

## The Way Forward – March 2017

### Feedback and update for Participants

Thank you for joining us at the Way Forward Public and Stakeholder engagement event on March 8<sup>th</sup> at the Humber Royal or the Bite-sized meeting the following week at Centre4. We held these meetings to share information about the work going on to make local health and care services more sustainable by exploring how we can do things differently and make sure organisations work more closely together.

Health and social care leaders presented information and answered your questions about plans for new local models of health and social care; what the Humber Coast and Vale Sustainable Transformation Plan (STP) could mean for people in North East Lincolnshire, and the CCG's priorities for the coming year.

More than 100 people attended and we hope you found the sessions interesting and informative.

Trevor Brooks, the Chair of the Accord Steering group, provided an opening address to welcome everyone and provide a brief overview of the plans for the afternoon's session.

There was a series of presentations to look at:

- CCG Commissioning Intentions for 2017/18
- Developments in Primary Care Services
- Integrated working through the Accountable Care Partnership (ACP)

We went on to hold breakout group sessions to talk about:

- Prescribing and Medicines Optimisation
- Urgent Care and Emergency Care
- Primary Care Services
- Humber Coast and Vale Sustainability Transformation Plan
- Mental health services for children and young people
- Adult Social Care

There was also an opportunity for people to meet representatives from Virgin Healthcare the new providers of Community Dermatology Services.

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 86% of those completing the forms said they rated the session overall as either good or excellent.

Comments included:

- An informative event well planned.
- Repeat of slides already covered – and then wandered off the point – too many questions from audience.
- So much jargon, so many initials. Little explanation of who is who...
- Definitely brought me up to date, Thank you.
- Too much to cover in a short time doesn't do justice to some issues. Please focus on an important issue with the plus side (outcome) i.e. transport / preventing social isolation.
- We hear the same things year after year but not a lot has changed.
- Twilight sessions are very helpful if you can't attend the longer session
- Enjoyed the meeting found it relaxed and felt able to make a comment, rather than in the daytime meeting I have attended before
- The smaller meeting place at Centre4 was better suited to this type of meeting. Topics could be talked about in a much more relaxed atmosphere. Rather than a large event, where views and issues sometimes get lost. Maybe 3 or 4 smaller events like this would help to bring issues into better focus.

We also received a number of suggestions about how we can improve similar events in the future; all of which we will take on board to help us plan our next engagement events which will happen on September 14<sup>th</sup> (daytime) or September 21<sup>st</sup> (evening). We will send you more information about this at a later date.

- Less being talked at with slides and more being able to discuss concepts and ideas to achieve outcomes
- Follow up on outcomes from discussions at previous events
- Ideas from the bottom up not the top down.
- Perhaps be useful to have more frequent get-together's with fewer speakers / representatives.
- some biscuits would have been nice and was it necessary to have so many breaks for tea and coffee.

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

- More specific NEL details re STP - more consultation rather than just feedback on what is planned / happening.
- Greater focus on changes that are emerging through the STP and how wider engagement can be secured.
- One or two stands of grass-root voluntary organisations (info) sharing.
- Joined up working Mental Health/ Adult Social Care for Mental Health.
- More detail about the Accountable Care Partnership
- How to access services and charges.
- Grimsby Hospital and their lack of continuity (e.g. patients arrives ward staff not informed of pre entry discussions with consultant re particular requirements).

- Long term conditions-how to keep people healthy for longer/ as long as possible
- Ambulance service 'E' contract and standards

## The Presentations

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.

### **The Way Forward for Health and Care – progress, plans and priorities – presented by Lisa Hilder, CCG Assistant Director - Strategic Planning**

Click [here](#) to see Lisa's 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

We also want to support local communities to do more for themselves and for each other and live within our means to meet the financial challenge facing North East Lincolnshire health and care system.

Lisa provided an update on progress on plans shared at previous engagement events last year (the Accord Annual meeting in September and the first Way Forward meeting in March 2016). These included:

- Reshaping urgent care
- Tackling Long Term Conditions differently – Cardiology, COPD, Diabetes
- Working with others across a wider area to plan and by services such as Dermatology and Ophthalmology

The Support to Care Homes initiative aims to make sure that we provide proactive care to residents in care homes to prevent their health deteriorating and reduce unnecessary admissions to hospital. Steps have been taken to limit the duplication of visits by professionals to Care Homes by “zoning” of community nursing. In addition Falls Prevention training with volunteers and care home staff is helping to minimise fall hazards and help reduce fractured necks of femur.

Lisa also provided an overview of the Humber Coast and Vale Sustainability and Transformation Plan, which was covered in more detail in one of the breakout

sessions afterwards. The Humber Coast and Vale area covers six NHS CCGs and six local authority boundaries representing our communities in here North East and North Lincolnshire alongside Hull, East Riding, York and Scarborough and Ryedale. This will let us share resources in areas where we are currently stretched, providing a better service to patients. Support services such as finance can be shared to make things more efficient and save money.

### Update from Lisa

The CCG's Operational Plan for 2017/18 sets out what we intend to do in the coming year to improve health outcomes and the quality of health and care services for people living in North East Lincolnshire. Since the Way Forward meeting the Operational Plan has been submitted to NHS England and a summary is published on the [CCG website](#).

### The Way Forward for Primary Care Services – with Julie Wilson, CCG Assistant Director for Primary Care Development

Click [here](#) to view Julie's presentation

There are an estimated 1 million appointments across the 27 GP practices in North East Lincolnshire each year with GPs and Nurses currently undertaking vast majority of general practice activity (circa 80%). Meeting this demand is challenging with difficulties recruiting to GP and Nurse vacancies; around 25% of local GPs and nurses are approaching retirement in next 5 years; and funding for Primary Care services is not matching the pace of rising costs and increased demand.

Julie shared some of the activity the CCG is supporting to address these challenges which involve thinking differently about how Primary Care service are configured. These include:

**Workforce initiatives** – a GP recruitment campaign; additional nurse training and the introduction of other professional roles within general practice, such as Clinical Pharmacist, Physiotherapist and specialist nurses

**Reducing workload for GPs** - by training reception / admin staff to carry out some tasks traditionally done by GP; having new contractual arrangements for secondary care to reduce burden on general practice and improve patient experience; and funding to support 'Productive General Practice' Programmes.

**Better use of technology** - expansion of online services (patient access to records; electronic prescriptions; booking and managing appointments) upgrading automated telephone software and developing mobile phone 'apps' to support patients to manage their own health.

**Care redesign** – the introduction of extended access across weekdays and weekends to meet the national minimum requirements, and delivery of some enhanced general practice services across larger population sizes, where larger

numbers of patients are required to maintain specialist skills. To achieve this practices have already started to look at working 'at scale' in groups of practices to deliver enhanced services to larger populations.

These developments will mean more flexible hours for accessing services and access for all to some services that have only been delivered in pockets so far. It will mean other professionals may be first port of call for help (not always GP as default) and there will be different ways to access advice from general practice staff; and it may mean travelling to neighbouring local surgeries for some services.

These plans were discussed in more detail in the breakout session on Primary Care this also with participant's feedback and an update from Julie can be found on page 9.

## **The Way Forward for Integrated Care - the North East Lincolnshire Accountable Care Partnership presented by Helen Kenyon, CCG Deputy Chief Executive**

Click [here](#) to view Helen's presentation

Integrated Care is care that is person-centred and co-ordinated within healthcare settings, across mental and physical health and across health and social care.

For care to be integrated, organisations and care professionals need to bring together all of the different elements of care that a person needs. It isn't about treating episodes of illness one at a time when an individual has multiple conditions.

Integrated Care works if there is collaborative leadership, sharing of resources, teams with different / complementary skills to be in place along with the IT systems to support information sharing and co-ordination. The focus is person-centred with time to spend with individuals to understand their needs and wishes and then put in place a plan that everyone works to.

An Accountable Care Partnership is a group of providers who agree to take accountability for all care and care outcomes for a given population for a defined period of time under a contractual arrangement with a commissioner. The Partnership must have a legally binding structure in place to govern the agreement.

The Accountable Care Partnership for North East Lincolnshire is called 'Together' it is a Community Benefit Company initially formed by NLaG, NAViGO and Care Plus Group and now joined by Focus, Core Care Lincs, GP providers and St Andrews Hospice and the Board includes CCG and local authority membership.

NLaG, NAViGO, Care Plus Group, Focus, Core Care Lincs, GP providers and St Andrews Hospice are working together to establish an Accountable Care Partnership for North East Lincolnshire, which they have called 'Together'. "Together" is a

Community Benefit Company and its Board includes CCG and Local Authority membership.

Priorities identified to progress Integrated Care for 2017/18 are

- Dementia
- Care Homes Support
- Urgent Care



### Update from Helen

Since the Way Forward meeting providers and CCG have continued to meet to shape and develop the Together arrangements, project plans have been produced for the 3 priority areas and progress against those project plans is being monitored by the group. In addition to the service areas being worked on specific work is being progressed in relation to the governance arrangements, that will detail how decisions will be made, resources (staff, money and estate) will be deployed and that services delivered are meeting the needs of local people.

Feedback from the meeting suggests that people want more updates and information about the development of the ACP. To that end we have invited Jane Miller the current chair of the Together Board to speak at the Accord public meeting

in September; and we will share with Accord members and stakeholders regular bulletins from the ACP.

## The Discussion Groups

### The Right Medicine - Prescribing and Medicines Optimisation

facilitated by Gemma McNally Senior Medicines Optimisation Pharmacist and Rachel Staniforth, Medicines Optimisation Pharmacist, North of England Commissioning Support.

To view the slides discussed in this session click [here](#)

We all know our NHS has a limited resource, the purpose of these sessions were to find out people's views on the options available to manage the prescribing element of this resource locally. This included the availability of products on a NHS prescription (paracetamol and gluten-free foods); the minor ailments scheme; medicines waste and choice of medicines.

We talked about choice of medicines and prescribing the 'best buy' option to maximise value for money which may mean:

- Swapping like for like drug choice
- Different formulation e.g. tablet / capsule
- Working with patients to understand the best buy medication options for their care
- Working with GPs to review their prescribing and swap to best buy options (that do not affect clinical benefit to the patient)
- Working with pharmacists to support patients and GPs with respect to best-buy options

**Feedback** - There was broad agreement about the use of more cost-effective products although recognising this may be different on an individual level. There was a suggestion that medicines should display their real cost as this might deter over ordering and reduce waste by increased patient awareness.

People were very interested in the minor ailments scheme and wanted to see more communication between the pharmacist and the patients around medication use (Medicines Use Review), along with 'only order what you need' messages.

There was consensus that Paracetamol should not be on repeat prescription and a view that new medicines should only be prescribed for a 7 or 14 supply in the first instance.

### Update from Gemma and Rachel

We did receive some comments that participants were not given enough time to ask questions. However when planning the session we wanted to ensure that the financial challenges of the prescribing budget were fully explored and felt we needed to provide that information to 'set the scene' for the discussion. We were not able to

cover everything with the groups that we wanted to and will bear that in mind for future sessions.

All the comments we received will be used to help us shape our plans and our approach to deliver cost effective prescribing. We will be carrying out further engagement on some of these issues as we progress with our work to manage medicines and maximise the prescribing budget.

For more information about the Minor Ailments Scheme please go to <http://www.northeastlincolnshireccg.nhs.uk/choosewell/minor-ailments-scheme/>

**Urgent Care and Emergency Care** – facilitated by Andy Ombler, Service Lead and Anne Hames, Community Lead for Urgent and Emergency Care

In this session we wanted to look at the STP plan priority to transform urgent and emergency care services to ensure people can access the level of service that is appropriate to their need on a 7 day basis. Improving out of hospital care will reduce the number of A&E attendees however there will continue to be those who attend A&E who do not need Accident and Emergency services but need an urgent care service.

Urgent Care centres are central to the national model for meeting urgent needs and this session looked at the relevance and form Urgent Care Centres might take in North East Lincolnshire.

The group explored the concept of Urgent Care Centres in terms of who they are intended to be used by, how they are intended to fit with other services and how the concept might work in NEL with respect to geography, population and location of the hospital and the A&E department.

- The group considered an Urgent Care Centre was an appropriate development and would be well received
- The group was in agreement that the best place in NEL for an Urgent Care Centre would be co-located with DPoW. This was generally seen as convenient in terms of transport links and the location where very many of A&E attendees who do not need A&E could be directed. There was also a view that Immingham would be well served with a similar service and the existing Roxton ATC was considered as fulfilling that role though it currently did not offer the 24/7 availability.
- There was clear recognition of the risk in providing a “convenient door” that might attract patients who would see this walk-in service as more convenient than their own practice. This had to be balanced with the priority to ensure acute A&E services were not crowded with attendees who’s right response was Primary Care and with a process that ensured the Urgent Care Centre was not a service that would deal with routine care.
- Some of the group expressed a view that there should no longer be a walk-in access point to A&E.



- “Phone first” (NEL SPA) options for urgent care are still not universally understood. Even though great efforts had been made to publicise the service over recent years, this group had significant numbers who did not know the SPA number or what services could be accessed from triage.

### Update from Andy and Anne

Our Right Care, Right Time survey about urgent care was closed in early April. We received 216 completed surveys and thank everyone who took the time to take part and tell us their views. These are now being analysed and the findings report will be shared with the public via the CCG website.

Since this event, the concept of a Primary Care Stream that serves A&E departments has been mandated to all hospitals by September 2017. This is in line with our plans to build on our existing GP in A&E service to deal with all A&E attendees where the appropriate response is Primary Care.

### Primary Care Services – facilitated by Julie Wilson and Jill Cunningham, Primary Care Service Manager

In this session we looked at how we make best use of Primary Care staff to provide patients with high quality, accessible services closer to home in the light of increasing pressures on GP services and GP recruitment challenges.

The group considered the key findings of the recent [‘Keeping the Door Open survey’](#). We talked about ‘Care Navigation’ - signposting by trained reception or admin staff in general practices to ensure patients are directed to the right service. People felt for that to work well it would require:

- very good and consistent training to ensure consistent responses across all Practices
- selection of staff with the right interpersonal skills
- promotion of the care navigation service by the GP to patients

There was a good level of support for seeing professionals other than the GP. Some key points discussed included:

- Patients were happy to see other professionals where they were the most suitably qualified staff member to deal with their issue (e.g. seeing a Clinical Pharmacist for a medication review)
- concerns about staff not knowing patients could be allayed by good communications between professionals involved in somebody’s care and keeping the records up to date

We also talked about extended access and received feedback that people were willing to travel around the NEL area if this meant that they would be seen at a more convenient time. More flexible appointments, for example for those with caring responsibilities, would be helpful and telephone consultations or video-conference/skype would alleviate the need to make alternative caring arrangements.

Although Sunday appointments were not popular based on the survey responses, one attendee at the workshop did say that they would benefit from the ability to book routine appointments on a Sunday. It was acknowledged that this would not be possible within individual practices.

## Update from Julie

Patient experience from within our own local practices is essential to ensuring the approach taken to extended access is locally appropriate and patient centred. We intend to work closely with Practice Patient Participation Groups (PPGs)

The survey result and feedback from the group session will help us develop our approach to the provision of extended access as set out in NHS GP 5-Year Forward View. We will keep providing updates on our progress via our Accord and CCG communications including our plans to involve patients in plans to assess and select self-care mobile phone apps.

## Humber Coast and Vale Sustainability Transformation Plan (STP)

facilitated by Lisa Hilder and John Watkinson, Programme Manager

Our annual turnover in the Humber Coast and Vale healthcare system is £3 billion. The NHS was established in 1948, and whilst the extent and pace of change over that time has been enormous, the model of healthcare has remained broadly the same - based on GP surgeries and hospitals. Today's technology presents major opportunities to organise healthcare in different ways and to make better use of highly trained staff.

People have also changed, we now live longer on average and this means more people living with long-term multiple conditions, with more demands for care and carers. Our current system isn't set up to provide the joined up care that these people need. We need to provide a different type of care, consistently, efficiently and at scale. We also know that we have become over-reliant on hospitals as institutions, at the expense of services to patients. In principle, we believe that we need to change the focus from a hospital-based system, to a person-centred system.

Our triple aim is to improve:

1. Health and wellbeing
2. Quality of care
3. Efficiency

So that everyone in Humber Coast and Vale can start well, live well and age well.

There are six priorities in the STP:

Helping people through cancer

Supporting people with mental health problems  
Creating the best hospital care  
Place-based care (One for each CCG area)  
Helping people stay well  
Prevention at scale  
Strategic commissioning

To view the presentation click [here](#)

### What did people tell us?

We received comments that the session contained too many slides of information and jargon with not enough opportunity for discussion; whereas publicity had implied this was a consultation event.

With regard to the development of the STP in North East Lincolnshire participants said they:

- wanted to more about services to help people home from hospital to help early discharge.
- wanted to know about how best practice would be shared across the STP patch, in particular for the VCS
- wanted More information on what the CCG is and what it does
- wanted the Voluntary and Community Sector (VCS) to be more involved in the ACP development but only in relevant conversations.
- agreed people need to take responsibility for their own health
- were concerned about what will happen as a result of benefit reductions/Universal Credit changes when people lose services – what will replace them?

### Update from Lisa and John

Since the meeting we have spoken to representatives from the Voluntary, Community and Social Enterprise (VCSE) forum about how the CCG can engage with the sector as the STP plans develop. The VCSE sector will be invited to a North East Lincolnshire STP Delivery Workshop, date to be confirmed. We will take on board the questions and comments and feed them in to service developments

We will also consider how we put information across more accessibly and be really clear on the purpose of future engagement events, i.e. information giving, consultation etc.

For more information about the Humber Coast and Vale STP go to <http://humbercoastandvale.org.uk/>

**Mental Health Services for Children and Young People** facilitated by Angie Dyson, Service Lead and Barry Osborne, Community Lead for Disabilities and Mental Health

We know that mental health services for children and adolescents are have been subject to criticism in relation to accessibility for patients and suitability of treatments. We wanted to hear people's views about local services to help us with our plans to re-commission Child and Adolescent Mental Health Services (CAMHS) this year alongside the local authority.

We wanted to know...

- What are people's experiences of the CAMHS service?
- What has worked well? /What needs to change?
- How can we change the perception of CAHMS services?
- What do we need to take into consideration with the procurement?

Participants told us:

- Patient experience was varied – some positive with empathic and supportive workers, however some experiences were poor
- Delays in timings for appointments, for the initial appointment and then any subsequent ones in between
- The thresholds are difficult to understand for referring into CAMHS
- Rejection letters from CAMHS do not signpost, which is very unhelpful
- There is a gap in provision around learning disability and transition
  
- Children and young people want the service to be in a location which is suitable to them (e.g. at their school, community building)
- The voluntary sector would benefit from a CAMHS worker to support them (e.g. telephone advice)
- Children just want someone who shows that they care
- Would be a good idea for CAMHS to publish anonymous good news stories through social media or their own website

## Update from Angie and Barry

We recognise there is still work to be done to communicate and cascade out the new developments within the children and young people's mental health pathway (e.g. [Kooth](#) the online counselling and emotional well-being platform for children and young people; and the school nursing text service.

Since the Way Forward meeting

- Kooth continues to integrate into the local area with GP briefings planned to take place shortly.

- CAMHS has re-launched their website and has a North East Lincolnshire page which includes anonymous 'real life' stories
- The opinions and views on CAMHS gathered at this session have been presented at the children and young people's mental health and emotional wellbeing service project group.
- Further engagement has taken place with children and young people and there is more planned in over the upcoming weeks.
- All feedback has being taken into consideration in the development of the new service speciation

The information gathered will then inform the re-shape, design and procurement of the new children and young people's mental health and emotional wellbeing service, which is scheduled to commence in March 2018.

For more information go to:

- [Kooth](#)
- [North East Lincolnshire Transformation Plan](#)
- [Future in Mind Re-refresh Plan](#)

**Adult Social Care** facilitated by Bev Compton, Director of Adult Services

To view the presentation click [here](#)

The purpose of this session was to discuss the challenges being faced by North East Lincolnshire to meet the health and social care needs of our aging and increasingly frail populations.

The Council and CCG have been working together since 2007 under an agreement to pool funds and integrate services. Key elements of this approach are around managing demand, market shaping, working more efficiently and raising income/managing within our means.

Although life expectancy is increasing the disability free life expectancy locally is lower than national levels. We also have higher number of older people living in our community with long term conditions and yet North East Lincolnshire is not an affluent area and cannot raise the levels of income needed from council tax to support adult social care compared with those in wealthier local authority areas.

Some of the work we are doing to support independence, improve quality of care and promote wellbeing includes

- Better housing offer with Extra care housing being progressed
- Supported living for people with physical and/or learning disabilities

- Improving support to live at home and residential care standards
- Further development of technologies to support people to live at home
- Reduced time to process disabled facilities grants, which enable people to be support to live at home and reduce care packages
- Review of therapy services

## Update from Bev

Since the meeting we have undertaken some further engagement work in relation to a possible extra care housing site at Winchester Avenue which demonstrates community support to the project and also that there is likely to be demand for a facility in this area. We are also undertaking engagement work in relation to the standards in residential care homes and the quality framework to ensure our proposed changes meets users' needs.

A new project will commence within the year examining how we can make best use of aids, adaptations and assistive technologies in conjunction with improvements to the administration of disabled facilities grant. We have recently been notified that there has been an improved allocation of money to North East Lincolnshire to support on-going investment in adaptations.

We have also received an enhanced allocation from the government's recent budget announcement to support investment in adult social care. We will be working with partners, service users and our community to ensure that the money is used to sustain long term improvements across the health and care system.

Feedback from the meeting suggests that people wanted more time to discuss Adult Social Care. We will do this at the Accord public meeting on September 14<sup>th</sup> and will continue to provide updates and information about engagement opportunities through the Accord membership scheme and our community networks.

**Community Dermatology Services** facilitated by Heather Morris and David Pratt, Virgin Healthcare with Pauline Bamgbala CCG Service Lead for Planned Care

Virgin Care were appointed as providers of community dermatology services for North East Lincolnshire from April 1<sup>st</sup>. This was as a result of a joint procurement by North and North East Lincolnshire CCGs. The focus of the new service is to improve dermatology services by reducing waiting times and using technology for faster, accurate patient-centred diagnosis and treatment.

Click to view the [presentation](#)

Participants told us that the introduction of the teledermatology element was a really positive development for patients. Waiting times were identified as a problem for some patients – the CCG has built a 4-week maximum waiting time into the contract with Virgin to address this.

What else did participants tell us?

- That they would like to see self-help information available on the website. – this is now on the website which is <http://northandnortheastlincsdermatology.nhs.uk/>
- They want to speak to administrators rather than having to leave messages and navigate phone systems. – this is also happening.
- They want care closer to home which is much more convenient and support this - We are delivering services in the community and engaging with patients to ensure that the service and locations meet their needs, the outcomes will be shared with the CCG.

Virgin Care North and North East Lincolnshire Dermatology Service  
Melton Court  
Gibson Lane  
Melton HU14 3HH  
t: 01482 638 571  
e: VCL.NLDermatology@nhs.net

## The Question and Answer Panel

**Panel members** - Dr Thomas Maliyil, CCG Governing Body GP Representative; Mark Webb, CCG Chair; Helen Kenyon, Deputy Chief Executive; Christine Jackson Head of Service, focus independent adult social work; Bev Compton, Director of Adult Services and Julie Wilson, Assistant Director for Primary Care Development.

**Q1.** Can GP's and Pharmacies communicate better so people can access prescriptions without going to talk to the doctor to collect a piece of paper? I do not pay for prescriptions so go to the GP for minor ailments instead of paying for items at the pharmacy. Why can't I get free items from a pharmacy – then I wouldn't need to go to the GP at all. The same applies for children – Calpol free on prescription vs. paid for at a chemist.

**Thomas** – There is already the facility between GP practices and pharmacies to electronically send repeat prescriptions to a pharmacy which you have nominated (the Electronic Prescribing Service). This would mean that after notifying your practice that you require a repeat prescription, this would be automatically sent to your nominated pharmacy for you to pick up. You would need to speak to your Practice Reception staff to find out more about how to set up the process, or look on your Practice website.

The CCG has recently established a minor ailments scheme with a number of local Community Pharmacies. Under this scheme, Pharmacies are able to offer advice and free treatment for a defined list of minor ailments and issue drugs/treatments for those patients who don't usually pay for their prescriptions.

You can find out more here ...

<http://www.northeastlincolnshireccg.nhs.uk/choosewell/minor-ailments-scheme/>

**Q2.** Where do members of the public locate information re detailed progress of on-going projects mentioned? - or is it just points and aims once a year – e.g. cardiology, new strategy as mentioned this time last year.

**Mark** - That is a very fair challenge and although we try to communicate new innovations or changes via our newsletters, websites and through Accord networks, I think it is right to say that we do not apply the same measure of effort keeping everyone updated with progress or outcomes of those innovations or changes. We will certainly take action on this and see how we can improve by keeping everyone more informed of progress on a regular basis.

**Q3.** Do you think patients' are aware of 'Accountable Care Partnership' in practice?

**Mark** - I absolutely don't think patients are aware of this partnership; however this isn't necessarily a bad thing. I am not sure people really concern themselves with the creation of partnerships and what they are called; rather they are concerned with what that means to the provision of their health and care in the future. We need to let people know what a difference this partnership will make to their lives. As outlined in the answer above, we will make sure that the answer to those questions will be communicated clearly and unambiguously through all our channels.

**Q4.** When will DPOW and other professionals (connected with discharge) start to engage in a more meaningful way on discharge? Often they are disregarded as an 'expert' of the needs of the cared for person! Professionals 'appear' to support each other, but forget the carer.

**Christine** - With the fairly recent development of the discharge team supporting discharge of individuals from hospital, many changes are taking place. The team which covers both health and social care is also working to educate hospital staff regarding the requirements of The Care Act 2014. The discharge team has a collaborative approach and is promoting the importance of involving carers providing the individual has provided consent for them to do so, or it is in their best interests if they do not have capacity to make the decision themselves. It is therefore hoped that in future a better experience will take place for all and feedback will be provided to the discharge team regarding your comments.

**Q5.** Why physical disability and mental health issues can't be connected? My wife has mental health problems but she has developed a physical problem – incontinence and falls but I have been told there are separate issues.

**Helen** - Ensuring that services are better connected so that individuals can have all of their needs met is a key priority for the CCG and is therefore one of the key drivers for the development of the Accountable Care Partnership which will bring the providers together to ensure that they are delivering services in a joined up way, and supporting each other with specialist input to best meet an individual's needs when required. The early service priorities for the ACP are Urgent Care, better co-



ordination of services within nursing and residential care, and care for people with dementia.

**Q6.** There must be more training for receptionists in talking, sometimes, quite intimate details from patients in an open reception area, where conversations can be over heard.

**Julie** – There is specific funding set aside as part of the GP Forward View local plan for Receptionist training. This will be incorporated into any training, where applicable. In addition, most Practices have a sign offering patients the opportunity to have a conversation in a different area if they wish to discuss intimate details. If this is not the case, please ask your Practice to consider this.

**Q7.** Now that the CCG is working with Humber and Vale STP partners to transform the quality of service provision across Northern Lincolnshire, North East Yorkshire and given that over time this may well result in increased pan-Humber Patient Flows, has any consideration been given to re-commissioning our ambulance services. Bearing in mind that YAS has just been rated 'Good by the CQC whereas the service we are currently receiving from EMAS is a very long way from being good.

**Helen** - The CCGs across the Humber coast and Vale are working together to determine which services make most sense to commission together. Whilst there has been an initial conversation about the future commissioning of the 999 ambulance service, there are currently no plans to re-commission it at this time. The CCG is however working at a local level and as part of the North and North East Lincolnshire A&E delivery Board to improve the working relationship with EMAS and to improve performance.

**Q8.** Which are the four countries that GP's are being recruited from?

**Julie** – The four countries are Sweden, Poland, Spain, Holland. At the current time, the CCG (in conjunction with 5 other CCGs) is in the process of having a bid for international recruitment considered by NHS England, so this is not yet agreed. We will know by the end of March 2017 if this has been agreed and work on the recruitment campaign will commence in the new financial year

**Q9.** In all of the discussions about future care how much consideration is given to people with learning difficulties, particularly in adulthood.

**Christine** - All individuals regardless of age or disability are worked with on a personal and individual basis dependent on their needs. A lot of work has already been undertaken by the CCG within North East Lincolnshire in respect of individuals with a learning disability, with the development of several different supported living schemes. Many individuals with a learning disability are now able to live independently within NEL rather than needing to move out of county. The market continues to be re-shaped in accordance with the needs of the population as per the Care Act 2014.

**Q10.** What is happening to supporting people funding? Who now runs it?

**Bev** - The lead officer for the housing related support programme as it is now called is Sam England. We have re-commissioned the programme recently to achieve further savings but the service is still able to provide effective support to our most vulnerable people.

For those clients in need of long term support, predominantly those with learning disabilities we have put the money together with health and social care funds to ensure that we commission more co-ordinated services.

**Q11.** The Care Act is very complex. People who are not able to afford 'quality care' in private dwellings' get worse quicker. Some who own the home they live in stand to take out equity to pay for social services. They could get into debt with the compound interest as proof of paying for long term care, how will society address this please?

**Bev** - The Care Act was designed to provide more equitable access to social services across the UK with a standardised approach looking at so called "eligible" needs. There is greater emphasis now on health and wellbeing, and duties on the council to ensure that every effort is made to identify vulnerable people, to reduce prevent and delay the need for care and support. Additionally there is more emphasis being placed throughout the care and health system on individuals being helped to help themselves.

Social care services were always intended to, and will continue to, be a safety net for those people within our society who are less able to help themselves. That safety net will continue to be available to those who most need it providing we make best use of the resources we have available. Integrated health and care services as we have in NEL will help with this. Under the Care Act, Councils have a great deal of discretion as to how eligible needs may be met and this may or may not therefore include traditional services.

In North East Lincolnshire we recognise the importance of good neighbours, carers' and the opportunities to interact within the community in many and varied ways that are often provided by the voluntary sector. We will continue as much as possible to support these perhaps less traditional ways of providing support to people in NEL.

In the future people will be encouraged to plan for their care and support needs in the same way that people are encouraged to provide for their personal financial needs in the future - (for example as with the introduction of auto-enrolment in pension schemes)

**Q12.** Are Academies and Schools going to be involved in A.C.P.?

**Mark** - The Accountable Care Partnership is currently made up of Providers of Health and Social Care and so Schools and Academies would not be part of that

Partnership. But if we want to provide the right health and care services, they and the CCG would be wise to engage with young people through educational establishments and youth groups to help underline the significant importance of lifestyle choices, made at a young age, that impact on a person's health and wellbeing. I will certainly encourage that type of engagement.

**Q13.** My question is to the entire panel, how do you envisage gaining and engagement with young people to gain all their views of today's themes?

**Mark** - I refer to the answer above. Basically we must do better at going where young people are and communicating through channels that are popular with the next generation.

## **Save the Date!**

**According to you...**

**Accord members, public and  
stakeholders engagement meeting**

**Thursday September 14<sup>th</sup>, 2017**

**10am to 1.00pm (TBC)**

**Humber Royal Hotel, Grimsby**

**If you can't make it the daytime meeting please come  
along to our Twilight session Tuesday September 19<sup>th</sup>  
from 6pm to 8pm at Centre 4, 17 Wootton Road, Grimsby**

*More detailed programme information to follow*