is no new money and what will be different this time, general public view that they have been here before and nothing has happened. There was general agreement about accessing a wide range of public and not just those whowillingly turn out for health related events. It was also accepted that it was the responsibility of people attending the Forum to spread information to their wider networks.

3. West Cumbria Voice for Healthcare Update

Carole Woodman

The Constitution of the group was circulated for information (see attached). Members of the group clarified that it was not a campaign/pressure group but wanted to contribute to shaping the future of health care in West Cumbria. They

are in the process of setting up a web site and building their network to include patient groups and provide information to the wider public.

4. **North Cumbria University Hospitals Trust CQC Report**

Ann Farrar, Chief Executive, NCUHT

NCUHT presented a report on their Quality Improvement Plan & Strategy (see attached). The aim of the report was to: respond to the findings of the CQC visit; highlight the improvement work to date; embed the quality standards into 'business as usual' and describe the measures for success at the Trust.

The CQC report shows areas of great improvement and staff should take credit for the work done to achieve that, the staff survey on safety also shows improvement as does patient satisfaction via Family and Friends test. The key is to embed quality into everything they do going forward.

There are already lots of other initiatives taking place, the report highlights key areas of transformation which can be measured.

There was appreciation that the Trust had taken on the NICE recommendations a ratio of 1:8 in relation to delivering daytime nursing on both sites, this would be 1:10 at night time. A concern was raised that at one point recently it had been 1:25; this was acknowledged but on the whole is not the case.

There is still concern over clinical recruitment both for the hospital and community services and the need to engage with the public in making more appropriate use of health services.

5. **GP Federations**

Dr David Rogers, Medical Director, CCG

NHS Cumbria CCG gave a brief update on GP Federations. There are 3 in Cumbria, one covering south Cumbria, one covering Carlisle and First Care Cumbria covering Allerdale, Copeland and Eden. The aim of Federations is to support GP practices, by both reducing back office costs and delivering services in the community, that wouldn't be cost effective for one practice to deliver.

6. **Any other Business**

A paper was tabled giving more information on Copeland Community Forum. This was set up by the newly elected mayor as a forum where community groups could express their views on issues that matter to them and the residents they represent. This group is for any issue.

The meeting closed with a request to consider how the West Cumbria Community Forum can work with the Success Regime to offer honest challenge, support engagement, be involved in discussions about solutions and how to make better use of the professional input. An emerging option is for the Success Regime to use the forum as a sounding board.

West Cumbria Community Forum- Future Working Ideas

Chair, Venerable Dr Richard Pratt, Archdeacon of West Cumberland

The Chair, Venerable Dr Richard Pratt, Archdeacon of West Cumberland asked Forum Members to share their thoughts at the end of the meeting. His summary follows:

Thoughts and reflections about our work and meetings:

The Success Regime is the only 'show' in town, and we have to be a major player in making a difference; and

Not everyone will get everything that they want – the huge constraints are obvious – but we can be part of making things as good as they can be.

Through us the Forum is a network of networks:

We individually, and the Forum collectively, can support the engagement / communication / consultation programme of the Success Regime;

We can draw on our contacts and knowledge of the communities of west Cumbria to suggest ways for the Success Regime to do this part of its work;

The Success Regime, as it does this engagement, should at the same time promote creative thinking about health and wellbeing – and we can support this;

We can challenge if we think this exercise is missing groups of people; and

Particular groups of people we need to make sure are involved include young people, rural and isolated communities, those with mental health problems, those with disabilities, people with dementia, carers, the elderly.

NB the Success Regime is not bringing lots of new resources in this or any other area so they have a huge amount of work to do in a short time with very limited capacity. Should/can we/our networks help with this engagement? If yes, how?

As proposals develop, we can engage with these at early stages. The idea of pre-consultation is already around; each of us needs to take responsibility for links and communication to groups beyond Forum and to the wider community.

This communication will be two-way:

Our networks may provide some surprising ideas and their experience could show how to make the Health service more effective and efficient;

We need to be part of leading change in the whole community; and We need to be part of leading change in the whole community.

Friday 13 November 2015, 9:30-11:30am

1. **Welcome and Introductions**

   The Venerable Dr Richard Pratt, Archdeacon of West Cumberland, welcomed Sir Neil McKay Chairman of West, North and East Success Regime Programme Board to the meeting. This was followed by a round of introductions.

   Attendees and apologies had been noted

2. **Notes from Last Meeting**

   Notes were accepted as a true record.

3. **Success Regime (SR)**

   Richard reminded everyone that one of the outcomes of the last meeting had been engaging with the SR. Sir Neil McKay explained there were 3 SR in the country (Essex, Devon) for system in difficulties, lack of strategy financial pressures and inability to deliver quality. He went on to give an overview of the developments of the SR, key points were:

   - Acknowledged the group and the commitment and interest of people in West Cumbria to the health service in the area and to the commitment and hard work of NHS staff to deliver health services.
   - The Success Regime needs to match this enthusiasm and commitment but will say when expectations are not realistic.
   - North Cumbria had a reputation for good things in the past and published lots of plans which had not been implemented.
   - The SR would be producing a plan that was rational and could be implemented, while addressing areas of CQC concern by end March 2016.
   - Clear recommendations for a new management structure and relationships with Northumbria.

- Have identified a series of work streams, not just about hospital care, includes primary/community care. Examples of work streams included urgent and proactive care, maternity, children and families, and mental health.

- Looking at lots of options, e.g. better use of telehealth; helicopter medicine services; two hospitals with a single clinical team; academic involvement (UCLAN and possibly other Universities) for research and teaching; centres linked to Newcastle but delivered in north Cumbria; organisational model more suitable for the future

- No question of the new hospital in west Cumbria closing, it will continue to have an A&E department, emergency services, general medical services and maternity.

The amount of detail delivered was acknowledged and a progress report will be issued by the end of the calendar year which will give more detail.

4. West Cumbria Voice for Healthcare

The group had pulled together a paper based on what they thought the area needed from its local health service, which had been distributed to some members of the forum (attached to minutes). They felt good healthcare started with primary /community care, which was a central part of any model of integrated care. They acknowledged the community had to play its part as well as Adult Social Care and the 3rd. sector. They stressed the need for an integrated Accountable Care System which included all parts of the health service including transport.

The document was welcomed by Sir Neil McKay

5. Discussion session

What is an accountable care system - Collaboration of providers working as one with a budget and payment system based on population, providing more care in the community and prevention services to reduce pressure on acute services? Acknowledged the complexity of moving from where we are now. This was one option, the Success Regime will be exploring a range of options.

Balance of services between CIC and WCH – still a work in progress, but looking at the options for moving some less complex trauma and simple fractures back to WCH. Maternity – lots of work going on,

Elective Care – Identifying the 6 specialities with the greatest demand and issues associated with them, should know what they are in the next few weeks.

Specialist Services – looking at future arrangements for radiology and oncology at CIC.

Identifying what can be done more locally and encouraging Newcastle to have more of presence in CIC.

Mental Health will not be dealt with as a separate issue and needs to be included in Integrated Care Teams.

Children's Services – are seeking expert advice and development ideas to shape the future of children's services.

General Practice Development and Primary Care – linked to Integrated Care Teams and enhancing the role of primary care.

Workforce – serious issue locally, the provision of locums adds to major financial pressures. Need to find ways of making this a more attractive place to work (NB competing with other places! so how to market Cumbria) – currently developing strategy.

Also working with UCLAN to improve links to education and sharing academic posts, a total of 9 jobs have been advertised with 3 people showing interest so far. It is hoped that this opportunity will attract more people to consider Cumbria.

The idea of a Taskforce, the English equivalent of Medicine Sans Frontier, releasing people from organisations to provide hands on care, developing staff and bringing in new ideas.

Transport – a specific group is working to find ways of improving transport

Communication and Engagement – intended to have made more progress than has happened so far, currently working on progress between now and Christmas and into next year. There will be four sessions in Carlisle, Penrith, Whitehaven and Workington before Christmas

Patient Experience – focusing on the experience of the patient when developing and changing services. Listening to what patients have to say and what they want to hear.

NWAS – more than just transport, currently looking at how their paramedics and staff can work differently: small changes can make a big difference. NWAS now take staff to urgent care centres where don't necessarily need an acute hospital. Advanced paramedic who goes out on home visits (rather than a GP) uses tele- medicine to provide feedback, have other paramedics who could also provide this service.

Need to review the increase in transfers in the last couple of years, to ensure best use of service: with hindsight not all of these had needed a paramedic or ambulance. Also been an increase in 999 activity, currently reviewing data to identify causes as well as looking at patients who use 999 inappropriately.

Air Ambulance – currently looking at the service in Scotland and how it might work across Cumbria and the wider north area.

Out of Hospital Services – fragmented and localised, need to identify a more systematic integrated approach.

Integration – easy to say, hard to achieve, needs to include organisational and staff development to look at behavioural changes in the way they work and ensuring IT systems that interact and share information. Integration should also include e.g. private health providers like pharmacies, care-home providers. Timescales will vary depending on the issues, some things will happen quickly, while others will take longer: setting out some milestones might help with communication

Above all both professionals and community need to listen better. This is even more difficult to do – part of the secret will be finding the right topics/subjects to listen about – e.g. the experience of patients and of GPs.

Friday 29th January 2016 – 2.00pm to 4.00pm

1. **Welcome and Introductions**

   The Venerable Dr Richard Pratt, Archdeacon of West Cumberland, welcomed everyone to the meeting, followed by a round of introductions.

   Attendees and apologies had been noted. Stephen Eames the new Chief Executive of North Cumbria Acute Hospital was sorry he couldn't be at the meeting today but would attend future meetings.

2. **Notes from Last Meeting**

   Notes were accepted as a true record.

3. **Matters Arising**

   The West Cumbria Voice paper, tabled at the last meeting, was circulated with the minutes.

4. **Success Regime Update (SR)**

   Nicky O'Connor, Programme Manager for the SR gave an update on the background to the SR was given, mentioning that the timescales for Cumbria were tighter than the other two areas but that Cumbria had made more progress than the others. Timescales include a clinical strategy by end March and a sustainable way forward for the management of acute services by September. This can't be done in isolation of the rest of the system and primary care was a key part of this. Concern was expressed over the amount of work expected to be delivered in a very short time scale (especially given external factors like the winter floods, with the damage caused to infrastructure, and the new CEO in the Trust) and whether an extension to the timescale was possible should be looked into.

   There are a number of clinical enabling work streams: maternity; elective; GP

services (including recruitment issues); specialised services (provided more locally where possible, working with Newcastle Foundation Trust). This also includes progress on Integrated Care Communities which will include primary, community and social care working together to provide a seamless service to patients, nearer to where people live and providing more care outside of hospital.

There was a discussion around the concerns of the number of GPs and other clinical staff and how it varies from one locality to another. There are plans for a Recruitment Fair in June and training bursaries and other incentives (e.g. extending the areas of training) to encourage GP trainees to come to Cumbria. Also, UCLAN and the West Lakes Medical School are intending to do more in the area of primary care.

Concern was also expressed about the immediate future as the SR is focused more longer erm, whereas the issues are now and the number of GPs and other NHS staff who might be retiring over the next 5 years. The possible influx of new staff working in the nuclear industry and the strain that might cause for local services was mentioned. (A health impact assessment on the new build is being done.) Copeland's new lead GP Helen Horton gave an update on the ongoing work in Copeland, looking at more collaborative ways of working to make a better working environment as well as being better for patients. This includes attempting to spread good practice across all GP practices; it is recognised that at the moment there is huge variation between GP practices with some working very hard to improve access, and some needing to change.

There was also a discussion about communication and how to ensure that more people were made aware of developments and involved in discussions. There was concern expressed about the short notice given to attend a meeting or engagement session. It was noted that presentations had been given to a number of groups including Parish Councilors.

The SR are trying to get out and about as much as possible, talking to as many people as possible and that they would be updating their web site over the following week with updated factual information. They are passionate about making a difference – but everyone needs to understand that everyone is in the Success Regime; it's not about what the Success Regime has done or will do for us, but what we all can do. We also need to see this as a 10 or 20 year project, growing our own staff (if we want young doctors, it is us who will have to attract them) and running good services.

a. Children & Families (including Maternity)

Eleanor Hodgson, Director for children & families for the CCG gave an update on what had been happening since the Royal Colleges review of maternity services. Although there had been 3 options the work with the acute trusts had been focusing on option 1, four consultant led units alongside midwifery led services. She acknowledged it wasn't easy but it was the option the CCG wanted to provide.

Work with North Cumbria Acute is looking at staffing issues and different ways of

working as the current model isn't sustainable with current workforce. Availability of the right staff is a national problem, so in some ways Cumbria is ahead of the game. Currently identifying innovative practice from other areas to find a solution to the issues. Should we be looking at the normalisation of birth, and thus in midwife led units? There is some national recognition that Cumbria, and areas like it, have distinct issues, and may need to go in a direction different to other parts of the nation.

Services for children are integrated across trusts working as one team to provide the appropriate service for the child.

There was a discussion about the Maternity Survey which had over 1200 responses, the report of which will be available shortly.

There was another discussion about the recruitment and retention of clinical staff, and promoting Cumbria as a place for the whole family and highlighting other opportunities as the NHS wasn't the only area struggling with recruitment. Again, the difference with other parts of the country was highlighted: the national trend is for young consultants to be trained in large teams where they can pursue a specialism; research with those who didn't apply for posts showed that they didn't feel trained to deliver a less specialist service to a whole community; could we appeal to those who would value and enjoy this service to a whole community?

b. Mental Health

It was acknowledged that Mental Health hadn't been talked about as much as other services but was part of the overall vision. Looking at improving primary and community services and supporting the work stream to provide care in the right place and setting at the right time. A schematic of the vision will be sent out with the minutes.

There was a discussion about needing to simplify the service at a local level and about addressing wellbeing at an early stage before it becomes a crisis.

5. Cumbria Partnership NHS Foundation Trust (CPFT)

Mike Taylor Chair of CPFT gave a presentation (attached) of the wide range of community and mental health and learning disability services provided across the county by CPFT. He explained the background and the values of the trust and explained how they were involved in both the SR in north Cumbria and the Vanguard in south Cumbria.

6. Close

Richard gave everyone an opportunity for any final comments, which included:

- an offer to bring patient experience feedback to future meetings;
- a brief update on CHoC (the out of hours county wide GP service);
- managing the immediate problems (for some how to get to Carlisle; for others how to find a locum doctor for this coming weekend!) against the longer term vision; and

- how can we all be the solution to some of the issues and how do we work that out.

Friday 4th March 2016 10am to 12 noon

The Venerable Dr Richard Pratt, Archdeacon of West Cumberland, welcomed everyone to the meeting, followed by a round of introductions.

1. **Notes from Last Meeting**

   A query was raised as to whether Parish Councils had been informed about the Success Regime as was reported in the minutes, as it appeared some hadn't. This would be checked.

   Notes were accepted as a true record.

2. **Matters Arising**

   No Matters Arising

3. **Success Regime Update (SR)**

   Sir Neil McKay explained that a progress report has been published and was available on the website; copies were available for those at the meeting. He stressed that the report doesn't offer answers or options and that no decisions have been made. He went on to explain that the SR has to report to CQC at the end of March on how their concerns re general medicine and maternity at WCH will be managed in the future.

   Key challenges going forward are:

   - Recruitment
   - Financial challenge
   - A Strategy that is clinically sustainable and affordable

   Exacerbating these issues are an aging population, high levels of disease and demand and differing outcomes. The geography and dispersed communities are also an issue.

   He went on to explain that the role of the SR is to support the local NHS organisations to deliver, not to do it for them. He also made clear that it will be the CCG who will deliver the consultation with partners all agreeing to the strategy.

   There is a role for West Cumberland Hospital (WCH) in the future plans to make it a centre of excellence for integrated out of hospital and rural care, to meet the needs of the local community, with no question of it closing. WCH is developing academic links with the University of Central Lancashire, to include 3

professor posts; frail elderly; … … which would enable medical students working in WCH as part of their experience.

The concept of Heli-medicine as part of the wider North of England development is also being explored.

Service Specific Areas

Integrated Care Communities - Workshops were held in Nov/Dec to develop idea across a broad perspective, bringing together health and social care, GPs, Community Care and local assets with a view to providing better results for the local population.

Currently looking at 7 across North Cumbria with a population between 20K and 70K. Three pilot sites (early adopters) Eden, Maryport & Cockermouth and Workington, from April onwards. Two will be connected to the national Primary Care Home programme, which will provide help with information governance around sharing information etc.

Community Hospitals – possibly more controversial as the SR are aware of how well loved they are. They would be fundamental to ICC's and a range of views are being developed to ensure they provide the best support for the community they serve.

Acute Medicine – CQC highlighted that both sites (WCH and CIC) are both vulnerable. Local organisations are committed to keep A&E and other services at the WCH site but they need to be safe. The SR is currently working with A&E consultants to look at how to move this forward. The use of locums makes this risky so looking at more integrated ways of working with other teams. Also looking at recruiting from a wider pool – advanced practitioners, GPs and advanced paramedic, will need to convince CQC of a viable plan.

Emergency Services – centralised in CIC along with trauma provides a better outcome for patients, but the transport issue is recognised. Currently looking at what is going to CIC at the moment which could go back to being done at WCH, this could happen quite quickly as wouldn't need to be consulted on.

Women & Children's services – SR are aware of the RCOG report and CQC concerns around maternity. Recruitment issues are reflected at a national level with middle grades causing the most concern. Currently looking at ways of working and how to make it sustainable, will probably need a fall-back position to address any recruitment issues.

Paediatrics – links to maternity services but looking at a short stay assessment model to ensure children receive the right care in the right place. This would involve integrated working between hospital based and community based teams

working in and outside of the hospital. Also having discussions with Newcastle re partnership working.

There was a discussion around the range of options, range of roles, the use of telehealth and how the condition of a sick child can change very quickly. This included the use of nurse practitioners and looking at advanced skills for midwives to cover neo-nates.

Elective Services – WCH has a fantastic new suite, underutilised and under pressure by emergency care, with routine operations cancelled for a variety of reasons. Everything that is safe to do at WCH should be, currently looking at a range of specialties.

Specialist Services – Currently discussing options with Newcastle Hospitals for locating more services in west, east and north Cumbria and providing a lead for all cancer services.

General Practice – lot of work going on with general practice about how they link to ICC's and supporting other developments via the General Practice Development Programme. Working with federations as to how services might be delivered differently. Currently offering a £20K bursary for GP training in Cumbria with the option of a 4th year of training at NCUHT.

There was a discussion about the key issues in the report, recruitment issues and the financial situation as well as concerns that mental health isn't really covered in the report. It was clarified that a lot of work is going on around mental health and that it will be included in the development of ICC's It was made clear that a county wide solution to the health issues in Cumbria might not be an option and might have to be developed for north and south.

4. Summary and Next Steps

The full report is attached to the minutes and available on the SR website. Preferred options with contingency plans will be available at the end of May leading to a consultation.

There will be a series of engagement sessions with staff to share information and to ensure they have an opportunity to express their issues and concerns.

5. Engagement and Consultation process and timetable

Between now and the end of May there will be a programme of engagement focussing on the report and going into more detail on the specific work streams and the thinking behind the options. There will be an opportunity to feed in ideas and concerns and an opportunity to help shape emerging options.

Formal consultation will probably start around the end of May for at least 3 months if not more. The consultation will give the preferred options plus contingency plans and the reasoning behind them.

Friday 1st April 10am to 12 noon

The Venerable Dr Richard Pratt, Archdeacon of West Cumberland and Chair of the West Cumbria Community Forum welcomed everyone to the meeting, followed by a round of introductions.

The purpose of the meeting was summarised as a network of networks ensuring good conversations and communication between individuals, organisations, services, councils and local health organisations.

Following the last meeting of the West Cumbria Community Forum with Neil McKay and Nicky O'Connor from the NHS Success Regime, it was proposed that this meeting should be devoted to some in depth discussion and engagement about the local health service and in particular, the emerging thinking and key areas contained in the recent Success Regime progress report.

In a joint discussion between the Venerable Dr Richard Pratt and the Success Regime, it was agreed that a sensible way to proceed would be for the Forum to break into small discussion groups with each group discussing one key area and then offering feedback to the full group.

1. **Notes from Last Meeting**

A query was raised as to whether Parish Councils had been informed about the Success Regime and this was reported in the minutes of the 4th March 2016.

Chris Shaw, Cumbria Association of Local Councils confirmed that all Parish Councils have been informed about the activities of the Success Regime, however whether or not individual councilors have disseminated this information further is uncertain.

Richard Pratt highlighted the need for good communication and regular updates to ensure that all have access to the most up to date information.

2. **Matters Arising**

Attendance of the West Cumbria Community Forum.

The Venerable Dr Richard Pratt noted that attendance at recent meetings has decreased; this may be attributed to moving the time of the Forum to the morning. The reason behind this is so that Stephen Eames, Chief Executive Officer of North Cumbria University Hospitals is able to attend. Conversely, local M.P's are maybe unable attend on Friday mornings due to other commitments.

Action: Lisa Blackwell, PA to David Blacklock, Healthwatch Cumbria to send an email poll to all delegates with regards to the most popular/relevant time.

3. **NHS Success Regime Discussion Groups**

John Underwood, Freshwater UK, NHS Success Regime

John Underwood highlighted that this is the second of two meetings facilitated by the Success Regime. The first meeting included an update from Nicky O'Connor, Programme Director. The second meeting aims to capture ideas and the opinions of Forum members

on the five key areas of work being undertaken by the Success Regime and the local health community.

Two documents were circulated in advance of the meeting and also handed out during the WCCF. The "briefs" document (see Appendix 1) contained basic information about five key areas of work being undertaken by the Success Regime and the local health community. The "questionnaire" (see Appendix 2) document contains engagement questions about each of the areas.

The Forum members at this point were asked to vote on which areas they would most like to discuss.

The Forum members then broke into several small discussion groups to discuss the following 5 areas:

Health and care system challenges and emerging vision; Integrated Care Communities and Community Hospitals; Maternity Services; A Secure Future for West Cumberland Hospital; and Organisational Form.

Each group was to discuss one or two of the key area briefs and then report back to the plenary session of the whole Forum.

4. Feedback from the Discussion Groups

A nominated representative from each group presented their feedback to the wider forum on the five key areas of work.

Action: Richard Pratt requested that the nominated representative send their feedback to Lisa Blackwell for inclusion with the notes.

Health and Care System Challenges and Emerging

Vision *Note taker Paul Day, Cumbria Clinical*

Commissioning Group See attached feedback sheet.

Integrated Care Communities and Community Hospitals

Note taker, Helen Sant, Allerdale Borough Council

See attached feedback sheet.

Maternity Services

Note taker, Sandra Guise, Maternity Services Liaison Committee

See attached feedback sheet

A Secure Future for West Cumberland Hospital

Note taker, Mahesh Debar, We Need West Cumberland Hospital Campaign Group See attached feedback sheet

Organisational Form

Note taker, Carolyn Otley, Cumbria CVS

See attached feedback sheet

5. Summary

John Underwood and Chair, Richard Pratt thanked all Forum members for their contributions to the workshop, and noted that there had been some interesting conversations and ideas put forward to the Success Regime. Forum Members were encouraged to visit the Healthwatch Cumbria Chatty Van and to help themselves to survey cards to disseminate to interested parties.

The Chair's final question to the Forum was to continue to consider how we can join together all of the different groups, e.g. health care organisations, local and parish councils, local MP's, etc. to create a better and more effective health care system.

Friday 20th May 2016 10am to 12 noon

The Venerable Dr Richard Pratt, Archdeacon of West Cumberland, welcomed everyone to the meeting, followed by a round of introductions. He stressed 3 points for the meeting: good conversation; it is a network of networks so people need to share the information with their networks; some people say a lot, it would be nice to hear from those who don't say much.

1. **Notes from Last Meeting**

Richard asked if people had liked the format of the last meeting, which broke up into smaller groups. Feedback was that it had been useful, with a lot more conversation. All comments from the various groups had been recorded and circulated with the minutes for the meeting of the 1st April. The format of this meeting and group discussion would be utilised again for future meetings.

Notes were accepted as a true record.

2. Matters Arising

Doodle poll re timing of meetings, majority for morning meetings, so they will continue to be from 10am to 12 lunchtime.

3. Success Regime Update (SR)

David Stout (Transformation Director from the CCG) gave an update on progress so far and what happens next. So far there has been the Public Progress Report in March followed by the response to the CQC report on a safe and sustainable future. The formal reply is due next week, but informal feedback suggests that we are moving in the right direction.

Next step is to develop and submit the Pre Consultation Business Case (PCBC) which will include views for future options, preferred options and the clinical and financial business case. This has to be approved by the SR Programme Board and the CCG Governing Body before being submitted to NHS England by 13th June for a meeting on 20th June. NHS England then has 3 options, to agree it, to suggest some changes or to reject it.

Moving forward, Integrated Care Organisations (ICCs) have already been agreed, with 3 early adopter sites driving forward the strategy, they are Workington, Cockermouth and Maryport and Eden More difficult is the configuration of acute services, currently looking at an innovative model to address workforce issues for acute medicine and A&E and the opportunity to deliver more elective procedures on the West Cumberland Hospital site. There is a real challenge in maintaining the small bed base in each of the Community Hospitals, but we recognise how well regarded they are so we need to be very clear on what we are putting in place. This is still unresolved as is maternity and paediatrics; a view needs to be reached before the PCBC is submitted.

Concern was expressed that the decision had already been made and consultation was a tick box exercise. This is not the case, there will be a preferred option but that does not mean that the decision has already been made.

There was a request that feedback is provided on what information has been received as part of the engagement process and how it has been used, in a 'You said we did' – You said we didn't, because' format.

There was then a question and answer session, key points were:

- Challenge of coming up with a solution from polar opposite views.
- The PCBC will not be a public document before it goes to NHS England; will be published at time of consultation.
- Recognition that consultation and engagement with local community was critical to making this work – not just listening but using what was said.
- Have to have looked at all options before a case for more funding can be made.
- Nationally the NHS is overspent by 2.7 billion, so it isn't just a Cumbria health economy problem. Cumbria currently has an overspend of about £89

million across all NHS organisations.

- Over 6,000 workers coming to the area as part of the nuclear development should be taken into account when looking at future provision.
- The PFI does not constitute a large contribution to the overspend as additional funding is received. Ownership has recently changed which has led to an improved relationship between the new owners and NCUHT.
- Concern was expressed that CIC was to be given higher preference to justify the PFI expenditure. This is not the case now as also have to justify the spend on the new hospital.
- Needs to be clear evidence, available to the public, as to how the preferred and other options in the consultation were reached to enable people to make an informed decision.
- Maternity review – would like to see a locality breakdown, what was said and what has been done with the information received.
- Mental Health – there will be a separate mental health consultation that will take place at the same time as the SR consultation as mental health is provided county wide.
- Workforce – organisations working together to promote Cumbria as a place to come and work. Promoting opportunities to train and develop career, options to work across organisations, general practice, community and acute services. Will update further in 3 months.

4. Key Questions

The two key questions came from Healthwatch in response to feedback via their website.

a. What is the reason for the financial deficit and how will the proposals address this?

Response: Cumbria is not alone; the whole of the NHS is under financial pressure. Healthcare inflation is rising faster than any other across the world. People are living longer with multiple healthcare needs that cost more plus greater use of technology also leads to increased costs. Locally the system is expected to deliver a cost improvement programme every year of approximately 2% a year – Cumbria hasn't hit its targets. Recruitment issues and the use of bank staff and locums add significant costs to the delivery of care.

The rural aspect of Cumbria with services split over different sites brings its own pressure as this isn't recognised in the national tariff. Distances are further so transport costs are higher and in relation to community hospitals CQC and NICE guidance require certain staffing levels.

Demand is increasing and not just in relation to age, in General Practice, demand for face to face appointments has increase by 6% with telephone appointments increasing by 300%. A&E attendance has increased by 10% with admissions increasing by 20%. There are also people in inappropriate settings due to pressures in adult social care and demand on their budgets.

Concern was expressed on the cost of equipment given to patients for illness or injury that cannot be returned. There is a small project looking at this in relation to

some equipment and costs involved.

Currently looking at all options available to reduce the deficit across all NHS organisations in Cumbria including sharing costs were possible, efficiency savings, recruitment and the over reliance on locums and the impact of Integrated Care Organisations to deliver care better.

There is also an intention to address the significant recruitment pressures being experienced as a system and in particular actions are being developed to increase numbers of permanent staff and reduced the numbers of locums.

b. What is the current situation re recruitment? What and where are the gaps and what has been done to address these?

Recruitment issues are right across the clinical system and at all levels and can only be addressed by all organisations working together. The current uncertainty of what services will look like going forward adds to recruitment issues at the moment.

Need to plan recruitment and retention while 'growing our own' for the longer term. Currently looking at the branding of Cumbria as a place people will want to come and work, talking to existing staff as to why they came and what makes them stay and exit interviews to find out why people are leaving.

Working with the University of Lancaster (UCLAN), recently appointed 2 professors in joint posts. Other training and development options will attract some people as will offering shared roles in research and specialist nursing roles, University of Cumbria.

Financial rewards and flexible working across trusts, together with a range of options to make vacancies more attractive as well as using a wide range of advertising opportunities, a reward framework has led to 12 applicants where there has been none in the past.

The Doctors in Partnership proposal has gathered national interest with NHS Improvement agreeing to host it. It would operate nationally with the aim of the project to bring staff to hard pressed areas. This will take time to develop so should know more over the next 12 months.

5. Consultation process and timetable

A paper, Draft Public Consultation Strategy circulated with the minutes, shows the underlying principles to the planned consultation and associated timetable. The provisional timing for the consultation programme is that it will run from 4th July to 23rd September 2016. There is a proposal to have 16 meetings across west, north and east Cumbria with further details contained in the document. The paper mentions a Public Consultation Process Stakeholder Group – there was a request to know who was on this group.

Concern was expressed that there were no plans for a meeting in Millom as there is interest there in what happens at West Cumberland Hospital, this will be fed back.

It was stressed that people need to understand the detail of how the preferred

option and other options have been arrived at. It's likely there will be a lot of responses to the consultation so it's important for people to know how that information is recorded, that people can see what has been said so far and how the information has been fed into the system and used.

6. **Close and Date of next meeting**

In summing up the meeting RP thanked everyone for their contribution to a positive meeting. He recognised that there were other factors that would contribute to the consultation result but that the NHS had to be prepared to be influenced by the consultation. There was a recognition that engagement can always be better and that a small group, including Richard and Sue were supporting that process, not in relation to the content but the transparency – showing how things had been arrived at and to help make the consultation as good as it can be.

It was noted there had been 2 workshops for the SR that still needed to be fed back to those involved, this will be feedback.

Friday 15th July 2016 10 am to 12 noon

The Venerable Dr Richard Pratt, Archdeacon of West Cumberland, welcomed everyone to the meeting, followed by a round of introductions. He explained that the Success Regime Consultation was delayed until September and that there were to be three stakeholder events to enable further engagement to happen. He wanted the meeting to think about how we could make best use of those sessions.

1. **Notes from Last Meeting**

Notes were accepted as a true record.

2. **Matters Arising**

West Cumbria Voice for Healthcare and the Hospital Campaign Group had been on a visit to London organised by Jamie Reid. Unfortunately Jeremy Hunt had cancelled so they met Ben Gummer instead. They discussed the need for an acute hospital in west Cumbria; emergency care before and after 2012; Royal College guidance and the needs of rural maternity services; mental health; patient experience in relation to travel and care; community hospital beds and finance for phase 2 of the redevelopment of the hospital.

They had expressed their concern that rural options from elsewhere had not been used in the business case. Community Groups / organisations have fed back information and examples of how things could be developed with little or no feedback on whether the information was received or used,

i.e. Alston paper.

3. **Success Regime**

- **What are the positive & negative impacts of the delay to the consultation?**
- **What has worked well so far?**
- **What concerns do we have?**
- **What suggestions do we have to improve the next stages?**
- **How would you and your community / organisations like to be involved going forward?**

There was a discussion about the impact of the delay, key points expressed were:

- Better to start after the summer holidays
- Extra time to explore issues in more depth
- Effect on recruitment
- Business case not in a position to provide an innovative rural model
- Not been involved in sufficient detail to engage in a meaningful way
- How can you demonstrate you have assessed moving the risk from the hospital to the community / costs from the hospital to the community?

There was some concern re the legal requirements of approaching a consultation and what can be released that has implications for staff. There was a recognition that anything not shared with staff shouldn't be shared with the public, but that there should be ongoing sharing with staff.

There was concern that there was reluctance from the NHS to share data and decision making processes. Data and any impact assessments were seen as useful information for stakeholders in being able to make a more informed decision. There was also a request to put more information on the SR website more quickly.

Making the best use of the additional three engagement events was an important way forward, people are keen to be involved in more in-depth discussion and would like to see a move to more co-commissioning. It was noted that the additional sessions are more likely to involve people already involved. It was also noted that there is nothing to stop members of the forum to take the information into their wider networks with a view to promoting understanding.

4. **Agree questions / suggestions / offers for the Forum to the SR to shape the next part of the process.**

At this point the attendees split into three groups to discuss the best use of the additional engagement events and any questions to go back to the SR.

Group 1 Feedback:

- Ask for release of information with impact assessments so relevant conversations with wider groups can take place so more people are better

informed for the consultation.

- Have things that have been fed back been taken into account – building trust.
- Design and content of consultation – audit trail
- Consultation process needs to be fit for purpose – will it be piloted

Group 2 Feedback

- Still talking about what's not going to happen rather than the options
- Recruitment / geography
- Being done to us – not listened too
- Input from other areas into each meeting – cascade constant message – mixed messages cause anxiety.
- Press to promote a positive message.

Group 3 Feedback

- Catch up of work behind scenes – how decision been reached
- Would it be better to focus each meeting on one issue – wouldn't suit everyone
- Option for each session to have a general introduction followed by workshops to discuss specific issues in more depth.
- Transfer of risk and cost – impact assessments.

5. Next Steps

This information will be reported to the SR, along with the option for the next meeting to test out the consultation document. Any questions for the SR should be highlighted so the answers can be provided before the next meeting.

There was a brief discussion on the future of the forum; it was felt it at least had a role until the consultation was over.

It was agreed the next meeting would cover two topics, with half the meeting looking at the SR and consultation and the other half looking at Integrated Care Communities (ICCs) and the role of General Practice.

The final Healthwatch engagement report was highlighted for its strong key messages and the large numbers that didn't answer large parts of the questionnaire. There was a discussion as to whether this was due to a lack of understanding. The report will be circulated with the minutes.

There was a brief discussion of the role of the Sustainability and Transformation Plan (STP) and engagement and where that fits with the SR. It was explained that this is the local implementation of the five year forward view so is what the SR will move into going forward and not a separate process.

Friday 26th August 2016 10 am to 12. 30pm

1. **Welcome and Introductions**

   The Venerable Dr Richard Pratt, Archdeacon of West Cumberland, welcomed everyone to the meeting, reminding everyone that the meetings were about good conversation and listening. This was followed by a round of introductions.

2. **Notes from Last Meeting**

   Paragraph 6 – Next Steps: The Healthwatch Engagement report relating to large numbers that didn't answer parts of the questionnaire and the discussion as to whether this was due to 'a lack of understanding' to be changed to 'a lack of detail'.

   Notes were accepted as a true record.

3. **Matters Arising**

   There were no matters arising

4. **Integrated Care Communities**

   Caroline Rea, Director of Primary Care, CCG & Helen Horton, Lead GP for Copeland gave a presentation around Integrated Care Communities (ICCs) and the issues facing General Practice. The presentation will be circulated with the minutes. The presentation also included a Kings Fund video on what integrated care might look like, follow the link below:

   http://www.kingsfund.org.uk/audio-video/joined-care-sams-story

   Key Points:

   - The area covered by each ICC – 7 across N, W, and E Cumbria
   - The role of ICCs in tackling fragmented healthcare, and reducing the number of people going into hospital and the length of time they stay.
   - Multi-Speciality Community Provider Model (further information to be circulated with minutes).
   - The increasing pressure of GP workload and developments to make improvements
     - Difficulty recruiting – even though there is a national glut of pharmacists, we can't recruit them to the North West
     - ICCs as recruitment hubs with new training models
   - The increasing importance of patient education and self-management
   - Mental Health budgets will integrate over time.

   Discussion Points:

- The realities of joint budgets in relation to 3rd sector and community groups (which are going to be part of ICCs) – more flexibility across a wider range of services and the NHS working better with those sectors.
- The system not moving fast enough, more support to get older people out of hospital quicker, with a focus of staying in their own home. Linked to the issues around social care
  – including the cutting of social care budgets.
- Importance of educating children, going into schools etc. and getting health messages across to all age ranges.

The forum would be interested in regular updates on how ICCs are progressing.

5. Success Regime Stakeholder Update Briefing

The briefing was available and will be sent out with the minutes – there was some feedback that the update wasn't addressing the real issues. Members of the Forum were concerned about some of the wording in the report causing more confusion with the public.

Stephen Eames, Chief Executive, NCUHT explained that the consultation would probably start around the end of September.

Key Points:

- National picture re staffing and resources – some services not sustainable
- Shift in the model of care, more services in the community, less time in hospital
- The greater financial challenge faced by social care.
- The consultation process will see development – will be iterative.

Discussion Points:

- Issue of improving the infrastructure and what can be done about it. Currently a petition on government website re A595.
  https://petition.parliament.uk/petitions/165517
- Financial situation and issues as to rural areas are funded properly against the difficulty in recruiting certain clinical posts – not just a finance issue.
- Funding formula and whether the Success Regime had argued strongly enough about the needs of a rural, dispersed area.
  - Some of the language in the Briefing appeared to prejudge matters, eg: "…West Cumbria taking money from elsewhere…"
  - Royal Colleges and others appeared to have accepted that Cumbria was a special case.
- Some specialties need to be provided centrally against what can be provided locally.
- Difficulties in finding a solution to the provision of maternity services and the efforts taken to provide 2 consultant-led maternity units.
- The issues of when information should be available and how can people make an

informed decision during the consultation process without access to all the supporting information.
    - E.g. the transfer of risk from the NHS system to women and families
- Issues of capacity in relation to CIC if more people are transferring from WCH and what services will remain or come back from CIC.
    - Some of what happens in hospital won't; we will use both hospitals, and have fewer people travelling to Carlisle; we will have to spend some more money on CIC.
- Expectation of innovative ideas coming from Success Regime and the disappointment that they don't appear to have come up with anything new. "We don't understand what has changed that patients can no longer be treated in West Cumbria."

6. **Public Consultation Process Stakeholder Advisory Group (PCPSAG)**

   As previous items had run over there was no discussion on this item but the minutes from the meeting will be circulated with the minutes.

Friday 25th November 2016 10 am to 12.00 pm

1. **Welcome and Introductions**

   The Venerable Dr Richard Pratt, Archdeacon of West Cumberland, welcomed everyone to the meeting, followed by a round of introductions.

   He explained the Moorside HIA would be first on the agenda as the presenters had to leave early.

2. **Notes from Last Meeting**

   Notes were accepted as a true record.

3. **Matters Arising**

   There were no matters arising

4. **Health Impact Assessment for the proposed new nuclear power facility at Moorside**

   Dr Andrew Buroni (RPS) and Georgina Ternent (CCC) gave a brief presentation on the Health Impact Assessment process for the Moorside Project (attached). Copies of the consultation document with stamped addressed envelopes were also available.

   The aim of the consultation is to facilitate more health focussed planning and development, looking at radiological risk, construction, workforce integration and public and occupational health.

The resulting Health Action Plan will show mitigations and support with recommendations; which will become committed actions and opportunities to link in with wider initiatives.

Responses to the consultation should be submitted before Christmas if possible but no later than the first week in January. Submission will be in the Spring. Still need to identify investors, earliest start date would be 2018.

Discussion / Feedback:

- Concern over the impact on already stretched health services with the influx of a large number of people. Response: would try to internalise the impact i.e. on site occupational health but recognise it is a risk to be managed. Looking at wider links and connections to encourage clinicians to come here.
- Re-opening Penrith to Workington railway line would take pressure off roads. Response: Question for transport group will pass on

5. Integrating Health and Care, the social perspective

Presentation by Derek Houston CCC on the strategic view of integrating health and social care (attached), the presentation is based on a county wide view.

There is no national guidance although it is something we are expected to do. Currently waiting for national definitions as to the characteristics of integration, but still getting on and doing it.

Discussion / Feedback:

- How local is place based? As local as it needs to be – will vary depending on type of service. Some services will sit within an ICC while others will cover more than one ICC.
- Issues re finance and governance of different organisations. Response: Not letting it get in the way. Adult social care is looking at reorganising around north and south to align with the CCG, not a formal structure and is currently a work in progress.
- Digital services offering an online resource that people can access for health, signposting and self-referral. Need to be mindful that not everyone has access or the ability.
- Integrated Commissioning – Mainly across 3 organisations Clinical Commissioning Group, NHS England and Cumbria County Council – looking at how to better co-ordinate and work more effectively together to be more efficient.

6. Integrated Care Communities

Ann-Marie Grady (Workington ICC Manager) continued the presentation (attached) on ICCs focusing on the more practical aspects identified in the Workington ICC which is one of 3 early adopter sites, the others being Maryport & Cockermouth, and Eden.

Described the ICC not as a 'thing' but as a way of working to improve services for patients in a specific area, looking at single referral process and single assessment

processes so patients aren't repeating themselves to various members of health and social care staff. Identifying the data and knowing what is happening to patients in the ICC are e.g. finding out which patients are in hospital so a plan can be put in place for getting them home.

Discussion/feedback:

- This is nothing new; has been around at various times in the past, not so much technical issues as legal and access to records, why should it be any different this time? Response: Lots of work going on around sharing data and overcoming the issues involved.
- Wide range in the size of ICCs, is there any agreed size or sub groupings within ICCs? Response: No definitive size, about robust staff teams, with people working at different levels, usually based around a group of GP practices.
- Concern re timeline and not waiting for results of pilot before rolling out more. Response: Not pilots as such but early adopters so lessons can be learned and passed on.
  Two more will be launched in the next few weeks, with the rest by next April. It has been talked about for years, the problems and challenges have been around a long time. The biggest issue will be cultural change, lots of little changes that will go on for a long time.

There was a general positive comment that it was the first time both health and social care had been presenting at the same time and a wish that it went well.

7. Update for the meetings of the PCPSAG

This was not discussed at the meeting due to time constraints, but the minutes had been circulated with the agenda.

Healthwatch will be compiling a submission of everything they know from these meetings and their other engagement activity and feeding it into the Success Regime consultation process.