

## Accord Annual Meeting – September 2017

### Feedback and update for Participants

Thank you for joining us at the Accord Annual meeting on September 14<sup>th</sup> or the Bite-sized meeting both held at Centre 4 in Grimsby. These meetings provided an opportunity to hear from health and social care leaders about the CCGs latest developments, ask questions and share your views

Key topics discussed were:

- Accord communications
- CCG update and progress on our Commissioning Intentions
- Making the Best of the Better Care Fund (BCF)
- ENT and Urology services – hospital services transformation

At the daytime session we asked participants to share their views using hand held voting devices. The event finished with a Question and Answer Panel with local health and social care leaders.

### What did you tell us about the meetings?

We have looked at the evaluation forms we asked you to complete from both sessions. We found that 88% of those completing the forms said they rated the session they attended overall as either good or excellent.

Comments about the content of the session(s) included:

- Hearing the views and experiences of specialist medics. Those who are at the 'coal face' strengthen arguments for change.
- Mark's explanation of stroke service very good- these need to be more spoken about- all changes explained.
- Enthusiasm and apparent honesty of panellists and contributors.
- Very informative and well balanced session, with representatives from key organisations.
- Finding out about what has been happening locally. Seeing the different departments finally working together. I am very excited how the new union will pull health and social care together and the improvements that will be made.
- The opportunity to hear from NLaG and consultants explaining the issues affecting their services. Worrying situation about recruitment.

Here is a selection of comments about the structure of the session(s)

- Accord members did a very good job of organising the event! Could be more patient orientated- i.e videos of doctors and clinicians engaging with patients
- The venue was easily accessible and seating arrangements meant we were able to speak to other participants- better than rows of seats.

- Better plan- having groups in previous years was not ideal method of involving.
- Good to put faces to the 'senior' staff names on the agenda too.
- The voting was good, I felt as though I could play a more active role in the outcome of decisions made.
- Opportunity to vote (although it was too simplistic).

Here are some of the suggestions we received about how we can improve similar events in the future; all of which we will take on board to help us plan our Way Forward event which will take place in early spring 2018.

- Too much information/ detail today. See more personal stories- video patients and staff.
- Delivery- presentations need to be more engaging. Need to be easy to read and easy to follow with simplified summaries of goals with graphics...
- It should be made clear that personal agendas need to be dealt with away from the meeting.
- Not enough time for questions. Spread out more so questions can be asked as the day goes along not just at specific points.
- Either a longer meeting or a shorter agenda as much was very rushed.
- Stop fighting the clock by giving more time for people to have their say.
- More time on key topics.
- Improve the questions for voting so that they provide valid engagement material, options given were highly simplistic. Hold meetings on specific areas for change so that in depth information and feedback can take place.
- Some of the questions on which we voted were really 'closed' and only invited a positive response. Future use of voting should use more open questions which do not limit response and so would be more useful.
- Ask everyone to use the microphone so all can hear clearly.
- To make sure that speakers know how to use the microphone correctly.

We also asked you what they would like to see included in future events and your suggestions included:

- Update on STP and the many changes currently taking place or in the planning stages.
- Development of STP plans and the implications to NEL services.
- Young people services & families
- I would like to see officials returning to illustrate how many plans discussed today have worked.
- Ambulance transport- does it come under the CCG.
- Domiciliary care/ elderly care specifically.
- More about management of administration- booking of appointments, transfer of data between departments.
- The finance structure of the hospital trust.
- How funding was used on what services. How successful were the services funded? How many jobs were created implementing the new services and at what cost from the funding?

- Progress on union- achievements/ what hasn't worked well - has health care been politicalised locally due to the union being influenced by elected members?
- How public engagement can be improved over planned and potential changes.

## The Programme

In this section, we will share what people told the facilitators and presenters at the event, and what we are going to do about it. This feedback is quite detailed and includes copies of the presentations used on the day. We want to make sure we share all the information with you and continue to involve you as these plans are developed.

### Accord Communications with Trevor Brooks, Steering Group Chair and Sally Czabaniuk, Engagement Manager

To view Trevor and Sally's presentation click [here](#)

Using the voting devices we set out to gather participants views about how useful they found the communications they receive from Accord about opportunities to have their say. The [scores on the doors](#) were

- 62% said they read the Accord newsletter from cover to cover
- 57% said they read the Accord e-bulletins and click on the links they are interested
- 86% said they were satisfied with the opportunities to have their say about health and social care plans from the information they receive from Accord/the CCG how
- % said
- % said

### Update from Trevor and Sally

It was very encouraging to see the a sizeable number of Accord members present not only take notice of the communications they receive from the CCG but will also share this information where appropriate with their networks. We do want to ensure we reach as wider a section of our community as we can to give people the opportunity to get involved in health and social care developments. The steering group has considered the findings from this session and Accord will continue to improve and develop the quarterly newsletter and ensure the fortnightly e-bulletins are easy to navigate and enable people to participate in and share opportunities that are of interest to them.

### Progress and updates on where we are going in Health and Social Care – presented by Lisa Hilder, CCG Assistant Director - Strategic Planning and Mark Webb, CCG Chair

Click [here](#) to the presentation

“Commissioning Intentions” are statements about how the CCG plans to develop advice, support and care services to help local people to:

- have a good quality of life
- recover from periods of ill health as close to home as possible
- make healthier choices
- stay active, engaged and independent for as long as they can

Lisa provided an update on progress on plans shared at the Way Forward public and stakeholder event earlier in the year. This included:

- Urgent Care
- Primary Care
- Working with others across a wider area in the Sustainable and Transformation Partnership
- Working together locally and the Accountable Care Partnership

Mark talked about the development of closer working with the local authority as part of a “Union” designed to strengthen our joint ability to commission and deliver services for North East Lincolnshire.

## Update from Lisa

Since the meeting, we have progressed the procurement processes for both Children and Adolescent Mental Health Services and Social Prescribing and hope to announce preferred providers before Christmas.

We have also begun our engagement process for the new Ophthalmology service, asking local people what is important to them about this service and how they would like the service to be delivered from next Autumn. For more information about this please visit the CCG [website](#)

There has been some progress with the acute hospital services review and it has been agreed that this will cover Hull and East Yorkshire Hospital Trust as well as Northern Lincolnshire and Goole Hospital Trust, linking in to other hospital services for some of the very specialised services

**Update from Mark** – Since the meeting leading clinicians and elected members have met along with executives from both NELC and the CCG to agree the practicalities and principles of how we will use the Union to deliver the best possible Health and care services to the N.E.L community. The next meeting will explore what that will actually mean for services and how they are developed and managed.

We will continue to update Accord members on progress through the Accord website and newsletter,

**Making the Best of the Better Care Fund (BCF)** with Bev Compton,  
 Director of Adult Care Services

Click [here](#) to see Bev’s presentation, and sent the full narrative plans of the [proposal](#) sent out participants after the meeting.

The BCF is a nationally driven policy to ensure local CCGs and councils work together to join up health and care services to help reduce demand for hospital services and ensure people are supported better at home or in their recovery. It is intended that services meet both health and care needs and requires health and care money to be put together.

iBCF is a one-off funding opportunity of around £4m created this year to support the NHS in particular to reduce hospital admissions and get people home quickly after hospital. The local plan was submitted on 11th September and had to meet national conditions and focus on measures which reduce hospital admissions by providing better quality care in the community (not more care).

Bev presented information about each of the new schemes and what they aim to achieve and asked participants to tell us via the voting devices how important they thought each of the schemes were and if they will make a lasting change to service users.

<b>Investment in technology</b>	<b>Helps to share important information, improves efficiency and reduces cost</b>
Very Important	52%
Quite important	37%
Not very important	11%
Not at all important	0%

<b>Improved intermediate care services</b>	<b>More services outside of hospital for earlier discharge and get people on their feet after being in hospital</b>
Very Important	91%
Quite important	7%
Not very important	0%
Not at all important	2%

<b>Improvements to aids and adaptations services</b>	<b>Ensure that people’s houses are adapted quickly or equipment is provided to ensure people can live independently</b>
Very Important	90%

Quite important	10%
Not very important	0%
Not at all important	0%

<b>Training and developing our work force</b>	<b>Helps staff to make better decisions about care and support people to look after their health</b>
Very Important	73%
Quite important	27%
Not very important	0%
Not at all important	0%

<b>Pause project</b>	<b>Working with parents who have children within the care system to reduce the risk of further harm to mental health and reduce hospital admissions</b>
Very Important	56%
Quite important	36%
Not very important	6%
Not at all important	2%

<b>Discharge to assess</b>	<b>Patients are discharged from hospital first and then assessed for services quickly, rather than waiting in hospital</b>
Very Important	58%
Quite important	30%
Not very important	4%
Not at all important	8%

<b>Trusted assessor</b>	<b>A worker in the hospital will provide a point of contact with residential care homes to ensure that people can be returned back to the care home with the right support in place</b>
Very Important	58%
Quite important	36%
Not very important	6%
Not at all important	0%

<b>From what you have heard do you think these ideas will bring about</b>	
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<b>lasting change?</b>	
Definitely Yes	11%
Maybe Yes	36%
Not Sure	28%
I don't think so	21%
Definitely No	4%

**Update from Bev** – We were able to submit our Better Care Fund (BCF) plan on time and we are waiting to hear formally from the national BCF team as to whether the plan has been approved but we are confident that this will be the case.

We are already underway with the implementation of schemes and development of existing programmes of work. Bruce Bradshaw is working on the development of an improved specification for long term residential care and we are in the process of seeking community input on this. We are also developing a new quality framework for care homes and again are looking for community feedback and input into this.

More information about this can be found on the CCG [website](#)

Moving forward we are continually challenging how we can ensure that resources to support vulnerable and older adults can be used to best effect and you will have heard us discussing with you our intention to develop a more preventative approach. With this in mind, we are intending a commission a review of adult services.

We have developed a scoping document for this review which will start in April 2018 and will be sending this out to community groups and organisations for awareness and input into the process. The review will be an opportunity for wider engagement in how we can best support adults to live as independently as possible in the community and your experiences will be extremely valuable in helping us to understand how we can re-shape services and support in the future.

**Exploring options for the future of in-hospital and community-based services including Urology and Ear, Nose and Throat(ENT)** with Pam Clipson, Director of Strategy, Planning & Performance; Mr Michael Bellini, ENT Consultant and clinical lead; Mr Mathew Thomas, Consultant Urologist - Northern Lincolnshire & Goole NHS Foundation Trust and Caroline Briggs, Programme Director; North and North East Lincolnshire Transformation PMO

Click [here](#) to see the presentation

Our health and care services, like many nationally, are facing significant challenges in meeting all our growing needs whilst improving the quality of care we provide with the workforce and resources we have available. When services are stretched too thinly this can lead to poor quality services, poor patient experience and/or services that become unsafe.

In July 2017 the hospital trust in response to safety concerns in both areas made a decision to make temporary changes to some elements of these services effective from September 1, 2017.

The consultants gave their views from a clinical perspective of the challenges the services are experiencing and what the temporary moves mean for patients and staff; and answered questions.

As there was an in-depth discussion with the clinicians we did not get time to look at the second half of the presentation in which we intended to ask for participants thoughts to enable us to develop a draft framework in order to carry out a review of these and other hospital services that are vulnerable due to quality and workforce, or where services could be provided differently.

Pam and Caroline outlined plans to form task and finish groups involving patients, staff and clinicians to look at options for ENT, Urology and other vulnerable services; which will be then shared through workshops with a wider range of people. We will also consult our local Health Scrutiny panels and carry out formal consultation about reconfiguration proposals where appropriate.

## **Update from Pam and Caroline**

The Trust are continuing to monitor the impact of the service changes and offering an opportunity for patients to complete a survey on their experience which will be fed into discussions about the future of services.

As referenced in Lisa's update, we are working together with colleagues from across the Humber area in two acute hospital trusts – Northern Lincolnshire and Goole Hospital Trust and Hull and East Yorkshire Hospital Trust – and across the four Clinical Commissioning Groups to review the local provision of acute hospital services.

To guide the review, a set of principles and decision-making criteria are being considered and being tested with stakeholders. The first group of services to be considered is being drawn up but will include services which are under the most pressure such as those where temporary changes have been made. There will be opportunities through the review to be involved in considering how these services can be provided in the future.

To take forward the review there will be a sequence of facilitated discussions in relation to each service, and there will be opportunities for patients and the public to be involved.

You may also have seen the recent press release in relation to Haematology services where the Trust has indicated its intent to strengthen its relationship with Hull and East Yorkshire Hospitals NHS Trust (HEY) to ensure patients living on the south bank of the Humber continue to receive safe and sustainable haematology

services. This will create a regional haematology network, under which more complex cases are provided by HEY at Castle Hill Hospital with outpatient and day case care provided at Grimsby and Scunthorpe. This will be on a temporary basis, to ensure the service remains safe, but the longer-term future of the service will be considered as a part of the Humber acute services review.

**The Question and Answer Panel** with Mark Webb, CCG Chair; Dr Peter Melton, CCG Chief Clinical Officer; Joe Warner, Chief Executive Focus Independent Adult Social Care, Jane Miller, Chair Accountable Care Partnership Board – Together; Rob Walsh, Chief Executive, North East Lincolnshire Council

Members were invited to note their questions on a card and hand them in beforehand. Members could state if they wanted to ask the question themselves or have it read out for them. There were some questions from the floor at the end.

Here is a summary of the session.

**1 – Now that Care Plus has taken over Fairways Care Home will they be using it for intermediary care from hospital to home?**

**Jane** - Care Plus bought Fairways as a way to expand what we do. It also links very closely with services we already provide across North East Lincolnshire. First and foremost our priority is the existing residents at Fairways and making sure they receive high quality care from us. We will also be using some of the Fairways provision to add extra capacity into the health and care system locally around things like caring for people when they've been discharged from hospital which forms part of intermediate care services.

**2 – How will you ensure there is no unnecessary duplication between social prescribing and what wellbeing coordinators (NELC) are already delivering?**

**Mark** - This was recognised at the outset and is already being managed and coordinated to avoid that duplication.

**3 – What has been happening with the Accountable Care Partnership since information was shared with members at the Way Forward meeting earlier in the year?**

**Jane** - It feels like we've done a lot over the past few months. We now have all key partners sitting round the table together including local GP representatives which is key to improving services locally. We have been looking at the challenges we face locally and ideas for what we might do differently. We've also been working closely together to try and support times and places of pressure for example pressure on the local hospital and by working together what we can do to try and ease this. Specifically this year from 1/4/17 as a partnership we have taken on the responsibility for delivering 3 areas of service collectively – Urgent and Emergency

Care; Support to care homes across the borough and developing an integrated dementia pathway.

#### 4 – What is being done to improve the quality of care in the Home Care Sector?

And

Care Call Times: Times in North East Lincs are 15 min blocks. In North Lincs they are 20 min blocks. There needs to be 20min blocks in NEL. Carers are put in for 30 mins when 20 mins would suffice. All those unneeded 10 minutes add up to a massive overspend. Each extra 10 mins in 70 minutes per week. Care time should match the need not the computer set up

**Joe** - The CCG is currently piloting a new approach that provides for a more flexible response by Home Care Providers, which will be rolled out if successful. However given the industry and local issues in particular with attracting and keeping staff this is likely to remain a challenging area and anyone who is experiencing problems should make use of the CCG PALS service.

#### 5 – What system is in place to assess quality and standard of care in the community of the elderly by groups of professional Carers?

**Joe** - Quality and general standards are monitored nationally the CQC as part of the provider registration process and locally by the CCG contract section. Information and concerns about specific providers are shared across the CCG and Focus to try and ensure these are addressed promptly.

#### 6 - How are the CCG monitoring care providers particularly with regard to LD in supported housing?

**Joe** - As above, Focus also has a specialist senior worker conducting unannounced spot checks and regular reviews on people placed out of NEL, many of whom have a learning disability.

#### 7 - As part of the 'union', how will you ensure that the respective budgets are protected whilst being properly utilised to support joint working.

**Rob** - Governance, prioritisation and maximising the most effective use of our combined resources is essential. This is an opportunity to promote and improve health and wellbeing outcomes for patients and citizens. It is not about using CCG funds to prop up or otherwise compensate for reductions in council budgets. The Section 75 agreement that underpins our partnership will be reviewed to ensure that this remains the case

## Questions from the floor

**8** - This question is for all panel members – what one thing would you say has gone really well for health and social care this year? **All**

**Jane** - I'm particularly pleased with how the accountable care partnership has made progress and how local health and care partners are working positively together.

I'm also very proud of all our local staff who are working in health and care. All our staff continue to work very hard and are busier than ever, trying to provide good care for local people.

**Mark** - I would reflect again on the work that has been done to bring adult social care and health together, putting the person, not the service, at the heart of delivery. I would also say the community cardiology has seen some outstanding success. The discharge team at the hospital are also an example of different parts of the health and care sector working together, helping to improve care of vulnerable people when they leave hospital and helping to tackle the issue of bed shortages at the same time.

**Joe** – I concur, the increasing demand for services with less funding and locally we are still able to respond to demand.

**Rob** - The resilience of our partnership arrangements and our collective capacity to meet a range of challenges continues to impress me

**Peter** – Working collaboratively as one team (CCG and council) which is refreshing.

One participant asked about administration and communications between primary and secondary care and gave an example of discharge information not coming through to a GP so when patient returns to GP after treatment their records had not been updated.

**Peter** - Within the local hospitals we are aware of this issue and GPs and the CCG are monitoring patients who are at greater risk. 'There are also discussions with national bodies to try and resolve these patient safety issues as we need to learn lessons and identify how things - such as lost notes - has happened. There are key elements to come out of this review such as how we all (CCG & GPs) help to change clinical practice to improve. There needs to be a clear agreement on when a patient's condition is classed as urgent as well as emergency. GPs receive many consultant letters and the amount they have to read often results in sometimes missing important patient information which needs to be actioned.

Some participants shared their experiences of accessing social care in which they had felt they were unable to access the help and support that they and the family members they cared most needed it.

**Mark** - These are clearly unacceptable situations, and whilst there is certainly strains on both health and care services with reduced funding and higher demand, no one should feel they are getting shunted around or not getting decisive response to questions about their loved ones care. Whilst these are individual cases, and I know they are now being looked at. I would urge anyone with the same concerns to contact PALS and make your concerns known.

How to contact **PALS**

## Save the Date!

**Wednesday March 7th, 1pm to 4pm at Humber Royal Hotel**

*Littlecoates Road, Grimsby.*

*Can't make the daytime meeting? Come along to the 'Bite-size' Twilight session instead on **Wednesday March 14th** 5.30 to 7.30pm at Centre 4, !7 Wootton Road, Grimsby*

*More detailed programme information to follow*