

**AGENDA ITEM NO: 6.0.**

<b>Meeting Title/Date:</b>	Governing Body - 23 May 2017		
<b>Report Title:</b>	Chief Officer's Report		
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<b>Executive Sponsor:</b>	Andrew Bennett	<b>Responsible Manager:</b>	Julia Westaway
<b>Committees where Paper Previously Presented:</b>	N/A		
<b>Background Paper(s):</b>	<p>Next Steps on the Five Year Forward View (March 2017)</p> <p>Paper to Cumbria CCG Governing Body, 1<sup>st</sup> Feb, 2017. <a href="http://www.northcumbriaccg.nhs.uk/about-us/how-we-make-decisions/Governing-Body-Meetings/2017/2017-1-february/06-helme-chase-report.pdf">http://www.northcumbriaccg.nhs.uk/about-us/how-we-make-decisions/Governing-Body-Meetings/2017/2017-1-february/06-helme-chase-report.pdf</a></p> <p>Minutes of meeting held 1<sup>st</sup> Feb, 2017. <a href="http://www.northcumbriaccg.nhs.uk/about-us/how-we-make-decisions/Governing-Body-Meetings/2017/2017-5-april/03-minutes-action-log.pdf">http://www.northcumbriaccg.nhs.uk/about-us/how-we-make-decisions/Governing-Body-Meetings/2017/2017-5-april/03-minutes-action-log.pdf</a></p> <p>Verbal report to N Cumbria CCG Governing Body 5<sup>th</sup> April 2017</p>		
<b>Summary of Report:</b>	<p>This report is intended to draw the attention of Governing Body members to a recent national publication: Next Steps on the Five Year Forward View (March 2017).</p> <p>It also confirms a decision made by the Governing Body of Cumbria CCG in February 2017 in relation to the public consultation about the Helme Chase maternity service based in Kendal.</p>		
<b>Recommendation(s):</b>	The Governing Body is asked to note the contents of this report.		
			<b>Please Select Y/N</b>
<b>Identified Risks:</b>			N
<b>Impact Assessment:</b> (Including Health, Equality,	Impact Assessment undertaken prior to Public Consultation about Helme Chase		Y

Diversity and Human Rights)		
<b>Strategic Objective(s) Supported by this Paper:</b>		<b>Please Select (X)</b>
To Improve the health of our population and reduce inequalities in health		X
To reduce premature deaths from a range of long term conditions		X
To develop care closer to home		X
To commission safe, sustainable and high quality Hospital Health Care		X
To commission safe, sustainable and high quality Mental Health Care		X
To improve capacity and capability of primary care services to respond to the changing health needs of our population		x
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**Morecambe Bay CCG**  
**Governing Body – 23<sup>rd</sup> May 2017**  
**Chief Officer's Report**

## **Introduction**

This report is intended to draw the attention of Governing Body members to a recent national publication: Next Steps on the Five Year Forward View (March 2017).

It also confirms a decision made by the Governing Body of Cumbria CCG in March 2017 in relation to the public consultation about the Helme Chase maternity service based in Kendal.

### **1. Next Steps on the Five Year Forward View**

1.1. The timing of this publication is significant as the NHS is already half-way through the implementation period of the original Five Year Forward View published in October 2014. This new document provides an opportunity for patients, the public and the NHS to consider the progress made since the Forward View and confirms a number of important priorities for the service over the next two years. It also sets out that the NHS is expected to:

- integrate care in local areas by continuing to develop new care models;
- take forward the implementation of Sustainability and Transformation Plans (STP) by strengthening the partnerships and collective decision making across multiple organisations;
- continue to evolve the partnerships of commissioners and providers in local “accountable care systems” to take collective responsibility for the health of the population and the use of resources.

1.2. Next Steps on the Five Year Forward View can be found at: <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

1.3. The document asserts that the Five Year Forward View offers a viable and agreed strategic direction for the NHS and there is much progress to report. Nevertheless, the NHS is under real pressure from rising demand within a tight funding envelope.

1.4. For these reasons, the document confirms that the main national service improvement priorities for the NHS in 2017/18 are:

- **Improving A&E performance.** This also requires the upgrading of the wider urgent and emergency care system so as to manage demand growth and improve patient flow in partnership with local authority social care services.
- **Strengthening access to high quality GP services and primary care.**
- **Improvements in cancer services (including performance against waiting time standards) and mental health.**

- 1.5. **Chapter 6** of the document is significant in terms of setting the future direction for local health and care services. It begins by confirming that the work of the vanguard communities (including Morecambe Bay) to integrate care is developing an evidence base of service improvement. Examples are offered in relation to the demand for urgent and emergency care. The learning from this development of population-based, integrated, local health systems now needs to be extended into the partnerships of organisations working under each Sustainability and Transformation Partnership.
- 1.6. Each of the 44 STP areas is now required to develop further its governance and implementation arrangements to support this integrated direction of travel. This includes the creation of an STP Board drawn from the organisations making up the partnership. It also includes the creation of a joint committee arrangement which enables CCGs to take collective decisions. This is already in place within the Lancashire and South Cumbria STP. Not surprisingly, attention is drawn to the agreement of appropriate leadership arrangements to take the STP forward. Dr Amanda Doyle (Chief Clinical Officer – Blackpool CCG) has been appointed as the lead for the Lancashire and South Cumbria STP.
- 1.7. There is a notable section in the document which refers to the vital importance of involving patients and communities in the design and implementation of the STP and local system plans. This is emphasised in the context of the difficult choices the NHS may need to make in the future.
- 1.8. For the last 18 months, Morecambe Bay has been developing its plans for health and care services in the context of an “accountable care system.” In so doing, the partnership of organisations (Bay Health and Care Partners) working to deliver Better Care Together have been considering how to work together, blurring organisational boundaries to take responsibility for the population’s health improvement. Next Steps on the Five Year Forward View sets out that this will become a common approach across the NHS involving commissioners, providers and local government over the next 2-3 years.
- 1.9. For those communities who are making particular progress in their approach to accountable care (demonstrated through governance, shared decision making, contracting, performance and financial management), there are now opportunities to agree a new relationship with the national regulatory bodies (NHS England and NHS Improvement) which will confer new rights and responsibilities. The details of these arrangements are to be tested in a number of pathfinder communities. The document names Blackpool and the Fylde Coast as one of these communities “with the potential to spread to other parts of the Lancashire and South Cumbria STP at a later stage.”
- 1.10. The Governing Body should expect to receive further proposals on the implications of this stated direction of travel during 2017/18.
- 1.11. Next Steps on the Five Year Forward View also contains a critical chapter outlining how the service will address its Funding and Efficiency challenges. It sets out the

details of a 10 Point Efficiency Plan which will require concerted action by organisations across the service. The areas identified include:

- Freeing up 2000-3000 hospital beds by reducing delayed discharges
- Clamping down on temporary staffing costs and improving productivity
- Using the NHS' procurement clout
- Getting the best value out of medicines and pharmacy
- Reducing avoidable demand and meeting demand more appropriately (including prevention initiatives, reducing demand for emergency and elective care)
- Reducing unwarranted variation in clinical quality and efficiency
- Reviewing estates, infrastructure, capital and clinical support services
- Cutting the costs of corporate services and administration
- Collecting income the NHS is owed
- Financial accountability and discipline for all trusts and CCGs

1.12. There are further sections in the document about how the NHS will continue to respond to challenges facing our Workforce, a continued emphasis on improving patient safety and plans to harness technology and innovation.

1.13. It is therefore expected that Next Steps on the Five Year Forward View will have a significant effect on the environment, priorities and agenda of the CCG during its first year of operation.

## **2. Helme Chase Maternity Service**

2.1 On 1<sup>st</sup> February 2017 Cumbria CCG received a report of a Public Consultation on a proposal to make permanent an interim change at Helme Chase midwifery-led unit, Westmorland General Hospital, Kendal.

2.2 In December 2014 the University Hospitals of Morecambe Bay NHS Foundation Trust, supported by NHS Cumbria Clinical Commissioning Group (CCG) and NHS Lancashire North CCG, made an interim change to the service provided at Helme Chase midwifery-led unit. Before the interim change midwives were at work in the unit 24/7 even when there were no mothers or babies to care for. Since the interim change, an on-call service has been in place overnight, at weekends and during Bank Holidays. This means that during these hours, if there are no mothers or babies in the unit, the midwives are on-call at home and if a woman goes into labour, she contacts the on-call midwife who either arranges to assess her at home or to meet her at the unit.

2.3 At the time that the interim service was put in place, the maternity services provided by the Trust were under great pressure. The services were under the national spotlight with the Morecambe Bay investigation coming to a close, there was intense media interest and there were high levels of staff sickness (30 per cent at one point at Furness General Hospital). At the same time, the number of women birthing at Helme Chase was declining, following changes in national guidance and as a result of women choosing to deliver in a consultant-led unit in case of complications.

- 2.4 Since the interim change the Trust has been able to use its staff more efficiently; in the first 15 months following the interim change, more than 3,000 midwifery hours were released.
- 2.5 During discussions with the Cumbria County Council Health Scrutiny Committee during summer 2016, NHS Cumbria CCG agreed to carry out a proportionate consultation on whether or not the interim change should be made permanent. The results of the public consultation were presented to the Governing body on 1<sup>st</sup> February. The Governing Body approved making the interim change permanent after being reassured that women could give birth there 24 hours a day, being reassured by the level of communication and as it makes best use of NHS resources. The Governing Body also requested that the following assurances be provided in writing by UHMB:
- that robust arrangements were in place when women need to contact the on-call midwife
  - that all reasonable processes be put in place to ensure that women in labour would not arrive at the unit in advance of the on-call midwife .
- 2.6 The decision of the Governing Body was unanimous and was taken on the following grounds:
- the interim changes had enabled the NHS to make efficient, effective and economic use of available resources, staffing and facilities
  - this model of care had worked well in other parts of the country
- 2.7 Eleanor Hodgson (Director of Children' Services) gave a verbal update within Matters Arising at the Governing Body of North Cumbria CCG on 5<sup>th</sup> April providing the required assurances, as follows:
- Providing reassurance that there is a robust system in place for women to contact the on call midwives at Helme Chase. Women are given one contact number for Helme Chase. During the out of hours on call period, women are asked to use the same contact number. All out of hours calls to Helme Chase are diverted directly to the mobile telephone carried by the on call midwife. As a failsafe, should the midwife be driving or caring for a woman in advanced labour there is an answer phone message which provides the contact details for the delivery suites at Furness General Hospital and the Royal Lancaster Infirmary. Women are asked to contact the Delivery suites where they can speak to a midwife on duty. This midwife can offer advice and coordinate required care. Women choosing to birth at Helme Chase will receive this information during their pregnancy, in preparation for their birth.
  - In terms of providing reassurance that the midwife will arrive at Helme Chase before the woman, Eleanor provided assurance that the antenatal information ensures that women know to contact the on call midwife prior to attending Helme Chase in labour. The midwife who takes the call from a woman in labour can offer to attend the woman at home or to meet her at Helme Chase. The midwife will

make individual arrangements with women to ensure that when a woman arrives at Helme Chase, the midwife is there to meet her.

- 2.8 Correspondence has continued with Kendal Town Council and it has been agreed that NHS Morecambe Bay CCG will supply data on a 6 monthly basis to the council regarding on-going usage of Helme Chase. There has also been correspondence with a constituent of Rory Stewart MP for Penrith and the Border. There has been no correspondence since the last response from NHS Cumbria CCG.
- 2.9 NHS Morecambe Bay CCG will continue to support University Hospitals of Morecambe Bay NHS FT to promote Helme Chase as a birth choice option.

### **3. Recommendations**

The Governing Body is asked to note the contents of this report.

**Andrew Bennett**

**Chief Officer**

**Julia Westaway**

**Senior Manager**