

## **ITEM 7A**

# **HEALTH AND WELL- BEING SCRUTINY COMMITTEE – 26 MARCH 2008**

### **Closer to Home: an NHS consultation on providing more healthcare in the community in North Cumbria**

#### **Response of Cumbria Primary Care Trust to the Recommendations made by the Health and Wellbeing Scrutiny Committee of Cumbria County Council**

The Primary Care Trust (PCT) welcomes the thorough and constructive challenge provided by the Overview and Scrutiny Committee (OSC) to the proposals set out in the Consultation.

We acknowledge the considerable time and effort expended by the members of the Task and Finish Group in particular. We also appreciate the flexibility of the committee as it contended with the practicalities of the process.

The Conclusions of the OSC were set out very clearly in their published response.

The Board of the PCT met on 13<sup>th</sup> March. It considered a report based on a Report by the Director of Corporate Affairs on the consultation; the Interim Report of the University Of Cumbria on the analysis of responses and the Response of the OSC. The recommendations agreed by the Board are set out in the attached summary.

The PCT welcomed the overall conclusion of the OSC that, subject to a number of provisos set out in its recommendations, the PCT should proceed to plan and deliver changes to healthcare in North Cumbria on the basis of its consultation proposals including the revisions listed in the joint letter of 11 January 2008 from the Clinical Leadership of the Acute Hospitals Trust and the PCT.

The following response to the detailed recommendations contained in the Report of the OSC was approved on 19<sup>th</sup> March by a Sub Committee of the Board in line with the recommendation agreed by the Board.



<b>Recommendation</b>	<b>Response</b>
<b>Care closer to home</b>	
<p>The PCT should implement arrangements to ensure that, whilst relevant local variations in service to reflect local circumstances are welcome, there should be no inappropriate differences in outcome (ie no postcode lottery between localities)</p>	<p><b>The PCT accepts this recommendation.</b></p> <p>Under the commissioning arrangements that the PCT has put in place the Professional Executive Committee (PEC) is empowered to formulate clinical strategy. It is the decision making body where the plans of the localities, the advice of the Care Stream Boards and the recommendations of the Care Stream leads come together to deliver the objectives of the PCT.</p> <p>Care Stream boards are responsible to the PEC for producing a clinically led vision and strategic model. They will help design each model of care and its associated pathways. They are clinically led and have a Cumbria-wide remit. They are establishing the models of care for whole county and the standards of care that all patients can expect. They are closely linked to locality commissioners, ensuring that Cumbria-wide models meet local needs.</p>
<p>The PCT should make arrangements to involve local communities and minority groups, particularly working through the Cumbria LINK, in planning and monitoring services being put in place</p>	<p><b>The PCT accepts this recommendation</b></p> <p>Locality commissioners are responsible for the planning and commissioning of local services, within the Care Stream models and pathways. Each local commissioning team will ensure that the way that Care Stream models and priorities are implemented in their local area best meets the needs of their residents and makes best use of local resources and expertise.</p> <p>Each Locality Commissioning Team is now required to agree a local engagement plan and to demonstrate how this is being implemented in order to ensure local communication and engagement. A particular focus is being placed on ensuring that local networks extend to minority groups and to those</p>

	<p>whose voice is seldom heard.</p> <p>As Cumbria LINK is established, the PCT is committed to close working with it in the expectation that it will play a key part in sustaining and extending community involvement at local level as well as more broadly across the County.</p> <p>The PCT will be happy to provide reports on the progress of this to the OSC as the LINKs arrangements are firmed up and it becomes operational.</p>
These arrangements should ensure that deprived areas (where health needs are greatest) have a clear voice	<p><b>The PCT accepts this recommendation</b></p> <p>See above</p>
<b>Emergency care</b>	
The PCT should ensure that minor treatments are available in a wide range of locations, not just Primary Care centres	<p><b>The PCT accepts this recommendation</b></p> <p>The PCT will continue to provide access to treatment for minor medical incidents in a range of community and primary care settings. These will not be restricted to Primary Care Assessment Services. Patients will continue to be able to receive treatment for minor injuries and illnesses from practice nurses and GPs and community health staff.</p> <p>The single point of access will have a key role to play in directing patients to the appropriate service to meet their needs. In some instances, patients will require no more than advice and guidance over the phone.</p>
The PCT should implement arrangements for ambulances to have immediate access, where necessary, to relevant patient records	<p><b>The PCT accepts this recommendation</b></p> <p>Work is underway in order to improve communication and access to patient information however the full implementation of the recommendation is dependant upon progress with development and roll-out of the national electronic patient record.</p> <p>The PCT will be happy to keep the OSC briefed on progress with this national initiative.</p>

<p>The PCT, with partners, should make more investment in tele-medicine to minimise patient travel and increase access to wider expertise</p>	<p><b>The PCT accepts this recommendation</b></p> <p>The PCT recognises the contribution that tele-medicine can make to providing more care closer to people's homes. In particular, we recognise that investment in new technology can increase the range of services that can be provided in community hospitals by allowing links to specialists in acute hospitals. The PCT plans to invest in order to improve the use of tele-medicine in Cumbria and work on this is already being progressed.</p>
<p>The PCT should ensure that Ambulance Service instructions to crews on time limits in attending cases in patients' homes do not apply to the stabilising of patients before travel</p>	<p>The guidance to which this recommendation refers relates only to those patients having a heart attack and for whom thrombolysis is not being used. In these particular circumstances speedy access to a hospital is the primary consideration.</p>
<p><b>Community services including intermediate care (step-up/step-down care</b></p>	
<p>The PCT should review community hospital bed numbers in each locality to ensure that they are sufficient to meet local need in each of the locality plans</p>	<p><b>The PCT accepts this recommendation</b></p> <p>Locality commissioners are responsible for determining the number of intermediate care beds in each community hospital. They will do this in line with the needs of the local area. In the short-term there will be an increase in the number of community hospital beds as part of the managed transition to the new ways of working.</p> <p>In the longer-term, we plan to reduce the number of intermediate care beds across the 11 sites to between 140 and 170. This will be in response to the changing pattern of demand with the implementation of new ways of working and it will be kept under active review</p>
<p>The locality plans should include mental health services, which should be added to the menu of possible community hospital services</p>	<p><b>The PCT accepts this recommendation</b></p> <p>Our plans for mental health will be subject to consultation in the near future.</p> <p>Services will be commissioned by Cumbria PCT (in conjunction with Adult Social Care) in the same way as other health services: the mental health care stream board will be responsible for the</p>

	<p>models and standards of care; locality commissioning teams will be responsible for ensuring that these models are adapted to best meet the needs of the local community.</p> <p>Local plans will take account of the opportunities presented by local resources, including the Community Hospital campuses</p>
<p><b>Finance and joint planning</b></p>	
<p>The PCT, working closely with the County Council, should develop a Joint Business Plan, with capital and revenue resources and staff provision and training identified, which covers both NHS and County Council investment</p>	<p><b>The PCT accepts the need for a coherent process that ensures that the NHS and County Council are making optimum use of the full range of resources available.</b></p> <p>The PCT is seeking to further develop its commissioning in partnership with Cumbria County Council. The strategic management of the partnership agenda will be led by the Health and Well Being Board for the County. The Health and Wellbeing Board is the delivery arm for the Health and Wellbeing theme of the Local Area Agreement and reports to the Cumbria Strategic Partnership.</p> <p>The PCT and County Council are working collaboratively in order to develop business cases for the Community Health campuses utilising community venture capital.</p> <p>The Joint Commissioning Group For Health And Local Authority Services is a jointly led group that integrates the commissioning policies and contractual approaches of the Local Authority and the PCT in order to support the partnership agenda.</p> <p>Other services are jointly commissioned under joint PCT and County Council arrangements. These include some mental health services and learning disability and substance misuse services and increasingly will include Children's Services through the Children's Commissioning Trust.</p>

<p>The PCT, with partners, should explore all options to manage the Community Venture Fund taking into account the need to make best use of public resources and to respect community ownership of hospital sites</p>	<p><b>The PCT accepts this recommendation</b></p> <p>Cumbria PCT will continue to pursue, with its partners, its bid for community ventures funding to develop community services, including the community hospitals. It will keep the OSC informed of the progress</p>
<p>The PCT should match proposals for North Cumbria with those for South Cumbria, once they are developed, to ensure that financial commitments in North Cumbria do not pre-empt the development of services in South Cumbria to an equivalent standard. This matching should be done sufficiently early to allow any anomalies between north and south to be resolved</p>	<p><b>The PCT accepts this recommendation</b></p> <p>The PCT is, with its partners, working on proposals for the implementation of the Closer to Home proposals in the Barrow in Furness and South Lakeland localities. These proposals will be supported by the same financial principles as those which lie behind the proposals in the north of the county.</p> <p>Proposals for consequential changes to health care services in South Cumbria will be subject to public consultation later this year.</p>
<p>Similarly, a matching of the Closer to Home proposals should also be made with proposals for mental health services in time to address any financial implications</p>	<p><b>The PCT accepts this recommendation</b></p> <p>As above, proposals for the future of mental health care across Cumbria are based on the same financial principles that underpin proposals for wider health services for both north and south Cumbria.</p> <p>The proposals for mental health services across Cumbria will be subject to public consultation planned to start in May.</p>
<p>The PCT, working with partners, should continue to lobby for national recognition of rurality factors in the NHS funding formula for PCTs</p>	<p><b>The PCT accepts this recommendation</b></p> <p>The PCT will continue to make representations about the constraint that the national allocation formula places on the provision of health services in rural and widely dispersed areas such as Cumbria.</p>
<p><b>Care streams and client groups</b></p>	
<p>At the earliest opportunity, the PCT should clarify its timescale for developing care stream proposals, so that they are developed in time to influence locality commissioning, and should share these care stream</p>	<p><b>The PCT accepts this recommendation</b></p> <p>The PCT recognises that there has been particular concern expressed about care pathways for some particular patient groups or conditions during the course of</p>

<p>proposals with the public. This recommendation is particularly relevant to care streams concerning clients where stakeholders have expressed concerns to scrutiny:</p> <ul style="list-style-type: none"> <li>- Maternity</li> <li>- Children, particularly children with disabilities</li> <li>- Adults with disabilities</li> <li>- Palliative care</li> <li>- Stroke and head injury rehabilitation</li> </ul>	<p>the Closer to Home consultation. This is valuable information to the PCT; it will be utilised in more detailed planning and was reflected in the decisions made by the Board at its meeting on 13th March, with particular reference to Maternity and Children's services; Palliative care and Long Term rehabilitation relating to disability, stroke and head injury.</p> <p>Cumbria-wide care pathways for these groups will be developed by the relevant care stream groups, building on national best practice and guidance. Locality commissioners will work within the framework set by the care stream boards to develop services that best meet the needs of the local communities. Both will utilise the feedback from the consultation and ensure wider communication and engagement with stakeholders.</p>
<p>The PCT, working with the County Council, should do more to encourage carers to take advantage of carers' assessments</p>	<p><b>The PCT agrees about the central role played by carers and endorses the importance of carers' assessments.</b></p> <p>The PCT sees this as a responsibility for the County Council.</p> <p>The PCT will continue to work closely with ASC partners and the staff of the PCT who are in contact with carers will be encouraged to make them aware of carers' assessments.</p>
<p>The PCT should ensure that the needs of vulnerable groups, including people with mental health conditions and learning disabilities, are properly provided for in the changes</p>	<p><b>The PCT accepts this recommendation</b></p> <p>The PCT accepts that the needs of vulnerable groups, including those identified by the OSC should be given particular attention. The increasingly central role of Public Health within the commissioning processes will help to support this and the recent Report of the Director of Public Health and forthcoming Public Health Strategy highlight this.</p>
<p><b>West Cumberland Hospital</b></p>	
<p>The PCT should give a supportive response to the comments of Copeland Borough Council and share that response with this Committee</p>	<p><b>The PCT accepts this recommendation</b></p> <p>Copeland Borough Council's comments on the Closer to Home proposals have</p>



	<p>been considered alongside all other responses to the consultation. They will be given additional consideration by the Copeland locality commissioning team as they develop specific proposals as they relate to Copeland.</p> <p>The PCT will respond in detail to the comments of Copeland Borough Council in due course and share this response with the OSC.</p>
<b>Other service considerations</b>	
<p>The PCT, working with the County Council, service users and carers, should strengthen arrangements to ensure that discharge policies are working effectively in all cases</p>	<p><b>The PCT accepts this recommendation</b></p> <p>Improving arrangements for the discharge of patients from acute hospitals is essential to achieving the aim of reducing the length of stay by providing more care for patients in the community and primary care settings. As new community based health services are developed, managing patient transfers from secondary care will form a key component of service and care planning.</p> <p>Building confidence in the system's ability to deliver alternatives to hospital-based services through joint working with a range of partners, including acute hospital clinicians and Adult Social Care, to will be central to achieving the aims of Closer to Home.</p>
<p>The PCT, with the Ambulance Trust, should make sufficient investment in Ambulance provision to minimise the total time from the emergency call to delivery of the patient at the appropriate destination, without delays, as well as to provide more timely transfer of patients between hospitals or back home. The PCT and should assess the implications of its proposals for ambulance cover as a matter of urgency.</p>	<p><b>The PCT accepts this recommendation</b></p> <p>The PCT has already made additional funds available to the North West Ambulance Service NHS Trust in order to bring about improvements to ambulance services, particularly in West Cumbria.</p> <p>Implementation of the new models of care arising for the Closer to Home proposals will have an impact on the demand for ambulance services across north Cumbria, including, in some cases, reducing that demand. Cumbria PCT is continuing to work closely with the North West Ambulance Service NHS Trust to forecast the changes in demand on ambulance services arising from Closer</p>

	to Home, in order to ensure that recent improvements in ambulance performance are maintained.
<b>The consultation process</b>	
The PCT, with the Hospitals Trust, should urgently clarify and explain to the public and other stakeholders its proposal about the reduction in bed numbers in the Cumberland Infirmary, Carlisle	<p><b>The PCT accepts this recommendation</b></p> <p>The PCT accepts that the emergence late in the public consultation of alternative proposals for the number of beds in the Cumberland Infirmary Carlisle that are necessary to deliver the new models means that there has not been adequate opportunity for the public and stakeholders to comment.</p> <p>The emergence of these proposals is a further indication that the consultation process has been open and responsive. However, we accept that people in the CIC catchment area may feel that they have not had the chance to be heard on this particular matter and for this reason the PCT, together with NCAHT, is committed to an urgent programme of engagement with stakeholders and wider public in the Carlisle area in April. This will explain the proposals and the implications of them.</p> <p>The PCT will share details of the programme with the OSC and will be happy to share the feedback from the activity and how that will be taken into account in any further decision taking.</p>
<b>Implementation</b>	
Commissioning arrangements should include regular reviews so that adjustments can be made, such as in bed numbers, if the implementation of the shift from acute care does not proceed as fully as expected	<p><b>The PCT accepts this recommendation</b></p> <p>It is accepted that the implementation Closer to Home needs to be kept under active review as well as being managed coherently across primary and secondary care and paced accordingly.</p> <p>Internal processes have been established within the PCT in order to oversee this process and ensure timely identification and management of risk arising in the complex delivery processes.</p> <p>Joint working and review arrangements</p>

	have been established with NCAHT in order to co-ordinate the change programme and to oversee shared delivery in line with commissioning intentions.
Workforce Plans need to be agreed across health and care services, need to be properly funded, and need to address known shortages such as care staff.	<b>The PCT accepts this recommendation</b>  The PCT is developing, with its partner organisations and in consultation with staff, detailed workforce plans to support the transition of services from secondary to primary care and to identify the need for additional initiatives.
Joint commissioning between health and care, including joint finance, needs to be a top priority for the Health and Well-being Board.	<b>The PCT accepts this recommendation</b>  As referred to above, the PCT is seeking further to develop commissioning in partnership with the County Council, including the use of Health Act Flexibilities.
The PCT should ensure that appropriate alternative services (with an adequate trained workforce) are in place before removing any existing service or facility	<b>The PCT accepts this recommendation</b>  The PCT is committed to ensuring that robust alternatives are in place before reducing the level of hospital-based services as a result of the changed pathways and models of care arising from Closer to Home
The PCT should ensure that service changes do not disadvantage rural communities, by testing their impact on rural communities	<b>The PCT accepts this recommendation</b>  The PCT envisages that its plans to provide more care in community settings will, by and large, mean that patients are required to make fewer and shorter journeys for treatment. Service changes arising from the Closer to Home consultation will be developed through the Locality Commissioning arrangements in order to ensure that they best meet the needs of the local populations, including those in rural locations.
Implementation arrangements should include community engagement (particularly through the LINK) and a much enhanced level of staff engagement, particularly in the hospital sector, both in HR matters and with reference to their expertise with the ongoing planning of new	<b>The PCT accepts this recommendation</b>  The PCT is committed to building on the engagement with the public, staff and stakeholders that has been achieved both prior to and during the consultation process. It recognises the potential role that LINKs should play in this and will

<p>services. This recommendation should apply in particular to the ongoing planning of the new hospital staffing in West Cumbria</p>	<p>keep this under active review with the OSC.</p> <p>Whilst some shortcomings in staff involvement were evident, a number of hospital staff have provided very detailed responses to the consultation. These will be fed into care stream and locality planning to inform future service developments.</p> <p>The PCT has drawn the attention of NCAHT to the comments of the OSC, with particular regard to their work on the proposed new hospital for West Cumbria.</p>
<p>The PCT should set up arrangements to consult with scrutiny at specific points in advance of the key changes (“break points”) which are part of the implementation process</p>	<p><b>The PCT accepts the key role that scrutiny should play in the implementation process.</b></p> <p>The PCT will identify a series of key milestones to underpin the implementation of Closer to Home and establish a shared process with the OSC in order to ensure that the implementation process is transparent and that the OSC can be publicly informed of state of readiness to pass these milestones.</p>
<p>For the sake of clarity, these key changes should include, for example,</p> <ul style="list-style-type: none"> <li>- any strategic bed closures, in either of the two acute hospitals (including maternity beds), or in any of the community hospitals</li> <li>- changes of service between West Cumberland Hospital and the Cumberland Infirmary,</li> <li>- detailed plans for the new hospital in West Cumbria,</li> <li>- implementation of the single point of access, and</li> <li>- substantial changes to community services including hospitals</li> </ul>	<p><b>The PCT is ready to agree with the OSC Task Group an explicit set of milestones reflecting key changes as part of the Closer to Home Implementation process.</b></p>

**CLOSER TO HOME**  
**RECOMMENDATIONS APPROVED BY TRUST BOARD**  
**ON 13 MARCH 2008**

**Our Vision for the Future**

1. To confirm the five key components of the PCT's vision for health in Cumbria
2. To confirm the criteria for assessing health services in North Cumbria
3. Develop mechanisms to ensure that future health service developments are demonstrably based on the vision described in the consultation and are assessed against the six criteria
4. To approve the proposed structure for developing health services in Cumbria based on locality teams and care stream planning

**The Future of Emergency Care**

1. To confirm introduction of single point of access for emergency care
2. To confirm introduction of three tier system of emergency care
3. To accept revisions proposed to implementation of acute sector emergency services
4. Implementation of Primary Care Assessment Services by locality commissioning groups
5. Allow the development of Emergency Treatment Centres by emergency care stream board
6. The PEC will have overview of emergency care service planning in North Cumbria

**Community Hospitals**

1. To confirm that the community hospitals have a key role to play in Cumbria PCT's vision to provide care close to home, and that all nine will continue to provide inpatient services
2. To approve the additional provision of GP-led, step-up/step-down beds at Cumberland Infirmary, Carlisle, and West Cumberland Hospital, Whitehaven, and to work with North Cumbria Acute Hospitals NHS Trust to implement this
3. To confirm that the total number of inpatient beds at the community hospitals will be in the range of 140-170, and to request further work to establish a timeline to achieve this
4. To delegate to locality teams responsibility for determining the final number of inpatient beds required at each community hospital
5. To delegate to locality teams responsibility for determining the range of services to be provided at each hospital site
6. To plan for redeveloped community hospitals to provide single room patient accommodation
7. To agree the PCT's pursuit of capital funding to develop the community hospitals

### **Acute Hospitals Change**

1. To approve option one as the preferred option
2. To accept the revisions to the bed numbers proposed by NCAHT, and to work with the Trust to develop an implementation plan to achieve this level of service
3. To reaffirm the commitment that hospital services will not be removed until robust alternative services are available in the community
4. To reiterate Cumbria PCT's support for NCAHT in its pursuit of funding for a new hospital for West Cumbria
5. To note concern about palliative care services and to delegate work on developing new service models to the long-term conditions care stream. This work will take account of concerns raised in the consultation.
6. To note concern about maternity services and to delegate work on developing new service models to the children and maternity care stream. This will take account of concerns raised in the consultation.
7. To note concern about long-term rehabilitation services and to delegate work on developing new service models to the long-term conditions care stream. This will take account of concerns raised in the consultation.

### **Finances**

1. Agree that the Closer to Home proposals are based on a sound financial basis and that the financial projections remain current

### **Overall Recommendations**

Taking account of the interim report on responses to the consultation, the Board agreed to:

1. Receive the Director of Corporate Affairs report as a true and fair record of the process and outcome of the consultation
2. Agree the recommendations contained within the report (as above)
3. Delegate powers to the Non-Executive task group to oversee the further evaluation of responses and their incorporation in the Closer to Home planning process
4. Delegate powers to the Non-Executive task group to agree the response to the Overview and Scrutiny Committee recommendations