

## The Way Forward – March 2018

### Feedback and update for participants

North East Lincolnshire Clinical Commissioning Group (NEL CCG) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) hosted the Way Forward for health and care public and stakeholder engagement event on March 8<sup>th</sup> at the Humber Royal Hotel followed by a 'bite-size' twilight meeting the following week at Centre4 in Grimsby.

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.

We provided information about national, regional and local developments in health and care and the CCG shared its commissioning intentions for 2018. Following a challenging 18 months for the local NHS, the Trust talked about the progress that has been made around improving quality, performance, finance and emergency care at Grimsby and Scunthorpe Hospitals.

More than 110 people attended and we hope you found the sessions interesting and informative.

Liz Read, the chair of the Accord Steering Group, provided an opening address to welcome everyone and gave a brief overview of the plans for the afternoon's session – introducing the theme 'Better Together'

There was a series of presentations to look at:

- The Way Forward for Health and Care – progress, plans and priorities
- Improving Together: How NLaG is moving forward following special measures

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

- Carers Support Services and Telecare
- Social Prescribing
- Hospital Services
- GP Services Extended Access
- Urgent Care
- Housing Options in Later Life

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 evaluations forms we asked you to complete from both sessions. We have found that 86% of those completing the forms at the daytime session said they rated the session overall as either good or excellent, and 100% of those attending the twilight meeting rated the session as good or excellent.

Comments included:

- Presentations were very clear and to the point
- Excellent to have NLaG and the Local Authority involved
- A big thank you to everyone involved in the 'Way Forward' for their effort and enthusiasm.
- Lots of information – probably too much. Could perhaps do with a summary.
- Would be interested to find out how useful attendees found the Q&A panel. Personally found it provided very little. Complex questions and long answers.
- The afternoon, although very informative, was very rushed.
- Too short a time allotted to the session on carers. Then it was further cut. Fortunately we have opportunity to read and comment via email later.
- Time keeping was monitored well but intro did overrun at huge cost to the first session.
- Not enough time for discussion!
- Better discussion when conversation is focused – ask for specific view. More time for Q&A with key people.
- Rooms were cold.
- Too hot and stuffy in main hall.
- Too much 'other' noise at time – catering, moving room divider.

People who attended the evening meeting the following week were

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 in September. We will send you more information about these at a later date.

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

- Services for children and young people
- Dr Peter Reading – whether these areas have improved?
- Communication (medical notes/computer records) between GPs, NLaG and providers outside of the area.
- Parking in the hospitals
- Future of the Grimsby Hospital estate.

## 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, North East Lincolnshire CCG Assistant Director – Strategic Planning and Helen Kenyon, Deputy Chief Executive – North East Lincolnshire CCG.

Click the link to see [Lisa & Helen's presentation](#).

### Update from Helen and Lisa

The CCG is moving forward with the areas of improvement and priorities discussed at the event. The strategic commissioning intentions described have underpinned our work for the last two years and will continue to do so.

**Improving Together: How NLaG is moving forward following special measures** – presented by Dr Peter Reading, Chief Executive and Dr Kate Wood, Acting Medical Director; Northern Lincolnshire and Goole NHS Foundation Trust

Dr Peter Reading, Chief Executive, gave an update on the progress made since Northern Lincolnshire and Goole NHS Foundations Trust went into special measures for both quality and finances in early 2017.

He gave an honest assessment of the challenges faced by the Trust including the difficulties in recruiting and retaining staff, the financial position and the Trust's performance against key quality indicators including mortality rates.

Dr Reading gave an overview of the Trust's Improving Together programme, which includes five work streams:

- Quality and safety
- Access and Flow
- Organisational development and culture
- Service Strategy
- Finances

He advised the Trust had created a number of new posts in midwifery services to improve the care for new mums; handheld devices had been rolled out to help staff spot deteriorating patients and he discussed the work being undertaken as part of the Humber Acute Services Review to develop a plan for sustainable health services into the future.

Dr Reading then invited the Acting Medical Director, Dr Kate Wood, to speak in detail about the Trust's recent improved A&E performance. Dr Wood talked through initiatives including GP streaming and ambulatory care units which have been to help improve the flow through the hospital. She set this in the context of the current challenges posed by winter pressures and emphasised the importance of all care providers continuing to work together to provide care in the most appropriate place which is not always the hospital.

Click the link to see [Dr Reading and Dr Wood's presentation](#)

## The Discussion Groups

**Carers Support Services and Telecare** facilitated by Nicola McVeigh,  
NELCCG Service Lead: Carers and Communities.

### What did we want to know?

In this session we wanted to share a summary of the revised service specification for Carer Support Services in North East Lincolnshire based on the first round of community consultation, and

- check we had accurately captured the suggestions received and to utilise this revised brief to engage attendees in the start of the second round of consultation
- consult attendees on whether the current services were appropriate/sufficient, whether there was anything else they would like to see delivered and to gather any further comments or suggestions.

We also wanted to engage attendees in consultation for the re-specification and gather opinions on potential new elements of delivery of Telecare Services in North East Lincolnshire.

It is intended for the revised service specification to accurately reflect the needs of the community within North East Lincolnshire.

Click the link to view the [Carers Support Services and Telecare slide set](#) from the session.

### What did people tell us?

Comments and suggestions were received around more flexible/longer opening hours, raising awareness of the service and utilisation of volunteers. Attendees have been given the opportunity to provide further comments over a period of weeks since the event – these will also be considered during the revision of the specification.

Suggested new elements for Telecare were well received. Further comments and suggestions were received around eligibility criteria and advice/ demonstration sessions.

### The next steps

The information gathered will be used to inform the final service specification which will reflect the needs of carers in North East Lincolnshire to be utilised for the re-tender process in Summer 2018. Comments and suggestions will be considered to inform the service re-specification for Telecare.

If you are a carer and would like to be part of the NEL carers support service tender panel to have a voice in choosing the provider of the service in future, please click on this link:

[Invitation to Carers to be part of the NEL Carers Support Service re-tender](#)

Contact: Tanya Burnay 0300 3000 428 [tanya.burnay@nhs.net](mailto:tanya.burnay@nhs.net)

**Social Prescribing** – facilitated by Linda Dellow and Steve Johnstone, Centre4

### What did we want to know?

We wanted to raise awareness of the new Social Prescribing Service for North East Lincolnshire which will be provided by Centre4 and partners from the local voluntary and community sector.

Social Prescribing aims to improve patient wellbeing and self-management by providing access to a range of non-medical interventions and wider community support for people with certain long-term health conditions. (These are Diabetes, COPD, Asthma, High Blood Pressure and Atrial Fibrillation).

We wanted to share our plans about the ‘patient journey’ into the through the new service, generate discussion and obtain feedback.

The NEL Social Prescribing service will consist of a Tier 1 provider (who will make initial and ongoing assessments of clients) and Tier 2 providers who will do ongoing work with clients to help them care for themselves and manage their long term conditions

Click the link to view the [Social Prescribing slide set](#) from the session

### What did people tell us?

Participants were pleased that the Social Prescribing service has been commissioned and were positive about the potential to improve health and well being for patients eligible for the services. Issues discussed included:

- Why the programme was condition specific with a view that and it should be accessible to anyone, particularly addressing issues of social isolation and mental health
- Potential overlap with existing provision, such as the Live Well Team and NAVIGO's IAPT for people with Long Term Conditions programme – how will this be addressed?
- Concern that a lack of a broader Tier2 offer during initial phase of development might limit options available

### The next steps...

The comments and feedback received will be taken to the Healthy Lives Together group to inform service development; and shared with commissioners in contract monitoring meetings.

For more information about the project and our progress please visit our [website](#) and Facebook page or contact [steve.johnstone@centre4.org.uk](mailto:steve.johnstone@centre4.org.uk)

**Hospital Services** – facilitated by Kerry Carroll, Associate Director of Strategy & Planning, NLaG with consultants Mr Bellini (ENT); Mr Thomas (Urology) and Dr Baugh (Haematology).

The purpose of this session was to provide an update to local residents on the current temporary changes to Ear Nose and Throat (ENT), Urology and Haematology services and gather feedback on emerging potential scenarios for these services going forward.

Click the link to view the [Hospital Services slide set](#) from the session

## What did people tell us?

The following questions were asked during a short Q&A session:

- Have you been asking affected patients what their experience is?
  - Yes. Patient and workforce surveys have both been done; feedback has been mixed. Issues that have been brought to light include transport services.
  - Patient representatives are now on transformation groups and are only part of a process of engagement.
- What patient focussed metrics are you using to measure outcomes? (RTT, Cancer waiting times etc.)
  - As a trust we measure, amongst others, the length of stay. Pre-change we were above (worse than) the target, however we are now around average for our peer group, which reflects around a 2-3 day reduction in the overall length of stay across all unplanned care. This is not just down to service changes, but they have contributed.
  - The impact on length of stay, waiting times etc. will be considered as part of the Humber Acute Services Review as possible future scenarios are considered.

We also received following comments and ideas during the session:

- Consultation with existing patients should shape potential options before final decisions are taken.
- Transport for early morning appointments at Castle Hill is a problem and this should be considered in any future changes.

## The next steps

We will feed your views and ideas into the discussions that clinicians are having about the future of these and other acute hospital services. There will be further engagement before any final decisions are made regarding these services.

For more information about the Humber Acute Services Review go to <http://humbercoastandvale.org.uk/humberacutereview/>

**GP Extended Access** – facilitated by Sarah Dawson, Service Project Lead, Service Planning and Re-design, NELCCG

## What did we want to know?

Extended access to GP services is being rolled out nationally this year. The aim of this session was to share the CCG's proposals for improving access to general

practice in North East Lincolnshire and seek the views of participants to better understand the needs for extended access in primary care locally.

Click the link to view the [GP Extended Access slide set](#) from the session.

### What did people tell us?

The main points that came out of the group discussion were:

- There are difficulties accessing appointments currently
- There was no preference on weekend appointments
- Problems when notes are not shared with others
- Some people may find it difficult to travel to evening appointments (e.g. people who are dependent upon bus times.)
- Online consultations would not be for everyone.
- People preferred a phone response for online consultation.
- There is a need to ensure that it is clear to patients that online consultations are not for emergencies.
- Expectations in terms of response time for online consultations needs to be clear.
- Would web chat be possible?

### The next steps

We will use the discussions to inform development of the extended access service and on line consultation. We will provide further updates on how these plans are developing in the next Accord newsletter and on the Accord website.

Contact: Sarah Dawson, Service Project Lead [sarah.dawson8@nhs.net](mailto:sarah.dawson8@nhs.net)

**Urgent Care** – facilitated by Andy Ombler (Service Lead), Dr Rakesh Pathak (Clinical Lead), Anne Hames (Community Lead) – Unplanned Care Triangle

The purpose of this session was to:

- Increase awareness of Phone First facilities (Single Point of Access/111)
- To ascertain views relating to how to persuade the public of the value of phone first to reduce walk-in activity.
- To increase knowledge and understanding of the purpose of the Urgent Treatment Centre and what it will offer.
- To ascertain views regarding where an Urgent Treatment Centre should be sited.

Click the link to view the [Urgent Care slide set](#) from the session



## What did people tell us?

Regarding the Phone First facility:

- Knowledge of the Single Point of Access facility is still not as widespread as it needs to be. Suggestions from participants in this session on how to increase SPA awareness included
  - Word of mouth – ‘spread the word’ of number (01472 256256) via GP’s, partners, staff, volunteers etc.
  - Use supermarkets, libraries etc to raise awareness of 256256.
  - ‘It only takes a minute’ – potential strapline for use in marketing activity.
  - GP surgeries – rigorously advertise 256256.
  - Explain to people what 256256 will offer – e.g. a clinical response.
  - ‘Why do you go to A&E?’ – potential for this question to be asked to those visiting A&E unnecessarily.
  - Educate repeat service users – using Primary Care Centres, A&E, Pharmacies, VCSE (Voluntary, Community and Social Enterprise) partners etc.
  - Include SPA number on prescriptions.
  - More use of social media to raise awareness of SPA.
- Participants suggested a number of ways in which we could reduce walk-in activity at A&E:
  - Place Single Point of Access number on GP Out of Hours Answerphone
  - Consistent approach – every GP surgery should have the same out of hour’s message.
  - Single Point of Access needs to provide a speedy, efficient and effective response.
  - Once a caller has used the service, they will realise that this is the best solution – ask them to recommend to others.
  - Regular users who turn up at A&E unnecessarily should be issued a ‘warning’ – make them aware.

The group also discussed possible locations for an Urgent Treatment Centre (UTC) in North East Lincolnshire; suggestions from participants included:

- The Hospital site (Diana Princess of Wales) may be the best option, at the front of the A&E.
- 3 central locations might be preferable – Immingham, Grimsby (DPOW) and Cleethorpes.
- The centre **must** be easily accessible by public transport

Other suggestions relating to the Urgent Treatment Centre (UTC) included:

- Having a separate unit for people with problems such as drug & alcohol issues.
- UTC should be situated so that 'walk in' users do not automatically go into the A&E area.
- Educate people on what is classed as urgent as opposed to 'emergency' care.
- A marketing initiative would be required to increase awareness of Urgent Treatment Centre at Hospital.
- Ensuring that UTC is sufficiently resourced.

### The next steps

We intend to reflect fully on points raised initially, then develop action plan to implement key points which we will share via the Accord newsletter and CCG communications networks.

Participants provided a wealth of useful and innovative suggestions which will be used within further development of SPA and implementation plans for UTC. Thank you!

Contact: Andy Ombler 0300 3000 542 [Andrew.Ombler@nhs.net](mailto:Andrew.Ombler@nhs.net)

**Housing Options in Later Life** – facilitated by Sarah Moody, Extra Care Housing Coordinator.

### What did we want to know?

In this session we wanted to start a conversation with participants on how we are approaching housing in North East Lincolnshire and the possible options with regards to design, tenure and the types of choices older people may need to make in the future.

Click the link to view the [Housing Options in Later Life slide set](#) from the session.

### What did people tell us?

- Good idea of building homes to meet needs as they may progress – so that people can live a 'normal life' and get the extra care as they need it.
- Concerns around people who do not have access to capital or are in negative equity. We discussed different options such as shared ownership and equity release and that NELC and CCG would aim to ensure in the future there are enough suitable homes to rent for older people. This must be balanced with

ensuring there is equal access for people with varying level of income and tenure types.

- Housing strategy and housing needs assessment will ensure we know more about the demographics but will still need to do more work, consulting around what housing models people would prefer e.g. one lady didn't like houses for life, she had visited one at Freshney Green and couldn't imagine wanting to live there when she was older because it was too big and designed for families, she would rather move to a small bungalow. Another person stated they rent a 3 bed Shoreline property, this had been adapted when her needs changed so she was able to stay in this property for 30 years and would like to continue to remain however did say if there was a smaller bungalow adapted, she would be able to free up a three bed adapted home for a larger family.
- Extra care housing was discussed and the development of two further schemes, however there is a need for different types of accommodation as a continuum throughout different stages of life as extra care is not the only solution.
- There were several comments about the need to return to 'proper' sheltered housing with a warden on site.
- Someone said they could really see themselves living in Strand Court, having their own front door but also being able to join the community if they want to.
- There was a comment from a fire fighter around the design from a fire safety point of view - some of the houses that have been adapted frighten her. E.g. in the event of a fire, someone with a stair lift may get stuck upstairs. We are also getting more people living longer in their own homes with dementia – this is a concern for firefighters due to the fire risks. Very cost effective to put sprinkler systems in new builds rather than having to fit them retrospectively.
- Equity release – Centre4 advice officer wanted to know where to get sound advice on reputable companies.
- It was suggested that a survey was conducted with older people on their preferences for housing in the future.
- It was useful to know what was happening in housing and also that there are so many different choices in design which they had never thought of.

### The next steps

The comments will be taken back to the extra care housing strategy group which we hope will soon to develop into the housing in later life strategy group which is a joint initiative between NELC and CCG.

We are hoping to develop a strategy and to consult widely on the subjects discussed today; this may be face to face, group and survey work. It's important before this,

that NELC/CCG consider what options may be available and what is possible in NEL area.

Contact: Sarah Moody 0300 330 2815 [sarah.moody2@nhs.net](mailto:sarah.moody2@nhs.net)

## Question and Answer Panel

**Panel members** – Dr Peter Melton, Clinical Chief Officer; Mark Webb, Chair – NELCCG; Dr Peter Reading, Chief Executive NLaG; Anne Shaw, Chair – NLaG; Jane Miller, Chief Executive – Care Plus Group; Christine Jackson, Leadership Team – Focus Independent Adult Social Work; Joanne Hewson, Deputy Chief Executive – North East Lincolnshire Council; Cllr Jane Hyldon-King, Portfolio holder for Health and Wellbeing – North East Lincolnshire Council.

### Q1 - What is in place to prove accountability within the support care system?

**When support care is struggling to provide needed hours (hours are being banked due to no staff) how can you adapt hours to support good and bad days?**

**Why are people struggling to get care? Why did some care providers cancel last week's calls?**

#### **Christine Jackson:**

*Overall, homecare services did a great job ensuring they looked after all vulnerable people throughout the recent bad weather. All agencies communicated very well with each other, particularly with healthcare services. The few calls that did have to be cancelled in North East Lincolnshire were those who were least in need and individuals were contacted to keep them informed. There is significant tension and pressure on homecare agencies with a huge amount of referrals. The hospitals have been very busy and all agencies have been working very hard to ensure that the right care is in place for people to be able to get home following discharge from hospital. The Care Plus Group has acted as a safety net. We are in a fortunate position in North East Lincolnshire when compared with other areas and any wait time for a service has been low. The CCG has been working with lead providers to improve the home care service. A new system of delivery has been in operation in Humberston to work flexibly in the community and the CCG is now working to roll this out in other area. This new system will enable more cover to be provided for people's bad days and less for their good days.*

**Q2 - Is there anyone looking at improving carer's training and does the NVQ training they do now fit the carer's job description in care homes, the**

**community and independent living? Carers are not being trained to cook for someone within their own home.**

**Jane Miller:** *All organisations are required to have staff who are trained to certain levels. This is monitored by the CCG's contract team. This is also measured by the Care Quality Commission (CQC) who inspects these organisations. They check training records and will check an organisation's documentation which sets out how they will train their staff. If anyone has any concerns with regards to training not being undertaken, those concerns need to be raised as it is important that we all are suitably trained for the roles we are in.*

**Cllr Jane Hyldon-King:** *In North East Lincolnshire we are collectively looking at training- particularly within schools and there is ongoing work to encourage people to be carers. We do recognise that there is still a lot of work to do.*

*Post-meeting note - Jane Miller spoke to the two people concerned after the event and the issues relate specifically to Supported Housing. Details of the issues raised by the two Accord members were then referred on to the lead commissioner for this service in the CCG.*

**Q3 - Please can anyone do their best to roll out an awareness and helpline or talk about 'How to find the best care for an elderly person with not much idea of their rights?'**

**Jane Miller:** *In North East Lincolnshire we have a single point of access (SPA) for people to call with any queries. The number is 01472 256256. There are social care professionals, health professionals (such as nurses) and mental health professionals available through the SPA for general queries or advice. There is also a service run by Focus called Services 4 me which is an online tool giving details about services across North East Lincolnshire.*

**Q4 - What are you doing to improve neurology services in North East Lincolnshire and especially MS services to provide a service fit for today and the future. When will people see any improvement in the current, extremely poor service? Local charities would love to work with you but find it very hard to engage with you as we never get a response.**

**Richard Sunley:** *Neurology consultants and nurses are difficult to recruit, due to the scarcity of the skills nationally. We recognise that it is a challenged specialty and the single MS nurse that we did have left the Trust in the last year. We have worked hard to retain our one consultant in the locality and are hopeful that a second will join*

*in September, but the second is by no means certain. We are looking at planning, capacity and demand across the north and south banks, particularly of course with Hull although Hull is also stretched. We have a bid submitted to the MS Trust to support us with a nurse post. We do apologise if you have found it difficult to engage with us, we would very much welcome the opportunity to work with you and anyone with knowledge of sensory illnesses that could help us.*

Post meeting note there was a meeting with NLaG and the MS Society on 3<sup>rd</sup> April.

#### **Q5 - Why has eye screening stopped at Weelsby View, Ladysmith Road, GP surgery?**

**Peter Melton:** *Eye screening is commissioned by NHS England and not the CCG, so I am not sure about this. Hull and NHS England completed a consultation to use Cromwell Road for screening previously but then last year decided to move back to a mobile solution and the CCG struggled to understand that decision. A review to increase retinopathy screening is underway. Feedback will be shared when available.*

#### **Q6 - Given the well documented lamentable performance of the patient transport service, is it the intention of the CCG to terminate its contract with Thames Ambulance Service Ltd? If not, why not?**

**Peter Melton:** *There is lots of challenge around the ambulance service currently. Peter Reading frequently queries their performance and would perhaps take a different view to me. We do have weekly meetings with TASL where we challenge their performance. This is the approach we are taking at the moment. We would like to assure you that if we were not confident that they can turn around their performance, we would terminate the contract.*

#### **Q7 - Is NLaG linked into the NHS Leadership Academy? Do you think that would have benefits for staff morale?**

**Anne Shaw:** *We are linked in to the NHS leadership academy; the chair of the academy Peter Homa has been a very good support to NLaG which has helped to firm up our relationship with them. We are aiming to develop leadership within the Trust, including Apprenticeships at Band 7 level. We have a number of managers taking up leadership qualifications locally as part of courses with Lincoln University.*

**Q8 - I believe creating 3 minor injuries and emergency care PCC Immingham, Grimsby and Cleethorpes would reduce A&E overload based in PCC across the NEL areas?**

Unfortunately this question was not read out during the session by mistake. **Dr Peter Melton** has given the following response post meeting:

*We are looking at every opportunity to relieve pressure on A&E. Past experience and research show that no matter what publicity we do people will still present at A&E which is why we are looking at co-locating the Urgent Treatment Centre at Diana Princess of Wales hospital. We have not, however, ruled any other possibilities out.*