

TRUST BOARD

Date of Meeting: 08/02/2011		Enclosure: 6
		Agenda Item No: 8.2
Title of Report: Clinical Strategy Report		
Aims: This report provides an update for the Trust Board regarding the important work that is being undertaken in respect of the Clinical Strategy for the North Cumbrian health economy. This work is being undertaken in partnership with NHS Cumbria and the locality Lead GPs who will hold pathfinder status for GP Commissioning from April 2011.		
Summary: The report covers: <ul style="list-style-type: none"> • Background to the Strategy and the NCAT report • The interim report submitted to the North West SHA in December 2010 • The Clinical Strategy workshops • The key next steps 		
Specific implications for consideration (Financial/Workforce/Risk/Legal/Race Equality etc):		
Financial	Meeting obligations to respond to the recommendations of the NCAT report and the development of a financially sustainable strategy for North Cumbria.	
Workforce	Impact on Trust staff who are subject to organisational change.	
Other	Need to ensure that sound governance processes are applied.	
Recommendations: The Trust Board is asked to note the content of the report.		
Document previously approved by: Not applicable. Report directly to the Trust Board.		
Prepared by: Kevin Clarkson Chief Operating Officer/Deputy Chief Executive		Presented by: Kevin Clarkson Chief Operating Officer/Deputy Chief Executive Mr Mike Walker Medical Director

**TRUST BOARD
CLINICAL STRATEGY REPORT
FEBRUARY 2011**

1. INTRODUCTION

This report provides an update for the Trust Board regarding the important work that is being undertaken in respect of the Clinical Strategy for the North Cumbrian health economy. This work is being undertaken in partnership with NHS Cumbria and the locality Lead GPs who will hold pathfinder status for GP Commissioning from April 2011.

2. BACKGROUND

Trust Board members will be aware that the National Clinical Advisory Team (NCAT) report was issued via the Strategic Health Authority on the 6th October 2010. The report noted that the review of Closer to Home and the plans for the new West Cumberland Hospital development formally met two of the four Secretary of State criteria for a successful NCAT review. Board members will have previously seen the report which also contained nine observations regarding the proposed strategy and the effectiveness of clinical collaboration within North Cumbria. The report concluded with two specific recommendations which were:

1. That NHS Cumbria and North Cumbria University Hospitals NHS Trust meet with NHS North West to consider the report and agree an action plan which responds to the points raised.
2. NCAT revisit North Cumbria in six months to review progress and to re-evaluate progress against the Secretary of State criteria (reconfiguration tests).

It is important to note that the health economy plans in North Cumbria will need to satisfy NCAT, at the time of the revisit, with all four reconfiguration tests being met in order to ensure that our planned developments, particularly those of a capital nature, are able to continue successfully with appropriate approvals.

All partner agencies were fully represented at a meeting with the Strategic Health Authority on 8 November 2010. The meeting was chaired by NHS Northwest and Dr Chris Clough, as Chair of NCAT and Author of the report, was also present. At this meeting it was agreed by all partners that in order to satisfy the recommendations from the NCAT report a revised and more robust clinical strategy, that was financially sustainable, was required for North Cumbria. It was further agreed that the development of this strategy should be pursued with some urgency as it would be essential to inform the final Full Business Case for the new West Cumberland Hospital. In addition, it was noted that the clinical strategy should interface coherently with the current turnaround plans for the Cumbrian health economy, that it should inform the Integrated Business Plan (IBP) and

Long Term Financial Model (LTFM) for the Foundation Trust application by NCUHT and that it should also take account of the development of Transforming Community Services (TCS) in Cumbria. The key output being a clinically and financially sustainable model of future care within North Cumbria.

3. INTERIM CLINICAL STRATEGY REPORT

The partner organisations, including NCUHT, provided an interim plan to the North West SHA on the 23 December 2010. This joint response described the direction of travel for the development of the clinical strategy for the health economy along with details of the key engagement events and workshops that were being held during January 2011.

Since the meeting in November 2010 there have also been fortnightly telephone updates involving the SHA and the Medical Directors of the PCT and NCUHT.

In addition Board members will be aware that through the good offices of the Director of Finance a detailed financial turnaround plan was also provided to the Director of Finance at the North West SHA on the 23 December 2010. Considerable work went into this document to ensure it was consistent with the interim clinical strategy report that was submitted jointly to the SHA on the same date.

4. CLINICAL STRATEGY WORKSHOPS

Two detailed engagement events have been held during January 2011 involving the Executive management teams and senior Clinical Leaders from NHS Cumbria, NCUHT and the GP locality areas. The events were held on Thursday 13 January 2011 and Thursday 27 January 2011. Excellent attendance was noted at both sessions with a very high level of clinical engagement throughout the planning days.

The two planning days were informed by the excellent work that had already been undertaken in West Cumbria where senior Clinical Leaders and GPs were already meeting to develop integrated service models linked to the redevelopment of the West Cumberland Hospital and the developments in Cockermouth and Cleator Moor. This work being originally commissioned due to the reduction in the capital envelope for the new West Cumberland Hospital with the loss of the £10 million from the NWDA. A number of work streams had already been established to support the Closer to Home strategy with the emphasis on being to build a health economy wide approach to ensuring health resources would be used to maximum effect and maximum levels of efficiency. The work streams covered:

- Ambulatory care
 - Elective Care
 - Emergency Care
 - Child and Family Services
 - Elderly Care
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Using the initial outputs from this West Cumbria led work the two January 2011 workshops were able to examine the identified care pathways for the whole of North Cumbria. The discussion and debate focussed on how acute services in particular, could be effectively provided from the Trust's two hospital sites (the Cumberland Infirmary and the West Cumberland Hospital) making sure that the overall clinical strategy that emerged provided a framework for clinically safe and sustainable services for the population of North Cumbria.

5. NEXT STEPS

The final workshop was held on the 27 January 2011. All participants recognised and acknowledged that the discussions had been extremely productive in terms of identifying a sustainable framework for the clinical strategy. It is strongly felt that the outputs of this work should satisfy the NCAT requirements of demonstrating a whole systems approach to the future sustainability and viability of services within North Cumbria.

It is now important that NCUHT, on receiving the documented outputs from the workshops from NHS Cumbria, ensure that priority is given to formulating a provider response to the commissioning intentions that are contained within the new clinical models. It is extremely important to fully cost the models that have been discussed for the clinical delivery of services from the two hospital sites within the Trust.

Board members should note that this work will also need to underpin and support the following processes:

- The turnaround plan
- The contract negotiations with NHS Cumbria for the 2011/2012 contracting round
- The Full Business Case for the new West Cumberland Hospital
- The IBP and LTFM for the Foundation Trust application

The Trust Board will be kept informed regarding the continuing development of the clinical strategy and the provider response in respect of the affordability of the models that are being proposed.

6. RECOMMENDATION

The Trust Board is asked to note the content of the report.

Kevin Clarkson
CHIEF OPERATING OFFICER/DEPUTY CHIEF EXECUTIVE
