

Sustainability & Transformation Plans, incorporating the Better Health Programme

An independent observations report on engagement activities
across County Durham



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Healthwatch County Durham (HWCD)

On the 1st April 2013 under the provisions of the Health and Social Care Act 2012 152 local Healthwatch organisations were established throughout England.

These Local Healthwatch have been set up across England to create a strong, independent consumer champion whose aim is to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs
- Support people to find the right health and social care services for them by providing appropriate information, advice and signposting
- To encourage and support people and groups to share their views about services; listen to people's needs and experiences of services

We achieve this by:

- Listening to people, especially the most vulnerable, to understand their experiences and what matters most to them
- Influencing those who have the power to change services so that they better meet people's needs now and into the future
- Empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same

Background to this work

Why this work was necessary?

The NHS in every area of England has been tasked with setting out how it plans to achieve wide-scale changes that make the most of the funding available and improves care for patients. These are called ‘Sustainability and Transformation Plans’ (STPs). Incorporated in the STP in the south of the County is the NHS ‘Better Health Programme’ (BHP), which is focusing on how the NHS can provide better care for patients. The BHP forms one of four priority areas in ‘*Working together to improve health and care*’, the draft STP for Durham Dales, Easington and Sedgefield, Darlington, Teesside, Hambleton, Richmondshire & Whitby.

HWCD is keen that people have the opportunity to understand and contribute to service developments and changes that will undoubtedly affect them as a result of both the STP proposals and BHP. We felt it was appropriate and important to provide feedback to the Clinical Commissioning Groups (CCGs), from the series of public events, to ensure that the views of the public were being represented fairly and accurately and to influence the design of future engagement activities.

What did we want to find out?

We wanted to collate feedback received at the public engagement events and given directly to HWCD from local residents/patients in order to identify common issues and concerns, in order to feedback key issues to the relevant CCG.

Audience

This report has been compiled for the CCGs and the Board of HWCD, to inform them of our findings. It will also be made available to the public via our website and publicised on our e-bulletin and via social media.

What we did

Staff and Board members have attended 15 events, approx. 45 hours, to better understand the public’s concerns regarding the STP & BHP and to ensure that their views are taken on board. (See Appendix 1). Attendance at the events was based on the premise that we were impartial observers and that the views collected from the public are not necessarily endorsed by HWCD. This is endorsed by HWCD’s Chair of Trustees statement on the role of Healthwatch in the STP. (See Appendix 2).

In addition we raised awareness of the events through our e-bulletin, website and social media.

Public Events

Attendance at some of the events was particularly low, eg 6 attendees and, given the population of the County (517,000), the number of people engaged with overall was also low. Our impression was that the majority of people attending the meetings were over the age of 50 and that the same people attended more than one event. Many of those who attended were very concerned at the substantial amount of change that was outlined. At several of the events this concern was angrily aired and resulted in the series of presentations being interrupted. It was a difficult task for the facilitator to bring the meeting back to the original agenda and to ensure those who were not so vocal had the opportunity to have their voices heard. However, when this did happen, it was dealt with appropriately.

STP and BHP teams made a concerted effort to engage with the public by hosting many events and this should be recognised, even though we believe there is much more to be done in engaging with larger numbers and with a wider demographic.

It should be noted that there was also a programme of targeted engagement and comments made via email and social media. These additional comments have not been considered within this report as HWCD has not been involved in these areas.

How the information was provided

Some of the meetings were facilitated by CCG/STP/BHP staff, whilst others were chaired independently. Information was presented by powerpoint, various videos and round table discussions. Presentations were also given by NHS clinical staff. Attendees on each table participated in break-out sessions with a facilitator and scribe. Some of those attending felt too much information was provided in the time available, but others felt they would have liked more. The structure of the events was similar across the county, with the main elements being information sharing, discussion and Q & A.

What We Found Out

Common Themes

Different issues were raised at different events, which is representative of the diverse nature of the County. It should be noted that not everyone was negative about the proposals. However there were some themes that were common to all events:

- Numbers attending the events have been low.
- There is a lack of clarity on how the public's views will shape the STP/BHP.
- A lack of detail prevented appropriate feedback from being given.
- The current challenges for patients accessing GP services and the difficulties in getting same day appointments can only be exacerbated by the proposals.
- A shortage of GPs and clinical staff was seen as a barrier to successfully implementing the proposals.
- Concern that the voluntary sector is not sufficiently resourced to play an integrated role in the delivery of more care closer to home.
- The distances people will have to travel to access services or visit relatives is a real worry for large numbers of residents living in rural areas of the County, compounded by the lack of public transport and cost of hospital parking.
- Attendees felt education is important - one point of navigation for information would help.
- Moving North Durham into the Tyne & Wear and Northumberland STP is confusing as is the fact that the BHP is operational in the south of the county but not the north.
- The ambulance service needs to be improved for the proposed plans to be effective as it's under huge pressure to deliver a fit-for-purpose service.
- Both positive and negative comments were aired regarding the NHS 111 service.
- Focus in the plan on out of hospital services raised concerns that carers or community services do not have either the capacity or appropriate skills to support an increase in the number of service users.
- Clarification on who is leading the plans and who are the partners and decision makers is required.
- Some attendees were optimistic about the proposals as they have potential for people to work together more effectively and efficiently.
- Many of those present were interested in what would happen to their local services, as opposed to cross-county services.

Recommendations

Going forwards HWCD would like to see:

- The public put at the heart of the proposals by engaging with a broader range, and larger number, of people enabling them to better understand the rationale for change. Timing and settings for events needs to be reconsidered.
- A commitment to avoid double counting given that the same people attended several events and not to include staff in the numbers.
- Meaningful engagement, ensuring that people's views are recognised and have a positive part to play in shaping services. More of the 'You said', 'We did', would show how public opinion has influenced the final shape of the proposed service changes.
- People are passionate about their local services and time should be built into engagement events that enables people to share their concerns, showing that they are being listened to.
- More information should be provided to show what is being done to recruit GPs and other clinical staff, highlighting models that have worked and forecasting future trends.
- Whilst recognising the stage that the proposals are at, additional detail on the proposed changes would enable more people to comment.
- A document detailing the governance structure would support the public in understanding who the key partners and decision makers are and what their roles and responsibilities include.
- The improvements being made to NHS 111 service need to be highlighted, enabling users to have confidence in making the call rather than attending A & E.
- Profiling services that local pharmacies can offer could address to some degree the issue of GP access.
- Travelling further distances to access services is a major concern. How this is going to be addressed should be made clear with proposals and ideas being shared at future events.
- Existing initiatives that bring care closer to home, such as the work of the 'elderly multi-disciplinary team', diabetes service and Intermediate Care Plus need to be highlighted further to show that the model can work and that change can be a positive force.
- There needs to be more information on how the ambulance service is being developed to build confidence in service users, particularly those living in rural locations.
- Services provided by the voluntary sector should be highlighted to allay fears that there is insufficient capacity and/or skills within the sector to deal with the additional workload. If there is a skills/capacity shortage this should be acknowledged and ideas discussed to address the issues.

Appendix 1

Public Events Attended by Healthwatch County Durham Staff & Board Members

13th May 2016, Barnard Castle

17th May 2016, Spennymoor

30th June 2016, Sedgefield

6th July 2016, Consett

14th July 2016, Barnard Castle

18th July 2016, Durham City

13th October 2016, Newton Aycliffe

17th October 2016, Seaham

27th October 2016, Morton Park

12th January 2017, Chester-le-Street

17th January 2017, Stanley

7th February 2017, Shotton

8th February, Darlington

9th February 2017, Barnard Castle

23rd February 2017, Sedgefield

Appendix 2

To whom it may concern:

Healthwatch County Durham statement re:

The role of Healthwatch in Sustainability and Transformation Plans (STPs)

As the development of STPs progresses and engagement with local people increases we thought it might be useful to set out the position locally in relation to the contribution from Healthwatch County Durham.

Healthwatch County Durham is the independent consumer champion for health and social care. We listen to patients of health services and users of social care services and make sure their views are heard by those who provide, and commission, health and social care services.

In line with Healthwatch England guidelines, Healthwatch will not take a position on proposed STPs themselves. Our role is to provide feedback from the public and challenge if we feel local communities have not been properly engaged. We will collate feedback received directly to Healthwatch from local residents/patients, analyse trends, and report key issues to the relevant Clinical Commissioning Group (CCG) or Health and Wellbeing Board. This will occur when sufficient intelligence exists, where we feel it is representative of the population's perspective or thoughts or where we consider single issues reported to Healthwatch might have a significant impact on the development of the STP.

We will assist with general communication: Healthwatch (staff or Board members) will attend engagement and consultation events in County Durham in the role of impartial observer. Observations will be made on engagement, participation and reach, and examples of questions and feedback will be collated and shared with key stakeholders. Attendance does not mean either agreement or disagreement with the STPs and cannot be taken as engagement with or endorsement from Healthwatch. We will share questionnaires, surveys or updates with our membership through ad-hoc and monthly newsletters as a vehicle to increase understanding locally.

Healthwatch County Durham is keen that people have the opportunity to understand and contribute to service development or changes that affect them. We encourage STP engagement activities to consider the audience and the relevance of questions to ensure the promotion equality of opportunity and to enable local people to have meaningful input. Should a CCG or other STP partner want Healthwatch to carry out independent engagement or consultation on any aspect of the STP they can complete a work plan request form (details attached). This would be considered by the independent Healthwatch Board and a decision made based on current work plan priorities and the capacity of the team. Should the STP partners wish to commission

Healthwatch County Durham to undertake any specific work they should contact the Healthwatch Programme Manager, Marianne Patterson (marianne.patterson@pcp.uk.net) to discuss.

The role of Healthwatch in STPs will be reviewed at each Board meeting and Partnership meeting. An updated statement will be issued to reflect any changes.

Brian Jackson
Chair, Healthwatch County Durham

healthwatchcountydurham@pcp.uk.net

[healthwatchcountydurhamstp](#)

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