

**NHS CUMBRIA CLINICAL COMMISSIONING GROUP**  
**MINUTES OF THE GOVERNING BODY MEETING**  
**Wednesday 8 March 2017**  
**The Oval Centre, Salterbeck, Workington. CA14 5HA**

<b>Present:</b>	Ruth Gildert	Registered Nurse (RG)
	Les Hanley	Lay Member – Health Improvement (LH)
	Geoff Jolliffe	Lead GP Representing the South of the County (JG)
	Rachel Preston	Lead GP Representing the North of the County (RP)
	Hugh Reeve	Clinical Chair <b>(Chair)</b> (HR)
	David Rogers	Medical Director and Interim Accountable Officer (DR)
	Jon Rush	Lay Member – Public Engagement (JR)
	Peter Scott	Lay Member – Finance & Governance (PS)
	Charles Welbourn	Chief Finance Officer (CW)
	Kevin Windebank	Secondary Care Doctor (KW)
<b>Observers:</b>	Sue Stevenson	Healthwatch Cumbria (SS)
<b>In Attendance:</b>	Amanda Boardman	County Lead GP Children and Safeguarding (MB)
	Stephen Childs	Chief Executive (SC)
	Helen King	Director of Nursing & Quality (HK)
	Gerard Hanratty	Legal Advisor, Capsticks (GH)
	Helen Horton	Lead GP – Copeland (HH)
	Neill McGreevy	Lead GP – Allerdale (NM)
	Sir Neil McKay	Programme Chair, Success Regime (SNM)
	Colin Patterson	Lead GP – Carlisle (CP)
	Caroline Rea	Director of Primary Care (CR)
	Peter Rooney	Chief Operating Officer (PR)
	Stephen Singleton	Medical Director, Success Regime (SSi)
	Brenda Thomas	Governing Body Support Officer (BT)

GB 20/17

**AGENDA ITEM 01: Chairs Welcome and Apologies**

The Chair welcomed everyone to the meeting and explained that as well as members of the public there were a number of representatives from stakeholders in attendance. The Chair confirmed that this was an extraordinary meeting of the Governing Body to determine the outcomes of the Healthcare for the Future, West, North and East (WNE) Cumbria Public Consultation, and to consider the recommendations. Therefore it would not be receiving minutes or receiving questions from the public.

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The Chair then invited Sue Stevenson (SS), Healthwatch Cumbria (HWC) to address the Governing Body.

SS stated that she represented HWC, which had observer status on the Governing Body. Whilst this did not permit her to vote when decisions were made it presented the opportunity to ensure that members of the Governing Body were reminded of, and urged to take account of, the views and experiences of local people in the decision making process.

SS acknowledged that Governing Body members had spent a lot of time reviewing a large amount of technical material and the full analysis of the consultation responses during the last few weeks and, that, there were some very complex issues to be considered. However, over the period of the Success Regime, HWC had engaged with over 14,500 people in a variety of ways and was aware of the time, energy and concern people had invested in getting involved in debates. She also stated that the decisions taken today could well have a profound impact on how they received their healthcare in the future. Hence their views and experiences mattered. SS confirmed that HWC submitted a response to the consultation informed by what people had told them and that report was summarised in The Campaign Company analysis report.

SS advised that regardless of what decisions were made, there needed to be extensive plans to engage with the public through the implementation process to help shape future services and offered the support of HWC to enable this.

The Chair thanked SS for her remarks and welcomed the input from SS through the remainder of the meeting.

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GB 21/17      **AGENDA ITEM 02: Declarations of Interest**

There were no declarations of interest.

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GB 22/17      **AGENDA ITEM 03: Purpose of the Meeting**

This was covered during agenda item 1.

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GB 23/17      **AGENDA ITEM 04: Presentation from the Success Regime**

Sir Neil McKay (SNM), Programme Chair of the Success Regime outlined the challenges in Health and Social Care both nationally and internationally. He stated that there were some striking features of the NHS in Cumbria which included a number of very good services, a very dedicated and hard-working workforce, and local people who are committed to their local NHS. However there were also a number of services which had been found to require improvement by the Care Quality Commission (CQC), and which had resulted in North Cumbria University Hospitals Trust (NCUH) being placed in special measures. As a result of this the Success Regime had been developed to support system leaders to redefine services in WNE Cumbria to ensure that they provided the best outcomes of care for patients.

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SNM stated that the Cumbria Health Economy had been trying to reconfigure the way it delivered services for many years. Therefore it was crucial that, whatever options the Governing Body approved, there needed to be cohesive implementation plans which were developed in conjunction with local communities.

It was also acknowledged that whilst there were some high profile issues which had received a lot of attention in the press, there were also a number of other important elements to the proposals being considered today. These included:

- a vision to create a 'Centre of Excellence for integrated Health and Social care in rural, remote and dispersed communities'
- the development of Integrated Care Communities (ICCs) and their central position in the delivery of health and some social care in the community
- new ideas for community hospitals generated by local people in Alston, Maryport and Wigton
- lifesaving proposals for stroke services
- innovative partnerships with the University of Central Lancaster, Newcastle Hospitals NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust
- recruitment partnership with the Air Ambulance service
- emerging ideas for organisational form based on high levels of mutual trust and collaboration involving North Cumbria University Hospitals NHS Trust, Cumbria Partnership Trust (CPFT), NHS North Cumbria CCG (CCG), Cumbria County Council (CCC) and General Practitioners (GPs)

SNM reiterated that whatever decisions were made, the implementation of service change needed to be carefully thought through with the involvement of clinicians, the public and patient groups in the spirit of co-production.

SNM thanked everyone that had been involved in the work the Success Regime had undertaken and in particular paid tribute to the public and patient groups for their contribution to the process which had supported and shaped the options recommended for approval today.

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GB 24/17

**AGENDA ITEM 05: Healthcare for the Future, West, North and East Cumbria Introduction**

Stephen Childs (SC) advised that this meeting of the Governing Body was a very important step towards the delivery of a high quality, sustainable and affordable health care system for WNE Cumbria.

SC confirmed that whilst the recommendations before the Governing Body reflected a long standing development process and discussions with many interested parties and partner organisations, the decision making responsibility fell solely upon NHS Cumbria CCG's Governing Body.

SC further stated that before making any decisions, the Governing Body should assure itself that it had met the requirements for lawful consultation which were:

- consultation should occur when proposals were at a formative stage
  - it should give sufficient information to permit intelligent consideration;
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- should allow adequate time
  - outcomes of consultation must be consciously taken into consideration
  - there should be clear evidence that the decision makers have considered the consultation responses before taking a decision, and

that they had taken into account the impact any decision would have on:

- the population health outcomes and health inequalities
- implications for quality and clinical sustainability
- the deliverability of the proposed clinical model, and
- the financial consequences; and

that the options being considered for approval met NHS England's four tests for service change, which were as follows:

- Strong public and patient engagement
- Consistency with current and future need for patient care
- A clear clinical evidence base
- Support from GPs

SC then outlined the processes undertaken to date as detailed in Sections 3 and 4 of the 'Decision Making' document. This included an overview of the following:

- the development of a sustainable Clinical Strategy which addressed the CQC's concerns regarding services provided by North Cumbria University Hospitals NHS Trust
- the pre-consultation stages
- the external expertise and independent assurance sought and the requirements of regulatory processes of NHS England and NHS Improvement
- compliance with the Equality Act 2010 and the undertaking of an Equality Impact Assessment – details of which were in Appendix 1
- Health Impact Assessment, Travel Impact Assessment and a Rural Proofing Assessment – included in Appendices 2 to 4
- Robust risk assessment undertaken, including risks raised by the public during the consultation process – description and approach taken outlined in Appendix 5

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GB 25/17

#### **AGENDA ITEM 06: Healthcare for the Future in West, North & East Cumbria Consultation Process**

SC reminded Members of the significant, extensive public, patient and partner engagement work that had been undertaken prior to the Success Regime. He advised that the Success Regime had continued this work by holding over 170 public, private stakeholder and staff meetings, making 86 location visits and capturing the views of more than 3,400 people throughout the engagement process. He then outlined the key themes captured from the engagement work (as detailed on pages 18 and 19 of the 'Decision Making' document).

SC advised that the consultation period ran from 26 September 2016 to 19 December 2016 and the extensive range of activities held during this period were set out in pages 19 – 21 of the said document. He then stated that the following petitions had also been received during the consultation period:

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<b>Petition</b>	<b>Number of Signatories</b>
Save our Services (Cumberland News)	9157
Say No to Nonsense – Stop the Success Regime (local residents)	394
Women’s Institute	64
Alston Labour Party: Petition Against the Success Regime’s Proposals	24
Our lives are under threat! Save Alston Cottage Hospital beds (local residents)	698
Penrith Border Labour Party: Success Regime Petition	313

In addition the ‘We need West Cumberland Hospital Group – Vote of No Confidence in the Success Regime’ petition was received after the close of the consultation which had over 20,000 signatories on it. All of these petitions feature in the Campaign Company’s consultation report.

Members were also advised that in order to ensure compliance with its statutory requirements, the CCG had kept the Cumbria Health Scrutiny Committee informed throughout the process.

To give added assurance that the engagement and consultation process had been carried out to the highest standard, the Success Regime had commissioned an external assessment by the Consultation Institute. The Institute had completed its assessment and had awarded a Certificate of Best Practice.

SC advised that the results of the public consultation were independently analysed by The Campaign Company and a final consultation report was received on 27 February 2017. This report was published on the CCG’s website on 28 February 2017. Details of the responses can be found on pages 21 and 22 of the ‘Decision Making’ document.

SC then outlined the findings from the public consultation as detailed in section 4.3 of the document and confirmed that the full independent analysis of the public consultation was detailed in Appendix 6.

In response to a number of questions regarding the telephone interviews undertaken as part of the consultation, PR confirmed that people that chose to take part in the public consultation were not always representative of the whole population. Therefore best practice recommended that a telephone consultation also be undertaken to provide a wider view from a demographically representative sample. However, given that people interviewed were not always aware of the consultation document or the options being consulted on, then the questions had to be amended to reflect this. In terms of how the responses to the telephone consultation had

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been compared to the other responses, PR confirmed that they were not directly comparable but did provide a different source of information to enable a more rounded view.

The Chair confirmed that the rationale of the telephone survey was contained in Appendix 6, commencing on page 179.

JR commented on the fact that 64% of the public contacted by telephone were not aware that there was a public consultation being undertaken. The Chair confirmed that this was not atypical for most consultations despite significant media coverage.

SC read out recommendation 1 detailed on page 24 of the report confirming that the recommendation was based on:

- the public consultation being undertaken for a twelve week period in line with the requirement of the Cumbria Health Scrutiny Committee;
- a wide ranging approach being used to consult with an appropriate level of responses from people in the areas most affected by the proposals;
- the process had been independently assured by the Consultation Institute; and
- the responses were independently analysed by the Campaign Company.

SC advised that following the public consultation partner organisations received all the responses. Suggestions for improving the proposed models or alternative models not part of the consultation process were evaluated using the same criteria as in Stage 1 of the pre-consultation process.

For each service the report explains how the preferred option had been considered. SC stated that the Decision Making meeting was the culmination of a three month fact finding exercise by Members of the Governing Body which had entailed:

- site visits
- presentations from the Campaign Company on the consultation
- governance workshops
- development sessions on recruitment and implementation, and
- use of a dedicated resource room

SC then confirmed that the decisions made by the Governing Body would be a key part of delivering the CCG's vision of 'a centre of excellence for integrated health and social care provision in rural, remote and dispersed communities' and provided two clear messages:

1. Certainty of service development
2. Creation of an innovative model that creates a unique selling point over the rest of the Country.

The Chair then reiterated the recommendation.

**Proposed:** by Jon Rush, seconded by Dr Geoff Jolliffe.

**Agreed:** The recommendation was agreed unanimously through a show of hands from the Governing Body members.

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**Resolved:** The Governing Body confirmed that the CCG had met its statutory duties in ensuring that an effective and robust public consultation had been undertaken and would be used to inform the decisions it made.

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GB 26/17

**AGENDA ITEM 07: Healthcare of the Future in West, North & East Cumbria Consultation:**

**a) Maternity Services**

SC stated that the preferred option in the Consultation Document was option 2, 'The consolidation of a consultant led unit at Cumberland Infirmary, Carlisle (CIC) and the establishment of a midwifery led unit at West Cumberland Hospital (WCH)'. He then outlined the statistics and preferences detailed in section 7 of the Decision Making document. He specified that a significant number of the respondents wanted to see the current service retained at West Cumberland Hospital. The feedback for this was in the main influenced by the relative safety to expectant mothers and babies. Some of the specific feedback was outlined on page 28.

SC confirmed that NHS Organisations expressed support for Option 2. North West Ambulance Service (NWAS) raised concerns during the consultation regarding the transfer of patients, impact on overall performance and the need for protocols and mitigations. Following discussions and assurances, NWAS had confirmed its support for Option 2. He advised that there was also support for Option 2 from local hospital Consultants but there was opposition from other clinicians including West Cumberland Hospital Midwives and GPs in West Cumbria.

Section 7.2 of the document sets out the overall consideration of the options in light of the consultation and the challenges in sustaining the current service due to the continued issues of recruitment, especially for Consultant Paediatricians and Consultant Anaesthetists (as set out on pages 29 and 30).

SC also outlined the following details of section 7 of the document:

- the Greater Manchester, Lancashire & South Cumbria Clinical Senate provided an independent review of the proposed clinical models and agreed with the preferred Option 2. The full report was included in Appendix 7.
- the Northern England Clinical Network for Maternity Services was asked for an independent view of the access and outcomes for maternity care – a summary of that view was contained in pages 31 and 32 (full response contained in Appendix 8).
- 7.2.3 outlined the concerns raised about the risk to mothers and babies who may be transferred between WCH and CIC and references the proposal for a dedicated ambulance vehicle to be situated at WCH.
- 7.2.4 acknowledged the public view that Option 2 would be a reduction in patient choice.

SC advised that following the consultation there had been two further clinical workshops to try and reach a consensus view in light of the responses. The lack of support from the public and West Cumbria GPs for Option 2, was carefully taken into

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account, and considered alongside the support for this option from the professional bodies, NHS organisations and some Consultants. The outcome of this was that Option 1 was considered to be unlikely to be deliverable in the medium to long term. However it was acknowledged that it was the strong preference of both the public and GPs. The Clinical Workshop advised system leaders to take further opportunities for transformational change that would support Option 1, but to be in a position to implement Option 2 or 3 should Option 1 not prove possible to sustain. In addition Option 1 should proceed on the basis of a collaborative, 'co-production' model, akin to that suggested by West Cumbria Voices.

SC then read out the recommendations and confirmed what each of the options were. He also advised that Members were also being asked to endorse the actions set out on pages 34 and 35 of the Decision Making document and for clarification purposes he read through those actions, emphasising the creation of an independently chaired Co-production Steering Committee.

#### **b) Children's Services**

SC advised that the options for Maternity and Children's services were inter-related. He confirmed that the preferred option for Children's Services in the Consultation Document was Option 1. SC then provided an overview of the findings of the consultation outlined in Section 8 of the Decision Making document highlighting the following:

- much of the qualitative feedback related to the safety of young patients as well as the impact on family members and carers – again location and distance from services were a major factor
- recognition from the public that uncertainty around service provision had undermined recruitment, concerns expressed around the deterioration of children being transferred from West Cumberland Hospital to Cumberland Infirmary Carlisle and the impact of having to travel could have on some families
- organisations, clinicians and professional bodies felt there was a need for ongoing public and clinical engagement, a need to adhere to national policy/clinical guidelines, and there was a mixed response on the sustainability of current services

SC confirmed that NHS organisations supported Option 1. North West Ambulance Service had raised concerns during the consultation, but subsequently clarified their support for Option 1.

SC also provided an overview of Section 8.2 which explained why the current service model did not present an attractive option to newly qualified Paediatricians and confirmed that 8.2.2 describes the view of the North West Clinical Senate and its preference for Option 2. The Senate report did note that Children's Inpatient services Option 1 more fully supports the delivery of the Maternity Services Option 1.

SC then read out the recommendations detailed in pages 41 and 42 of the said document and asked Governing Body Members to endorse the actions required to address the recruitment issues.

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Discussion ensued around the recommendations for both maternity and children's services.

GJ welcomed the change in the preferred option for Maternity Services to Option 1 but sought assurance that there was a real commitment from all partners to test the viability of this option over the proposed 12 month period. He also acknowledged that the 12 month period would not be from the date of the decision but from when the Co-production Steering Committee had been established.

The Chair asked SC to explain what co-production meant. SC confirmed that this was working with all stakeholders to develop services, as had been undertaken in Millom.

SSi confirmed this was working with communities to transform services. Part of the co-production process would include defining what would be judged as success and the criteria against which success would be judged.

JR stated that the CCG had listened and endeavoured to take on board the views expressed during the public consultation, hence the desire to fully explore Option 1. This included working with the public through the co-production process. He advised it was important to gain public confidence that everything was being done to try and maintain sustainable and safe services. However he sought clarification on whether the co-production group would only focus on the maternity issues. In response DR confirmed that this approach would cover maternity, paediatrics and the relevant clinical interdependence with anaesthetics.

In response to a question from SS, the Chair confirmed that the North Cumbria University Hospital NHS Trust had provided assurance that it was fully engaged in the co-production process and was committed to making it work. There would also be external support provided and the outcomes would be scrutinised by an Independent Review Panel. He also confirmed that if Option 1 was not sustainable a report would need to be provided to the Governing Body before Option 2 was implemented.

LH supported the retention of full maternity services at West Cumberland Hospital, and expressed concerns that 12 months was not long enough to work through actions supporting the recommendations. In response DR advised that there would need to be a genuine recognition of what could be done in terms of recruitment, this would need to be undertaken in an open and transparent process through the Co-production Steering Committee which would determine the criteria to achieve this. LH confirmed that there was a need to promote West Cumbria in a more effective manner.

RG supported Option 1 and the comments made by GJ. However she advised Members of the model undertaken in Tayside, North East Scotland, and the successful delivery of a Midwifery Lead Unit in a very remote part of that area. Therefore whilst she fully supported further work to deliver Option 1, she confirmed that work should also be undertaken to support the implementation of Option 2 in the event that Option 1 was not sustainable.

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RG also advised that whilst 12 months did not seem a long period of time, there needed to be a proposed date for when the decision would be taken as to whether or not Option 1 was safe and sustainable.

GJ confirmed that there were significant issues in the rural area of South Copeland and these needed to be addressed whatever option was approved.

The Chair then sought any questions on Children's services.

KW advised that he had been in contact with paediatric services in Cumbria for over 25 years whilst working in Newcastle and recruitment had always been an issue. He stated that there needed to be a pathway for Paediatricians to come to Cumbria that included training in specialised areas. In addition he advised that if there was a commitment to encourage people to apply for jobs in the west of the County then there needed to be a network put in place that would allow them to bring their families and to fully commit to the area. This would need to be worked through the Co-production Steering Committee and it would be beneficial if the Royal College of Paediatrics were asked to support this process.

PS stated that it was important that there was a timeline in place to ensure there was sufficient focus on this work being undertaken. However that timeline should be kept under review by the Co-production Steering Committee rather than having a definitive time frame. The Chair confirmed this should be included in the criteria set by the Co-production Steering Committee.

In response to a question on travel implications, PR advised that these were provided in pages 11 to 15 of Appendix 3a.

### **Maternity Services**

The Chair read out the recommendations for Maternity Services and also asked the Governing Body to endorse the actions to be undertaken in order to deliver the recommendations and, note the implementation considerations for Maternity Services.

**Proposed:** by Dr Rachel Preston, seconded by Dr David Rogers.

**Agreed:** The recommendation was agreed by a majority vote with a show of hands from the Governing Body members. There were nine votes in favour and one against the recommendation.

**Resolved:** The following Maternity Services recommendations be approved:

1. Recommendation 2.1 to test the viability of Option 1 (as detailed in the Healthcare for the Future in West, North and East Cumbria Public Consultation Document pages 20 – 23 inclusive) over a 12 month period. The twelve month period would not begin immediately. The start date the twelve month period will be agreed by the Governing Body with input from the Co-production Steering Committee. The Governing Body will receive a report for consideration following the twelve month period.
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2. Recommendation 2.2 if Option 1 (as defined above) was not proven to be deliverable or sustainable then Option 2 (Healthcare for the Future in West, North and East Cumbria Public Consultation Document pages 20 – 23) be implemented at the end of the 12 month period (as defined above);
  3. Recommendation 2.3 whilst testing Option 1 (as define above), to prepare for Option 2 (as defined above, if Option 1 is not sustainable) by implementing a Midwifery Led Unit (MLU) at West Cumberland Hospital alongside a Consultant Led Unit, in order that the MLU can be audited as if it was freestanding; and
  4. Recommendation 2.4 to implement Option 3 (as detailed in the Future in WNE Cumbria Public Consultation Document pages 20 – 23) if Option 1 (as defined above) was not proven to be deliverable or sustainable and, following an audit of the MLU, if Option 2 (as defined above) is not deemed to be safe.

The Governing Body endorsed the following actions to be undertaken in order to deliver the above recommendations:

- Strenuous efforts would be made with local communities, GPs, patients and staff led by an independently chaired 'Co-production' Steering Group, to test to the limit the deliverability and sustainability of Option 1
- The criteria for testing the viability of Option 1 will be jointly agreed by the independently chaired Co-production Steering Committee. The criteria for which were likely to include the following:
  - The staffing and number of filled posts at agreed progress points
  - Evidence of adequate future supply of staff to maintain improvement with recruitment and retention
  - Monitoring of serious incidents / near misses / clinical outcomes
  - Measures of staff and patient satisfaction
  - Demonstrable change in ways of working for quality improvement
- The criteria would be reviewed by an Independent Review Panel
- Co-production approaches would be used to develop other innovations including the development of the MLU(s), and proposals to mitigate the challenges of providing care at distance
- The audit of the Whitehaven MLU would be undertaken using agreed criteria. The outcome of the audit will be received by the Independent Review Panel
- The Co-production Steering Committee and Independent Review Panel would fit within an agreed governance structure with jointly agreed terms of reference
- It was acknowledged that much work would be required to collaboratively plan for, and deliver a successful 'co-production' and this would begin in earnest as soon as possible if the recommendations were approved.

The Governing Body was also asked to note the implementation considerations for Maternity Services which were as follows:

- Significant work needed to be undertaken to provide a clearer vision for maternity services across the entire pathway of care in line with "Better Births" which outlines the choices available at all stages and develops the concept of community hubs
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- The development of the detailed standard operating procedures for a dedicated ambulance vehicle would need to take place if Option 2 were implemented
  - All the relevant implementation issues raised by the Greater Manchester, Lancashire & South Cumbria Clinical Senate should be addressed as part of implementation planning
  - An organisational development plan should be developed that addresses the cultural challenge within the service that would come with the implementation of the new service model
  - A full training plan needed to be developed for staff to address the required skill changes
  - Any outstanding recommendations from the Royal College of Obstetricians and Gynaecologists report be completed.

### **Children's Services**

The Chair reiterated the recommendations for Children's Services and also asked the Governing Body to endorse the actions to be undertaken in order to deliver the recommendations and, note the implementation considerations for Children's Services.

**Proposed:** by Ruth Gildert, seconded by Jon Rush.

**Agreed:** The recommendation was agreed by majority vote through a show of hands from the Governing Body members, with nine votes in favour and one abstention.

**Resolved:** The Children's Services recommendations be approved:

Recommendation 3.1, Option 1 (as detailed in the Future of Healthcare in West, North and East Cumbria Public Consultation Document pages 25 – 27 inclusive) and

Recommendation 3.2 in the event Option 1 (as defined above) was ultimately proven to be unsustainable then Option 2 (as detailed in the Future in WNE Cumbria Public Consultation Document pages 25 – 27 inclusive) should be implemented.

The Governing Body endorsed the following actions:

- Significant efforts would need to continue to address the recruitment issues within paediatric services

The Governing Body was also asked to note the implementation considerations for Children's Services which were as follows:

- Significant efforts needed to continue to be made to address the recruitment issues within paediatric services
  - Detailed scenario planning needed to take place to ensure standard operating procedures for the stabilisation and transfer of children out-of-hours takes place safely and effectively
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- The development of detailed standard operating procedures needed to be developed for the dedicated ambulance vehicle prior to a new service model beginning
  - All the relevant implementation issues raised in by Greater Manchester, Lancashire & South Cumbria Clinical Senate should be addressed as part of implementation planning
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GB 27/17

**AGENDA ITEM 08: Healthcare for the Future, West, North & East Cumbria Consultation: Community Hospitals**

SC advised that section 9 and 10 of the Decision Making document sets out the options in the Consultation Document. He outlined the responses in the section, advising that several key themes emerged from the feedback, as set out on page 45, which included:

- accessibility and patient safety;
- resourcing and quality of care;
- a clear case made for retaining the community hospitals, and
- concerns of a financial, economic and social nature

Section 9.2 outlines the overall consideration of the options in light of the consultation feedback and refers to the following:

- the major challenge in recruiting and retaining staff
- the limited prospects for staff in small isolated units
- the operational difficulties when trying to rota small numbers of staff, and
- the challenge of meeting clinical standards as set out by the National Institute for Health and Care Excellence.

Therefore the programme considered it important to have in-patient units with at least 16 beds where possible.

SC confirmed that although the primary focus of the communities had been to defend bed closures, there have been some very innovative proposals for the future roles of community hospitals and differing services they could provide. These have been co-produced by Cumbria Partnership NHS Foundation Trust working with the public stakeholder groups such as the Hospital League of Friends and the local GP practices in each of Maryport, Wigton and Alston. SC outlined the proposals for each of those areas as described in pages 47 to 50 of the Decision Making document.

SC advised that the Governing Body was asked to approve Option 1 and read out the recommendation.

SS advised that whilst she was pleased to see that alternative proposals were being worked through, Members needed to be mindful that community hospitals were considered an integral part of their community and removing them would be seen as diminishing those communities. In addition she advised that Alston had submitted a 4,000 signatory petition to the Governing Body prior to the public consultation against bed closures there. However this had not been included on the list which SC read out earlier.

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Significant discussion ensued around the proposals put forward in Alston, Maryport and Wigton, and NHS England's national announcement that Hospital beds should not be closed until alternative options were in place. It was noted that the bed closures recommended in Option 1 were not scheduled to take place until 2018/19. CW reminded Governing Body members that between April and November 2016 there had been approximately 20 beds closed on a daily bases due to staff shortages.

PR confirmed the following in relation to the NHS England's announcement on hospital beds. Firstly that the requirements would come into effect from 1 April 2017; and included that one of the following three conditions must be met prior to Hospital bed closures:

- alternative provision of services would need to be in place
- new treatments would reduce the categories for admission
- if efficiency was below the national average, there would need to be a credible plan to improve performance

PR confirmed that the CCG would give full consideration to those conditions during the implementation phase if the recommendation was approved. He also reminded the Governing Body that the workforce position in Community Hospitals, and especially in Alston, was very fragile and that it may become necessary for bed closures even in the shorter term due to difficulties in sustaining safe staffing levels.

Members supported the further development of the alternative proposals by Cumbria Partnership NHS Foundation Trust and the communities involved. However they also acknowledged that bed closures are likely to continue happening on an un-planned basis because of the on-going staff recruitment and retention challenges.

In response to a question from RG, SC confirmed that Cumbria County Council has been engaging and is keen to work with stakeholders on the development of business cases for the proposals from Alston, Maryport and Wigton.

PS reminded members of the Governing Body that the reason for the proposed reduction of the bed base was about sustainability of the staffing model and the estate, and the need to reconfigure services to ensure safe and effective care is delivered.

In response to a question from SS, SC confirmed that the recommendation did mean the closure of the inpatient medical beds at Maryport, Wigton and Alston, which would only be implemented following careful planning.

The Chair reiterated the recommendations for the community hospital bed base and also asked the Governing Body to endorse the actions to be undertaken.

**Proposed:** by Dr Kevin Windebank, seconded by Dr Geoff Jolliffe.

**Agreed:** The recommendation was agreed unanimously by a show of hands from the Governing Body members.

**Resolved:** Recommendation 4.1, Option 1 (as detailed in the Healthcare for the Future in West, North and East Cumbria Public Consultation Document pages 28 – 31 inclusive) be approved.

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The Governing Body endorsed the following actions:

- A process of co-production with stakeholders in Maryport, Wigton and Alston should be continued. It was anticipated that co-production would lead to further proposals within the next twelve months, as part of the plans to implement Integrated Care Communities. Any such proposal would require further consideration and approval by the CCG's Governing Body and the broader West, North and East System Leadership Board prior to implementation.

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GB 28/17

**AGENDA ITEM 09: Healthcare for the Future, West, North & East Cumbria Consultation:**

**a) Emergency and Acute Care**

SC advised that section 10 on page 52 of the Decision Making document sets out the options consulted upon with Option 1 being the preferred option. SC outlined the findings of the consultation as detailed on pages 53 and 54.

SC stated the consultation also heard public concerns regarding early access to critical care, how uncertainty and low morale were affecting recruitment, the desire to retain an intensive therapy unit at West Cumberland Hospital and the need for a full risk analysis to be undertaken.

Themes arising from organisations, clinicians and professional bodies included the need for ongoing public and clinical engagement, the need to adhere to national policy and clinical guidelines, and some concerns about medical training in the context of a composite workforce.

Local NHS organisations supported Option 1. During the consultation North West Ambulance Service raised concerns around transfers and operating protocols but had subsequently confirmed the deliverability of the preferred option. SC advised that no matter which option was approved, greater efforts would need to be made to recruit medical staff.

SC stated that section 10.2 on page 55 responds to the feedback and reiterates the reasons set out in the Consultation Document as to why the status quo was not put forward as an option. Those reasons included:

- the risk of stretching a medical team over two sites;
- difficulties with supervision, training and maintaining skills;
- difficulties in meeting health regulations and performance standards; and
- the challenge to recruitment presented by the geographical location.

SC also reminded members of the Governing Body that the CQC rated General Medical Services as inadequate in 2015 and Health Education North East forecast current recruitment difficulties to continue into the future.

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SC confirmed that North Cumbria University Hospitals NHS Trust had made significant progress in improving emergency care at both Cumberland Infirmary Carlisle and West Cumberland Hospital, but that further improvement was still required.

The programme has benefited from external support from the Clinical Senate in developing an innovative workforce solution. It was felt that the preferred model actually addressed many of the concerns raised during consultation, principally because the vast majority of care would continue to be delivered locally.

SC advised that section 10.3 provided assurance that the recommended option meets the four assessment domains.

SC advised that the Governing Body was asked to approve Option 1 and read out the recommendation.

Discussion ensued and Members advised that some of the initial concerns they had raised had been resolved. It was also stated that it was important (as with every recommendation being determined) that the implementation plan was cohesive and realistic and that the required training to support this change was put in place.

The Chair reiterated the recommendations for the emergency and acute services and also asked the Governing Body to endorse the actions to be undertaken in order to deliver the recommendations.

**Proposed:** by Dr David Rogers, seconded by Dr Rachel Preston.

**Agreed:** The recommendation was agreed unanimously through a show of hands from the Governing Body members.

**Resolved:** Recommendation 5.1 Option 1 (as detailed in the Future in WNE Cumbria Public Consultation Document pages 34 – 36 inclusive)

#### **b) Hyper-Acute Stroke Services**

SC advised that section 11 of the Decision Making document provides an overview of the options consulted on and that Option 2 was the preferred option.

SC outlined the specific findings from the public consultation as detailed on pages 57 to 59 of the report. Responses from the public included some recognition of the benefits of a Hyper-Acute Stroke Unit and delivery of rehabilitation as close to home as possible. Concerns about early access to services (and reference to a 'Golden Hour') and the need for a full risk analysis had been raised.

The themes from organisations, clinicians and professional bodies included:

- need for ongoing public and clinical engagement;
  - adherence to national policy and guidance; and
  - mixed views about sustainability and possible alternative proposals for West Cumberland Hospital
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SC advised that some stakeholders suggested that initial diagnosis and treatment would be undertaken at West Cumberland Hospital before transferring to Cumberland Infirmary Carlisle.

SC confirmed that NHS organisations strongly supported Option 2 and following the close of the consultation, North West Ambulance Service had confirmed deliverability of the preferred option but in the context of additional capacity required.

Section 11.2 on page 59 responds to the consultation finding and reminds Members of the rationale for the preferred option. The preferred option was supported by an independent clinical review, led by Professor Tony Rudd, National Clinical Director for Stroke and members of the Northern England Strategic Clinical Network. The suggestion that initial diagnosis and treatment would take place at West Cumberland Hospital was not supported and the Northern England Clinical Senate felt that this would be the 'worst possible pathway'.

SC stated that it was important to point out to Members that the key measure of access for a stroke was not the 'Golden Hour' but to receive thrombolysis within 3 – 4 hours. This standard was deliverable in terms of travel time for all parts of West, North and East Cumbria.

Section 11.3 provides assurance that the recommended option meets the four assessment domains.

SC advised that the Governing Body was asked to approve Option 2 and read out the recommendation.

The Chair asked SSi to provide the Governing Body with assurance on the proposed changes and why it would benefit a higher percentage of the West, North and East Cumbria population. SSi advised that there were two reasons why a single 24/7 Hyper Acute Stroke Unit would be better for all. All recent evidence shows that the treatment received during the first week after a stroke is very important in determining outcomes, including if the patient would manage to return to their own home. Secondly services that would be provided in this one unit would enable patients to access multi-disciplinary teams such as specialist speech therapists and occupational therapists.

Assurance was sought around the public adverts for people demonstrating signs of having a stroke to seek medical advice as quickly as possible, i.e. 'the Golden Hour'. DR confirmed that the standard related to patients receiving thrombolysis within 4 hours of diagnosis, and for thrombectomy within 5 hours, while recognising that they are only appropriate interventions for a minority of stroke patients. DR confirmed that the public adverts were encouraging people to seek medical help, rather than waiting to see if the symptoms went away.

PR explained that the clinical evidence showed that a Hyper Acute Stroke Unit would improve outcomes for everyone. This includes patients who do not receive, but would have benefitted from, thrombolysis. This is due to the presence of specialist Physicians, Nurses, and Therapists working in a single unit seven days a week,

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providing highly skilled specialist care. He also explained that current thrombolysis rates at both West Cumberland Hospital and Cumberland Infirmary Carlisle are very low.

The Chair reiterated the recommendations for the hyper-acute stroke service and also asked the Governing Body to endorse the actions to be undertaken in order to deliver the recommendations.

**Proposed** by Dr Geoff Jolliffe, seconded by Dr Jon Rush;

**Agreed:** The recommendation was agreed unanimously by a show of hands from the Governing Body members.

**Resolved:** Recommendation 6.1 Option 2 (as detailed in the Future in WNE Cumbria Public Consultation Document pages 38 – 40 inclusive) be approved for implementation.

The Governing Body endorsed the following actions to be undertaken in order to deliver this proposal:

- the development of a 7-day Transient Ischaemic Attack service be considered part of the development of the hyper-acute stroke unit
- the focus on the recruitment of stroke physicians continued

### **c) Emergency Surgery, Trauma and Orthopaedic Services**

SC described the proposal in the consultation to make permanent the interim changes previously made on safety grounds. The consultation included the proposal to return some emergency surgery and trauma care to return to West Cumberland Hospital. This is set out on page 63 of the 'Decision Making' document.

SC outlined the independent analysis of the consultation in relation to the proposal which showed:

- concerns about patient safety during transfer to Cumberland Infirmary Carlisle
- support for the retention and return of services at West Cumberland Hospital
- support for the better use of the new hospital at West Cumberland Hospital
- acknowledgement of the staffing issues

During the consultation an alternative model was proposed which entailed 24 hour emergency care, excluding major trauma, at West Cumberland Hospital with consultant led care 8 till 8, 7 days a week for medicine, surgery, trauma and othopaedics and gynaecology.

SC advised that the alternative model was considered, and that a number of issues arose indicating the challenge of maintaining two surgical teams, with low volumes of activity, safety, viability and sustainability concerns. SC also advised that because the majority of proposals had already been working in practice following the interim change, there had been the opportunity to evaluate their positive impact as set out on pages 65 – 67.

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Section 12.2 of the Decision Making Document responds to the consultation findings and reiterates why a return to the previous model of emergency surgery and trauma at West Cumberland Hospital would not meet quality and safety standards.

Section 12.3 provides assurance that the recommended proposal meets the 4 assessment domains.

SC advised that the Governing Body was asked to approve the proposal set out in the Public Consultation document for implementation. SC read out the proposal.

The Chair invited Stephen Eames (SE), Chief Executive of North Cumbria University Hospitals NHS Trust to provide assurance that the Trust was committed to the repatriation of services to West Cumberland Hospital. SE confirmed that this was the case and that to date over 2,000 more procedures had been undertaken at West Cumberland Hospital, of which around 700 to 750 had been emergency procedures.

In response to a question from RG, CW confirmed that the cost of additional ambulance resources had been factored into all of the options.

The Chair reiterated the recommendation in relation to emergency surgery, trauma and orthopaedics.

**Proposed:** by Dr David Rogers, seconded by Jon Rush

**Agreed:** The recommendation was agreed unanimously through a show of hands from the Governing Body members.

**Resolved:** Recommendation 7.1, the proposal set out in the Public Consultation Document (as detailed in pages 41 to 43 inclusive) be approved for implementation.

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**AGENDA ITEM 10: Healthcare for the Future, West, North & East Cumbria Consultation: Implementation**

SC advised that section 14 explains the relationship between the Success Regime and the Sustainability and Transformation Plan, in particular the integrated governance arrangements provided for through the System Leadership Board.

The implementation programme will be clinically led, and will be built on a principal of co-production with stakeholders, including the community, patients and carers and members of the public. SC confirmed the proposal for an independently chaired Implementation Reference Group. SC advised that if this proposal was approved, Jon Rush, Lay Member for Public Engagement and David Rogers, Medical Director would be members of the Reference Group.

SC advised that part of the implementation process will be to continually review and update the equality impact assessment and to seek further reductions in inequalities. He stated that in particular there would be a continuation of trying to engage with the traveller community.

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SC advised that the Governing Body was asked to approve the proposal set out on page 76 of the Decision Making document. SC read out the recommendation.

Members advised that there were significant issues around travel and how the staff and public will be engaged throughout these developments.

It was also acknowledged that there was significant financial challenge within the whole Health and Social Care economy, which would require a long term and continuous focus.

SS stated that the Implementation Reference Group was very important and that Healthwatch Cumbria would welcome the opportunity to support the continued process of engagement and co-production.

The Chair reiterated the recommendation.

**Proposed:** by Dr Rachel Preston, seconded by Ruth Gildert;

**Agreed:** The recommendation was agreed unanimously through a show of hands from the Governing Body members.

**Resolved:** The formation of an Implementation Group to feedback on the implementation process be approved (as detailed on page 76 of the 'Decision Making' document).

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#### **AGENDA ITEM 11: Summary and Close**

SC thanked the members of the public present for their attendance and courtesy throughout the Governing Body meeting, also the representatives of the CCGs partner organisations for their support. He again thanked all of the members of the public and stakeholders who had participated in the consultation, and thanked all of the staff for their tremendous efforts in undertaking the consultation and preparing for today's meeting.

SC confirmed that the recommendations approved during the course of this meeting would be considered by the Cumbria County Council Health Scrutiny Committee on 22 March 2017.

The Chair expressed his appreciation of all the hard work that had made the meeting possible and thanked the public for their patience whilst the Governing Body made their decisions today.

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#### **Close of the Meeting.**

The meeting closed at 13.15