

The future of health and care in Norfolk and Waveney

(May 2018)

The Norfolk and Waveney Sustainability and Transformation Partnership (the STP) organised an event on 19 April 2018 at The Orbis Centre in Lowestoft to discuss the future of health and care in Norfolk in Waveney.

The meeting had a particular focus on how well health and care services work together, and what we can do to keep people healthy, well and more in control of their own long-term health.

This document provides a summary of what the people who came to the meetings told us.

General points made about the STP and local services

- There was broad support for better integrating health and care services, as well as for strengthening our approach to keeping people healthy, well and more in control of their own long-term health.
- People value the NHS and NHS staff, but some were concerned that there are not enough staff, that some are overstretched and that there are difficulties recruiting staff.
- Some attendees were sceptical about the STP, were concerned that it is about cutting or privatising services, and they disagree with setting-up accountable care organisations in England.
- A few people raised concerns about how the STP is engaging with people and involving them in discussions, and made suggestions about the format for our events.

Prevention workshop: keeping people healthy and well

The groups discussed these two questions:

- 1) What do you think of the ideas we've presented about the work we are doing to keep people healthy, well and more in control of their own long-term health?
- 2) What ideas do you have about how we can keep people healthy and well, identify potential health problems sooner and prevent people from getting ill?

Here is a summary of what people told us:

The importance of education and early intervention

A strong theme that came out in the discussions was the importance of teaching children and young people about healthy living. A few people talked about initiatives that are working well, such as 'A mile a day' and 'beat the street'.

- "Beat the street was great, do it again? A mile a day for school kids, great do it again."

Some people also identified barriers to working with schools.

- “We tried to work with schools to encourage healthy eating. Some schools weren’t engaging. We wanted them to encourage healthy eating at school and at home.”

Other people said that we need to do more to encourage and support parents and carers so that they have the right knowledge and understanding about healthy living.

It was also said that we need to make sure there is a broad range of activities on offer to keep children healthy and well.

- “There needs to be more available for children during the holidays. The council used to provide swimming for free for children during the holidays but not now.”

Access to information

Some people said that we need to give more thought to where and how people can get health information if we want to be more effective at giving people the information they need to make informed choices about their own health and wellbeing.

- “Leaflets like diabetes prevention need to be placed somewhere else other than doctors or library. A large majority of people who these are targeting won’t visit the doctors or library.”
- “Communities need to be more involved, we could have information in pubs, outreach vans. It makes it more informal.”

Community involvement

Several people said that active and involved communities are important and help to keep people healthy and well, and that we need to put more focus on helping to build stronger communities. A few people went on to provide examples of good community involvement which help to improve the health and wellbeing of local people.

- “A more active community is a positive step towards better health.”
- “Community gardens are good at improving people’s health and wellbeing.”
- “Community pharmacies are a useful service.”
- “We have seen the loss of the Victorian benevolent society, how can we recapture that community spirit to improve wellbeing?”

Transport and getting to services

A few concerns were raised about the difficulty that some people have getting to and from formal health services and activities which keep people healthy and well. The rural nature of parts of Norfolk and Waveney, and the cost transport were both identified as barriers to people living healthy lifestyles.

- “Consider the rurality of Norfolk when designing services. With transport cuts how are people going to get to these services.”
- “People have issues with travel distance and finding money for bus fares (That’s if there’s even a bus), motivation to leave the house and go to Community gardens.”

Collaborative working

A recurring theme during the group discussions was the importance of collaborative working in improving health prevention. A few people provided examples of collaborative working and the benefits that it provides. Some people said that sustainability and transformation partnerships are a good opportunity to bring organisations together and improve collaborative working, and that this should result in better health outcomes.

- “Connection and joined up approach of Sure Start centers. People were able to access services and benefited from being sign posted to other services.”
- “There needs to be more recognition of social factors, a holistic approach, and all services in one location, more joined up thinking. Working in alliances could be the future.”
- “More integrated working is good for better health outcomes so I’m pleased to see the efforts being made to achieve this through the STP.”

Social prescribing

Attendees had mixed views about social prescribing. Some saw it as a good way of providing support to people and that it would help to tackle some underlying issues, such as loneliness and social isolation. A few people raised concerns about its effectiveness and whether the voluntary, community and social enterprise sector could cope without additional resources to increase their capacity.

- “Social prescribing is another very positive step forward.”
- “I’m concerned about whether social prescribing will work because the voluntary sector is under huge pressure and has less resource than it used to – will then be enough services to ‘prescribe’? Also, how will it work in rural areas?”

Cuts in prevention services

Many attendees said they felt that there had been significant cuts to preventative services over the past few years, with a few going on to say that they believed the cuts in health prevention services has resulted in some of the health problems that we have today. There were some comments that we should re-invest in preventative services.

- “Cutting services over the past five years, particularly youth services, has resulted in some of the problems we see today. Re-investing in services will help to prevent ill-health and promote wellbeing.”
- “Real problem is the lack of funding/ cuts.”

- “Concern about cuts to funding for health and social care services – public funding runs out for services are cut e.g. Change for Life and Sure Start – the loss of great services like Sure Start is a tragedy.”
- “Why is funding being cut for grants to community pharmacies and the citizens’ advice bureau? These are preventative services.”
- “Cuts to wellbeing services in the community. People need contact, friends, somebody. “Cuts are the root of problems.”
- “If we want to save the NHS we need to do a left shift and spend less money. We need to move funding from providing high-end stuff that costs a lot but makes little difference to where we have the biggest impact.”
- “Too much cash is tied up in the established structure. We need to get it out to communities when actually that amount of cash spent in communities would save far more lives. We need more pots of cash for local communities to access and directly benefit.”

Access to services

A few people said that whilst much good work has been done to raise awareness about health prevention, however some preventative services do not have capacity and little has been done to provide alternatives for professionals if these services are full.

- “From my experience, lots has been done to raise awareness with professionals of the issues in the presentation, for example, smoking and suicide. However, I don’t feel that the services in place have enough capacity to actually help people, for example, I know smoking is a health problem, I know how to refer someone to the stop smoking services, but I’ve had experience of people I’ve referred to the service having to wait to get the help they need.”

Some attendees suggested that investing in primary care services would help to keep people healthy and well. They were concerned that some GPs are over-stretched and it can be difficult for people to get an appointment with them, so these patients might miss out on being referred to preventative services and end-up at A&E in crisis.

- “Access of services, such as GPs, are often only available during office hours, more work needs to be done to make services available.”

The wider determinants of health, including housing and poverty

A theme that came out from the discussions was the importance of good housing in keeping people healthy and well. A few people said that reducing poverty would be an effective way of preventing physical and mental illness.

- “Poverty and the wider determinants of health, such as housing, really affect people’s health. Reducing poverty and improving housing will prevent health problems from arising. Change our capitalist society.”
- “Hard to reach/ seldom heard groups get missed by these programs mentioned. They fall through the gaps.”

A few people mentioned that if there is an increased reliance on communities and the voluntary sector, people living in the more deprived areas will suffer because it is more difficult to get volunteers in deprived areas.

Integration workshop: getting health and care services to work more closely together

The groups discussed these two questions:

1. What do you think of the ideas we’ve presented about the work we are doing to get health and care services to work more closely together?
2. What ideas do you have about how we can make health and care services more integrated and coordinated?

Here is a summary of what the groups discussed:

Positive step forward

There was a strong theme from the table group discussions that integration working was a positive step in the right direction for health and care services. The majority of people strongly supported the idea of more integrated working and what we want to achieve. A few people provided examples of where integration working has been effective in a health setting.

- “The concept and what is trying to be done is brilliant.”
- “Out of hospital, integrated teams work well.”
- “Social workers working more closely with other health professionals reduces the potential risk to them.”

Need to turn talk into action

A lot of people said that integrating health and social care services has been talked about for a long time, but it feels like progress has been very slow. A few people were sceptical that we will achieve real integration anytime soon.

- “I think integrating services has been talked about more since public services started to be cut, with little being done.”

Barriers to integration working

A few barriers to achieving more integrated working were highlighted, including poor communication and coordination between professionals, different technology and software used, cultural differences between organisations, and leadership to make it happen.

- “Poor communication between hospitals and primary care services is going to be an issue.”
- “The coordination of different professionals in social care can fall to the responsibility of the individual or carer which is a big task.”
- “Many health services use different software and systems for recording patient information, what system are we going to use?”
- “Integration is harder to achieve when services are contracted to private companies.”
- “Seeing GPs as a central point for other services could create a single point of failure. They could be a barrier to services if they don’t have capacity or knowledge.”
- “Is there a hierarchy between healthy and social care. Is one seen as the poorer relation to the other? What impact does this have on decision making and funding? Potentially health is seen as more important.”

Ideas

Other ideas for improving integration between health and care services included:

- “Mental health services wanted to go into local GP practices but charge for a room at GP’s was far too much. Poor collaborative working. An agreement between NHS services for rent needs to be addressed so that we can have counselling services/ GP’s under one roof.”
- “Services are understaffed everywhere. In particular Mental Health services. All community Mental Health services are based in one centre, there is outreach work but if you live in the middle of nowhere your options are limited. Working with the community to improve mental health is a must at reaching those that are unreachable.”
- “Utilise community assets for people to access services, e.g. use pubs.”
- “Take opportunities out to people in the community. Paediatricians did sessions on a large bus out in the community and it was a massive success. We should have a more focus on this style and approach. The informal approach of this style of health promotion will be more likely to be successful and to implement change in one’s lifestyle.”
- “We need to equip and empower deprived communities – Lowestoft has two of the most deprived wards and is in the bottom 10 of the country.”

- “Schools and the national curriculum could be a great foundation to build education/ Health promotion to the next generation of the population and reach many of the hard to reach groups.”

Panel question and answer session

We held a Q&A session with a panel made-up of:

- Rt Hon Patricia Hewitt (Independent Chair of the Norfolk and Waveney STP)
- Melanie Craig (Chief Officer of NHS Great Yarmouth and Waveney CCG)
- James Bullion (Executive Director for Adult Social Services at Norfolk County Council)
- Dr Louise Smith (Director of Public Health at Norfolk County Council)

Here is a summary of the questions asked and the answers given:

Q. Will you commit to holding another event with more senior managers and professionals that work in Waveney?

A. Yes, we will do that. There are some professionals at this event that work in Waveney or across Norfolk and Waveney, but we will have more Suffolk based colleagues at future events.

Q. What do you think of Professor Allyson Pollock’s legal challenge?

A. We don’t know all the details of the legal challenge, but this relates to the development of accountable care organisations or ACOs. NHS England used the term ACOs because it is also used in America. However the US has a very different healthcare system to ours in the UK. The Health Select Committee is concerned about the contract that could be used to create ACOs. The government has said if it decides to pursue ACOs, that it will consult on this contract before it is used by any clinical commissioning group. We understand that people are worried about privatisation, but there is nothing about privatisation in our STP.

Q. Does the panel feel there will be a time when health and social care are integrated financially?

A. This is a big ambition. It’s complicated. Councillors will have a role in deciding how money is spent on social care. We can improve how health and social care work together without pooling budgets or changing how services are financed.

Q. What is the status of this meeting? Is it part of the consultation promised by the government on 25 January 2018 about the creation of ACOs?

A. The meeting is not about the national consultation on ACO contracts. Our meeting is about the work that local health and care organisations in Norfolk and Waveney are doing together in partnership, as opposed to individual pieces of work being done by one CCG or

one of the hospitals. Integrated care systems are about working closely together and thinking about our £2.6 billion budget as if it is one pot of money.

Q. How will major decisions about funding be made in future? Will the clinical commissioning groups continue to determine the priorities for their area in future?

A. The STP is not a legal entity, so it can't make decisions about funding – these will continue to be made by the statutory organisations, such as the clinical commissioning groups (CCGs), the hospitals and the county councils.

There are times when it makes sense to have the same policy across Norfolk and Waveney and to commission services together. The five local CCGs are setting-up a Joint Strategic Commissioning Committee, where they will come together to make some decisions, including about funding. The CCGs will continue to make decisions about some services on a local level to reflect the needs of their different communities.

Q. Will integrated care systems be underfunded, leading to cuts and rationing?

A. The NHS and social care needs more funding. There is a growing debate about a ten year funding settlement. Demand for services is going up more than the increase in the money we are receiving. Thinking about fair funding is an important question. Rurality is not recognised in national funding formula. We will need to be accountable for how we spend money as we move towards one single control total.

Q. Will you publish the minutes of STP meetings?

A. We'll take this away and talk to colleagues. We have two meetings – the STP Oversight Group made-up of chairs and councillors, and the STP Executive, made-up of chief executives and accountable officers. It is a very reasonable proposition; transparency is really important.

Q. Why are all your meetings behind closed doors?

A. At the moment the meetings of the STP Oversight Group and the STP Executive are in private to facilitate open and honest conversations with each other. As we move towards becoming an integrated care system, there are likely to be more meetings in public. It's important to say that the Norfolk and Suffolk Health and Wellbeing Boards do discuss the STP at their meetings, which are held in public and minutes are published online for anyone to read. Likewise, the governing bodies of the clinical commissioning groups and the hospital trust boards also regularly discuss the STP at their meetings.

We also received some questions after the event. Here are the questions we received and our answers:

Q. As this all hinges on better use of the voluntary and community sector, but there did not seem to be a partner mentioned on the partnership that was representing that sector. Please do correct me if I am wrong.

There is a need to invest in VCS's, but getting them to work together is key to this too. How funding works causes VCS's to not work together as many are needing to stay afloat and bid for the same pot of money. What can the plan going forward do to enable more 'partnership working' in order to make things in the VCS more sustainable?

A. The voluntary, community and social enterprise (VCSE) sector plays a vital role in keeping people healthy and well, as well as caring for people when they need it. It's imperative that the VCSE sector is involved in our partnership and many of our workstreams and projects have representatives from the sector actively involved in them. That said, we need to do more to engage and involve the sector going forward and in the development of our integrated care system.

Q. Can you explain how you are actually going to make this happen in the real world? When you are dealing with different CCGs, GPs Hospitals, Social Services, and District Councils? How are you going to go about making it happen?

A. There's no getting away from the fact that this is challenging. We have a good history of local health and care organisations working together, which is helpful – we are not starting from scratch. Our challenge is to do more and to speed-up our work to integrate health and care services. Only by working together will we be able to tackle the challenges that all of our organisations face.

We have a shared vision for the future, which is fundamental and will help to make this a reality as we are all pulling in the same direction. We are talking much more regularly than we have in the past, which is also really important. Getting to know each other better, building stronger relationships and being more honest about some of the more challenging issues will all enable us to move forward together.

Q. When are our public servants going to show the ultimate duty of care to the people they serve and ALL openly condemn the level of funding and say the system can't work on the money provided nor can it be improved without extra planned sustained funding over long periods of at least 10 years?

A. There is a growing debate about a ten year funding settlement for the NHS, which is welcome and would help us to better plan for the future if agreed.

Q. How is integrated care being developed in Norfolk and Waveney? What is happening at the moment to test out ideas (pilot projects) will Health and Social Care be amalgamated? Where will the money come from to do this?

A. There is lots of work being done to integrate health and care. Some of this work is being done across Norfolk and Waveney, but there are also local pieces of work going on in specific parts of the area. For example, in North Norfolk local health and care organisations are taking part in a 100 day challenge to try out different ways of working

between February and July. For much of this work, we are using our existing funding, staff and other resources. We are being creative about how we can use what we have in different ways, to achieve better outcomes. We have also received some transformation for specific pieces of work from NHS England and other national sources.

Q. Question for James Bullion regarding SWIFT Service - It seems like a fantastic service with the potential to make a real difference but inadequate provision appears to be causing real problems for patients and puts increased pressure on the wider health system. To what extent are you aware of the current issues and are there any plans under the STP or otherwise to increase provision?

A. Norfolk First Support (NFS) reablement team and Norfolk Swift Response (Swifts / Night Owls) are part of the Adult Social Services Early Help and Prevention offer. The Swift service was set up in 2007-8. Swifts are funded by Norfolk County Council. Norfolk Swift Response is a free service for people living in Norfolk.

Norfolk Swift Response is a 24 / 7 / 365 service which provides help, support and reassurance if a person has an urgent unplanned need, such as a fall, or if their carer is suddenly taken into hospital and they need help with personal care, meal preparation etc.

Swift / Night Owls will attend a person who has fallen, if requested, if the person has not suffered an injury or has any medical symptoms that have been exacerbated by the fall. The team work in pairs and carry special lifting equipment to help make moving people as safe as possible. There are four teams of two people working across Norfolk at any point in time.

In 2016-2017 Swifts took 13,899 referrals, an average of 1,157 per month. The service prevented: 4,662 calls to Community Health; 6,699 calls to the emergency services; and 3,121 hospital admissions. The largest proportion of visits were to people who had fallen (35%), and then to people who needed personal care (27%). 35% of calls were from alarm providers and 25% from relatives or neighbours.

There are no plans to further increase the Swifts provision. Occasionally we cannot attend a person. Also if the person has suffered an injury or needs medical assistance or advice, the Swifts should not attend as although they are taught First Aid they are not medically trained. However I am not aware of any significant problems around the amount of provision. Please let me know if people have specific examples of this issue and I will look into these.

Q. By integrating health and social care how will funding be allocated?

A. This is a complicated question, we don't know the detailed answer yet and of course there may be changes nationally which we could affect this. Integrated care systems are about working closely together and thinking about our £2.6 billion budget as if it is one pot of money. One challenge we will need to overcome is that health services are provided free at the point of use, whereas social care is means tested and so some people have to pay for or contribute towards the cost of their social care. As we develop our integrated care system we will need to think much more about how we allocate funding and how we make sure that we are accountable for how we spend public money.

Q. Could there be a problem as to deciding whether a patient has a health or social care issue?

A. We want people to receive seamless and coordinated care from a team of different professionals, working together. We are developing our integrated teams of different professionals to help to make this ambition a reality. People tell us that this is how they want to be cared for, and that it is not always their experience now.

Feedback about the format, content and organisation of the meeting

56 people attended the event, ranging from members of the public to health professionals and CEO's. Following this event, we emailed a feedback form to ask people what they thought of the event. We received 12 completed forms.

A few people said that the format of the meeting was too structured and that comments from the floor should be encouraged. Some people said that we should have encouraged more participation and involvement from the attendees.

One attendee suggested that collecting one question per person, in advance, so that their question can be addressed in the presentation and discussions would help avoid participants feeling like their questions haven't been answered or their voice has heard.

Some attendees said they felt several participants were too disruptive and aggressive. They said that this should not have been tolerated and the individuals could have been asked to leave.

Generally the table group work was commended as a good opportunity for attendees to express their opinions. A few attendees said that the workshops were too 'broad and bland', advising that the workshops should have focused on integrated care locally, proposed changes to services and presentations on current pilot projects, with input from patients/ service users rather than just managers.

One individual said that this event was difficult to find out about. A couple of people said it was difficult for them to attend because they live in rural areas with limited public transport.

STP Communications and Engagement Team (May 2018)