

Copeland Borough Council Overview and Scrutiny

Title: Health and Wellbeing in North Copeland, Task and Finish Group

REPORT AUTHOR: Andrea Smith, Policy and Scrutiny Officer & Cllr Ian Hill (Chair)

Recommendations:

- Note the findings
- Review the progress on Health and Wellbeing in North Copeland in 6-12 months.

1.0 Introduction

- 1.1 The Overview and Scrutiny Committee are responsible for the development of their own annual work program. The process for completing this exercise is in line with Part 8 of the Council's Constitution.
- 1.2 The consultation of the work program commenced in mid May 2014 and was agreed by overview and scrutiny committee in August 2014.
- 1.3 The committee identified Health and Wellbeing in North Copeland as a priority for review. The scope of this work was to look at all aspects of the health services provided within North Copeland now and in the future, and be clear about what their roles are and how they interact and communicate with each other.
- 1.4 The group agreed as part of the scoping of this work that they would look at the following areas:
 1. Hospital service provision in North Copeland
 2. Healthwatch Cumbria
 3. The Role of Copeland Council in the Health and Wellbeing Forum

1.5 Information Gathering

Method

A range of approaches were taken by the group to seek information about the current and future hospital provision, the role of health watch and the work of Copeland's Health and Wellbeing Forum, which included:

- Presentations
- Face to face sessions
- Written response to questionnaire,
- Strategies/Protocols/TOR of different organisations
- Policy Docs (Closer to Home, New Health White Paper 2012)
- Contracting/commission documents
- Published material
- Hospital visit

2.0 National Context

2.1 The Department of Health White Paper: Equity and Excellence: Liberating the NHS (Department of Health, July 2010) set out the government's long-term vision for the future of the NHS. Although much of the White Paper has been enacted in the *Health and Social Care Act 2012*, it still provides a useful overview of the Government's vision around involving patients. It sets out how the NHS will:

- put patients at the heart of everything the NHS does;
- focus on continually improving those things that really matter to patients - the outcome of their healthcare;
- empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services.

2.2 The White Paper includes a number of relevant commitments to patient involvement including an NHS that:

- is genuinely centered on patients and carers;
- eliminates discrimination and reduces inequalities in care;
- is more transparent, with clearer accountabilities for quality and results;
- gives citizens a greater say in how the NHS is run.

2.3 In April 2013 NHS Clinical Commission Group (CCG) became a statutory organisation following the takeover of the commissioning role from NHS primary care trusts.

- 2.4 Healthwatch England is the new independent consumer champion that gathers and represents the public's views on health and social care services in England.

It operates both on a national and local level and ensures that the views of the public and people who use the services are taken into account.

Healthwatch England is not a regulatory body such as the Care Quality Commission and does not have direct responsibility to change practices.

However, the organisation does have a statutory remit to collate evidence of service shortfalls and issues nationally and to ensure the regulators, other arms-length bodies, and government departments, respond accordingly.

How Healthwatch works

The Healthwatch network is made up of two connected levels:

- Healthwatch England works at the national level and is helping set up local Healthwatch organisations. The aim is to take local experiences of care and use them to influence national policy.
- Local Healthwatch began working on 1 April 2013. There is a local Healthwatch organisation in every local authority area in England. They will take the experiences people have of local care and use them to help shape local services.

Through the Healthwatch network, Healthwatch England will ensure the voices of people who use health and social care services are heard by the Secretary of State, the Care Quality Commission, the Monitor and every local authority in England.

Healthwatch England provides leadership, support and advice to local Healthwatch organisations so they can become strong ambassadors for local people.

They will gather and analyse information provided by local Healthwatch organisations and others to identify key issues and trends.

3.0. Local Context

- 3.1 Cumbria is split into six localities – Allerdale, Barrow, Carlisle, Copeland, Eden and South Lakeland. NHS Cumbria Clinical Commissioning Group has elected a local family doctor from each part of the county to work with hospital doctors, nurses, patients and the wider public to plan how health services should be designed and funded in their area. GPs are also elected to each locality board to provide clinical leadership in key areas.

GPs are now the guardians of their patients' care, from home to hospital and back again.

3.2 ***Roles and Responsibilities of key players in the Health Sector.***

3.3 NHS England

NHS England is an executive non-departmental public body of the Department of Health which oversees the budget, planning, delivery and day-to-day operation of the NHS in England. NHS England also commission services directly in Cumbria. The diagram set out in Appendix A provides the new structure for health care services.

3.4 Cumbria Clinical Commissioning Group (CCG)

The Clinical Commission Group is responsible for identifying the specific health needs of people in Cumbria, and ensuring that these needs are met. They receive an annual NHS budget for Cumbria from the Department of Health and use this to plan and deliver NHS services including: acute hospitals, community hospitals, community based health services and mental health services.

The Clinical Commissioning Group also has a role in relation to primary care development. The Clinical Commissioning Group does not however, commission specialist services. These are usually high cost, low volume services that due to the level of specialism required are provided in a small number of centres across the country. These are commissioned by NHS England.

The Clinical Commissioning Group do not commission Primary Care in Cumbria (GPs, Opticians, Dentists and Pharmacies). This is commissioned by NHS England.

The Clinical Commissioning Group do not manage hospitals or community and mental health services, but work very closely with providers to oversee how they are run and work together to integrate primary, secondary and community services.

Copeland's Local Clinical Commissioning Group, covers four towns in the Borough these are Whitehaven, Cleator Moor, Egremont in the North, and Milliom, which is the only town South of the Borough. Copeland's Clinical Commissioning Group's work is to identify need at a local level and to ensure that health needs are being addressed through the provision of commissioned services.

3.5 Cumbria Partnership NHS Foundation Trust

Cumbria Partnership NHS Foundation Trust is the largest provider of NHS services in Cumbria. It has around 4000 staff providing over 60 community and mental health services to a population of 500,000. In any one year, they see around one fifth of the population from newborn babies to the frail and elderly.

They operate from over 20 main sites and many other premises that are shared with other health or community services, such as GP surgeries.

3.6 NHS Trusts in Cumbria

The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

Access to NHS services is based on clinical need, not an individual's ability to pay. NHS services are free of charge, except in limited circumstances sanctioned by Parliament.

The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population. The NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being.

The NHS is accountable to the public, communities and patients that it serves. The NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians.

The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff.

3.7 North Cumbria

North Cumbria University Hospitals NHS Trust are the secondary care provider of acute hospital services in north Cumbria and their services are based at the Cumberland Infirmary in Carlisle and the West Cumberland Hospital in Whitehaven. They also have a birthing centre at Penrith Community Hospital.

University Hospitals of Morecambe Bay NHS Foundation Trust manages Furness General Hospital (Barrow), Westmorland General Hospital (Kendal) and Ulverston Community Health Centre, in addition to hospitals in Morecambe and Lancaster.

3.8 North West Ambulance Service NHS Trust

Is the biggest ambulance service in the country providing accident and emergency services. They also provide non-emergency patient transport services for those patients who require non-emergency transport to and from hospital.

Greater Manchester West Mental Health NHS Foundation Trust manages community drug and alcohol services in Cumbria.

3.9 Public Health

From April 2013 responsibility for local public health and some public health services were transferred from the NHS to the County Council.

Public health is about preventing disease and helping people to live healthier and longer lives by providing the information and support they need to do this. The council is responsible for a range of local public health activities such as:

- supporting NHS health checks for 40 to 74-year-old
- assisting drug and alcohol treatment services
- providing public health support and advice to Cumbria's new Clinical Commissioning Group
- ensuring good sexual health services
- developing ways to help reduce childhood obesity, including the national child measurement programme
- working with Cumbria's new Health and Wellbeing Board to develop joined-up solutions to some of Cumbria's long-term challenges.

The changes do not affect health care for treatment for injuries, illness or urgent medical conditions which remains the responsibility of the NHS.

Another new organisation, Public Health England, is responsible for commissioning vaccination, screening and immunisation programmes and providing strategic leadership on national public health issues.

3.10 Health Watch

Healthwatch Cumbria aims to make a difference to the way services are delivered.

They will do this by ensuring:

- Peoples voices are being heard,
- help shape services
- listen and respond on a national level
- champion needs of communities
- independence and trust
- learn from others

Healthwatch Cumbria acts as a consumer champion and pulls evidence together to identify themes and trends.

Healthwatch Cumbria has a statutory seat at the Health and Wellbeing Board and has been invited to sit on Cumbria Health Scrutiny, Cumbria Health and Care Alliance, North Cumbria Programme Board and sits on the Clinical Commissioning Group Governing Body as an observer. Their role is to act as a voice of the people and to ensure that these bodies and groups engage and consult with people. They only have voting rights at the Health and Wellbeing Board.

3.11 Copeland Health and Wellbeing Forum

The Copeland Health and Wellbeing Forum has recently been established and provides a district mechanism for collaboration, co-ordination and strategy among partner agencies able to influence county and local priorities and investment. The focus is on connecting and ensuring high quality health and wellbeing services able to offer improved health and well-being outcomes for Copeland residents.

The Forum is recognised by the Cumbria Health and Well-being Board, one of the six district structures able to feed into the Cumbria health and wellbeing framework and is a new way of working with district localities. The forum has a specific remit to take an overview of local issues and evidence, set local priorities, providing a means of bringing together partners and partnerships, and connecting with local communities to mobilise resources to impact on health and well-being. It has a key role in ensuring that Copeland locality issues are represented at the Cumbria Health and Well-being Board.

4.0 Findings

To enable the task and finish group to ascertain what the views are of health and wellbeing in North Copeland, the group invited six external partners to a task and finish session. In addition Town and Parish Council's in Copeland were also asked for their views and received a questionnaire by email (see Appendix B). The result of the face to face interviews with the external partners and responses to the questionnaire which were received from 3 external agencies, Egremont Town Council and Cleator Moor Town Council are set out below:

4.1 Summary of findings relating to hospital service provision in Copeland

4.1.1 Summary of findings following face to face meeting with NHS Trust/Copeland Clinical Commissioning Group

Officers from NHS Trust and Clinical Commissioning Group were invited to the task and finish group sessions, to discuss the future of health provision in Copeland at West Cumberland Hospital, and how they interact with other key stakeholders and communities in the area.

In response to a range of questions, officers informed the task and finish group that, to provide the best hospital and community care service in Copeland, both health and care organisations have recognised the challenges faced collectively and must address this together to ensure they can provide the best, safe health and care services in the longer term and delivered closer to home.

The five year plan aims to provide more services out of hospital in people's own homes and in communities. A recent independent audit suggests many people are spending time in hospital beds unnecessarily when they could be cared for in their own home/community and with the right support. This clearly requires greater integration across services. The main function of Community Hospitals in the future will be a step-up, step-down facility for older people and one stop assessment centres for frail older people.

The NHS trust have stated there will be A&E care, medical admissions and critical care/intensive care, all available 24 hours a day at the developed West Cumberland Hospital. NHS Cumbria Clinical Commissioning Group also expect to continue to commission 24 hour paediatric cover and current discussions are taking place to identify the best approach to achieve this.

The redevelopment of the hospital will result in more outpatient appointments and planned care being delivered, with few people overall requiring to travel to the Cumberland Infirmary Carlisle, as well as new procedures being provided for

the first time at West Cumberland Hospital. E.g. new high technology for urology patients.

Discussions are also being held about the pathways for more seriously ill patients; to consider the best place for them to receive treatment. Travelling elsewhere would only be considered if there was evidence to show that the patient would have a better outcome by doing so.

The NHS Trust stated that the maternity services at West Cumberland Hospital are currently under review following concerns raised by the Trust and Care Quality Commission (CQC). Whilst NHS Cumbria Clinical Commissioning Group want to maintain a consultant led maternity unit at West Cumberland Hospital, the outcome of the review will determine the future plans for maternity service for West Cumbria. It is expected that the review of maternity services will be available in early 2015.

There is emphasis within the five year plan that links between health and care services and the need to ensure greater integration across services. The model envisages to integrate services with GPs, community health staff and hospital consultants working much more closely to support patients at home where there is no longer at need for them to be in hospital.

The Task and Finish group were advised that in 2014 Health Education North East, intended to withdraw medical trainees from the acute medical rotas at West Cumberland Hospital. This was because of the Trust's inability to recruit to consultant vacancies over many years, resulting in over reliance on locums to provide training. Historically the Trust has struggled with attracting and retaining substantive consultants in many specialist areas, current configuration of services, rurality and reputation impacts significantly on this. The Trust however is taking steps to address these issues and have had some success in recruiting to consultants, other senior staff grades and nursing posts. Recruitment and retention is on their critical list due to the continued fragility of acute medical services at West Cumberland Hospital.

The NHS Trust and Cumbria Clinical Commission Group believe that the future success of West Cumberland Hospital is dependent upon more patients being treated locally with more people from other areas of Cumbria such as Carlisle being referred to the West Cumberland hospital for planned treatment.

However NHS Trust and Cumbria Clinical Commission Group have maintained that to ensure patient health and wellbeing in moving to alternative hospitals or community based services, they will only be transferred where there is a medical benefit to do so.

In the event of any major incidents the Trust stated that the Cumbria-wide emergency response plan would be initiated as a multi-agency response, drawing resources from across the county and beyond as necessary and in accordance with standard practice when faced with large numbers of casualties, pre-hospital triage, will be undertaken by the North West Ambulance Service, a key element to ensuring patients are deployed to the most appropriate receiving hospital. The West Cumberland Hospital will continue providing A&E 24/7 facility as well as intensive. The Cumbria-wide multi agency emergency response plan exists and is regularly tested to ensure its robustness and its capability of dealing with major incidents in Cumbria.

Assurances for local people were given to the Task and Finish group that great care and attention has been paid in making sure that the new hospital has been designed in a way that will make it fit for purpose and adaptable for the future.

The new hospital is due to be ready with services moving in from April 2015, however recent events may delay the opening.

The transfer of high risk pathways has raised concerns within the NHS trust; July/August 2014 saw the peak of this activity. The Trust is working more closely with Cumbria Health on Call (CHOC) to ensure that any transfers are for high risk areas only. The NHS Trust is currently working to make sense of the data surrounding transfers.

In 2013 a patient experience team consulted with patients who had been transferred between hospital sites for surgery to gain a deeper understanding of their experience of care. 79 patients were identified with 59 responding to the survey, giving a response rate of 75%. Non-participants were those who were either non-obtainable, refused, visitors to the areas, in a nursing home, difficulties in speaking, or under 18.

Whilst this was a small sample, the feedback received provided some information about the patients experiences during transfers.

The NHS Trust advised the task and finish group that transfers did not happen as a result of a lack of beds at West Cumberland Hospital, but as a result of a clinical need.

It was unclear from the session and to the NHS Trust exactly how many patients and what specialities transfer out of the county. But they did advise that patients will often need to travel outside of the county for specialist treatment such as children's care at the Great North Children's Hospital at the Royal Victoria Infirmary for transplants at the Freeman Hospital.

At the time of the Task and Finish group session in November 2014, the Trust informed the group that they were working closely with NHS Cumbria Clinical Commissioning Group to ensure proper communications and engagement is carried out. They were working closely with Healthwatch Cumbria in setting up a community forum in West Cumbria that would involve a range of stakeholders, including campaign, community and voluntary groups, in the hope that this would help ensure concerns were being identified and responded to quickly and to maximize communication and engagement channels at a local level.

Whilst some engagement work had been carried out early on in the year to inform the five year plan, there was recognition that there was still much more to do to ensure everyone has the opportunity to understand the challenges the NHS Trust faces and to find potential solutions.

4.1.2 Summary of findings following face to face meeting with Copeland GP Lead.

Copeland's Lead GP was invited to the Task and Finish group session to discuss the role and the inter-relationship of GPs in the health and wellbeing in Copeland. A range of questions were asked and a summary response is as follows:

The Task and Finish group were informed that the North Cumbria Clinical Commissioning Group commissions specialist mental healthcare, which is provided by the Cumbria Partnership NHS Foundation Trust. Ways are being sought to use the funding more usefully, ensuring that third sector organisations become an integral factor in care. There is still much work to be done before this can be achieved. Public Health is also taking part in this cooperative venture.

There are GPs in each locality who lead in mental healthcare who are tasked with finding out what is needed in each area, and informing the Clinical Commissioning Group. Thus far gaps have been identified in the provision for "low level" mental health problems including anxiety and depression. Steps are in hand to remedy this by working with the 3rd sector and the former Whitehaven hub.

The Clinical Commissioning Group are aware of the high male suicide rate and are working with Cumbria Partnership NHS Trust to investigate and put forward prevention strategies.

The priorities for the local GPs are mental health and wellbeing, improving services for the elderly and developing integrated out of hospital services.

The Task and Finish group were advised that whilst patients have a choice over where to go for planned treatment GPs may however ask patients to seek care elsewhere as it does not matter where this takes place under the terms of the

national tariff. The purpose of this approach is to ensure that patients can choose and get quick treatment within national targets.

In Copeland there are many emergency admissions. The GP lead advised the group that there were a range of factors for this including an increasing older population. Referral rates from GP practices differ and a lot of reasons and work was being done to understand referral patterns. The object of the new Primary Care Model is for patients to receive as much care at home as possible, and avoid hospital admissions unless it is the best course of action for them clinically. GP referrals data suggests that this is in line with other areas.

GPs in Copeland will in the future work towards an integrated health care. The integrated approach will be developed through the Primary Care Community in Copeland. The Primary Care Model is outlined within the five year primary care plan.

Regarding patient participation groups there are only 2 practices with patient participation groups in Copeland, but the Copeland Clinical Commissioning Group routinely uses patient involvement in shaping its developments.

The GP Lead advised that there is a lot of work in progress to look at how practices work and also to consider different ways of operating, including improved website changes to make information more easily accessible.

Whilst the preference of the Cumbria Clinical Commissioning Group is to retain two consultant led maternity units in West Cumberland Hospital and Cumberland Infirmary Carlisle, it would however be unwise for them to pre-empt the outcome of the review by the Royal College. There is however recognition of the challenges faced by the NHS Trust in terms of recruitment, which is not a problem for the NHS alone in Cumbria, but the Clinical Commissioning Group would want to be assured that everything possible was being done to attract anaesthetists' to come to work in Cumbria.

4.1.3 Summary of feedback from external agencies and Councillors

The responses received from external agencies, suggests there is a difference in the knowledge relating to the future hospital service provision and community based services in Copeland. One agency stated that they knew what the links are, whereas the other two agencies and Councillors knew very little or had no knowledge about the future of hospital services. It was also suggested that services in Carlisle are unable to cope with the increases and there is a risk that increased travelling would produce poor outcomes and survival of patients.

There are mixed views amongst agencies and Councillors, about future plans being unclear or them knowing very little.

It is evident from one agency that there is some understanding about GP clusters being proposed but it is unclear if these have yet been identified.

It was felt by those who responded to the Task and Finish group questions that there needs to be clarity about how much more is needed to make a better service, to prevent the West Cumberland Hospital (WCH) becoming a cottage hospital.

Some agencies told the Task and Finish group that some of the future services at West Cumberland hospital were not going to be consultant led, and raised concerns about available treatment for visually impaired patients.

At the Task and Finish group concerns were raised about services diminishing, and that it is unclear if services will return to West Cumberland Hospital in the future.

Concerns were raised by Councillors about the welfare of people they represent and their ability to access services, and the financial burden on individuals to travel further afield for treatment.

There were concerns raised about travel to Carlisle and the ability of services including ambulances being able to cope, and being tied up.

In response to the question what do you believe the benefits and limitations of the hospital and community service provision to be in the future? Concerns were raised by agencies and Councillors regarding the recruitment and retention of staff, and in particular it was felt that Consultants were not moving to the area as there is a perception that they felt Copeland doesn't offer the opportunities for their families including good schools.

It was also suggested that support networks for nurses are difficult beyond Egremont, that there is an in-balanced service between care and support, including those who provide services, and a need to look at integration and generic working.

Other concerns raised include, eligibility to access services, and the impact on particular client groups, health budgets, inadequate service provision at present, the fear of the loss of consultant lead maternity, mental health services, and disabled access to the new hospital including parking.

It was reported by agencies that they felt there is greater reliance upon and an increasing role on 3rd sector organisations in delivering services with decreasing support from Councils.

It was suggested by agencies and Councillors that services need to be beneficial and more cost effective for patients to be able to be treated in or closer to home, and also that the use of high speed fibre optic links could provide better outcomes.

The feedback received suggests that none of the agencies/Councillors had been given the opportunity to comment or raise concerns about the changes through effective consultation.

However, one agency advised the Task and Finish group that they had contacted their own customers/clients about the changes taking place at West Cumberland Hospital.

A public meeting was held in 2014 and attended by 4,000 people to express concerns to NHS Trust about the lack of information and proposals for the future hospital provision in West Cumbria.

Concerns were expressed about the transition of young people migrating into adult services and the lack of continuity for individuals.

Other issues raised include; the need to review what is provided for international visitors and a suggestion to consider charging for services as well as reviewing dentistry provision, GP salaries, and abolishing quangos.

4.2 Summary of findings relating to Healthwatch

4.2.1 *Summary of feedback following face to face meeting held with Cumbria County Council (Commissioner of Healthwatch)*

In response to the questions asked of the County Council at the task and finish group session, members were advised that the Health and Social Care Act 2012 placed a statutory duty on the County Council to have in place a local Healthwatch by April 2013, which preceded other health forums. (Previously Local Involvement Networks [LINKs]).

There was a statutory requirement of the Council to have Health Watch up and running by April 2013, and they were given the flexibility to choose how they commissioned the service to achieve best value for money for their communities.

The requirement was to commission a service with either a social enterprise or an independent non in-house route which applies to all statutory bodies so the Council could not provide Health Watch.

In Cumbria the County Council took the decision to tender for a service for 2 years with the option to extend for a further year. The contract ends in 2016.

The work of Healthwatch in Cumbria is as set out in the Council's Healthwatch Service specification 1st April 2013 – 31st March 2016 and will:

1. Provide information and advice to people across Cumbria about accessing health and social care services and choice in relation to aspects of those services
2. Promote and support the involvement of local people in the monitoring, commissioning and provision of local care services
3. Obtain the views of people about their needs for and experience of local care services and make those known to those involved in the commissioning, provision and scrutiny of care services
4. Make reports and make recommendations about how those services could be improved
5. Make the views and experiences of people known to Healthwatch England helping it to carry out its role as national champion
6. Make recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to carry out a special review or investigations into areas of concern (or, if the circumstances justify it, go straight to the CQC with their recommendations, for example if urgent action were required by the CQC)

This is a County-wide service, and includes Copeland.

Cumbria County Council commissioned People First to deliver against this service on its behalf.

The contract is monitored through the County Council's contract management framework and receives six monthly reports about the outputs achieved. The provider is expected to provide an evidence base of the number of meetings that have been attended, report the key work and track projects.

Healthwatch has a seat on the Health and Wellbeing Board in Cumbria where they are able to provide feedback to the group about the patient, carers and others to ensure their views and experiences are taken into account and in particular where strategic development and need is being considered and where Healthwatch can influence/promote public health, health improvements and health inequalities.

Healthwatch also links with Healthwatch England and raises issues as well as having other formal arrangements.

The County Council advised that in Copeland the following outcomes have been achieved for the residents of the borough:

- Informed the Trust's 5year Plan
- Healthwatch street activities in North Cumbria and surveys in Cumbria (approximately 600 Countywide), including Whitehaven Market Place.
- Visited Care homes in 2014 with volunteers to seek views of staff and customers
- Produce bespoke reports to CCC Health Scrutiny Panel, the outcome designed to understand how they work, funding practical work, how to make a complaint and to look at customer experience.
- Link with Hospital groups

It is the County Council's intention to consult with communities, 3rd sector organisations, and community groups to demonstrate the success of Healthwatch through reflective audit, which will be available to the general public and 3rd sector organisations, clarification about consulting Parish Council's is be sought.

In addition the County Councils advised that the future work programme will be designed around what people are saying, trends and issues.

4.2.2 Summary of feedback following face to face meeting held with Healthwatch

This section provides feedback from People First in response to the questions asked by the Task and Finish group as follows:

People First Independent Advocacy is a user led, social enterprise which has been in Cumbria for 25 years delivering advocacy services. They hold a number of contracts including Cumbria County Council, Cumbria Clinical Commissioning Group, Children in Need and Big Lottery. They work with a range of groups including those who lack capacity and those who have dementia, and also deliver a NHS Advocacy service dealing with complaints.

In addition People First are the provider of Healthwatch Cumbria, having secured the contract from April 2013.

The work being carried out in Copeland includes, holding engagement events, leading Clinical Commission Group programme of engagement activity, carrying out task and finish groups in respect of hospital parking, complaints, internet

survey for cancer, entering and visiting care homes, facilitated patient participation groups at local medical practice, working with local professional networks for eye health, and with Whitehaven Health forum.

Healthwatch advised us that the outcomes achieved in Copeland were making sure engagement events take place to listen and priorities local issues. They are aware of the current situation and concerns raised about mental health services, and are exploring this through a task and finish group.

Healthwatch stated that they use a range of consultation techniques to engage with the public, and have held local roadshows and semi structured interviews with local people to record local views and experiences, as well as using the web to disseminate questionnaires and online surveys.

Health Cumbria has built up a range of strategic relationships, including face to face discussions with Senior Manager at the hospital, attend the Health and Wellbeing Board.

4.2.3 Summary of feedback received from external agencies and Councillors.

There were number of responses received by the Task and Finish group about their level of involvement in the work of Healthwatch, this ranged from no involvement at all, to two members from one community lead group who attend Healthwatch meetings where possible.

Feedback received during the Task and Finish group session revealed that one agency felt the effectiveness of Healthwatch has been huge but requires additional support from the District, and the other respondents reported that they have not been involved at all. It was suggested that Healthwatch makes use of online surveying, which can often prove difficult for those with eyesight problems.

In response to the question what, if any have the benefits of Healthwatch been, in providing a service in Copeland?, Agencies and Councillors stated that the work of Healthwatch in Copeland is either ineffective and they are unable to do this work on their own or that they have not been involved or know nothing about the organisation. It was also reported that there was a lack of clarity about what they can influence or what powers they have to implement decisions made by other organisations.

Asked what effect if any have the limitations of Healthwatch been in providing a service in Copeland?, Agencies and Councillors, felt they were either unable to comment about the limitations of Healthwatch or it was felt that there was limited attendance at meetings and that there appeared to be a lack of a broader focus on subjects or actions.

The following suggestions of improvements for Healthwatch in Copeland were received and include:

- Having a focused agenda
- Eliminating wish lists
- Introduce a mechanism to accommodate ad-hoc attendees
- Improve the management and structure of meetings
- Minimise the use of the website to consult
- Communications about changes to services being provided to enable effective feedback on individuals views, on any service change.
- Provide a profile on the positive actions and impacts and report the news

4.3 Summary of findings relating to the Role of Copeland Council in the Health and Wellbeing forum

4.3.1 *Summary of feedback following face to face meeting in respect of the work of Copeland Council in the Health and Wellbeing Forum*

In response to the questions put forward, the task and finish group were informed that Copeland and other districts councils use district forums to discuss and seek to address and influence health issues impacting locally and feed this back into the County Health and Wellbeing Board.

The forum has evolved following a decision from the County Health and Wellbeing Board to address health issues and health inequalities in our borough as it was felt that localities were best placed to carry out this work.

Copeland Health and Wellbeing Forum, is represented by Cumbria Public Health, Copeland Borough Council, Clinical Commissioning Group (CCG), Cumbria Associations of Local Councils, 3rd Sector Voluntary Representative, and the GP Lead for Copeland. The forum also benefits from having access to a Public Health Adviser who supports and informs the work of the group.

The forum is a mix of officers, members, medical practitioner and organisational representatives with meeting space and local leadership provided by Copeland Borough Council currently. Messages to and from the Health and Wellbeing Board, via the West Cumbria District representative and public health, drive priorities and enable the board and the forum to keep in touch about the priorities and work that is being delivered via county contracts or local providers at a local level.

The priorities of the forum are to work on issues relating to Healthy weight, alcohol, smoking, mental health, childhood obesity, and older people. Health and Wellbeing partnership activity is reported in the Council Quarterly Performance Report to the Executive.

The forum is supported by delegated officer time from a range of agencies including the Copeland Clinical Commissioning Group, Cumbria Public Health and Copeland Council. There is no budget for the Forum but it is anticipating that focused funding may be identified from partners and county health and wellbeing sources which is allocated to projects; however the healthy weight group, a sub group of the Forum, will have a small budget to manage small projects.

The outcomes achieved from the forum are linked and measured against the Cumbria Joint Strategic Needs Assessment, which are managed locally and within communities.

Currently the forum has very little linkage with the hospital, as it is focused on Copeland's public health priorities. In addition the forum where necessary will also engage with whoever it needs to and feeds messages to link with others.

4.3.2 Summary of feedback received from external agencies and Councillors.

It was reported by the majority of agencies and Councillors that they knew nothing about the Health and wellbeing forum in Copeland, although one agency did have some knowledge and was a member of the group.

It was reported to the Task and Finish group that agencies and Councillors receive limited feedback about the forum, although one agency stated that they attend, listen and contribute to the forum. It was further suggested that the forum needs to be replicated in local areas.

Agencies also reported that they felt at present there were limited, or no benefits, or that they didn't know what the benefits were of the role of the Council in the Health and Wellbeing forum.

It was suggested that the role of Copeland Council in the Health and Wellbeing Forum was limited as it is perceived by agencies that this forum wasn't reporting back to the County Health and Wellbeing Board and that the groups focus was on quick fixes.

Agencies and Councillors were asked to comment on how they would like the forum to proceed in the future. There was limited or no feedback provided. One agency however, suggested that the group needs to consider expanding and

involving other outside bodies/3rd sector organisations as well as having clarity of the group and how it's going to deliver against the actions for Copeland.

In addition other feedback received suggests that to ensure representation for the people of Copeland, the forum should look at vulnerable people and the ageing population, be more visible and link with the Town/Parish Councils.

Both the Cumbria Partnership NHS Foundation Trust (Primary Care including mental health) and The pressure group, "Campaigning for a Safer West Cumberland Hospital", were both invited to take part in the task and finish group, but did not participate.

4.4 Discussion

Healthcare provision in West Cumbria is complicated by its relative geographical isolation, poor communications and a variety of other impediments to recruitment. It is also relatively sparsely populated which will have an effect on the range of medicine. The predominant deterrents to health in the community are obesity, smoking, abuse of alcohol and poverty. According to Public Health England the health of people in the area is more varied than anywhere else in England, about 18% of children live in poverty, and life expectancy is lower than elsewhere in England.

Recent changes in healthcare have had a profound effect on the way that the various agencies interact and function individually. It is too early to judge how these changes will work, but the underlying philosophy of improved relationships between primary and secondary care is to be welcomed. However, some features of the text look as though they could precipitate disputes, such as suggestions that the Clinical Commissioning Group (CCG) could take control of hospitals. What is attractive is the idea that working together the various agencies could provide a better service, be better able to meet demand, whilst being more efficient. The problem is that this may need extra funding and at a time of restraint this is unlikely.

It is tempting to look at Copeland and the rest of West Cumbria as an isolated case, which is not subject to the difficulties experienced elsewhere; moreover there is a tendency to see only a parochial solution. This is not sensible, because it is affected by factors outwith those that affect healthcare in the rest of the country. Many of these are long standing problems, which have their origins in a range of changes imposed upon the NHS and social care. It is true that West Cumbria's healthcare has been the subject of much debate for over ten years and

whilst this principally involved plans for the WCH, it does impact upon the wider healthcare picture.

A long standing shortage of junior doctors was reported in 2008 and this has fed down to the present day. In 2014 it was reported that the UK came 24th out of 27 EU countries in the number of doctors per head of the population. The number of doctors applying for GP training fell from 6031 in 2013 to 5100 in 2014. The General Medical Council says that over the past 5 years an average of 2% of registered doctors have left the UK to work abroad; some say this figure is too low. It has been estimated that by 2016 there will be a national shortage of 47,500 nurses. About 35% of people who work in the NHS come from abroad. Even major centres such as the Royal Marsden have registered difficulties in recruitment.

There are also too few midwives, physiotherapists and other health professionals. It is not surprising that in such a climate, Copeland is experiencing difficulties in recruiting suitable people to fill the vacancies. More importantly these are aspects of the problem that cannot be resolved parochially, but the prevailing atmosphere does not help. Dissatisfaction with trusts is endemic in medicine. Constant criticism is bad for morale and this has been acknowledged by some hospital employees, it also adversely affects recruitment. It has to be realised that doctors looking for jobs will do their homework and in circumstances when there is a wide choice of jobs other places may look more attractive.

No authority wants to employ locums, they are expensive and there is no easy way to ensure that the highest standards are obtain. In general practice locums can earn as much as a principle in the practice, but they do not have any of the administrative problems of running a practice or of keeping up with NHS targets and the like. The West Cumberland Hospital has used locums for many years; it was the only way they could maintain manning levels. Locums are also used to cover short term, often unexpected shortages, which is something every hospital has to face. Agency nurses have been a feature of the NHS for over 50 years, and other healthcare workers have come from this source. Critics have said that the Trust only advertises for locums. This is untrue as a brief look at the job advertisements in the journals reveals.

Copeland has an increasingly aged population and the proportion is increasing. Accordingly this poses stresses and strains on those involved in providing care. The NHS plan proposes a system in which there is a continuum of care provided by various agencies; the advantages of this have long been recognised by those charged with the task, but it is too early to assess how well this is currently working. It does appear though, that Copeland is lagging behind the rest of the County in providing the necessary framework. Amalgamating primary and social care demands much of those concerned in the delivery of services. Recruiting

social workers to work in the area below Egremont is said to be difficult, and this may adversely affect the results.

This is an exceptionally important area of healthcare which has rightly been stressed, for it is at the basis of successful management of health problems in the elderly and their prevention.

The media have commented widely about the difficulties in discharging people from hospital, which usually relates to the fact that there is nowhere suitable for them to go to. Again this is something that has proved to be a problem which the appropriate services have failed to resolve for many years. Currently it is causing difficulties because of the reduction in the number of hospital beds, so there is less slack in the system. Age UK has undertaken a vigorous programme throughout the country, but despite this there are gaps. Some of these lie with the professional agencies, but families are not always helpful. This, impacts upon A&E which has patients waiting for beds, and may be a source of adverse commentary on the hospital's working. Allerdale has a community hospital, but Copeland is awaiting the opening of the Copeland unit, which might help.

It has long been recognised in medical circles that medical and social care are inseparable. If care is to be successful then all aspects have to work seamlessly together, providing the proper benefits needed by each person and thus helping the community. At the moment the system looks haphazard.

It has been suggested that the GPs are loath to become involved; given the current morale and staffing problems plus a burgeoning workload this is not surprising.

To some degree the problems facing the elderly are mirrored in those who are disabled, though the latter are a different group. Both though have to face problems with access, toilet facilities, disabled parking and other aids to daily living. Healthcare workers have to realise that when the disabled need medical attention, they have some different needs; thus those with sight difficulties may not find their meal if it is just placed on a bedside tray and left. What this means is that staff must realise they are dealing with a person, one who like everybody else has needs, but these are not always the same in everyone, we are all individuals.

Discharge from hospital care to the community demands special attention here, because it may be that circumstances mean that a period of convalescence is needed or extra help in the home to aid recovery.

At a more local level Age UK West Cumbria are a lead partner in the Neighbourhood Care Independence programme for West Cumbria, commissioned

by Cumbria County Council and is jointly funded by Health to provide a programme of preventative services including Home from Hospital that should support patient needs to enable them to return home as soon as possible and to help retain/maintain their independence following a period of medical intervention. This service should contribute to supporting hospital discharge and support for people in the community.

Mental health issues are particularly daunting because of their extent in the community, the lack of facilities and the public's prejudices. It has been said that people have to reach rock bottom before they are admitted to Yewdale, which is very traumatic. Moreover Yewdale is often full as is the Carleton Clinic, so they have to go elsewhere. The lack of beds can mean that people have to be discharged before they are ready. They may be fortunate to be admitted to a half-way house. There is an alarming gap in care for those aged 16-18, who cannot gain access to adult services, potentially leaving them adrift.

Psychological problems are not easy to deal with, demanding exceptional skills in those charged with care. The prevailing mantra is care in the community, but that requires that there are sufficient numbers of skilled professionals and facilities, which has not been the case since the concept was first mooted. Continuity of care is arguably a more delicate task than in organic medicine. Sending distressed people out of the area, where they may be a long way from families and friends may exacerbate the problem.

Healthwatch was set up as part of the *Health and Social Care Act 2012*, in recognition of the need for a body to oversee what is being done. Although it is an independent body it does have a structure. However, it is in its early days and its value has not been assessed. It does not have any responsibility for the investigation of claims. This is something that demands specialised technical knowledge and legal involvement. The fact that this area is outwith their scope questions their ability to scrutinise outcomes, but this is done by the Care Quality Commission (CQC), exemplifying the complexity of audit.

Healthwatch's role is to try to act as the public voice on behalf of the government, whilst talking to the other agencies involved in overseeing healthcare. It is a difficult path to tread because to some extent it will attract those with a complaint or those who want to make a point, and this could affect objectivity. It may be that this is the source of some of the criticism leveled at Healthwatch. Moreover, if there is a change of government in 2015, there may be alterations in the prevailing arrangements.

People First is a non-profit making company set up to provide advocacy for those who may not be heard. It regards itself as a consumer's champion. Whilst it listens to stories it looks for corroborating evidence before acting. To this end it has

spoken to 4000 people in its first year of operation, claiming that this more than any previous body.

They are allowed to go into any service to see how it is working and cover the area from Blackpool to North Cumbria. If a patient wants a case investigating, they he/she must give their consent. They meet regularly with the NHS Trusts and Commissioners. Unlike Link they are not agenda driven, but respond to information.

The Health and Well-Being Forum is a local strategic forum for co-ordination and connection around local priorities. It does not undertake scrutiny but aims to influence delivery to the best effect for Copeland residents. It has strong links with public health, but it is evolving to take a wider view, with the object of taking an overview looking for trends. To a certain extent its targets are obvious and include alcohol abuse, obesity, especially in children, smoking mental health and the aged.

The role of the Forum is not to deliver but to improve use of resources through stronger connectors and it is able to work with the activities of other agencies by attempting to minimize overlap and target resources. The Forum links to social service strategy where it is delivering health and wellbeing priority outcomes – it has no responsibility for childrens health and welfare. The Forum uses existing evidence from Public Health England and the Joint Strategic Needs Assessment and uses partners strategic databases on priority areas. As others have found mental health care is poorly served for reasons that are not fully apparent. There is certainly a problem with the reduction in the number of beds, and as has been noted earlier the 16-18 year olds are badly served.

It is hard to see how this group which seems to be justifying work done by others can justify its existence. This group is the first Copeland based co-ordination group around public health and wellbeing. In particular it is aiming to be the Copeland partnership approach to ensure resources are targeted into Copeland from County Strategy and Board activity and maximising the connections locally to assist service providers. They say that they are interested in outcomes; this is a notoriously difficult area to investigate in that the methodology is widely debated by the appropriately qualified experts. However, it may be that there is an argument for looking at the work done by others, casting another eye over the statistics and asking questions.

Cumbria Health Scrutiny has a long history of investigating all aspects of healthcare in the county. Its section dealing with the West Cumberland Hospital has recently been disbanded on the basis that the new hospital is a reality. The principle guidelines defining their role are based on is the health care being offered appropriate to the needs, safe and adequate? A system is needed which offers the right care at the right time and place for the community. Immediately

this raises a challenge that has repeatedly engaged attention, namely Closer to Home.

Over the years there have been a number of challenges in the courts, demanding that there must be a full range of facilities in hospitals. In each case the courts have found in favour of the Secretary of State, saying that there is no onus of responsibility for them to do so.

West Cumbria is relatively isolated with poor communications adding to the woes caused in considering inter hospital transfers. One factor which is not often rehearsed is the fact that it is sparsely populated and so the West Cumberland Hospital has a small catchment area. This means that its load of patients will be less likely to have a wide spectrum of disorders in large numbers. Thus for example head injuries are transferred to the North East, as are pelvic fractures, where the teams have considerable experience in managing these patients. Similarly cardiac patients go to Cumberland Infirmary Carlisle; so that their chances of recovery are better than they would be if treated in smaller units.

Much has been said in the media and by individuals about the services that will be provided by the new West Cumberland Hospital, some of which has been ill-informed, with a seemingly dubious evidence base. These are long standing concerns and the call for closer to home to be recognised has been repeated. For reasons stated above there is an unlikely chance of a comprehensive service, nor in the circumstances would it be advisable.

Any development in service provision must be based on reputable evidence, which can be verified and is subjected to rigorous examination before being implemented.

The Care Quality Commission (CQC) put the West Cumberland Hospital under surveillance because of higher than expected mortality figures and staffing problems; it lost its recognition for training junior doctors, adding to the difficulties. Improvements have been made and mortality rates have fallen, whilst manning is slowly improving. Nevertheless more needs to be achieved. It is not easy to attract staff to a small district hospital, which is away from the main centres and is not easily reached. At a time when the long standing manning problems in the NHS have become particularly acute due to early retirements and a lack of foreign applicants, the more attractive options are the major hospitals. The protest movements will have attracted some interest and may have influenced decisions by some potential applicants; adverse publicity is known to act as a deterrent.

Employing locums is said by critics to be inimical to recruitment, as well as being wasteful of resources. The Trust has regularly placed advertisements in the

appropriate publications for permanent posts as well as locums; the latter being needed to cover shortages which cannot be filled immediately.

The Trust has attempted to recruit from abroad as well as within the UK, and has introduced enhanced payments for consultants. Inevitably this signals that there are difficulties in recruitment, and so it does have disadvantages. Not all of the hurdles facing the recruiters lie within either the NHS or the Trust. West Cumbria's location has been mentioned, other factors that have been aired include some low performing schools, shopping and a lack of cultural variability, however in evidence about perception of schools and culture there is a good selection of primary schools throughout Copeland that are performing above National average and two of the Council's neighboring borough secondary schools, Cockermouth and Keswick have good reputations and are attended by residents from the Copeland area. Culturally Rosehill theatre attracts internationally renowned artists and has received from the Department for Communities and Local Government funding of £450k towards its redevelopment, adding to those already taken by Britain's Energy Coast and Copeland Community Fund.

The NHS Trust has been challenged more recently, which has promoted a lack of confidence in some employees and the public. It has said that there will be no loss of services at the West Cumberland Hospital, but when it went public on this, it did not bother to tell Cumbria Health Scrutiny about it. It could be suggested that the Trust's key priority is in its clinical pathways.

Like everyone else in the NHS, the Trust's primary objective is the delivery of the best health care, which is based on NICE guidance backed up by peer reviewed comprehensive analyses of published medical studies. To do this it needs a joined up system, where clinical and social management of patients is interlinked, which involves inputs from a variety of special interest agencies. The NHS Trust works with the Clinical Commissioning Group, representatives of the NHS and Cumbria County Council, under the auspices of the Healthcare Alliance which was set up in 2013. Healthwatch Cumbria attends these meetings as well.

The objective of current governmental thinking is predicated on a transfer of patient care to the patient's home, with the GP in attendance. Part of this philosophy seems to be that by moving care to the primary sector this will reduce cost, but like all governmental changes this has been neither tested nor costed effectively. Moreover given the present shortage of GPs and locums, the overload imposed upon them will induce more to leave the NHS. Coupled with this concept is the continuing reduction in hospital beds. At the inception of the NHS there were 11 beds per 1000 of the population; by 2012 this had fallen to 2.8 per 1000, whereas Germany has 8.3 and France 6.3, only Chile, Mexico and Turkey have fewer than Britain.

We were told that this reflected the reduction in infectious diseases and long stays in hospital, and that our appearance at the bottom of the table was a feature of a different system. This is as interesting as it is superficial, taking no account of the prevailing circumstances and the patient load, as has been experienced in the past few months. The North Cumbria Hospitals keep below the overall watershed of 85% bed occupancy in the long term, but like other hospitals they fail under pressure. There is much to commend the idea of care in the community, but the community has to care. Where it works liaison between hospital and social care is a good idea; helping to free up beds and preparing patients to look after themselves or setting up care packages. There is a measure of this in the mental healthcare system, but it is not as good as it should be with inadequate resources.

Moreover Yewdale Ward has been reduced from 52 (1980s) beds to 16, meaning that patients are often sent out of the area.

The number of patients visiting hospitals has increased. At West Cumberland Hospital this has increased by 6%, elective inpatients by 10%, plus a 2% increase in emergency admissions. Emergency surgery admissions fell by 26% (464 patients), but other surgical admissions increased by 2%. There was a fall of 10% in maternity admissions.

It is a testimony to the diligence of the staff, that in a period when there is a shortage of manpower, they have managed to look after these patients with a high degree of success. Also it is perhaps worth reminding those who have criticised the use of locums that the West Cumberland Hospital has had to rely on them, some long term, for many years.

Moving patients is never undertaken lightly and should only be done where there is a proven clinical advantage for the patient. Some of the concerns that have been expressed have been based on the assumption that emergency surgery implies action now without a second to spare. There will be rare occasions when this happens, but the usual pattern demands that someone is prepared for surgery, which can be performed later after various resuscitative procedures have taken place.

A small survey of 79 patients who were transferred from West Cumberland Hospital to Cumberland Infirmary Carlisle attracted 59 who were happy to be involved in the study. This revealed that 68% were happy to be transferred, and a further 10% said they did not mind either way, but 22% were unhappy to leave their local hospital. Some 4.3% of patients said that their pain was not controlled, and 6.8% said that their treatment was poor or very poor. This is a limited study and lacks the robustness of a full audit; nevertheless it does contradict the unstructured criticisms leveled at the concept.

It is not the task of this group to investigate complaints, indeed it is not qualified to do so, lacking much of the technical expertise demanded of such a roll. However, there have been suggestions that the guidelines have not been adopted. If this is the case and if there are long delays, then it is the Trust's duty to investigate these matters and take appropriate action. It is understood that this is being done.

It has to be remembered that there is a divide between those providing the clinical input and those administering it. Regular upheavals in systems are an irritation, especially when it is known that the NHS does not test its ideas before translating them into practice. Inevitably there has been a long standing smouldering resentment, occasioning premature retirements and people leaving the health sector. Not surprisingly the Trust has received complaints, and there are those for whom change is a difficulty. The fact that the new hospital will involve some marked changes will invoke criticism. However it is understood that the systems developed have been tried and tested.

Like many other organisations in this sphere, the Clinical Commissioning Group (CCG), has developed a five year plan, but unfortunately at the time of us talking to them it does not appear to have the staff to implement it though they do have the funding. A care strategy designed to meet the needs of Copeland is being developed, but the various agencies involved are finding it difficult to recruit people. This is a particular problem in mental health.

The Clinical Commission Groups responsibility is to ensure that the money is well spent, and to this end they are cooperating with the relevant agencies. It has to be remembered that it has a duty to commission services.

This is pivotal to the success or failure of the changes in the NHS. Given that the task is to bring together disparate groups that have not worked closely together, this is going to be a tall order. The appearances suggest that there is a move to put the hospital service at a disadvantage, with the primary sector dictating what will and will not be available. There is an inherent danger in empowering the paymaster in health to state what is done, removing the clinician's room for manoeuvre and working to the patient's disadvantage. This was seen in America when keyhole surgery entered onto the surgical scene. It meant a shorter stay in hospital and so it was cheaper. Insurers demanded that surgeons offered this service, but many had not been fully trained and there were many disasters. In the UK surgeons had to prove their efficiency before being allowed to operate, and so there were fewer casualties.

Referral to hospital is a recurring problem, which has been exacerbated by the target culture. Choose and book was initiated so patients could choose to go to their choice of hospital, but that only worked if there was a bed available.

Inevitably hospitals tried to keep on the right side of the target by controlling the clinic lists in a particular way, deferring review patients. To get to your local hospital if it was full, patients had to go back to their GP and get another referral. Some GPs automatically offered appointments at out of district hospitals, especially in joint surgery, because they felt that the results were better elsewhere. There is ample evidence to show that the West Cumberland Hospital has a good record in joint replacements, comparable with other centres.

During the Task and Finish group session with the Clinical Commission Group they appeared not to be aware of the fact that an 85% bed occupancy rate is regarded as a maximum for patient safety, thereby allowing for proper cleaning and preparation. If they are to be successful as commissioners, running a safe, appropriate service for the community, they must be aware of facts like these. The West Cumberland Hospital manages its workload without exceeding the 85% limit for prolonged periods, but as with all hospitals the reduction in bed numbers/bed blocking issues means that they all exceed the limit from time to time.

Copeland like other parts of the country is suffering the consequences of inadequate human resources. This leaves those who are required to provide the services with a difficult task. One fifth of GPs were reported in 2014 to be dissatisfied with their jobs, and three quarters said that the workload was unmanageable. The aim is to divert care from the hospitals to care in the community. It is hard to see how this can be achieved safely. There is a shortage of GPs in the area, and practices are finding it difficult to appoint locums. Similar problems are found in nurses, midwives and other healthcare workers. This is not something that has suddenly arisen; it is worthwhile remembering that to-day's applicant for a consultant job entered medical school about 12 years ago.

The arrangements for healthcare have to be seen against this background of all round shortage of people, combined with unreasonable loading on the services which in part is founded on problems of availability of advice. There must be an element of pessimism in the ability of the various agencies to fulfill the needs of care in an ageing population, where there are far too many who are facing intolerable hardship in their lives, those who abuse alcohol, smokers and obesity in all ages. These increase the workload, and despite their life styles are just as deserving of help as anyone else.

5.0 RECOMMENDATIONS

Hospital Service Provision in North Copeland

- There is a need for more cohesive working with **'all agencies'** in the planning and discharging of patients
- Provide greater clarity about future services provision, access and parking facilities at West Cumberland Hospital
- Ensure there is effective communication carried-out to keep communities informed about change and in particular the outcome of the review of the Maternity Unit at West Cumberland Hospital, due in early 2015.
- Wider consultation is carried out where significant changes are being made to the provision of services in West Cumbria, and where this impacts upon the community.
- General Practitioners (GPs) should be more involved in the provision of Mental Health Services, to ensure that third sector organisations become an integral factor in care.
- Work to close the gaps in the provision of low level mental health problems.
- Mental Health services need to be more integrated with general health provision.
- Continuity for individuals during the transition of young people to adult services.

Health Watch Cumbria

- To be more visible in the community
- Have a focused agenda, and where necessary include a mechanism to accommodate ad-hoc attendees
- Minimise the use of web based consultations.
- Provide greater clarity of its Role and Responsibility at Health & Wellbeing Board, and provide feedback to respective communities.

The Role of Copeland Council in the Health and Wellbeing Forum.

- Promote the work of the forum to include the wider agencies, Councillors and communities within Copeland.
- Consider a wider membership of the forum, and the contribution others can make to support the work carried out by the forum.
- Report and promote the achievements and outcomes to a wider audience of agencies, Councillors and community groups within Copeland.

6.0 CONCLUSION

Cumbria NHS Trust who provide health services at West Cumberland Hospital and the Clinical Commissioning Group who are responsible for identifying health needs and commissioning services to meet these needs are faced with the challenges to address and provide the best hospital and community services in Copeland in the longer term and deliver services closer to home.

The NHS Trust recognises that there is still much more to do to improve its overall rating, given to them by the Care Quality Commission.

The task and finish group were advised by NHS Trust and the Clinical Commissioning Group that there is a range of hospital and community services being planned in the future. This would include the development of a person centered model of delivery for community services within a Primary Care Community, bringing together a range of practitioners and community services working together to provide more person centered coordinated care approach to improve health and wellbeing.

However, the Task and Finish group felt at the time of the meeting taking place there was still limited information and uncertainty about the future provision, and how the introduction of the new hospital with less available beds and some services moving elsewhere would impact on individuals and the Copeland community. It also felt that the communications surrounding the changes at West Cumberland Hospital and information available from the NHS Trust were limited.

Although the campaign group “Campaigning for a Safer West Cumberland Hospital” were not involved in the task and finish groups work, the information in the public domain demonstrated that the group had expressed their concerns at a local and national level, raising the profile and concerns about changes and bringing them further into the spot light.

Uncertainty remains for the Copeland community about the future provision of services and in particular the maternity services at West Cumberland Hospital, however, the task and finish group were informed that whilst the NHS Trust and the Clinical Commissioning Group wanted to maintain a consultant led maternity unit at West Cumberland Hospital, the decision would be made by specialists from the Royal College of Obstetricians and Gynaecologists, and this would be available in early 2015.

The NHS Trust have assured the task and finish group that transfers occurred only when there is a medical need to do so and not as a result of bed blocking.

The NHS Trust and Clinical Commissioning Group at the time advised that they were working closely with Healthwatch Cumbria in setting up a forum in West Cumbria in the

hope that this would ensure concerns were being identified and responded to quickly. However the task and finish group felt that the community would have benefitted from this much earlier.

Copeland's GP Lead advised the task and finish group that the priority for General Practitioners in Copeland is to focus on mental health and wellbeing, improving services for the elderly and developing integrated services outside of hospital services.

However, despite GPs in locality areas tasked with finding out what is needed for mental healthcare, there are still gaps in the provision for low level mental health problems. Remedies to address the needs of patients need to be found by working with relevant agencies to support this work.

Healthwatch Cumbria was commissioned by Cumbria County Council in 2013. A statutory duty was placed on the Council following the introduction of the Health and Social Care Act 2012. The Council commissioned People First to deliver this service on its behalf.

The role of Healthwatch is to provide a range of activities across Cumbria as well as acting as a voice for communities and feeding back their views at the Health and Wellbeing Board.

People First advised the task and finish group of the work it had been doing in Copeland, however, it appeared from the feedback received there was limited or no involvement of 3rd sector agencies and Councillors about the work of Healthwatch Cumbria, or how effective it has been in the Borough.

The task and finish group recognises that Health Watch's activities cannot be fulfilled alone and would benefit from support to help improve the way in which it promotes what it is doing and how it manages its work within Copeland communities.

Copeland's Health and Wellbeing Forum, of which the Council is a member, was formed in 2014.

Its membership is mixed and includes officers, members, medical practitioner and organisational representatives with meeting space and local leadership provided by Copeland Borough Council.

However, it was felt that the Forum may benefit from a wider membership to capture the skills, local knowledge and expertise of other 3rd sector agencies.

The Forum meets regularly and provides the district with a mechanism for collaboration, co-ordination and strategy among partner agencies, able to influence county and local priorities and investment.

The Forum has draft terms of reference with a number of key areas of focus, to help address health inequalities and to support the delivery of service to ensure high quality health and wellbeing social care services are able to offer and improve health and wellbeing outcomes for Copeland residents. However there is a need to have a clear mechanism in which to evidence, report progress and promote the work being carried out at a local level, and within communities.

The work of this task and finish group has identified that in Copeland the work of each of the organisations and their inter-relations are complex. It also found that there are a lot of groups working independently of one another without co-ordination, and it would be helpful to have an audit of their productivity. Successful implementation of changes requires commitment from all agencies. Therefore it was felt that there is a need for more cohesive working amongst **'all agencies'**.

This review has been carried out over a relatively short period but the task and finish group feel that there a number of issues that will need to be monitored as changes take place. The Overview and Scrutiny Committee will continue to monitor developments to ensure the people of Copeland benefit in the future.

7.0 CONTRIBUTORS TO THE TASK AND FINISH GROUP

- 7.1 Anne Bradshaw, Copeland Disability Forum
Nerys Brunker, MIND West Cumbria
Lisa Story, MIND West Cumbria
Mary Bradley, Age Concern West Cumbria
Joel Rasbash, Cumbria County Council
David Blacklock, People First (Health Watch)
Sue Stevenson, People First (Health Watch)
Peter Rooney, NHS Trust
Les Morgan, NHS Trust
Rachel Chapman, NHS Cumbria CCG
Barbara Fleary, Cumbria CCG
Caroline Rae, Cumbria CCG
Dr Rhodes (GP Lead for Copeland)
Cllr Geoff Garrity (Copeland Representative of Cumbria Health Scrutiny)
Cllr Rod Wilson (Chair of Cumbria Health Scrutiny)
Julie Betteridge, Copeland Borough Council
Egremont Town Councillors
Cleator Moor Town Councillors

8.0 MEMBERSHIP OF THE TASK AND FINISH GROUP

- 8.1 Andrea Smith, Policy & Scrutiny Officer
Councillor Ian Hill (Chair), Copeland Borough Council
Councillor George Clements, Copeland Borough Council
Councillor Jackie Bowman, Copeland Borough Council
Councillor Joan Hully, Copeland Borough Council
Councillor Carole Woodman, Copeland Borough Council

This review was completed by Andrea Smith, Policy and Scrutiny Officer, and Members of Copeland Borough Council. For further details please contact 0845 054 8600 or send a letter to Copeland Borough Council, The Copeland Centre, Catherine Street, Whitehaven, Cumbria, CA28 7SJ.

Background Paper and Appendices:

Overview and Scrutiny Health and Wellbeing Scoping Guidance 11th August 2014
OSC TandF1 – questions Sept 2014

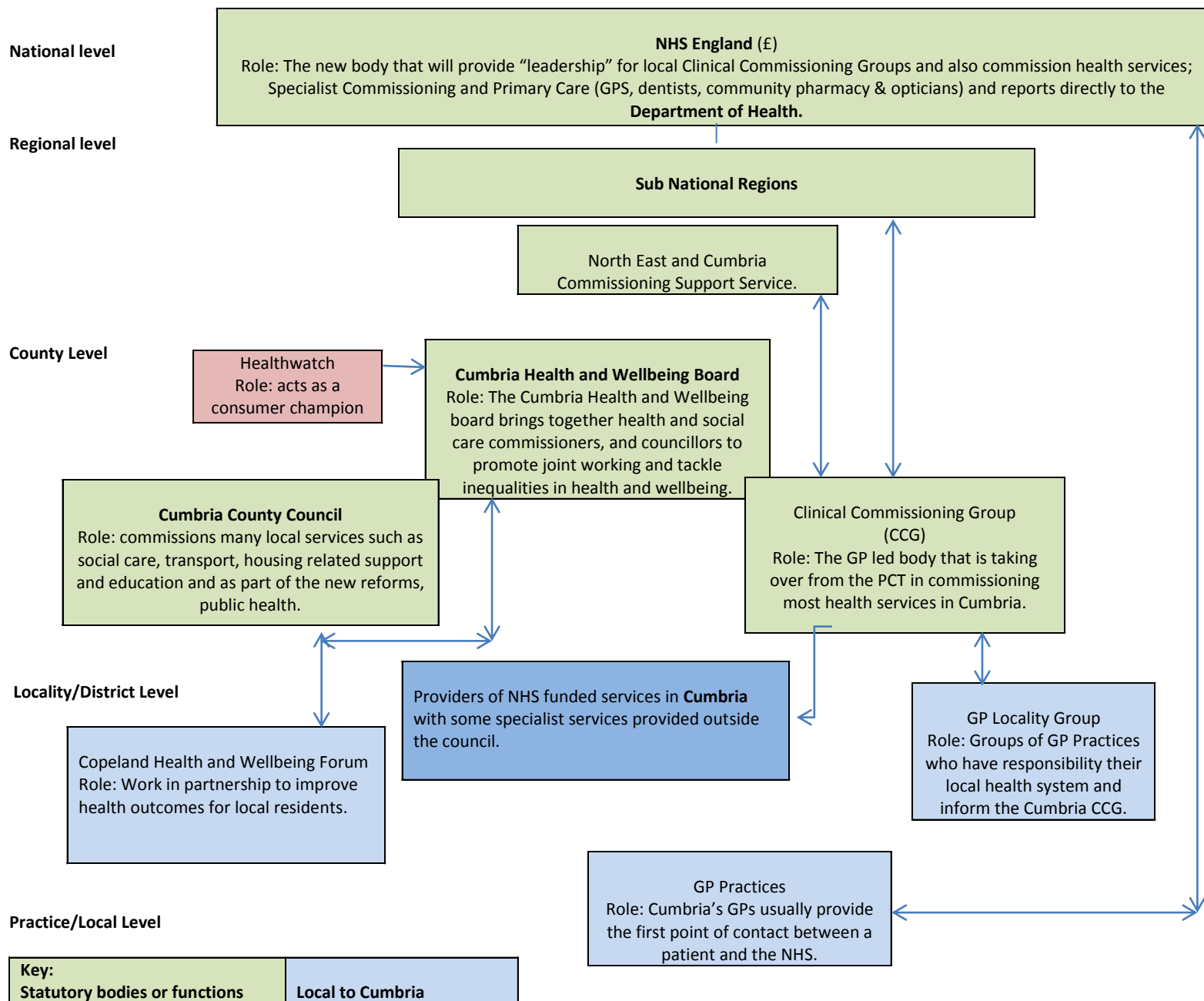
The following list of sources was used initially to give some guidance about the nature and extent of the problems facing healthcare in the UK. They can all be accessed by computer.

Modernising medical careers
Immigration Act 2000
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General Medical Council- Medical training and good medical practice.
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Overview and Scrutiny Task and Finish 1 Group
Health and Wellbeing in Copeland

Questions for 3rd Sector Organisations/Voluntary Groups and Forums in Copeland.

- Q1. What does your organisation and customers/clients know about the future of hospital services to be provided at West Cumberland Hospital including Community based services following the introduction of new service provision in Copeland?
- Q2. From what you know or what you have been told, how will future services in West Cumbria meet the needs of your customers/clients.
- If not, please explaining why this is the case.
- Q3. What do you believe the benefits and limitations of the hospital and community service provision to be in the future?
- Q4. Has your organisation or customers/clients had the opportunity to feed your comments/concerns through effective consultation?
- If so,
What approach was taken?
Which agencies/organisations if any approached your organisation in the consultation?
When did the consultation take place?
How effective was the consultation to your organisation and customers/clients?
Is there anything else you feel could be done to improve the approach taken in consulting on hospital service provision?
- Q5. What issues, if any are there or that you foresee in the transition from young people to adults in the provision of hospital and or community services in Copeland?
- Q6. Healthwatch- Commissioned by Cumbria County Council, to:
1. Provide information and advice to people across Cumbria about accessing health and social care services and choice in relation to aspects of those services
 2. Promote and support the involvement of local people in the monitoring, commissioning and provision of local care services
 3. Obtain the views of people about their needs for and experience of local care services and make those known to those involved in the commissioning, provision and scrutiny of care services
 4. Make reports and make recommendations about how those services could be improved
 5. Make the views and experiences of people known to Healthwatch England helping it to carry out its role as national champion

6. Make recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to carry out a special review or investigations into areas of concern (or, if the circumstances justify it, go straight to the CQC with their recommendations, for example if urgent action were required by the CQC)

Q 6a- To what extent has your organisation or customer/clients been involved in any of the above activities through Healthwatch?

Q6b - Since its introduction, how effective has Healthwatch been in consulting your organisation and or customers/clients in Copeland?

Q6c - What, if any have the benefits of Healthwatch been, in providing a service in Copeland?

Q6d- What, if any have the limitations of Healthwatch been in providing a service in Copeland?

Q6e- What improvements, if any would your organisation and or customers/clients like to see introduced by Healthwatch in Copeland?

Q7. The Role of Copeland in the Health and Wellbeing Forum.

Q7a What do you know about the Health and Wellbeing forum in Copeland?

Q7b. What involvement if any do you have in the forum?

Q7c. What are the benefits of the Forum?

Q7d. What are the limitations if any of the Forum?

Q7e. How would you like the Forum to proceed in the future?

Q7f. How would you like the Forum to represent the people of Copeland in the future?