
**NORTHAMPTONSHIRE'S SUSTAINABILITY AND
TRANSFORMATION PLAN**

***REPORT OF THE 'REVOLUTIONISING ENGAGEMENT AND
INVOLVEMENT***

PUBLIC ENGAGEMENT EVENT 26 MAY 2016



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Introduction

What is a Sustainability and Transformation Plan (STP)?

The STP will support all the health and social care organisations in Northamptonshire to work together.

It will be the Plan for the county right through to March 2020/21.

It will detail what needs to happen to address the key challenges:

- How we will close the health and wellbeing gap?
- How we will drive transformation to close the care and quality gap?
- How we will close the finance and efficiency gap

Ultimately the health and social care system wants to make sure that the people of Northamptonshire can access the right care for them in the right place at the right time.

Professor William Pope introduced the event and outlined why we need a Northamptonshire STP:

- There have been some big improvements in health and social care in the last 15 years
- This is evidenced by the fact that people with some conditions (e.g. cancer and heart problems), now live longer
- Also, waiting times are shorter than they were.

However:

- Pressure in the system is building and waiting times are getting longer again
- The quality of care is still variable ...
- ... and peoples' needs are changing.
- Moreover, preventable illness is still widespread ...
- ... and health inequalities remain deeply rooted.
- Actually, people living longer, often developing multiple co-morbidities as they reach the end of an extended life span, is in fact increasing the pressure on social care ...
- ... and despite increased life expectancies there is not *always* an increase in the quality of life.

There are therefore also new and emerging challenges e.g. mental health, cancer and support for the elderly.

We all need to be working together at finding a solution.



The Public Engagement Event

Over 65 people attended the Healthwatch/Patient Congress event.

Presentations

1. John Wardell, Northamptonshire STP Lead

John outlined:

- why there is a need for an STP
- the challenges and
- what the STP hoped to achieve both in the short and longer term e.g. building on current good practice.

John's presentation:

www.healthwatchnorthamptonshire.co.uk/johns-presentation-stp-workshop



2. Jane Carr, Chief Executive of Voluntary Impact Northamptonshire (VIN)

Jane outlined the importance of care and support with a person-centred approach, which could be more co-ordinated and empowering, starting with “the person not the service”.

Jane also highlighted the need to remove process barriers, ensure robust engagement and join up the pathway.

Jane's presentation: www.healthwatchnorthamptonshire.co.uk/janes-presentation-stp-workshop



3. Lucy Douglas-Green, NCC Consultant in Public Health

Lucy outlined the six principles of engagement and how it is planned to ‘activate’ patients to develop their knowledge and confidence to manage their own health better - and the difference this would make to the health and social care economy.

Lucy’s presentation: www.healthwatchnorthamptonshire.co.uk/lucys-presentation-stp-workshop



‘Making it Real’ Workshops

After the presentations everyone broke into four workshop groups to discuss:

- What will patient activation and self-care look like in 2020/21?
- What are the deficits and barriers to achievement?
- How will we make this happen?

(The summary of people’s views and suggestions answering the questions can be found in the Appendix)

The four workshop facilitators then fed back to the meeting their groups’ views and Professor William Pope summed up the feedback from attendees at the event as follows:

It was acknowledged that the STP is focused on 3 gaps:

- a. Health and wellbeing
- b. Care and quality
- c. Finance and efficiency

But, it was agreed by participants that:

- Health inequalities are deep rooted
- Living longer is increasing pressure on the system
- Multiple co-morbidities are not adding to quality of life
- There are new and emerging challenges

Attendees suggested that ‘big issues’ for the STP are:

- Inequalities
- Mental health and parity of esteem
- Community value and how to maximise it
- The importance of adherence to prescribed medication

Attendees also suggested that ‘big questions’ for the STP to address are:

- How do we optimise the volunteer workforce?
- Can we bring experienced carers into the system to work more widely
- When people go to their GP with an illness with a social or economic cause, how do we manage it to get better outcomes?

An additional event was held on 23 June in the evening for anyone unable to attend the 26 May event.



Next Steps

The outputs from these events will feed in to the sustainability and transformation planning process through a work stream under the joint responsibility of Public Health Northamptonshire and Voluntary Impact Northamptonshire.

The objective of the STP is to make a reality of working as an integrated system to better serve the health and care needs of the population of Northamptonshire.

We will continue to build on that objective in all conversations with you and our partners.



Appendix

What will patient activation and self-care look like in Northamptonshire by 2020/21?

You said:

- Activation supported through learning in infection control, self-diagnosis and self-care (awareness of mental health and capability to self-manage conditions)
- Medication training and understanding available for staff, paid and unpaid carers and patients
- Approaches that activate young people and hard to reach groups
- Online and digital platforms that enable Northamptonshire-wide booking of GP appointments and validated self-diagnosis
- Support and crisis response via an accessible care coordinator system or equivalent
- Operational system-wide and accessible Social Prescribing model
- Empowerment (skills and knowledge) and support for paid carers
- Development of community and voluntary sector services
- Condition friendly and convenient community support
- Mobilised and supported community advocates
- Proactive service planning that reflects anticipated changes (e.g. population growth) and reflects promotion of evidenced good practice and patient choice
- Consistent and stable relationships between service users and providers
- Improved access to up to date and jargon free centralised information sources and utilise social media for healthcare messages (widen access via multi-forum communication)



What are the deficits and barriers to achievement?

You said:

- Financial constraints and particularly reduced financial support for voluntary organisations
- Health inequalities
- GP capacity and numbers
- Estate
- NHS jargon and acronyms
- Failure to link social issues with the clinical model i.e housing debt, relationships, transport, employment, social isolation
- Access to skills and expertise necessary
- System information silos and failure to achieve sufficient message reach
- Lack of a comprehensive integrated and functional IT system across all service providers
- Individual lack of digital skills and broadband coverage issues
- Differing needs of urban and rural populations
- Rurality and its impact on comprehensive support infrastructure, services and transport
- Legislation and standard overload
- Erosion in the comprehensive stability of family networks and the culture of 'community cohesion'

How will we make this happen?

You told us to make this happen we will need to:

- Engage and network with the public during the service design and learn from patient/carer experiences using group events and roadshows (How is it for you?)
- Facilitate the creation of fora around self-help
- Extend the health and wellbeing support of emergency services, including the Fire Service and Police
- Extend the level of health sector work in partnership with the voluntary and community sector, balanced with any appropriate need for clinical specialism
- Default to treating people as close to home as is clinically and financially possible
- Promote health checks



- Evaluate non-standard services for comprehensiveness, scalability, and value for money
- Create a validated and regularly updated directory of non-standard service availability
- Establish approved information locations e.g. GP practices, pharmacies, libraries, supermarkets
- Improve pan-system recognition of the benefits of service input across all sectors
- Broaden communication avenues
- Extend use of community volunteering e.g. through university courses
- Build on, scale up, existing successful programmes of work rather than duplicate with new initiatives
- Pool resources
- Maintain quality markers whilst simplifying the contractual regulatory burden for small and medium enterprises (SMEs)



About Healthwatch Northamptonshire

Healthwatch is the new independent consumer champion for health and social care from April 2013. There are 152 local Healthwatch across the country and a national body called Healthwatch England. Healthwatch Northamptonshire covers the county of Northamptonshire. Our funding comes from Northamptonshire County Council and we have established ourselves as a Community Interest Company (form of social enterprise) to ensure that we operate as an independent organisation and secure a firm financial basis. The Community Interest Company is a partnership between the University of Northampton and Northampton Volunteering Centre.

Our rights and responsibilities include:

- the power to monitor (known as ‘enter and view’) health and social care services (with the exception of services for looked after children)
- to be a strong and powerful voice for local people to influence how services are planned, organised and delivered.
- to be an effective voice rooted in the community. To be that voice, we will find out what local people think about health and social care. We will research patient, user and carer opinion using lots of different ways to find out views and experiences so that the community is effectively represented
- to report our findings of local views and experiences to local health and social care decision makers and make the case for improved services
- to provide information and advice about health and social care services
- and where we don’t feel our voices are being heard, we will escalate our concerns and report our evidence to national organisations including Healthwatch England and the Care Quality Commission (the independent regulator of health and social care).



Patient Congress

The Patient Congress is a formal sub-committee of NHS Nene Clinical Commissioning Group (CCG) Governing Body.

The Patient Congress is accountable to the Nene CCG's Governing Body.

The purpose

The purpose of the Patient Congress is to advise the Nene Clinical Commissioning Group Governing Body on all matters relating to patient and public engagement (PPE).

Role of the Patient Congress

The role of the Patient Congress is to take a strategic oversight of patient and public engagement with a particular emphasis on how the Group can ensure:

- Comprehensive and appropriate engagement with patients, carers and the public in their commissioning decisions and the development of care pathways
- The development of appropriate mechanisms for monitoring and measuring patient experience
- Effective working with statutory and voluntary organisations and networks which exist to facilitate PPE in NHS Nene CCG's area
- The development and effective usage of the Locality Engagement Groups for patients, carers and the public

The Patient Congress will also monitor and report back on the perceived extent to which the NHS Nene CCG Governing Body acts upon the advice given by the Congress, and the effectiveness of the action taken.



Get in touch

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