

The Way Forward

Feedback and update for Participants

Thank you for joining us at the Way Forward Public and Stakeholder engagement event on March 31st. We held this meeting to share how we plan to improve the advice, support and care services that will help local people have a good quality of life, recover from periods of ill health as close to home as possible, make healthier choices and remain active, engaged and independent for as long as they can.

This event gave Accord members, the public and stakeholders the chance to discuss our plans, ask questions and share their experiences and views. More than 100 people attended and we hope you found the sessions interesting and informative.

Trevor Brooks, the recently appointed Chair of the Accord Steering group, welcomed everyone to the meeting and provided an overview of the purpose and format of the event.

We then shared information about:

- CCG Commissioning Intentions for 2016
- Support to care homes and people with multiple long term conditions
- Social Prescribing

We went on to hold focussed discussion groups to talk about:

- Doing the right thing - deciding how social care money is spent locally
- Quality matters to all of us – what makes a quality health and care service.
- Social Prescribing – improving health and wellbeing
- Information, Advice & Guidance - what needs to be done to make sure we have the right Information, Advice, and Guidance available to people across North East Lincolnshire.

Also CCG staff and partners from across the health, care and wellbeing community joined us to share information about their plans and services including:

- Urgent & Emergency Care
- Planned Care
- Primary health services
- Patient Transport
- Diabetes
- Women's & Children
- Health & Wellbeing Collaboratives
- Patient Advice & Liaison (PALs)
- HealthWatch North East Lincolnshire
- Prescribing & Medicines Management
- Single Point of Access (SPA)
- Extra Care Housing

The following week we held a 'bite-sized' Way Forward meeting in the evening to enable people who had not been able to attend the daytime event to take part.

What did you tell us about the events?

We have looked at the evaluation forms we asked you to complete from both sessions. We found that 95% of those completing the form said they rated the session overall as either good or excellent.

You told us you liked having the opportunity to find out about the CCG's plans and would like us to continue to do this. You also liked the discussion groups but wanted more time set aside for this in the future with either smaller group numbers so everyone has an opportunity to join in.

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

- more information about social prescribing; and you wanted to find out about Social Impact Bonds and how they work;
- progress on key issues, so more of the same;
- local success – good practice stories and patient experience;
- progress made on: Effectiveness, Efficiency, Economy and what happens with the NHS if the targets are not achieved;
- what we are doing to make sure we can continue to fund essential services.

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 event which will happen on September 8th. We will send you more information about this at a later date.

What you told us about our plans and how we are taking this forward

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, but we want to make sure we share all the information with you and continue to involve you in our plans.

Commissioning Intentions – presented by Lisa Hilder, Director of Strategic Planning

Lisa described the CCG and North East Lincolnshire Council's shared vision of health and social care working together and taking care of people's needs in a way that is designed around our residents and reduces wasteful duplication or gaps in services. We believe health and social care services must be high quality, safe, affordable and delivered by skilled people who care about what they do.

We recognise that health and social care are facing big challenges. Services are under strain because more people than ever need care, which is also getting more expensive. Funding is not keeping pace with demand and our resources need to be stretched further. It is important our health and social care system can live within its means while still protecting, prioritising and safeguarding people who have the most complex care needs in our community.

To make sure we can keep doing this against the difficulties described above, we will sometimes need to do things in a different way to what people are used to. This may mean sharing some health services with neighbours in other parts of Lincolnshire or the North Bank. We could make better use of technology so sometimes you may speak to a doctor or nurse on the phone or through a video link instead of in person. Sometimes, you might see a different kind of clinical professional to the one you might expect to see.

We talked about how care will happen in four locations which you can see in the diagram below. We are looking at urgent and emergency care, planned care (management of long term conditions), planned care (episodes of ill health) and women and children's care.



Update from Lisa

At both meetings people told us they thought our plans made sense. Comments were received about the quality and sustainability of services in the current financial climate. Some people wanted reassurance that the use of technology as an alternative to seeing someone in person would be appropriate for patients' individual needs.

We will now start to develop more detailed plans and will be carrying out further engagement in the community as we do so.

For example:

- We are currently engaging with people living with Chronic Obstructive Pulmonary Disease (known as COPD) and their carers/families about our plans to deliver a more joined-up and community-based service.
- We are launching a Community Cardiology pilot which will provide Consultant-led clinics in the community for cardiology patients. We are also working with GP practices to enable them to support their patients to manage and monitor their heart condition better. We would like feedback from patient and community groups about this.
- There has been more demand in North East Lincolnshire (the same as other parts of the country) for Dermatology (Skin) and Ophthalmology (Eye Care) services.

In keeping with our commissioning intentions described earlier, the CCG plans to work with the other CCGs in the Humber area to jointly commission both Dermatology and Ophthalmology services. This collaborative approach will enable us to generate more interest from service providers and potentially deliver more resilient and cost-effective services. We hope this will help address current waiting time issues.

Our intention is to get our local communities more involved as this takes shape.

Support to Care Homes & those with Multiple Long Term

Conditions – presented by Nicola McVeigh, Service Lead for Older People, Carers & Dementia

This initiative provides support for people with complex, long term health conditions who either live at home or in nursing or residential care. Primary care, social care, mental health, allied health professionals, pharmacy and the voluntary sector work together in a co-ordinated, multi-disciplinary way to provide a proactive and consistent response to the resident's needs. The multidisciplinary team will work positively in partnership with local Care Homes to ensure consistency of approach and, where necessary, provide advice and guidance to ensure the care home delivers high quality care for all.

Update from Nicola

Phase one of the project was implemented from 1st April 2016. This has seen sign up from all key disciplines to align to the 43 local care homes and work in the multi-disciplinary way required. Initial discussions are taking place with the first wave of care homes in the South ward (10 care homes). These initial discussions have been well received by the care home staff. The implementation group is working on the roles, responsibilities and procedures for the multidisciplinary teams to ensure consistency of good practice across all local care homes.

Information, advice and guidance – facilitators Emma Overton, Care Act Implementation Manager and Leigh Holton, Commissioning Manager

This workshop was a great start to a “Big Conversation” that will inform future improvement to the way Information, Advice, and Guidance (IAG) is available across North East Lincolnshire.

Starting from a blank sheet today, the participants told us:

The current way of finding Information seems ad hoc, with different professionals and agencies giving different advice about the same issues. It feels fragmented and duplications are commonplace. While information is generally accurate, there is little follow-up and if something goes wrong after advice is given, it is not often communicated what else can be done. People tend to go to the people they trust, and the digital platform should not be the only way to access Information.

The workshop started to give us an idea what “Good” would look like. This included: some standards for information provision (such as time reviewed and generated from reliable sources); ensuring accessibility and meaningfulness to the individual; and that there are different levels of information that need different levels of ‘giver’ – from simple transactions to complex future care options. This would mean communities and active community members are part of a wider co-ordinated network of information, alongside professionals and qualified advice roles.

It identified several routes to take the conversation further such as engaging with Patient Participation Groups, people in frequently accessed areas, Safer Communities, liaising with provider agencies communications teams, linking to Social Prescribing, Health Watch, broader community centres (such as hairdressers and pubs) and broader community services (such as mobile hairdressers and beauticians).

What happens next?

The workshop was a really good start to help us establish a baseline for where we are now with Information and Advice in NEL. It helps us start to generate ideas about how the people of NEL want Information and Advice in the future.

The information gained from this workshop will be used to extend the conversation to gain a broader view. Our aim is to pull these together to form a plan and underpinning strategy by April 2017.

We are going to develop a survey which will be accessible online and by hard copy and are currently arranging to meet with local community to continue the conversation.

The facilitators would like to thank those that participated for their very useful and candid views, and making the workshop so productive.

Social Prescribing - facilitators Lisa Hilder, Paul Silvester, Josh Brewster

At this session we wanted to discuss the proposed social prescribing model, how we think it will work in North East Lincolnshire and if we have got the right idea. We also wanted to learn more about the sort of community activities and interventions that will have the most effect/biggest impact.

Some of the key points made by participants:

- ✓ The importance of getting GP support for the project to work.
- ✓ Many of the groups that currently exist operate between 9-5 and there is a need for groups that take place in the evening and at weekends.
- ✓ Supporting people to get to the activities through befriending and buddying will help to make sure services will be used.
- ✓ The activities that are offered are stuck in the past, offering bowling or time on allotments, and there are many other interesting social activities in the area.
- ✓ There appeared to be a general consensus around the room that the model/process was the right one
- ✓ It was an opportunity to identify any duplication taking place
- ✓ There needs to be continuity (a way of retaining information) if people return to the service at a later date
- ✓ Solutions and outcomes should be self-determined by users.
- ✓ Use existing services where they exist
- ✓ Engage with service users

What happens next?

The information gathered will be discussed at the Social Prescribing steering group with elements incorporated into the Lottery Grant bid.

We really appreciate everyone who attended the discussion group and will use the information and views they shared with us to help shape the way in which we develop the social prescribing project.

We would like to have a further discussion session at the Accord Annual meeting on September 8th and provide an update on how the project is progressing.

Doing the right thing – deciding how to spend adult social care budgets – facilitated by Emma Overton, Care Act Implementation Manager

At this session we wanted to talk about the new policy relating to the way in which adult social care resources are allocated. The new policy will apply to all areas of adult social care and Continuing Health Care and takes into account recent changes to the law.

Our aim remains that everyone should have access to the same high quality and affordable care and support.

Participants told us:

- ✓ People often don't understand the distinction between health and social care, and this impacts on expectations of social care – particularly with regard to paying for it
- ✓ People don't know what is available from social care until they need it; then it is difficult to navigate and understand the system locally
- ✓ People have high expectations from social care
- ✓ The National Audit Office criteria for assessing value for money which we shared at the session were sensible and reasonable
- ✓ The 'conversations' suggested by the Care Act, between people with needs and social workers, which help people to focus on what they can do for themselves and what family/ community resources they might call on, seem fair
- ✓ Delivery of social care services can sometimes have unintended negative consequences
- ✓ The fair allocation of resources is difficult, especially where deserving people receive less or no services
- ✓ Understanding of what we can expect from social care needs to start with children – in schools and colleges

What happens next?

The event was the first in a series of engagement activities and we plan to engage local people in a social conversation. The re-drafted policy focuses on the law and social care practice; participants in engagement activities will provide a 'real world' sense check to ensure commissioners understand the public's perspective on the matters affected by the policy.

At the end of the engagement programme, a report will be made to North East Lincolnshire Council's Scrutiny Committee, drawing on all the comments made by participants. The report will ensure that the comments are drawn to the attention of Scrutiny, to enhance their understanding of the public's views on these important topics, and enable them to be taken into account.

Quality Matters to all of us – facilitators Lydia Golby, NELCCG Nursing Lead for Quality and Anne Spencer Quality & Nursing Administration Assistant

At the session we wanted to gain your insight and thoughts about what quality in healthcare looks like and means. We also encouraged people to give their views via a Quality Survey.

Participants of the Focus Group told us:

- "Quality means being able to see my GP when I need to".
- "I expect staff to be polite".
- "I want same day appointments".
- "Clear communication – which I understand".

We also now have the results of the Quality Survey which was carried out recently over several weeks and asked what does Quality Mean to NHS patients in North East Lincolnshire.

What Does The NHS Need To Get Right?

People responding to the survey were asked to tell us three things they think are most important for the NHS to get right. These responses were grouped into themes, with about 25 key themes emerging. The top five themes were:

- ✓ Communication (34%)
- ✓ Access to care (27%)
- ✓ Quick and flexible appointment times (23%)
- ✓ Listening to patients (16%)
- ✓ Waiting times (15%)

Access is clearly at the forefront of people's minds, but many other themes relate to things such as the manner of staff and listening to patients.

What Makes A Health Service Good Quality?

People were also asked to tell us three things they think make a health service good quality. The list of themes was very similar to the previous question but the order and emphasis was slightly different, with even more importance placed on staff and an approach that is patient centred and makes sure patients are treated with dignity and respect.

The top five themes/issues were as follows:

- ✓ Competence and manner of staff (41%)
- ✓ High quality / effective care (32%)
- ✓ Access to care (23%)
- ✓ Listening to patients (15%)
- ✓ = Patient centric / understanding patient needs (12%)
- ✓ = Compassion / dignity / respect (12%)
- ✓

Further analysis of the responses told us that most of the 25 or so themes across these two questions could be grouped into four key areas. These areas and the key themes within them form the basis of what quality in the NHS means to patients in North East Lincolnshire. Please see the illustration on the next page for a summary of these.



What does quality mean to NHS patients in North East Lincolnshire?



Communication

People clearly think that communication is a key area that providers of NHS services need to get right. Key themes include *listening to patients, understanding patient needs, treating patients with compassion, dignity and respect, providing clear and honest information and keeping patients informed and up-to-date.*



Access

Access to care is also frequently mentioned as a key factor to get right in NHS services. Specific themes include *speed and flexibility of appointment times, reasonable waiting times, consistency of access, local access, and support with transport where appropriate.*



Effective Care

A raft of specific themes was mentioned in relation to effective care/high quality care. Effective care is often related to *speed/accuracy of diagnosis and referral*, but a *patient-centred approach* is also important. Patients want to feel healthcare professionals *respect their needs*; they want to feel *listened to* and have information explained to them. Patients feel they should be the focus of the care and support given, and that support should not end with a diagnosis or discharge.



Staff

In the eyes of patients, the competence and manner of staff is seen as a vital ingredient in delivering a quality NHS service (it is also clear that many of the other themes and factors mentioned above are ultimately dependent on staff). Patients want to see staff that are trained in their job but also have good people skills, communicate well, listen and can understand and reassure vulnerable people. These are some concerns that staff shortages are impacting on the ability of staff to deliver on these issues.

What happens next?

The views shared at this session along with the findings from the Quality Survey will be used to inform our Quality Strategy for 2016-2018. The Quality Strategy will set out the vision for quality and the strategy plan for attaining the vision. We will be using the data to identify areas for improvement and how we plan to deliver an improved quality service in commissioning and our commissioned providers.

We would like to take this opportunity to thank all for their participation – your insight is invaluable!

Save the Date!

Accord Annual Members Meeting

Thursday September 8th, 2016

10am to 12.30pm

Humber Royal Hotel, Grimsby

**If you can't make it that day you are welcome to attend
our Twilight meeting on Thursday September 15th from
6pm to 8pm at Centre 4, 17 Wootton Road, Grimsby**

More detailed programme information to follow