Engagement events (January 2017) to explain the vision for health and care services across Northumberland

To help people understand more about the new integrated accountable care organisation for Northumberland and how this will help deliver the ambitions of the wider regional sustainability and transformation plan, a series of engagement events were held in early January.

Members of the public were invited to the events, to help explain the ambitious vision for health and care services across Northumberland and how this fits with the draft sustainability and transformation plan (STP) for Northumberland, Tyne and Wear, and North Durham.

The events were organised by NHS Northumberland Clinical Commissioning Group (CCG), Northumbria Healthcare and Healthwatch Northumberland and took place in each of the four localities in Northumberland. They were promoted through local media, social media and each organisation's communications and engagement mechanisms. People were also signposted to the CCG's website where they could access the STP and online survey.

Venue	Date and Time	Number of attendees
Hexham Community Centre	Tuesday 10 January, 2pm	32
Blyth Community Enterprise Centre	Thursday 12 January, 10am	11
Ashington CVA	Thursday 12 January, 2pm	23
Bellview Resource Centre, Belford	Friday 13 January, 10am	18

Hexham, Blyth and Ashington engagement sessions were led by Siobhan Brown, Director of Transformation at Northumberland CCG and at Belford by Robin Hudson GP Clinical Director for Northumberland Vanguard.

All attendees were assured that the sessions were to be interactive, open and challenge was welcome. We wanted the public's help in designing a new system for health and care services across Northumberland. People were invited to share questions and comments on what matters to them with the aim of getting some feedback during the session.

A presentation was given to explain the context of the Five Year Forward View and the STP and what this means for Northumberland. Attendees were informed about the vanguard programme – an integrated primary and acute care system (PACS) and how we are joining up care in Northumberland and finally about developing an accountable care organisation for the county. The sessions were then opened up to look at the challenges in achieving the vision of joined up care, how we can improve health and wellbeing, care and quality and the efficiency of services and how better to focus on prevention.

Key areas of feedback

- All health and care providers across Northumberland need to be fully involved, including the staff who work in partner organisations
- How will the voluntary sector be involved and integrated? They are delivering services at grassroots level and have lots to offer

- Will there be more post-diagnosis support for those with dementia
- Concern about maintaining local access / provision of local care / mental health
- Improved links / relationships between health and social care
- Growing problem of care for the elderly- how can we transfer from acute to community care
- Better use of community hospitals
- Educate the population on where to go for services/care
- Improve access to primary care
- GPs should be talking to their patients about health and wellbeing
- People are living longer and with multiple conditions; how do we support this?
- Lack of communication between different services; results in people being passed around
- The importance of local people's involvement in order to transform health services in local communities e.g. social prescribing, care in the community etc
- The importance of properly funding an education programme for the ACO plans to work
- Positive about Northumberland being the first area to try the ACO model but wanted the health initiatives to be sustainable and were concerned about doing this against a backdrop of cuts to NHS budgets
- Several people wanted to be 'community connectors' and were keen to help get messages out
- Systems need to be aligned so records can be shared
- The importance of communication to the public re access and looking after their own health and grass roots engagement
- GPs need educating to educate the public. They should think of the person as a whole and not focus on just one issue.
- In terms of health and wellbeing, people need employment and leisure/social opportunities. Swimming pool prices have recently increased, bowling clubs are closing.
- Linking systems to ensure continuity of care
- Some have no trust or confidence in the STP plan - lots see it as cuts by stealth
- How will cultural change happen? What's the leadership going to be?
- How will private organisations be involved in the ACO e.g. care homes?
- How have local councillors been engaged bout the STP some say they didn't know anything about it
- For care at home/in the community to work effectively, district nurses need more time with people

Q & A: Hexham

Q: Will mental health and social care providers be represented on the accountable acre organisation? A: The aspiration is yes and discussions continue in this respect.

Q: Aren't GPs a barrier to this? Many are not trained to look at wellbeing; how do you get them to own it? A: We're looking at the capacity and demands of GPs, including appointment systems. Some practices in the county already offer same day appointments. Some patients with more complex needs take up a lot of GP time so we are looking at nurses and pharmacists to deal with less complex issues. This is already happening in parts of the county. GPs will be represented on the accountable care organisation.

Q: Won't merging all the information systems be a major burden? A: We may never get to the point of having just one system but the aspiration is that all systems show patient records in real time. We have already done a great deal of work in this area and with a patient's consent many North East healthcare providers can now see a medical record.

Q: Is the voluntary sector at the table? People in this sector need a voice; they are at the sharp end and have a lot of knowledge. A: Early Vanguard engagement and co-design work will take patient and public engagement and empowerment further forward. The Alzheimer's Society is already represented. We want to involve people further and involve them at an earlier stage. We intend starting this process by co-designing two patient pathways - frailty and breathlessness, with public engagement right from the outset.

Q: The STP has been described as a smoke screen for cuts. Doesn't the government want privatisation? Comment from the floor: I disagree that the government wants privatisation although GPs are already private contractors.

Q: There are no young people here, how will you reach them? A: We are trying to spread as far as possible through different groups, social media etc.

Q: People who come to these meetings have knowledge and confidence; why not ask them to help facilitate engagement with harder to reach groups? Need to get to grassroots level. A: We have an opportunity to bring local organisations and groups on board. Communities need to empower themselves. The CCG can help facilitate this sort of engagement but communities have a clear role themselves.

Q: Communication needs quality over quantity. Thoughtful language should be used; information should be accessible. Cynthia Atkin, Chair of Healthwatch Northumberland: As consumer champion our role is to reach people. People are often not interested in the services until they need them or something goes wrong. A drip feed approach is required and a good communication system.

Q: Historically if we get ill we see a doctor and get a prescription. GPs need educating to educate the public. They should think of the person as a whole and not focus on just one issue.

Q: Who are we trying to communicate with? Techniques need to be different depending on the group. Maybe start with older people? A: We definitely need to segment the audience. Best to start with primary school children, then older people and hopefully they will meet in the middle. 5% of people use 40% of services (mainly over 65s).

Q: Is it cheaper to merge health and social care? A: Social care budgets are not in scope at present but we know that where this has been achieved in other countries some savings have been made.

Q: It is political and financial. Cuts are being made to leisure services. There are public health reports on the cost of inactivity. A: We are unlocking money to be spent at this end of the spectrum.

Q: What work are you doing with schools? A: We are looking at an education programme to be included in the curriculum. We are also teaching resilience. We're trying to bring together pockets of activity. Head of PHE Duncan Selby says prevention agenda is one of seven key things the ACO needs to deliver. Integration between employment, leisure, transport across communities will help.

Q: Multiple health professionals are often involved in care. A: There's a healthcare planning pilot happening in Hexham. The plan involves the patient, their family and professionals. There's a ceiling of care where patients can be admitted directly to Hexham Hospital. It's more pro-active, for example if a carer is in hospital, provision is made for the person they care for.

Q & A: Blyth

Q: You talk of more community care, but short of community nurses, funding, resources and we're meant to be saving £100m. A: This is a challenge but a multi-disciplinary approach has worked well in this area and consideration will be given to rolling this out in the county.

Q: Re-education of the population needs to happen but can't see it happening over next few years. A: We welcome ideas to make it happen. It's not easy but possible. Clearer signposting and education is crucial. Of 53,000 presenting at A&E only 15,000 were in the right place.

Q: Isn't there a lack of continuity? If more community care surely this will get worse. It's hard to see your GP of choice and it's the same in the community, wondering which nurse will turn up. It only seems to work in a hospital where staff get to know you. A: Having the ACO means joint guardianship of money; one team, one organisation. Everyone in the system sees your records and knows what matters to you. The goal is to have team care wrapped around patients.

Q: Will care nurses prescribe medication? A: Yes that is part of the plan. Examples of New Zealand and Spain where they unlocked 20 - 30% resources to spend in the community.

Q: Those examples seem selective. This didn't work in America and other places. A: That's true but their systems are very different (private). We are learning lessons from those that failed.

Q: GPs, opticians, etc. are private businesses, how will you get them to operate to a new system? A: We will get them together at the design stage and involved in the funding and planning. We appreciate the challenges but patient care has to be at the forefront. Everyone cares passionately and it sometimes works despite the system not because of it.

Q: How will you get GP practices to work together? Need to start at basic level. A: A big part of this year's Vanguard work has been breaking down barriers across all 44 practices in the county. There has to be a change in ethos and that is happening. Independent bodies have been in practices to view how they operate and that's a major breakthrough. By next year 80% people in country will be covered by single clinical system of choice (system 1).

Q: Will hospitals be able to access the one system/one record? A: Yes, any provider in NE will be able to, with consent.

Q: It will take a generation to teach change people's thinking on healthcare. A: We plan to start with schools and also the elderly. We have lots of thoughts and ideas in the pipeline.

Q: Could social care be used for signposting? They are at the frontline and could be a real asset. A: Everyone needs to take responsibility for this. Health workers should start with family and friends. There has been work to upskill workers in Tyneside to make every contact count.

Q: I like the plan but am sceptical about how it will work due to lack of resources. A: It's a twofold approach; both using the resources better and getting the community enthused. Year 3 of the Vanguard will have more focus on this. It's small steps but we want to get public involved.

Q: In terms of health and wellbeing, people need employment and leisure/social opportunities. Swimming pool prices have recently increased, bowling clubs are closing. A: The CCG is in best position to try and influence sport and leisure etc. and are talking to the council.

Q: It says in the plan 'improved community and GP services'; isn't this 'blue sky thinking'? You have to be realistic. A: All 44 practices are starting to share ideas, staff, pharmacists etc. Needs to be local and based on patient need. As a Vanguard we share nationally what works and what doesn't. We are looking for new ways and ideas but be assured we are being pragmatic.

Q: How will you link systems and ensure continuity? GPs sometimes send people to A&E when they shouldn't be going there. A: We are working with the trust to give every GP a hotline to a consultant to get people to the right place.

Q: Care homes have a procedure where if someone has a fall they are automatically sent to hospital. A: We are working with care homes to look at this procedure.

Q: Need to strengthen communities; those accessing healthcare are sometimes just lonely or isolated. Suggestion of social prescribing. A: There has been work in Hexham on an improved access model.

Q: Some have no trust or confidence in the plan. Lots see it as cuts by stealth, leading to fewer beds. Agree with the plans aims but sceptical. A: The onus is on us to show clinically why it's more efficient and prove why it's appropriate. The key message is that with the Vanguard and ACO we're in a good place in Northumberland.

Q&A: Ashington

Q: The NHS is short staffed and paying more for agency workers. A: The trick is trying to pull back services locally e.g. healthcare assistants can now train to become nurses in 18 months as Northumbria Healthcare has a new training scheme in place. Pharmacists are running clinics and home visits, reviewing medication as part of multi-disciplinary teams. We need to be imaginative with the workforce. As a quarter of all GP visits are people presenting with mental health issues we are looking at mental health practitioners and multi-disciplinary teams.

Q: Will the shared system for records be joined up with social care? A: There won't be one system but they will have access to records. GPs are changing their model of care to get better access and same day appointments.

Q: Do we need better time management or fewer admissions? Community hospitals appear to be at risk. A: Any system needs hospital beds. We need to see how well facilities are used and be clever about using them efficiently. It's a balancing act, it's not all about money, we look at safety, experience and clinical appropriateness. More home care is needed, it isn't good to be in bed too long due to mobility issues, risk of infection, etc.

Q: If providers are not paid by outcomes there won't be so much incentive to deliver? Will we see longer waiting times? Seems a simplified outline. A: Results will still be what matters. The plan means all the money won't end up at the sickness end of the scale but more for prevention. We want to incentivise keeping people well. The CCG has a deficit but as a system the picture is balanced overall. We have a large cost base in the county and we need a system that reduces it.

Q: You are saying that the money is geared to illness. People live longer, there's huge demand. Long term prevention surely can't be done in five years? Won't the money come out of hospitals? Is home care really cheaper than hospital care? A: Yes community care can be expensive but there's a tipping point. We want to focus on quality too.

Q: How will cultural change happen? What's the leadership going to be? A: Different parts of NHS work against each other at present so we need to look at what's best for patients. The ethos has started to change over the last six months.

Q: Where's the partnership with communities and the voluntary sector? What's going to be the reality? A: The CCG has been working with the voluntary sector through the Vanguard, empowering people and communities in the decision making process.

Q&A: Belford

Q: How will the VCS be involved in the ACO? A: This hasn't been finalised but voluntary sector input will be vital.

Q: Can we have the information presented without jargon? A The language is difficult and we all need to find ways to make it more accessible.

Q: Why has The Northumbria come under such pressure this winter? A: The whole system needs to work and The Northumbria is doing what it is supposed to do.

Q: How will private organisations be involved in the ACO e.g. care homes? A: This may be a longer term aspiration but their views and concerns will be considered as part of the process.

Q: I contacted my local councillor about the STP and they didn’t know anything about it – how much has this been discussed? A: Councillors have been informed and there were events happening in several places. This event was part of the engagement process on the STP and a formal consultation will follow.

Q: For care at home/in the community to work effectively, district nurses need more time with people – will this be looked at as part of the ACO work? A: This is currently being considered as part of the wider Vanguard work.