

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

13 June 2017

Title of the report:	Sustainability and Transformation Plan – Summary of insights and key themes emerging from engagement undertaken by West Leicestershire CCG in January and March 2017
Section:	Setting the Strategic Direction
Report by:	Ket Chudasama, Director of Performance and Corporate Affairs
Presented by:	Sue Venables, Communications, Engagement and Involvement Manager

Report supports the following West Leicestershire CCG's goal(s):			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely	✓		

Equality Act 2010 – positive general duties:
<ol style="list-style-type: none"> 1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. 2. The CCG will work with providers, service users and communities of interest to ensure any issues relating to equality of service within this report are identified and addressed.

Additional Paper details:	
Please state relevant Constitution provision	Functions: 5.1.2 ... promote a comprehensive health service and with the objectives and requirements placed on the NHS Commissioning Board through the mandate published by the Secretary of State before the start of each financial year
Please state relevant Scheme of Reservation and Delegation provision (SORD)	N/A
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Please state reason why this paper is being presented to the WLCCG Board	Receive summary report of insights and key themes from STP engagement
Discussed by	CMT
Alignment with other strategies	Sustainability and Transformation Plan
Environmental Implications	

Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	Yes – details in the report
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EXECUTIVE SUMMARY:

1. We have summarised the insights and key themes emerging from analysis of the feedback from people who attended engagement events in the West Leicestershire Clinical Commissioning Group (CCG) area in January and March 2017.
2. The insights offer positive challenge to commissioners and providers in Leicester, Leicestershire and Rutland around specific aspects of the Sustainability and Transformation Plan (STP) and reflect views on:
 - How proposals could impact on people and their families in keeping well and supporting recovery
 - What else we are encouraged to think about when developing our proposals for Leicester, Leicestershire and Rutland.

RECOMMENDATION:

The West Leicestershire Clinical Commissioning Group is requested to:

RECEIVE the summary of insights and key themes from patients, staff and carers.

SUSTAINABILITY AND TRANSFORMATION PLAN

SUMMARY OF INSIGHTS AND KEY THEMES EMERGING FROM ENGAGEMENT UNDERTAKEN IN THE WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP AREA JANUARY AND MARCH 2017

1. INTRODUCTION

- 1.1 This report summarises the insights and key themes emerging from analysis of the feedback from people who attended engagement events in the West Leicestershire Clinical Commissioning Group (CCG) area in January and March 2017.
- 1.2 The insights offer positive challenge to commissioners and providers in Leicester, Leicestershire and Rutland around specific aspects of the Sustainability and Transformation Plan (STP) and reflect views on:
- *How proposals could impact on people and their families in keeping well and supporting recovery*
 - *What else we are encouraged to think about when developing our proposals for Leicester, Leicestershire and Rutland.*
- 1.3 The full set of insights which we have themed and analysed in order to produce this summary will be available on the CCG website.

2. CONTEXT

- 2.1 The draft STP for Leicester, Leicestershire and Rutland was published in November 2016. In December we began the process of organising and promoting initially three events in conjunction with our health care partners, to allow people to find out more about the STP and the proposals for the future of health services in the area. The events also allowed people, including patients, carers, clinicians and other health and care professionals to get into indepth conversations about a number of health and social care topics, conducted in small working groups. Drawing on their own experiences they told us how the proposals may impact on them and what mattered most to them.
- 2.2 The first three events were held on:
- Tuesday 17 January - Hinckley Golf Club
 - Thursday 19 January - Loughborough Town Hall
 - Monday 23 January - Forest Hill Golf Club and Conference Centre, Botcheston
- 2.3 We then coordinated two further events in March on:
- Monday 27 March – Hinckley Golf Club
 - Thursday 30 March, The Lyric Room, Ashby

271 members of the general public and 70 health and social care staff actively participated and contributed to the discussions.

2.4 The indepth conversations covered predominantly the following areas:

- The philosophy of the 'home first' principle
- Developing resilience in the community by supporting general practice
- Developing resilience in the community through integrated locality teams
- Developing resilience in the community through community services
- 24/7 access to urgent care that gets you the right care and treatment in a crisis

3. ANALYSIS: WORK UNDERTAKEN

3.1 The insights gained from each event were captured by trained facilitators on the evening and have been collated and themed. An analysis and evaluation of the qualitative data from 341 people has been undertaken and we have generated this summary report.

4. STRENGTHS AND LIMITATIONS OF INSIGHTS

4.1 The following are the strengths and limitations of the insights captured:

- Qualitative data, provides a high level of detailed insights from a robust sample size.
- Good mix of people on each table – staff, carers and patients.
- Events were widespread across West Leicestershire.
- Focus groups allowed everyone to have a voice.
- Audience was self-selecting group who already had a high level of interest in health services (highly activated).
- Limited demographic data particularly pertaining to older age group.
- Unknown spread of epidemiological data.
- Mix of staff and patients on tables allowed high level of informed conversations although some discussion may have been influenced by staff who had detailed knowledge
- Taking the learning from each event, minor modifications were undertaken to the agenda and topics introduced at each event, although the questions under discussion remained the same.
- Some topics may not have been covered in maximum depth.
- Although the events were designed to ensure everyone had a voice, it is possible that some people on each table may have dominated discussions and provided anecdotal views rather than views draw on their own experiences of health services. Other people may have been hesitant to express their thoughts based on their own experiences, especially when their thoughts opposed the views of others.

5. EMERGING THEMES

5.1 The emerging themes that mattered most to people cover five main topics of conversations which have been further sub-divided into areas that we believe mattered most to people, based on the extent of the discussion, recall of theme and the amount of people involved and contributing.

5.2 Philosophy of home first and developing resilience in the community by supporting general practice

- **Good idea in principle, but have reservations that it can be implemented practically**

Many people felt that philosophy of 'home first' was good and that Federations as a way of making primary medical care more resilient as well as the provision of more services locally was a common sense approach. However, people needed to be convinced that there is evidence that it will work practically and required convincing that all the implications had been considered.
- **Money – costs, investment and funding**

People wanted a greater understanding of the financial implications – the costs of new services and where savings would be drawn from.
- **Access (travel) and transport**

People worry about being able to access services which may be geographically closer to where they live, but are not easy to get to particularly if they rely on public transport. They perceive that getting into an acute hospital is easier.
- **Accessing services**

People have positive experiences of their GP practice and are concerned that Federations will reduce the access and time they have with their GP. People perceive that there is a problem in getting appointments at their GP practice and that the cause of this is patients not turning up for appointments they have made. Many solutions were suggested ranging from communications to remind patients they have an appointment scheduled to charging people for missing them.
- **Communication, awareness and education**

People do not perceive health services as being proactive in communicating awareness of self-care, healthy living and prevention and lack the confidence that the culture change that they feel is required to change behaviour will be possible through the current proposals.
- **Staff, training and development**

People felt that there would be a need for educating and training the workforce to adapt to the proposals. People also expressed concerns that the right staff are not being attracted into different careers and that health care jobs were not made attractive to candidates. People seemed positive about multi-disciplines working in general practice.
- **Integration and joining up services**

People were largely positive about integration and saw the need for greater and closer working, particularly between health and social care to support patients being discharged home. They called for parity of esteem for mental health patients to provide more support. People also drew strong connections to voluntary and community services and felt there were untapped resources not being capitalised on. Community organisations that build social connection were valued by people as they were perceived to help them stay happy which in turn helps them keep well. Also the need was felt for stronger links between pharmacies and GPs. Some people called for wider integration across housing and involvement of schools to educate the next generation. People asked that cross-border issues been given greater consideration and an integrated approach adopted across STP areas.

- Impact**

People felt that the proposals would impact on families and they would be under greater pressure. There were concerns and fears that if families didn't live close by then this lack of support combined with changes in the delivery of health and social care services would impact on the health and wellbeing of patients.

People perceive there is pressure in the system in relation to getting care packages in place. They are also worry about the care home sector and the quality of the care provided. There was a feeling that paid and family carers don't have a strong enough voice within the STP proposals and needs to be given greater consideration.

Loneliness emerges as a significant issue with people concerned that plans will create greater social isolation. (We have seen this in other research, particularly for Frail and Older People).

People were concerned about the ability to close community beds, when they perceive that there is a shortage of beds for people who are waiting to be discharged.
- Data sharing, information (care plans) and IT**

People want information shared, so they don't have to repeat their story. They want IT to support this and want patients as well as families involved. They want to be assured that there are safeguards in place around security and data protection, but don't want this to prevent the creation of one integrated patient information system that everyone can access becoming common place.

People also wanted to be reassured that everyone who needed to be was involved in care plans and that they were shared.

5.3 Integrated teams

- Good idea in principle but things to consider**

People felt that the concept was good and liked the integrated approach, but remained to be convinced on how it will work in practice. They were worried about what they perceive as already stretched staff. Continuity and quality of care was important to people, as was assessment and planning prior to discharge. People also felt that prevention and self-management was important and needed to be given a stronger focus in the STP.
- Money – costs, investment and funding**

People were concerned about where funding and investment would come from to see the proposals come to fruition.
- Access (travel) and transport**

People wanted to feel assured that the transport infrastructure had been considered in the proposals.

Concerns were also expressed in relation to cross border provision and links particularly for social care services and felt that it was important that this was considered in plans for integrated locality teams.
- Accessing services**

People felt the integrated teams should have access to beds in times of emergency including evenings and weekends.
- Communication, awareness and education**

People felt that there were cultural blockers to providing care locally in this way, as it was a different way of working that people would have to be supported to understand and this should start at an early stage in schools. They felt that integrated teams should include patients and families as a key part of the decision making process about care provided and they should be

integral to the care plan. People felt that we should expand our thinking around integrated teams to include the voluntary and community. People also felt communications was important to support better coordination and information flow and that technology should support this. This was important for patients, carers and staff to build trust and stronger relationships. Having a common language across teams was felt important and this should translate to patients, remembering that 'one size doesn't fit all.'

- **Staffing, training and development**

People also suggested what they saw as obvious links to leisure and well-being services.

People were concerned about preserving a knowledge base for individual team members and felt that GPs were critical to the change.

- **Integration and joining up services**

People came forward with a lot of suggestions about the additional disciplines that could join the integrated locality team as it goes forward including community psychiatric nurses, mental health teams, CAMHS, Local Area Coordinators, voluntary and community sector, private sector involvement and Macmillan Enhanced Support care.

- People were generally very positive about integrated working and joining up services with lots of suggestions for enhancing the work including having core navigators who have the skills and confidence needed to know when to escalate issues. People also felt that it could address the challenges with agency care and continuity with teams.

- **Impact**

People felt that there would be a combination of positive and negative impact associated with the introduction of locality teams. They felt positive of the impact on care homes, and general provision of care in the community. They hoped that it would also have a positive impact on medication delays. There were concerns about the impact it would have on families and wanted to understand more about the impact on community hospitals and bed reductions.

- **Data sharing, information (care plans) and IT**

People felt that it was fundamental that IT is joined up to assist communications. Shared records were essential across whole system including NHS 111. Perception was that technology needs to improve significantly in order that patients only need tell their story once.

5.4 Community and acute services

- **Good idea in principle but things to consider**

People had mixed feelings about buildings. Many felt that we should concentrate on the provision of services and not be precious about buildings, however in later discussions the passion around investment in community hospitals was significant.

- **Money – costs, investment and funding**

People were worried about funding at all levels including government allocations to a local level to facilitate change.

- **Access (travel) and transport**

People were concerned about car parking, public transport and general access. They perceived these issues to be a greater problem at community hospitals and local practices than in an acute hospital. The voluntary and community sector could help solve this problem and good examples of this

were discussed. They also perceived that the urgent care centre in Loughborough could be better used by ambulance services.

- **Communication, awareness and education**
People feel that there is a lot of work to do with the public to give them an understanding of proposals for change. They feel that people are only hearing certain aspects of the STP particularly around reducing buildings base and beds and they read this in media. Behavioural and mindset change is required and people felt that this would only come by providing considerably more information, education and awareness.
- **Staffing, training and development**
People recognised that staff need to be supportive and on board with proposals for change to happen and be successful. They felt that training and development is key to create new ways of working and that roles need to be made more attractive for staff to encourage them to apply for jobs and be retained. Also reducing the stress levels of staff and the environments in which they work was felt to be important. People perceived that more staff would be required to provide services in the home, and this would need to be funded. Retraining of staff would be necessary and more equipment would be needed, as it would not be possible to share equipment in someones home as you do in hospital currently.
- **Integration and joining up services**
In this section as in previous ones people saw the importance of successful integration. The voluntary and community sector was highlighted as a sector that should be involved.
- **Reducing beds**
People were generally concerned about the reduction of beds without having confidence that alternatives would work. They were particularly concerned about patients at end of life and what they still perceive as a struggle to stop patients being taken to A&E if they reach crisis point.

5.5 24/7 Urgent Care

- **Good idea in principle but things to consider**
People were positive about the new services in principle. They felt that the needs of carers need to be taken into consideration and felt that we hadn't placed a focus on services for children.
- **Money – costs, investment and funding**
People wanted to know where the funding and resources were coming from to make the new models of care work. There was also the perception that the new models were driven by the need for efficiency savings, but this shouldn't negate the need for additional funds.
- **Accessing services**
Many people still felt there was a need for walk-in services locally and clear pathways for x-ray facilities and bloods. Many local people were also disappointed at what they perceived as limited access to the hub in Coalville. People also felt that Swadlincote Walk-in Centre did not encourage patients from outside of Derbyshire to attend.
- **Communication, awareness and education**
Continuous communications was felt critical, particularly promoting NHS 111, to broadly educate the public on appropriate use of services using simple messages. There is a need to explain the new triage hub introduced and importantly get the message across that this is done by clinicians. The promotion of healthy lifestyles and prevention was also felt as important to this agenda.

- **Staffing, training and development**
People were concerned about how appropriate clinicians were going to be found to support the clinical triage.
- **Integration and joined up services**
People felt that mental health had not been given any emphasis within the new service and that we should consider pharmacy issues and alcohol and substance abuse services being involved in the navigation hub. Also crisis management at end of life should be integral.
People were worried about the impact of people inappropriately using A&E and discussed solutions which varied from harder messages being delivered to some sort of penalty being introduced.
- **Data sharing, information (care plans) and IT**
As with other services, people felt that data sharing, accessing records and good information systems were important to ensure the delivery of successful urgent care services.
- **NHS 111**
People had a range of perceptions about NHS 111 services, many of which are very negative and don't align with service user feedback. This work shows that more awareness of what NHS 111 is and does is required to dispel what may be historical myths about the service.

5.6 Community services – Hinckley

Given the ongoing discussions in relation to the community services review in Hinckley this summary highlights specific themes in relation to Hinckley.

- **Good idea in principle but things to consider**
People asked us to consider a range of things in connection with Hinckley Health Centre, and Hinckley and Bosworth Community Hospital. They asked that no services stop until new services are in place. They also wanted to see the introduction of walk-in facilities and for us to consider again the impact of an increasing population and number of homes.
- **Money – costs, investment and funding**
People had a range of questions about funding and the allocation of any resources.
- **Access (travel) and transport**
As in previous sections people asked us to take into consideration the difficulties of parking at the Health Centre in Hinckley and access to buildings using public transport.
- **Accessing services**
People were keen to be assured that they would have access to community beds when they needed it. People felt there was a need for the provision of beds in a setting suitable for patients that have a clinical and social which need falls in between a community hospital bed setting and a home setting, to allow reablement.
- **Reducing beds**
People in general remained unconvinced that there would be less need for community beds in the future. This view seemed to be borne out of the perception that we have a growing and ageing population and struggling to discharge patients from acute hospitals, and the media tell us there are insufficient beds.
- **Hinckley and District Hospital (Mount Road) and Hinckley and Bosworth Community Hospital (Sunnyside)**
In general people felt positive about the proposals in Hinckley, but wanted

reassurance that we were considering; what would happen to the old community hospital building; back up if out-of-hours service moved from Sunnyside; consideration of children's physiotherapy/school nurses and learning disabilities services

- **Communication, awareness and education**

People were keen to see consultation start, as they felt that there were Chinese whispers and rumours circulating and clear transparent messages were needed so that the public understood what the proposals were.

- **Integration and joining up services**

People felt that there were opportunities for integration and joining up services and that the voluntary and community sector should be involved in plans for Hinckley.

6. NEXT STEPS

- 6.1 The research findings coming from the five events in the West Leicestershire CCG area should be examined along with similar research findings yielded from similar events in the rest of Leicester, Leicestershire and Rutland. The findings and learning should influence the refresh of the STP for the area taking into account what matters most to people.
- 6.2 Each discussion topic provides a range of insights which should be used to inform individual STP workstreams particularly Integrated Locality Teams, Urgent Care, Home First and Hinckley Community Services Review.
- 6.3 The findings present key insights that should support the development of communications, engagement and marketing plans both for the STP generally and for the individual workstreams and service areas.
- 6.4 The themed data also contains many questions from the public, which leading to and during the next phase of engagement and consultation process we should seek to answer through a range of methods.

7. RECOMMENDATION

- 7.1 The West Leicestershire Clinical Commissioning Group is requested to:

RECEIVE the summary of insights and key themes from patients, staff and carers