



REPORT ON HEALTHWATCH NORTHAMPTONSHIRE WORKSHOP THE FUTURE OF HEALTH AND SOCIAL CARE IN NORTHAMPTONSHIRE 14 MAY 2015 KETTERING CONFERENCE CENTRE

Summary of feedback from participants at the workshop

Engagement and involvement: People want to be involved at the earliest possible stage in shaping the future of services in the county. They don't want a fait accompli presented on service change - i.e. *'we have made a decision what do you think?'* They want serious and genuine involvement

A plan: People want to see a plan with deadlines and accountabilities clearly set out and they want to see the plan being delivered on.

Pace of change: People are clearly concerned about pace. While the presentation set out evidence of progress, there was a clear view expressed by participants that evidence of improved outcomes was less clear. The "so what?" question was left hanging - i.e. how has this improved services, outcomes for local people. Anxiety was expressed about the pressure to save £279m by end March 2019. Particular concern about the scale and pace of cuts in adult social care.

Voluntary and community sector (VCS): Some VCS organisations present expressed concern about NCC's handling of the community wellbeing contract. The meeting was advised there is work going on now to bring in the VCS working with the emerging

Wellbeing CIC. Concern was expressed that prevention/wellbeing monies have been cut significantly in recent years and while there is a lot of talk about the importance of prevention and working with VCS - this needs to become reality.

Collaboration: There was a strong wish to see genuine collaboration between all partners but some doubt among participants, as to whether collaboration is as strong as it needs to be. Strong question on whether organisation structures are a barrier to really delivering better health, better care, better value. Public don't want health and social care working in silos or being territorial.

Lakeside: Audience was clearly impressed with Lakeside Vanguard presentation. Discussion at tables and question about whether this could mean 100,000 people covered by the vanguard will receive a much more integrated and effective service than the rest of the county. Case made for levelling up and evidence of genuine collaboration with Lakeside.

Transport/wider collaboration with other services: If some clinical services are to be concentrated on either Kettering General or Northampton General, then clearly expressed view that transport has to be looked at. Also, people mentioned the need to work with the 7 local Health and Wellbeing for fire service; housing; local councils. Genuine integration and fully joined up approach.

Workforce development: Concern about lack of GPs now and in the future and waiting times for GP appointments. People expressed a lot of support for other healthcare professionals - pharmacists, nurses, allied health professionals being involved and also patient led/peer support services - "coproduced services".

Mental health and children's services: There was concern that there was no mention of mental health and children's services and the need to link to all the work that is currently underway in relation to both areas of work. Discussion about the need for Healthier Northamptonshire (HN) to be whole systems, whole person, cradle to grave cover - so needs to look at all ages and all aspects of health and wellbeing.

Presentations:

http://www.healthwatchnorthamptonshire.co.uk/sites/default/files/uploads/HealthWatch_14_05_15_v7_SW.pdf

Notes from Robert Harris' presentation on the Lakeside Vanguard:

- There is a £30 billion funding gap, mainly predicated on an aging population living longer. Country wide if we do everything 100% right, we can account for £22 billion, but that still leaves £8 billion. A big funding gap in Northamptonshire of £280m has been identified, but the progress to implement action is slow.

- Cuts in welfare budget will impact on health both directly and indirectly and Lakeside is thinking about ways to ensure that social care provision, particularly intermediate care provision, is supported and improved. If intermediate care is not supported, costs will quickly ramp up in other parts of the social care system.
- The Lakeside Vanguard wants to understand the needs of local people and test an improved model of fully integrated care. The Vanguard wants to transform care to be integrated, devolved to local communities (and compliant with national guidelines and standards) and more seamless than is currently the case.
- Lakeside has designed a number (12) of out of hospital services (that are currently being delivered in-hospital). By agreeing pathways with secondary providers Lakeside wants to deliver far more services in communities; wants to improve access to those services and those clinicians; and will lower overall costs thereby releasing monies to be reinvested in care, particularly for the frail & elderly population of Northamptonshire.
- The Vanguard wants to move at pace - something which doesn't always happen in the NHS. The executive management team and partners of Lakeside are committed to actionable delivery.
- There are key challenges; including that Northamptonshire is the 2nd poorest county in attracting and keeping GPs. We all need to make living and working in the county more desirable. The Lakeside Healthcare 'offer' across a number of sites in Corby, Kettering, Wellingborough, Rothwell and Desborough is however attracting new doctors - at both a junior and a senior level.
- Lakeside is very keen to work in partnership with NGH, KGH, NCC and NHFT in delivering their plan.

Question & Answer Session:

Question: Will Pope - Healthwatch Northamptonshire Chair - What is the top single achievement of Healthier Northamptonshire so far? With the £279m funding gap, what progress has been made so far?

Sonia Swart (CEO, Northampton General) - The partners have agreed a programme of work set up with a focus on what is best for the patient. There is agreement to work together. This is a big step but not a measurable output.

David Sissling (CEO, Kettering General) - David agreed with Sonia's analysis. The system leaders are now working together and setting out realistic challenges, clear view of future. Partnership/collaborative working/willingness to build relationships. They are "beginning to make it happen."

Stuart Rees (Interim CEO, Nene Clinical Commissioning Group - CCG) -In relation to savings, there will be no savings in the first year.

Sue Noyes (CEO, East Midlands Ambulance Service) - Working to secure delivery on targets for response times - "on track for meeting targets"; investment in more staff in Northamptonshire (60) and more vehicles based on patient feedback (vehicles), falls team

great deal of work to be done. EMAS is part of the solution particularly in supporting frail and elderly people.

Paul Blantern (CEO, Northamptonshire County Council): Integrated discharge teams; collaborative care team; Wellbeing Community Interest Company (CIC); Better Care Fund agreement with £60m of projects to integrated care. Pressures on adult social care are intense - 28% cut in local government funding with a 53% increase in demand on Adult Social Care for home care and 20% increase overall.

Carole Dehghani (CEO, Corby CCG) - Open and transparent conversations with all partners. Need workforce to be able to meet those demands.

Dominic Hardisty (Deputy CEO, Northamptonshire Healthcare NHS Foundation Trust) - Intermediate care service very proud of, this has only been possible because all partners sign up to this. Collaborative discharge team working hard to support people who have got stuck in the system of health care. 65 patients discharged supported by multi-disciplinary team.

Question: Concern re the level of GP shortages over next 5 years - 55% shortfall predicted. What is the plan?

Answer:

- Real problem across county - money shortage/welfare squeeze
- Teaching and training very important/making a profound difference - the 'Lakeside Way'
- Need to demonstrate Northants is a good place to be and work. "we want to be a cool place to work" (Lakeside)
- A range of solutions are required, not just about money. Using telephone consultations where appropriate; getting other care professionals to deliver care. Greater emphasis on supported self-management required

Question: Concern about waiting times for a GP appointment - a month's wait is not unusual. Also question about sustaining people/support them to stay at home - issues around housing.

Answer - NHFT

NHFT is working on a health and wellbeing community interest company. Need to support and sustain people to stay well. NHFT and the University want to work with different organisations, working in localities, work within communities. Exploring the option of using libraries as community hubs.

Question: If you improve delivery you will reduce demand. Must work together and smarter working with social care.

Answer - Fully agree. Delivery is about being clear. Quality of care is important across a whole health care system. It needs to function at a high level.

Question: Collaborative research management - is there a case for a radical review and potential reduction of the number of decision making bodies in the

county given the number?
Answer: Nothing should be out of bounds in terms of considering what is best for local people. There are other services that need to be included - housing, fire services, etc.
Question about the proposed closure of X-ray at Weston Favell - how were the public consulted? Why is this being done given that Healthier Northamptonshire wants to deliver care closer to home?
Answer: Sonia Swart, NGH: Weston Favell has outdated equipment and replicates a similar service at NGH. The Weston Favell service is not well used and is not financially viable.
Question: Audience member who is a stroke survivor and is working with a new group called Empower to support each other. Will we have the support from organisations?
Answer: Paul Blanter - Lots of volunteers get involved; will give advice and info to grow your group.
Question: How can we increase input into the voluntary sector and promote 'social prescribing'?
Answer - Paul Blanter - Mental wellbeing is key and important to invest in and develop the VCS.
Question: Collaboration works Care nearer to home. Asked a question about the Isebrook site (Wellingborough) - when is this development of the Isebrook site going to happen?
Answer - Stuart Rees - There are no firm decisions yet and discussions are ongoing. NHS England own some of the site. There are ongoing discussions. Peter Bone, MP, has been in touch with Nene CCG regarding the Isebrook. Lakeside keen to establish a Corby-type health campus in Isebrook working through Albany House, Wellingborough and with other local GPs and KGH/NGH.
Question: Concern raised about the considerable cuts in funding for adult social care
Answer: This concern was acknowledged. Adult social care is working with partners to review pathway of care.
Question: Getting to hospitals is difficult - transport is an issue. Why is there such a shortfall regarding patient funding?
Answer: £40 million shortfall in funding across county. It will be a long time before Northamptonshire gets its fair funding allocation.
Question: Asked about how people will be supported to better manage their health?
Answer: The Wellbeing CIC will be launched within a month and fully up and running within 6 months
Question: Healthier Together - it didn't work. Feels more positive about Healthier Northamptonshire but there needs to be a critical path plans with deadlines and accountabilities. Please can the plan be developed and shared? Otherwise it will be 4 more years of good intentions.
Answer: Angus Maitland, Programme Director, Healthier Northamptonshire - The programme will be held to account for the delivery of costed business plans. It is challenging to collectively deliver services in a cash strapped environment and working with a number of regulators. The programme has not yet solved the issues in terms of integrated working.
Question: How will the merger of the 4 surgeries affect access?
Answer: Robert Harris - Different models are needed. In Lakeside Healthcare 4 practices

joined together to make this change. There will be no closure of any of the surgeries. No staff will be made redundant. The Vanguard Programme is looking at extending opening times and is looking to develop a compact with national bodies to flex some of the rules and generate additional income. The driving intention is to improve services, extend access and improve health and wellbeing outcomes. There will be no risk to services or patient safety.

Lakeside Healthcare will offer a comprehensive range of services to its patients, based on a 'GP First' model - that is, extended primary care should be the first calling and delivery point for 90% of the healthcare needs of patients. By understanding profoundly the health needs of the Lakeside patients, Lakeside shall be able to predict future treatment needs and shall therefore be able to intervene earlier thereby preventing a deterioration in the patient's condition.

Lakeside is very happy to share their understanding and ideas across the whole of Northamptonshire.

Feedback from table discussions:

Based on what you have heard this evening, what are the 3 most positive developments you have heard about?

- **Integration and Collaboration**
 - ✓ Like integration - need to stop being territorial about services
 - ✓ Collaboration underway - encouragement to continue (mentioned several times)
 - ✓ People really want integrated healthcare services
 - ✓ Collaboration - integration with better care fund
 - ✓ Finally everyone is working together - thank goodness! (but we need to be doing more and faster)
 - ✓ Joined up financial management is long overdue
 - ✓ Combining budgets
 - ✓ Integrated Care Team/multi-disciplinary working
 - ✓ Collaboration, collective drive - greater speed
 - ✓ Working in collaboration eg stroke pathway
- **Lakeside Vanguard:**
 - ✓ is a good model
 - ✓ Very motivational presentation, but danger of postcode lottery. Will follow on models be so well supported and financed?
 - ✓ Robert's approach seems to be to listen to people, then develop a business model
 - ✓ Innovation in the county
 - ✓ Presentation most inspiring

- ✓ Powerful, clear strategy
- ✓ Track record of delivery
- ✓ Doing stuff despite being excluded from much of 'Healthier Northants' programme
- **GPs**
 - ✓ Discussion about alternative ways for GPs to support patients
 - ✓ Services closer to home/help keep people out of hospitals
 - ✓ Social prescribing - GPs are not the answer to everything
- **VCS**
 - ✓ Like the idea of using the Voluntary and Community Sector but this needs money
- **Miscellaneous**
 - ✓ Willingness to drive and lead change
 - ✓ EMAS more staff and vehicles
 - ✓ Discharge Project
 - ✓ Like planning and prevention

What are your main concerns?

VCS

- ✓ Cuts in social care and for VCS - not enough support for prevention
- ✓ How real is the commitment to collaboration with the voluntary and community sector?
- ✓ Voluntary sector/social prescribing - we (VCS) have solutions!
- ✓ Voluntary and Community Sector feeling marginalised in the plan - need to identify the stage where they will be involved, prepared for and build capacity
- ✓ More dialogue with voluntary and community sector needed

GPs

- ✓ Hard to get appointments at GP surgeries
- ✓ Very poor access to GPs for deaf community and people with learning disabilities
- ✓ Why do GPs all close at the same time - eg Weds pm for training? Pressure on A&E
- ✓ GPs are not the only professionals working in the community - need a broader range of specialist

Leadership, Accountability and Change

- ✓ Too slow to change

- ✓ Leadership effectiveness - are they demonstrating this? Give us proof
- ✓ Accountability needs to be more open and understanding
- ✓ Not radical enough (although mixed opinions on table...still debating!)
- ✓ Accountability
- ✓ How are all the changes going to be monitored?

Financial

- ✓ Money/resources
- ✓ Money pouring into crisis management and crisis care because of cuts in social care and prevention
- ✓ Wasted money on whole process of community wellbeing tender and CICs, need to value communities and VCS not waste their time
- ✓ Lack of funding; lack of qualified staff

Mental Health

- ✓ Heard nothing about mental health or children's services including children and adolescent mental health services including eating disorders
- ✓ Mental Health not being treated equally
- ✓ Not enough mention of mental health

Transport and physical access

- ✓ Poor physical access to both hospitals e.g. bus routes from Daventry - collaboration with transport companies is required, not privatisation
- ✓ Worries about public transport and social isolation

Collaboration

- ✓ Collaboration - needs time frames and deliverables
- ✓ Collaboration is good but what are these changes going to mean for me.
- ✓ Communicate with other services - eg tell the fire service is someone has home oxygen
- ✓ Not being involved

General comments

- ✓ Vanguard is cutting edge but concern at the lack of speed of Healthier Northamptonshire
- ✓ Discharge project - if it is working, why isn't it core business? Person in the street struggling to get answers fast enough - who do I talk to? How can I get answers?
- ✓ Still blockages in services - winter pressures are still here in summer
- ✓ Cuts to services (especially adult social care)/push to save money
- ✓ No input from schools and support from childhood

- ✓ Need to use technology - use of Ipads
- ✓ Need better housing

Are you persuaded that health and care leaders have set out robust plans for public engagement?

- ✓ No!
- ✓ Communication poor
- ✓ No, more detail needed and involvement to change our current concerns

How would you like to be involved?

VCS

- ✓ VCS needs to be fully involved
- ✓ Voluntary sector is very diverse - how can we use this more effectively (many voices, can they all be heard?)
- ✓ Need to go out to community groups

Engagement and Communication

- ✓ Decision makers disconnected from community - are they value for money?
- ✓ Decision makers disconnected from the people receiving care - not engaging properly with the general population
- ✓ Local health and wellbeing fora are important
- ✓ Need to be consulted before things happen
- ✓ Not persuaded yet about engagement
- ✓ Changing faces at engagement meeting
- ✓ Need a system to ensure community input before decision
- ✓ More events like this - but more focus on specific issues (eg care closer to home)
- ✓ Ask what we want and need
- ✓ More empowerment of users/patients
- ✓ Communicate the vision
- ✓ Need dialogue
- ✓ What about special interest patient groups?
- ✓ Don't tell us what you are going to do - ask us what we want from the beginning
- ✓ Is this it??

- ✓ Don't just present a fait accompli
- ✓ Co-production
- ✓ Lack of accountability of health organizations to community and how money is spent

Individual feedback on comment cards about the event:

VCS

- ✓ Notable lack of top table voluntary organizations and charities
- ✓ Please invite the voluntary sector to be on the panel next time
- ✓ Collaboration with Royal Mencap Society on needs to people with learning disability and the patient care in GP surgeries and hospitals
- ✓ Disappointed that voluntary sector was not represented on the panel
- ✓ Should have more community representation on the panel
- ✓ Use the voluntary sector in the realignment of services and change
- ✓ Community groups should be more involved

Content

- ✓ Excellent presentations
- ✓ Very interesting - Well Done!!
- ✓ Need to sort out microphone - bad for people with hearing aids or tinnitus - as this is a professional conference centre - bad!
- ✓ Excellent event but the next one needs to be more focused to holding organisations to account

General

- ✓ Good to get Chief Execs out for the evening - including me
- ✓ Like that the fact the Marmott (on inequality) mentioned!!
- ✓ Don't forget Deanshanger!
- ✓ How will you consult with this group, do you need signposting
- ✓ Enjoyed meeting new people
- ✓ Would like to ensure timescales are set and adhered to
- ✓ Co-production missing
- ✓ Effect of social care cuts on whole plan needs to be made clearer