Maryport 'Alliance'

Building a Population Health System for Maryport

A proposal to the Success Regime

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Executive Summary:

On behalf of the Success Regime Claire Molloy (CEO, CPFT) and Prof John Howarth (Deputy CEO CPFT) initiated a series of meetings with the local practice and local community groups to support them to produce a viable and sustainable alternative to the preferred option in the consultation document 'The Future of Healthcare in West, North and East Cumbria'.

The **current preferred option in the consultation document**:

- Removes the beds from Maryport Hospital
- Keeps the building open
- Leaves 40% of money released in Maryport

This option is strongly opposed locally and we describe **2 alternative options in this document**

Option 1: A smaller 8 bed unit running 24/7 focussing on short stay rehabilitation and reablement.

- Estimated cost approx. the same as current i.e. £963k per year (slightly lower nurse cost but increased therapist cost)
- Mainly step up – i.e. not part of the wider 'medical' bed model
- Focussed as a 'bed avoidance unit' for other parts of the system i.e. avoiding care home and acute hospital bed use
- More short and overnight stays
- Continuing to provide palliative care

Option 1 has strong support from local action groups, the hospital League of Friends and the local GP practice who feel this will give the best care for older vulnerable patients. In particular the overnight beds in Maryport give the opportunity to deliver high quality end of life care locally for those who need an overnight bed as local car ownership is low and public transport links are poor. Most carers and families would continue to be able to walk to visit their relatives. It would also provide a facility that could maximise rehabilitation potential with the aim of getting as many people back into their own homes as possible rather than residential or nursing homes.

Option 2: Maryport Hospital running 7 days a week but no overnight stay

This would release £373,000 by not staffing evening and night shifts

- It recycles the money saved by not opening 24/7 as pump priming for the Maryport Integrated Care Community providing for example an extra wte

doctor embedded in the community team working on admission avoidance and possible other roles such as rapid response home care practitioners, palliative care expertise, building primary mental health, enhanced respiratory expertise etc.

- The hospital becomes the hub of a new exciting population health model for Maryport and has a vibrant and sustainable future.
- It focusses on admission avoidance (to acute beds and residential and nursing home beds) providing a wide spectrum of ambulatory treatments, rehabilitation, support to reablement, frailty assessments, local one stop assessments for example after a fall.
- It helps bring back many of the 29,572 journeys that leave the town every year for acute hospital care. Overall far more people would be treated in Maryport at Maryport Hospital
- Frees up space in Maryport Hospital for a significant proportion of the 20,683 outpatients currently travelling to NCUHT every year to be treated locally.
- Does not at this point require significant capital investment although we need to do further work especially on the use of telehealth
- The hospital would be a hub for connections to the wider health and care system. This would include telehealth and telecare. We aim to have video consultations with specialists and video consultations with patients in their own home.
- It solves our current staffing issues and no members of staff would need to be made redundant. The principle is that we create a new fully integrated team with the right mix of skills to deliver more health care in Maryport reducing the overall movement for care.
- In this approach we would hope to treat more people in their own beds at home or in the 200 care and nursing home beds in Maryport. For those who would need bed based care in other community hospitals we would look to invest some of the recycled budget into an enhanced local volunteer transport scheme as 26% of households in Maryport don't have access to a car and public transport is poor.
- Whilst many in the town would prefer a solution with 24 hour beds there is a recognition that staffing a small unit 24/7 has become increasingly difficult and that this proposal would give a different but exciting and sustainable future for Maryport Hospital.
- This proposal has support locally particularly from the local nursing teams. The wider local community groups , local General Practice and League of Friends would prefer beds overnight but can at the same time see advantages in idea 2 provided:

    - The current budget is kept in Maryport i.e. the savings made by moving away from overnight beds is recycled
    - Beds are available for Maryport patients in other community hospitals when needed i.e. if bed numbers increased in other community hospitals some of these should be earmarked for Maryport patients.

- We develop a credible high quality offer for end of life care allowing more people to die with support at home in Maryport and good alternative arrangements for the few that will need bed based care. Further workshops are planned to discuss end of life care.

This option would not only provide a viable alternative to that in the consultation it would provide pump priming for an exciting new population health system designed to shift significant amounts of care back locally, led by our newly formed Maryport Alliance between health and care providers and wider partners such as community groups and schools aimed at improving the wider population health

We ask the Success Regime to consider these two alternative options for Maryport.

Introduction:

Maryport is a coastal town in West Cumbria with significant social and economic deprivation.

- The GP practice serves 13,586 people
- Maryport community hospital sits in Ewanrigg ward and has 13 beds.
- In Ewanrigg 54% of Year 6 pupils are overweight or obese (source Public Health England). These are the **highest rates of Year 6 obesity in the whole of England**.
- Long term unemployment is double the national average.
- **Income deprivation is 25.7% nearly double the England average** of 14.7%
- **Deaths from all causes under 75 is 46% higher than the England average**.
- There are **29,572 journeys out of the town every year** for appointments or admission to the acute hospital.
- The population of Maryport travels over one million miles every year for healthcare yet 26% of households in Maryport don't have a car (46% in Ewanrigg ward) and public transport is limited.

Both options discussed place Maryport Hospital at the centre of a new exciting population health approach in Maryport.

Situation as it is now

Most of the current budget goes on admissions to secondary care, and to residential and nursing homes

Primary and Community Care gets less investment

Population health initiatives working with community partners gets little

Situation we hope to achieve

Secondary Care, residential and nursing home care only when absolutely necessary

Primary and community care – providing a wider range of services and doing much of the work that was previously done in secondary care closer to home, more efficiently and faster.

Greatly enhanced Health Prevention – multiple organisations working together with an activated and mobilised community to reduce illness. Improving education, job prospects, mental health. Allowing easier access to early help in the community. Improving wellbeing.

We have created a new ***Maryport Alliance*** between health providers and wider partners such as community groups and schools aimed at improving the wider population health.

The Maryport Alliance has adopted the logo below – a beautiful inversion of the troubled estate narrative.

Current State:

This section summarises the current state.

Maryport Community Hospital (CPFT) Current State:
• **13** commissioned beds • **81.9%** bed occupancy 2015 – 2016 • 24-hour nurse led assessment unit. • Cost per bed per day patient is c£265 • £623,021staff costs • Maryport Hospital costs **£963,780 per year to run** overall • Provides step up and step down care • Average Length of Stay is currently 14 days (historically this was lower) • Step up care is currently just under 30% (historically this was much higher) • Some estate issues e.g. space around beds for hoisting and lack of ensuite facilities • Maryport RGN vacancy in August 2016 was 79% with a 6.6 wte gap in RGNs. There has been some recent recruitment success. • 252 admissions in 2015-16 In addition 61 Maryport residents were admitted to other community hospitals during this period. • 176 patients were discharged home, 26 died, 11 were readmitted and most of the rest went to either residential or nursing care.

Movement out of the town for healthcare – Current State:

There is **large scale movement of people for healthcare** for a community with poor public transport links and low car ownership. 26% of Maryport households overall and 42% of households in Ewanrigg do not have a car.

Over 50% of the Maryport health budget leaves the town to pay for acute hospital care.

In 2014/15 there were 29,572 journeys out of the town for care broken down as follows:

- **22,208 Outpatient appointments**
- **3496 A&E attendances**
- **1,995 non-elective admissions**
- **1,873 elective admissions**

Other Bed Based Care in Maryport – Current State (see annex 1 for detail)

There are **over 200 residential and nursing home beds in Maryport**. Most are provided by the private sector but Parkside (31 beds) is provided by Cumbria County Council's in house provider Cumbria Care

There are **over 80 sheltered housing units in Maryport** provided by a variety of private organisations.

Non bed Based Care in Maryport – Current State (see annex 2 for detail)

9 organisations provide some form of **domiciliary care** in Maryport

8 organisations provide day care.

Maryport General Practice (Maryport Health Services) Current State:

8.25 FTE GPs for 13,586 patients

- Practice located on the Ewanrigg estate, next door to the Community Hospital.
- Premises owned by partners.
- Innovative mix of staff – 'Acute Care Team' (Nurse Practitioners, Paramedic Practitioner). Also pioneering an over 75's frailty service to try to reduce admissions.

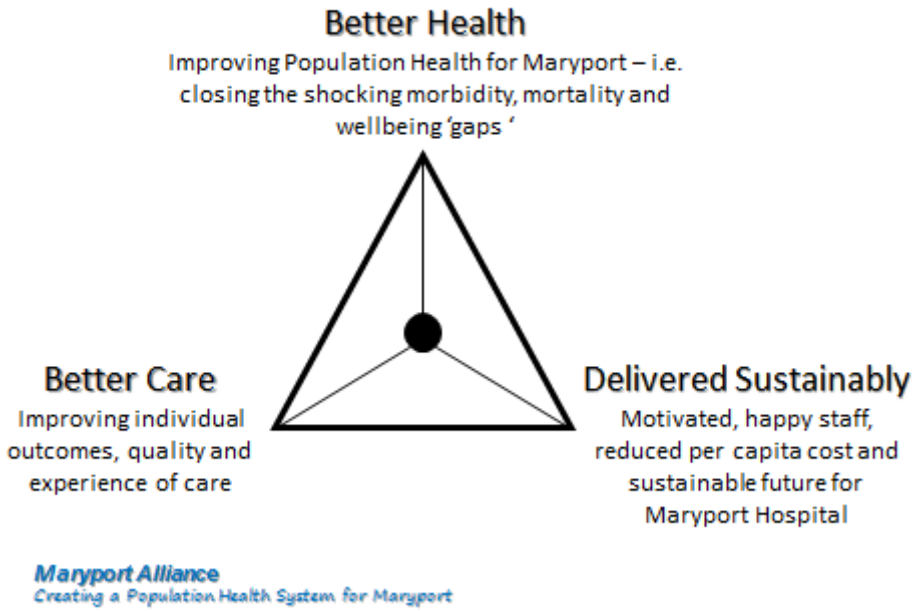
- Long history of training – both registrars and medical students.
- A research practice, with one partner who is a research engagement lead for the North of England.
- Provides clinical cover to the community hospital.
- Has always achieved maximum clinical QOF points since QOF started.
- Has two GPs with special interest in Mental Health who have advanced university diplomas allowing them to work beyond the scope of a usual GP in this area.
- Has one GP with additional skills in ENT who could work at an ENT GPwSI level.
- Has aspiration to increase its GPwSI type work – with eventual aim of having many more patients seen in Maryport by a GP rather than a consultant – with consultant supervision either in person (side by side clinic) or remotely. This is being piloted currently in elderly care as part of the over 75s clinic frailty service mentioned above, and is already running with our paeds nurses who run a side by side clinic with a consultant from West Cumberland monthly. This approach of building skills locally could be extended to cover many areas as part of the Alliance plan outlined in this document.
- Has two GPs skilled in minor surgery who perform a wide variety of procedures.
- Has aspirations to increase local diagnostic access – for instance through pioneering use of point of care testing, and local ultrasound scanning and x ray, as well as potentially the use of mobile MRI and CT scanners and potentially endoscopy. This would again reduce the need for services further afield as well as reducing admissions. The community hospital would likely be an integral part of any expansion along these lines.
- Has previous experience of integration as part of the national integrated care pilot scheme.
- Has previously developed the role of a 'falls specialist' (an OT who visits at risk patients) – before funding was withdrawn this was shown to reduce admissions.
- Employs paediatric nurses to deal with a large proportion of the child health needs of the area – a role that was developed over several years and is very popular with other staff and patients.
- Is planning on employing a specialist prescribing physio to deal directly with musculoskeletal problems – aiming to reduce unnecessary referrals.
- Daily lunch meeting allowing sharing and discussion of clinical issues and learning.
- Very close and engaged clinical and non clinical teams who work well with the CPFT staff who work in the next door community hospital.
- Very active patient participation group.
- Working closely with community partners in Maryport.
- Plans to add a 'community café' working with the Ewanrigg Trust to the front of the building – to act as a local hub.
- Plans and a site already in place to build a new health complex in Maryport when the time is right.

Like many practices in West Cumbria Maryport faces recruitment challenges now and in the future. Two partners nearing retirement.

Proposed Future State: Creating a Population Health System for Maryport

In both our proposed options we are placing Maryport Hospital at the hub of a future population health system for Maryport. In the section below we describe this wider place based approach.

It is built around the 'triple aim':



and has 3 components:

- **Component 1 - A new model of place based integrated health and care provision for Maryport**
- **Component 2 - A high level business case for the 2 options**
- **Component 3 – Delivered through the Maryport Alliance with community involvement in the local leadership and delivery of improved population health**

Component 1 - A new model of place based integrated health and care provision for Maryport

- **One team**
- **Working for the triple aim**
- **A repurposed Maryport community hospital**
- **An innovative new partnership between health and care providers the community and wider third sector and educational partners – the 'Maryport Alliance' aimed at improving the population health**

One Team:

The Maryport Alliance - one integrated health and care team, practicing population medicine, working with communities mobilised at scale for health and wellbeing.

Population medicine is an approach which looks at the whole population health not just those who present to health services. Take for example Chronic Obstructive Pulmonary Disease (COPD). At the moment we just treat those who present yet we know there are a large number of people with undiagnosed COPD who could benefit from treatment. There are also groups that are on track to get COPD e.g. heavy smokers. Ninety percent of smokers start smoking in school so a population health approach to COPD will start way upstream in the schools.

This approach has implications for both health and care teams and also local community groups. We need a mobilised community to help us improve health and wellbeing and to reduce demand as unless we do something about the demand services will be increasingly overwhelmed with longer waits and a risk to quality. Resources for health and care have been reducing for years and this pattern is likely to continue. Our current model of spending most of the health budget on reactive care is unsustainable.

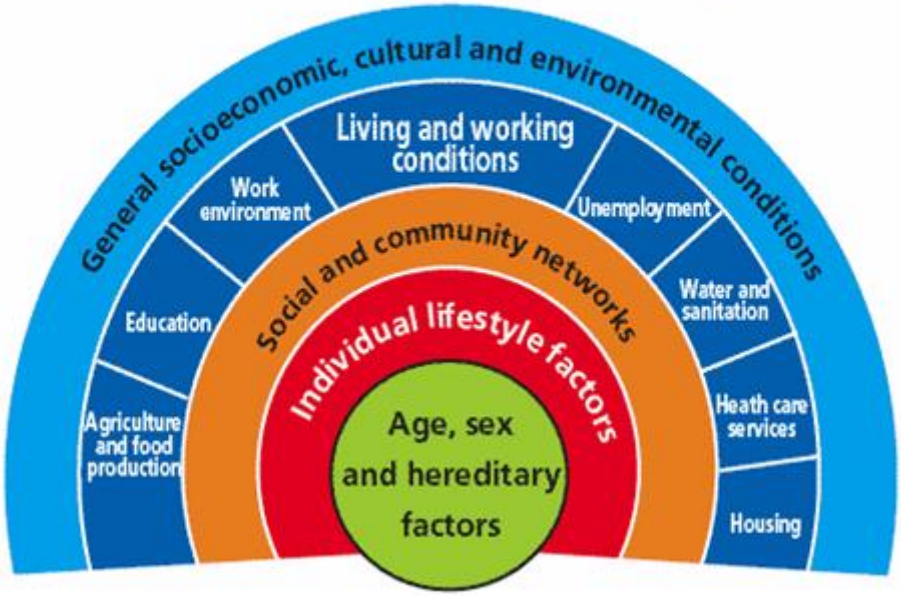
The future integrated primary and community team will need to be multi-specialty and multi-disciplinary including significantly enhanced primary mental health capacity and the development of increased local skills.

We are proposing a shift from just delivering services to a population to one that looks at improving the health of the population in close partnership with the community.

This is essentially an assets based approach to solving the wider problems in health.

Health services account for a relatively small percentage of what makes us healthy:

What makes us healthy?



We need to work more with schools, community groups and third sector providers to address the wider determinants of health with a strong focus on prevention, reducing social isolation and mobilising the community to begin to look after their own health more. We are often treating the consequences of the wider determinants of health with medication and expensive specialist services. For example many of the issues in mental health are far better addressed by a job leading to better self-esteem and reduced poverty. Also if we join together we will be much better placed to bid for additional funds for Maryport and have a stronger voice for example if we chose to lobby for an Enterprise Zone.

The commitment of local third sector organisations on the Maryport Alliance group is a significant strength. We have a shared vision and opportunities for collaborative projects that will enhance community engagement and greatly assist with demand avoidance, such as the community café and the new town health and well-being newsletter. Some quotes from members of the alliance in Annex 5 demonstrate the commitment and passion for the vision.

End of Life Care

We are committed to providing high quality end of life care for Maryport patients.

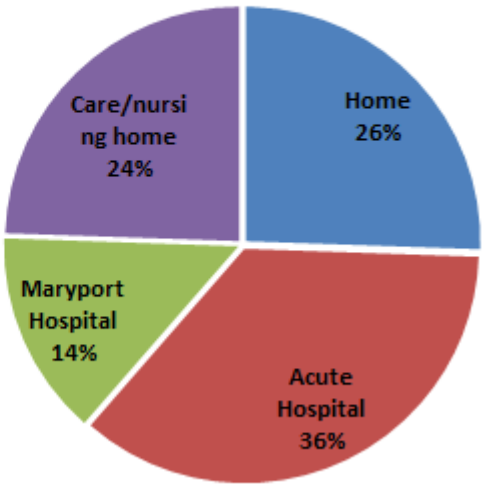
When we take a whole place based view we see that the community beds are just one small element of the bed base in Maryport and the bed base is just one small element of what makes us healthy. However the current overnight beds in Maryport Hospital provide really high quality, compassionate end of life care for a small number of patients.

Most (but not all) people given the choice would choose to die at home with the support of great local services. Unfortunately many people are still admitted at the end of life inappropriately to acute hospitals at great cost both financially and in terms of added distress.

Overall in the last 12 months (Nov 15 – Oct 16) 185 Maryport patients died (source Maryport practice data). Of this group some deaths would be sudden or unexpected and others would be expected i.e. patients known to be palliative.

Where do Maryport patients die?

Home	47
Acute Hospital	66
Maryport Hospital	26
Care/nursing home	45
Carleton clinic	1
TOTAL	185



12 months Nov 15 – Oct 16

We can see that overall half of patients died in their home or care home and half in a hospital bed. 26 patients died in Maryport hospital with 66 dying in either West Cumberland Hospital or Cumberland Infirmary and 45 in local residential care or nursing homes. There are usually 1 or 2 patients at any one time receiving end of life treatment in Maryport Hospital.

In option 1 (8 overnight beds) there will be no change in end of life care at Maryport Hospital

In option 2 (no overnight beds) we recognise that a small number of patients needing end of life care will need to be looked after in a hospital bed. We have further workshops planned supported by Hospice at Home West Cumbria to look at this issue in more detail but our high level aims are:

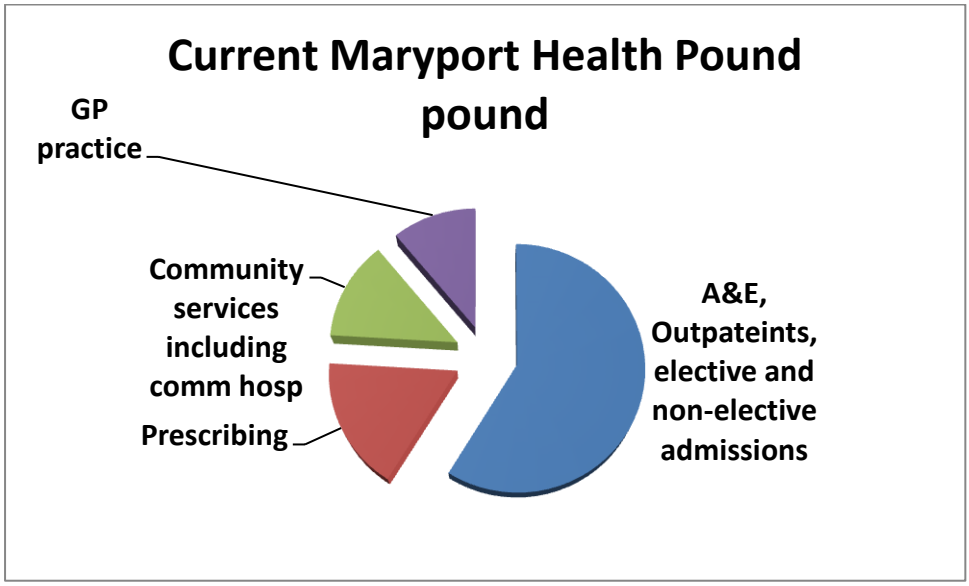
- To provide enhanced palliative care capacity and skills in the local Maryport team. The reinvestment of resource proposed in option 2 would support this together with an enhanced community medical and nursing team.

- This enhanced capacity and skills would help support more patients overall to die at home if they choose to do so (national research suggest whilst most people die in a hospital setting most would choose to die at home)
- For the small number needing overnight care we could use neighbouring community hospitals (with an enhanced community transport scheme to support families) or we can consider the purchase of one or 2 nursing beds locally (though this could reduce the funds available for building skills in the wider team).
- Penrith Hospital runs a successful day facility to support patients with end of life care and their carers – we can explore this as an option in Maryport Hospital.
- Overall we want to deliver more care locally for Maryport patients

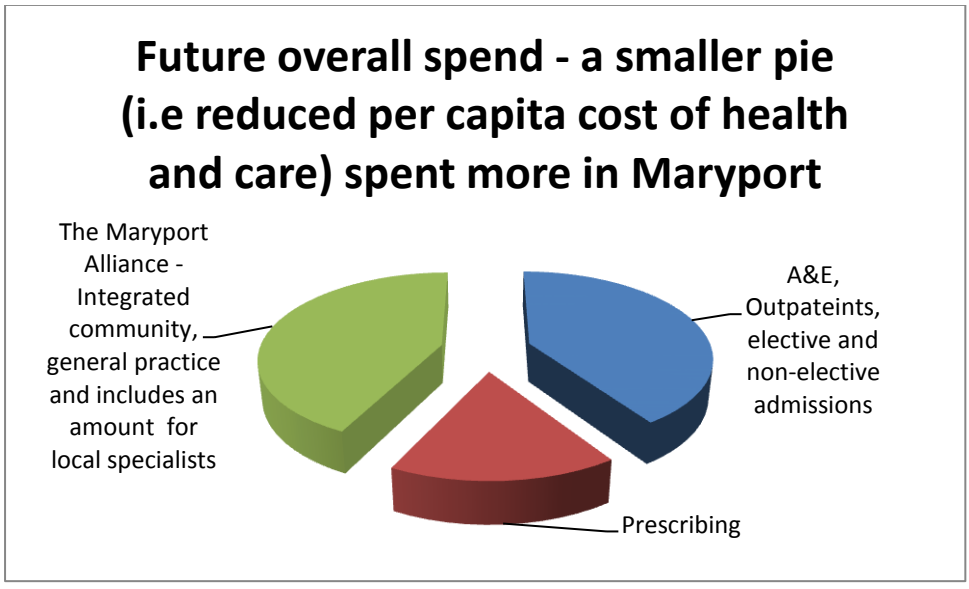
Component 2 – High level business case for the 2 options

This starts with a high level view of how we spend the Maryport health pound now and in the future.

Essentially we want to move from this:



To this:



This proposal is really the first step on this journey and focusses on the community hospital resource. However it is a catalyst for wider change in the future aligned to the strategy of the Success Regime i.e. shifting radical amounts of care closer to home.

High level financial model for re-purposed Maryport Hospital

Current cost of running Maryport Hospital:

	1617 WTE Budget	1617 Annual Budget
Maryport Community Hospital		
Staff Costs – Nursing	9.05	367,286
Staff Costs – Health Care	9.72	255,735
Staff Costs – Medical (SLA)		54,000
Staff Costs – Administration	1.53	30,960
Staff Costs – Domestics	5.12	107,458
Staff Costs – Catering	2.18	48,768
Estates and utilities (non pay)		40,792
Non pay		65,352
Income		-6,571
Total		963,780

Costs of running the community nursing team in Maryport as a comparison:

	1617 WTE Budget	1617 Annual Budget
Maryport Community Nursing		
Staff Costs - Nursing	9.17	346,347
Staff Costs - Health Care	0.66	15126
Non pay		23,643
	9.83	385,116

Currently we spend nearly 3 times as much on the hospital as we do on the community nursing team in Maryport.

Future options considered:

As a group we considered a number of different scenarios including a continued 24/7 bed based unit. The passion and commitment from the local community was notable with most preferring, if possible, a 24 hour unit. If this was not possible there was a strong view that we should find a model that gives a **viable long term future for the community hospital as the hub of local healthcare** *and* that keeps the resource in Maryport - one of the most deprived areas of Cumbria.

	Estimated cost £
No change i.e. continue as is with 13 beds	**Same as current cost i.e. £963780**
Option 1: Reduce to 8 beds running 24/7 focussed more on rehabilitation and short stay	**Modelling suggests little if any saving as the small amount of nurse time saved will be offset by increased need for therapy time**
Option 2: 8 beds used for ambulatory care (i.e. as admission avoidance hub) but *7 days a week* 0800-1830	**£373k less**
8 beds used for ambulatory care (i.e. as admission avoidance hub) but 5 *days a week* 0800-1830	**£464k less**

We debated which of these models was most likely to deliver a long term sustainable future for Maryport Hospital in the context of the current Success Regime proposal to close the beds and the real everyday challenge of attracting sufficient qualified nursing staff to work in the unit 24/7.

Option 1 (keeping 8 overnight beds) would save a small amount on nurse costs which could be invested in enhanced therapy resource on the ward. By maximising rehabilitation we would aim to reduce movement into long term residential and nursing home settings.

Option2: (no overnight beds) would release an estimated £373,000 for investment in the local admission avoidance team – pump priming the ICC. We could use this for example for a doctor embedded in the community team for admission avoidance, building palliative care skills and capacity in Maryport, respiratory specialist nurse time, rapid response home care practitioners, investment in population health initiatives such as reducing childhood obesity, a volunteer transport scheme, continuing support for the food bank at St Mary's Church etc. Also by integrating the existing community hospital nurse and therapy team with the wider community team the resource in this team would nearly double.

Finally the GP practice and the wider Maryport Alliance strongly support the emergent work of the CCG to allow local ICCs some influence of the local budget. We would be interesting in piloting this in Maryport.

Further work needs to be done on the detailed clinical model however the practice has already developed a number of initiatives and we have the detailed clinical model developed in Millom as a starting point to adapt and improve on.

Component 3 – Continuing the Maryport Alliance with community involvement in the local leadership and delivery of improved population health

At the moment teams arrive at work in Maryport every day wearing different shirts, working for different organisations, refer to each other and are accountable to their parent organisations' governance systems so most information flows upwards for assurance rather than locally for improvement.

Local teams have little influence over how the Maryport pound is spent and little incentive to deliver more care locally.

We have produced this proposal through genuine co-production. We have even held a 'De Bono's 6 hats' workshop with the wider community to look at ideas and options. We have called our collaboration 'The Maryport Alliance' (influenced by the Millom Alliance approach) and we have adopted the Make Maryport Smile logo.

All partners agree that **continuing the Maryport Alliance** beyond this issue would create exciting opportunities to improve the wider population health – moving at 'the speed of trust'. We would have a town leadership team (Maryport Alliance/ICC) with representation from the community, community groups, GP Practice, CPFT, Adult social care with acute trust and wider groups e.g. schools welcome. A more practically focussed operational group would meet more regularly made up of the local health and care team plus selected community partners.

Similar to the Millom Alliance the group will agree a set of principles to bind us together. A draft is included in Annex 3.

Taking this forwards - Project Group, Governance and Support Requirements

- A Project Group has been established with the first task is to complete this proposal for the Success Regime by mid Decemebr 2016
- Project support and facilitation has been supplied by CPFT but with a great deal of outstanding support from Ewanrigg Community Trust

Key metrics

Movement out of town for care (Out patients, A&E, Non elective and elective admissions)
Rate of use of nursing home and residential home beds
Over time we will incorporate population health metrics

Conclusion:

We have moved, together, from a Save Our Beds campaign focused on community hospital beds to ‘Making Maryport Smile’ - a whole population health model in which there is a positive future for a re-purposed community hospital. Our approach is built on assets and co-opts the practice and wider community into the efforts around admission avoidance and improving population health. A similar approach in Millom resulted in significant reductions in admissions to the acute hospital (see Annex 5).

We ask the Success Regime to consider and comment on these 2 options for Maryport Hospital.

Annex 1: Beds in Maryport

Residential and Nursing Care Homes

Name	Information	Number of beds	Owned and run by	CQC
Riverside Court Care Home	Residential and Nursing care for adults over 65yrs and Dementia	60	Private sector	Requires Improvement report 22/09/15
Parkside	Adults over 65yrs and Dementia	31	Cumbria Care	Good 25/08/16
Granville Court Care Home Limited	Adults over 65 yrs, Dementia care.	12	Granville Court Care Home Limited	Good 08/09/16.
Jah-Jireh	Adults over 65yrs, Dementia, Learning Disabilities, Physical Disabilities and Sensory Impairments	20	Jah Jireh Maryport, Miss Joanna Hindmoor.	Good 07/06/16
Solway House	Adults over 65yrs	18	Solway House Limited	Requires Improvement 12/02/16
West House	7 beds caring for a specialism of Learning Disabilities	7	West House	Met the required standards in place by CQC at the time of their inspection.
The Dales	Adults over 65yrs & dementia care unit	40	Dales Care Homes	Good 07/08/15.
Ava House	Adults under 65yrs and Learning Disabilities	4	Living For Life (Cumbria) Limited.	Good 23/09/15,
Allanby House	Learning Disabilities	6	Community Integrated Care	Good 11/12/15.
Midtown Farm	Adults under 65yrs and Learning Disabilities with complex needs and limited verbal communication	4	West House	Requires Improvement 02/03/16
Seaview House	Learning Disabilities, complex care needs and limited verbal communication	4	Community Integrated Care.	Good 30/09/15

Sheltered Housing Accommodation

Name	Information	Number of beds	Owned and run by
Solway Court	Over 55's non- resident scheme manager support and 24hr alarm system. Social Activities encouraged with the communal areas, with coffee mornings, pea and pie suppers and day trips.	7 one bed flats and 21 studio apartments	Anchor Housing
Ellen Court	Over 55's non-resident management staff and community alarm system.	20 flats	Derwent & Solway
Inglis Court	Over 55's resident management staff, Careline in place. Weekly activities including coffee mornings and social events.	28 one bed flats some of mobility standard	Housing & Care 21
Jah Jireh	Sheltered housing and extra care, 24hour call system. Short stays or respite possible	4 cottages and 4 apartments	Jah Jireh

Annex 2: Day care, domiciliary care and local groups in Maryport

Domiciliary Services – in and near Maryport

Name	Information	Owned and run by	CQC
Jah Jireh	Homecare services for adults over 65yrs, Dementia, Learning Disabilities, Physical Disabilities and Sensory Impairments	Jah Jireh Maryport	Good 07/06/16
Walsingham Support	Personal care for up to 4 people living with Autism in their own tenanted properties on site, home care services and supported housing for; Learning Disabilities, Mental Health Conditions, Physical Disabilities, Sensory Impairments and Adults over 65yrs	Walsingham Support Limited	Good 04/11/15
Living for Life	Home care services with specialism of Learning Disabilities.	Living For Life (Cumbria) Ltd.	Awaiting CQC report
Hospice at Home West Cumbria	Palliative and end of life care	Hospice at Home West Cumbria	Good 16/12/15
West House Domiciliary Care	Learning disabilities specialism	West House	Awaiting CQC report
Mears Care	Extra support short or longer term assistance with personal care, cooking, cleaning, medication or shopping. One hour a week or live in care. People of all ages, complex conditions, dementia, learning disabilities	Mears Group	Good 06/11/15
CRG Homecare	Personal, Respite, Domestic, Terminal, Overnight Care, Holiday Relief/Accompaniment, Shopping, Companionship, Social Activities, variety of service user groups: Older People, people with mental health problems, learning disabilities, physical disabilities, special needs terminal illnesses, sensory loss, dual sensory impairment, Children, young adults and their families.	Castlerock Recruitment Group	Awaiting CQC report
Bellcare	Alcohol Dependence, Call in Service, Cancer Care, Cleaning Service, Companionship, Dementia, Domestic Services / Home Help, Drug Dependence, Elderly Care, Food Preparation & Serving, High Dependency Care, Hospital Discharge, Learning Disability, Medication Assistance, Mental Health Condition, Palliative Care, Personal Hygiene Care, Physical Disability, Sensory Impairment, Shopping Service / Errands, Sit in Service	Bellcare	Awaiting CQC report
Jemcare	Alcohol Dependence, Dementia, Drug Dependence, Elderly Care, Learning Disability, Mental Health Condition, Physical Disability, Sensory Impairment	Jemcare	Good 16/07/16

Day Services

Name	Information	Run by
Solway Court Day Centre	Supports to promote independence through activities, hobbies, social interaction and building confidence. Meal provision. Transport available.	AgeUK.
Florence House Day entre	Supporting those with; physical disabilities, adults 18+, early on set dementia, older age dementia, learning disabilities, dementia, older adults. Provides outdoor space, animal care, greenhouse and raised bed. Sensory room, arts and crafts amongst other activities. Full days or just a few hours, lunch provision. Transport in certain circumstances.	Avista Care
Salisbury	Offers a variety of activities to promote independence, social	AgeUK

Court Day Centre	interaction and building confidence. Meal provision. Transport available.	
West House	Supporting adults and children with disabilities with a range of community and resource based settings in and around West Cumbria.	West House
Princess Street Day Centre	Supports those with EMI and Dementia and their carers. Offering a range of therapeutic and stimulating activities.	Cumbria Care

Community Activities (*This is just a small sample of current activities)

Name	Information
Pottery Class	The Settlement, Community Arts and Learning Centre. Arts and Crafts for adults Mondays 1.00 -3.00pm. £3.50. Need to book. Aims to help participates to regain their confidence through art and meet others.
The Wednesday Project	The Settlement, Community Arts and Learning Centre. Wednesdays 1.30 – 3.30pm. Free session. Feel good activities outside caring for plants in a growing area to help restore and maintain the Settlement Community Garden. Wet weather alternatives, i.e., easy cooking and relaxation techniques. Coffee and biscuits
Reading Club	Maryport Library. First Tuesday of every month. 2.00 -3.00pm.
Royal British Legion Advice	Maryport Library. Drop in, last Friday of every month 12.30- 2.30pm.
Craft and Chat	The Settlement, Community Arts and Learning Centre. Fridays 1.00-3.00pm.
Tuesday Lunch Club	Ewanrigg & Netherton Community Centre, Maryport. Also has other activities to support the community; bingo, computer courses for over 50's, cooking classes.
Swimming sessions	Netherhall Community Sports Centre, Maryport. Adults only- Thurs 12.15-1.15pm, Wed 11.00- 12.00am, Mon 7.00-8.00pm, Fri 12.00-1.00pm. Aquasice- Thurs 1.15-2.15pm, Tues 9.00-10.00am. 50+ Mon 12.00-1.00pm.
Allerdale Inclusive Swimming Club	Netherhall Road, Maryport. Provides inclusive swimming sessions for people with restricted abilities. Wednesdays 6.00-7.00pm. £1.50 (Under 16's) Unclear adult charge, £1.50 senior citizens.
Dementia Café	Cumbria House, New Oxford Street, Workington. Run by Alzheimer's Society. Provides information, a place to relax, socialise and meet others.
Singing for the Brain	Cumbria House, New Oxford Street, Workington. Run by Alzheimer's Society. Brings people together in a friendly, fun and social environment. Based around the principle of music stimulating session including vocal warm ups and singing a wide variety of songs.
MIND Drop- In sessions	Methodist Church Building, Senhouse Street, Maryport. Run by MIND in West Cumbria. Community drop in sessions Wednesdays 10.00-12.00pm. MIND in West Cumbria aim to address the combined barriers of mental ill health and rural isolation by enabling individuals to take the first steps towards re-engaging with their community, improving social and self-confidence. Also includes activity groups, art, craft, dance, walking and photography.
Coffee Mornings	The Settlement, Community Arts and Learning Centre. 2nd Wednesday of the month. 10.15 - 11.30am, charge- 50p.
Craft and Chat	The Settlement, Community Arts and Learning Centre. Every Friday in term time. Drop in session 1.00 -3.00pm. £2.00. request; " that you enjoy yourself over a cuppa and left feeling pleased you came".
Knit and Natter	Methodist Church, 104, Senhouse Street, Maryport. Tuesdays 10.00 – 12.00pm.
Gentle Exercise Classes	Crosby Community Centre, Crosby, Maryport. Gentle exercise for over 50's, gentle warm up, stretching, followed by a series of exercises to help improve or maintain strength and cardiovascular fitness. Ideal for people of all abilities. Mondays 10.00 -11.00am.
Fit 4 Life Cumbria –Specialist	Grasslot Welfare Sports and Social Club, Main Road, Grasslot, Maryport. *Can B Fit* Gentle exercise for anyone affected by cancer, led by fully qualified CanReb Cancer & Rehabilitation Instructor and supported by MacMillan Cancer Support. *Stroke Workshop* For anyone who

Sessions	has suffered a stroke and is independently mobile, led by specialist exercise after stroke instructor. *Pulmonary Workshop* Gentle exercise for people who suffer from COPD, led by qualified British Lung Foundation Active Instructors. Other activities also available.
Indoor Bowls	Crosscanonby Community Centre, Crosby, Maryport. Mondays 7.30 -10.00pm.
Coffee Morning	Trinity Baptist Church, Station Street, Maryport.1st Thursday in the month, 10.30 – 12.00pm.
Men's Prayer Fellowship	Trinity Baptist Church, Station Street, Maryport. Last Thursday in the month. 12.00- 1.00pm.
Ladies Lunch Club	Trinity Baptist Church, Station Street, Maryport. 1st Tuesday of the month. 12.00pm.

Annex 3: Key principles and ways of working for the Maryport 'Alliance' (I have adapted these from the work we did in Millom)

Key Principles

The key principles of the Alliance Core Group are:

- To work together and engage constructively with the Commissioners to help to create a population health and improvement system to serve the people of Maryport through a fully integrated health and care system supporting a community mobilised at scale for health and wellbeing ensuring that the community are a full and valued partner in our model.
- General practice and the care sector are key and valued elements of the Alliance
- The Alliance must look to improve quality and safety of services, sustainably and affordably.
- The Participants intend that the model for the Alliance could be scalable to other areas

Ways of working

1. Participant organisations will work collaboratively and support each other over the Alliance and work towards shared outcomes.
2. Participants will be responsible for ensuring that the Alliance is aligned with their own organisations strategies and business development plans.
3. Participants will be open, transparent and act in good faith to each other in relation to the Alliance. The Participants will commit to sharing relevant information with the Alliance Core Group wherever appropriate (having regard to legal and commercial obligations).
4. Participants will be of equal status and standing within the Alliance Core Group and the Participants will seek to be aware and take account of the impact upon the Alliance of their own decisions in relation to services to the

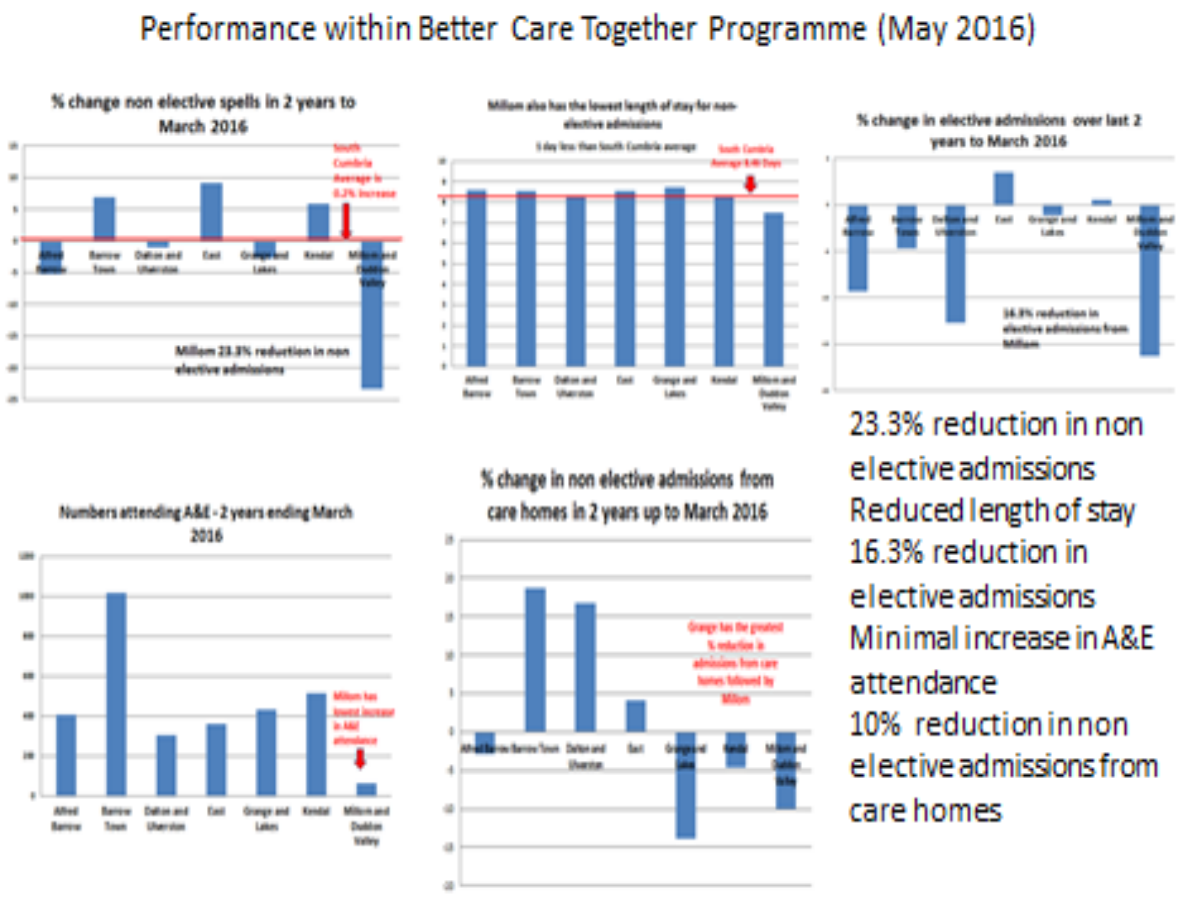
population of Maryport to seek to avoid unintended negative consequences on other services and providers under the Alliance and otherwise.

5. Participants will work in the interests of the defined patient population of Maryport and District with decisions made on a 'best for Maryport and District' basis.
6. The Participants will engage in open, straight and honest communication, understanding and respecting other people's perspectives within the Alliance Core Group and with all key stakeholders in the Alliance. As far as possible they will commit to try and resolve all issues within the Alliance Core Group.
7. All transactions relating to the Alliance Core Group are to be fully open book. The Alliance Core Group will work with clear responsibility and accountability, without blame or surprises.
8. Participants will do all things reasonably expected of them by the other Participants to give effect to the spirit and intent of these principles and will not impede or restrict each other's performance of the activities, things and tasks which any Participant is, or may be, required to do to comply with as part of the Alliance Core Group.
9. The Participants recognise that the Alliance is an innovative and developing programme and that the terms, scope and scale of the Alliance Core Group may need to be revised between the Participants from time to time to achieve its aims and to align with the wider aims of the emerging North Cumbria clinical strategy where appropriate.
10. The Participants will look to be advocates for the Alliance in their public communications with stakeholders and the community and will commit to agreed Alliance based decisions and strategies (subject to the terms of the Alliance Agreement).

The Participants recognise that it is the duty of the commissioners, rather than the providers, to decide what services to procure and how best to secure them in the interests of patients. In addition, the parties are aware of their competition compliance obligations, both under competition law and, in particular, under Monitor's provider licence, and shall take all necessary steps to ensure that they do not breach any of their obligations in this regard. Further, the parties understand that in certain circumstances collaboration or joint working could trigger the merger rules and as such be notifiable to the Competition and Markets Authority and Monitor.

Annex 4: Does this approach work?

Following a similar approach in Millom the results are summarised below:



Annex 5: Quotes from the community

I've been a hospital chaplain for around 20 years, supporting patients, staff and carers and am part of staff teams wanting to offer a holistic approach to both physical and emotional healing. These exciting proposals for a more comprehensive approach to 'Making Maryport Smile' (through better use of funds and 'joined up' working) being developed by the Health Alliance fit well with my vision for chaplaincy in the future. I hope to extend my role into the 'health community', offering spiritual help to those who have life changing decisions to make, or just want to talk through their worries. Naturally I can offer religious support, but only when requested. When I leave someone feeling better in themselves or more accepting of their future, then I am satisfied knowing their recovery will take less time. I'm looking forward to seeing these new and radical proposals being successful, offering opportunities to sit with more people who are not necessarily confined to bed. I wonder how good the coffee is in the community cafe?

Rev Ken

On behalf of the Maryport Victoria Cottage Hospital League of Friends I would like to formally congratulate John Howarth and thank him and his colleagues for all the work they have put into the latest Maryport Alliance working document which points the sensible and acceptable way forward for our wonderful Community Hospital. The League of Friends will be prepared to contribute financially to a realistic level in order to facilitate the future changes

Treasurer and Press Officer of the League of Friends

SOB was initially set up to oppose the Success Regime's emerging thinking and the removal of in patient beds from the Maryport VCH. Subsequently we indicated to the Regime that we would agree to an alternative solution based on the integrated care system. The new Maryport Alliance is designing such a solution which we whole heartedly support and hope the Success Regime and CCG will be able to support too.

Bill (Chair Save Our Beds)

This is a very exciting and important potential development for Maryport. I agree that a rethink and new perspective is essential, based on consultation, context and need, which aims to invest, retain and develop the skills in the locality. I think the involvement of the school as a community hub and centre for education is critical. We would be interested in running classes on health and active lifestyles, targeted fitness classes, GP referrals and anything else the community identified as important. In short, we would love to be involved and agree with the principles and need underpinning this initiative.

David Tromans. Head of Netherhall Secondary School.

I fully support the idea of organisations and agencies working together with the community to come up with an alternative solution to local healthcare – and the new plans look really good so far. There's obviously no easy answer but as a young person living and studying in Cumbria, and as part of my role as Youth Parliament representative for Allerdale and Copeland, I will be actively encouraging other young people to get involved and join in the conversation.

Matthew Suddart Youth MP for Allerdale.

Annex 6: The current state of health in Maryport in more detail:

Maryport practice population is 13,586 residing in 5 wards – Ewanrigg, Ellen, Netherhall, Ellenborough and Flimby.

- In Ewanrigg 54% of Year 6 pupils are overweight or obese (source Public Health England). These are the **highest rates of Year 6 obesity in the whole of England**.
- Long term unemployment is double the national average.
- **Income deprivation is 25.7% nearly double the England average** of 14.7%
- 26% of households do not have access to a car this rise to 42% in Ewanrigg ward.
- **Deaths from all Causes under 75 is 46% higher than the England average**.
- **Hospital admissions from harm and injury are worse in all wards** than England. Alcohol related admissions are significantly worse in Ewanrigg, Netherhall, Ellenborough and Ellen. Admissions for self-harm are significantly worse in Ewanrigg, and Flimby
- Ellenborough and Ewanrigg have LSOA that fall within 10% most deprived nationally
- Ewanrigg **falls within worst 3% nationally for levels of child poverty**
- Ewanrigg has **youth unemployment rates more than 5x national average**
- Estimate on **smoking in Ewanrigg 33.8% (**c.f. England Average of 17%)
- Life expectancy in Ewanrigg and Netherhall are significantly worse than England
- Incidents of mortality for all ages from circulatory disease, stroke and respiratory disease are significantly worse in Ewanrigg and Netherhall than England. Ewanrigg is also significantly worse for all cancer and coronary heart disease
- Emergency hospital admissions for all causes are significantly worse than England in Ewanrigg and Flimby including MI, COPD and CHD
- The number of pensioners living alone in Ewanrigg is significantly worse than England
- The percentage of people with limiting long term illness or disability is significantly worse than England in all 5 wards
- The percentage of people with general bad or very bad health is significantly worse than England in every ward except Ellen
- The percentage of people providing 50 hours or more of unpaid care a week is significantly worse than England in every ward except Netherhall
- Long term unemployment is significantly worse than England in Ewanrigg, Netherhall and Ellenborough