

<b>SUMMARY REPORT</b>		
<b>Transformation Board Meeting in Public</b>	<b>8 August 2018</b>	<b>Item: 07i</b>
<b>Title of report</b>	Shaping our Future Engagement Update	
<b>Senior Responsible Officer (SRO)</b>	Jackie Pendleton - NHS Kernow Helen Charlesworth-May – Cornwall Council	
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<b>Purpose of report</b>	To update the Transformation Board on progress since the completion of Wave 3 co-production events in February, March and April and to note the engagement approaches being taken in SOF's next phase of coproduction and engagement.	
<b>Recommendation</b>	Board members are asked to: <ul style="list-style-type: none"> <li>• Note the extensive progress that has been made to date and the information and learning received from the Shaping our Future Wave 3 co-production events.</li> <li>• Endorse the approach being taken in this next phase of work.</li> </ul>	
<b>Engagement and Consultation Undertaken to Date</b>	<p>An extensive programme of expert coproduction has now been completed.</p> <p>This included 21 place based workshops, 10 GP locality meetings and 19 community network panel meetings.</p> <p>In addition, a further 25 meetings and 'SPRINT'<sup>1</sup> workshops have been held with staff across all sectors to develop SOF's workforce strategy.</p> <p>Shaping Our Future's Citizen Advisory Panel (CAP) and scrutiny colleagues have been involved in the planning and delivery of this work throughout.</p> <p>All output reports and relevant information are available at <a href="https://www.shapingourfuture.info/engagement-events">https://www.shapingourfuture.info/engagement-events</a></p>	

<sup>1</sup> Sprint events are usually all day events that bring together practitioners from all sectors as well as community representatives and organisations to redesign specific parts of the model of care for a specific place based population.

## Executive Summary

The third wave of expert co-production events was conducted during February, March and April. These were attended by health and care staff, those working in the community with the voluntary sector and local people who have had direct and recent experience of receiving care.

The information and learning from the events summarised below is being used to inform options for new place based models of care across Cornwall and the Isles of Scilly.

The intention is to use 2018/19 as a 'test and learn' year working within integrated care areas, communities and clusters to learn, adapt and refine the model.

We will continue to keep everyone informed of progress via email, the Shaping our Future website and newsletter and in local media (print, online and radio). We are actively encouraging people to become involved in, and comment on, work as it progresses via our central email address: [shapingourfuture.cios@nhs.net](mailto:shapingourfuture.cios@nhs.net)

There are no immediate plans for a further wave of evening co-production events. Instead, we are expanding the ways we do targeted co-production on given areas using, for example, pilots designed to see rapid improvements, surveys and specific workshops on key areas. In June for example, we held a multi-agency workshop for people and volunteers working across all sectors looking at falls prevention and response with a range of lay people and health and social care professionals attending. This learning has built on the range of sources available for people and practitioners at <https://www.kernowccg.nhs.uk/your-health/older-people/falls-prevention/>

In July, the National Suicide Prevention programme facilitated a Cornwall workshop with multi-agency representatives from the statutory and voluntary sectors supported by patient representatives from Cornwall Partnership Trust and Public Health. More information about this is available at <https://www.cornwallft.nhs.uk/news/suicide-prevention-events/>

In addition, the Chair of SOF's Citizen Advisory Panel organised a community social prescribing event in Perranporth inspired by the things she had heard practitioners say about the role of social prescribing to reduce social isolation during SOF's expert practitioner coproduction workshops. There is information on the Shaping our Future website about a 'Healthy living in your community event' held in Perranporth in July (<https://www.shapingourfuture.info/healthy-and-happy-living-in-your-community/>) and further prevention-focused workshops are planned for the Autumn in each of the three integrated care areas.

We are also expanding our Citizens' Advisory Panel (CAP) membership to ensure all parts of Cornwall and the Isles of Scilly are represented where possible. We will be developing our relationship with Community Network Panels (CNPs), Patient Participation Groups (PPGs) and Leagues of Friends (LoFs) over the next six months in a number of ways, with a view to using them as a test audience for any public consultation of the recommended model of care that will emerge following test and learn project completion.

<b>Interdependencies with other work streams (where relevant)</b>	Much of this work will help to assess the impact of each work stream's transformation projects across all services, partner organisations and sectors.
<b>Financial implications</b>	None identified.
<b>Key Risks</b>	The biggest risk to the Shaping Our Future programme is that any major service changes are not supported by local people, practitioners, elected representatives and NHS England.
<b>Sources of evidence in support of proposals</b>	Full place based co-production reports are available at <a href="http://www.shapingourfuture.info/engagement-events/">http://www.shapingourfuture.info/engagement-events/</a>
<b>Equality and Diversity Statement</b>	SOF plans to expand the range of co-production and engagement methods being deployed going forward to ensure the methods selected are those most suitable to the target audience. Hence, projects that aim to improve outcomes for the frail elderly will need a different engagement approach to prevention projects that target the walking well or services aimed at young children. We are working closely with third sector colleagues to ensure that the approaches taken are equally accessible to all.
<b>Communications requirements</b>	The stakeholder engagement and communication programme is already underway, with newsletters and website content to enhance engagement with the programme. In addition, a variety of materials and information are being or have been prepared to further raise awareness of SOF work.

## **1. Wave 3 Co-production Update**

- 1.1. The aims of the wave 3 co-production events were:
  - Share the lessons we learned during and since Wave 2
  - Update the participants on the production of linked data sets
  - Share the preferred method for calculating travel time; and
  - Seek views on the local Urgent Treatment Centre (UCT) service specification that was drafted using the information people had shared previously; the approach being taken to review existing sites; and the assessment criteria on which to determine the potential number and location of urgent treatment centres.
- 1.2. The overwhelming majority of feedback about the events was positive with participants welcoming the opportunity to co-design integrated community based models of care with a range of people that they would not normally work with.
- 1.3. There were consistent views across all areas. The East and North of Cornwall events had, as would be expected, more concerns regarding cross-border issues. Those in the tourist hotspots were more concerned about capacity in the summer and those in Falmouth about the needs of the student population.
- 1.4. For now, we have no immediate plans to host further evening co-production events. Instead, we are expanding the ways we do co-production so we can adapt the approach to the particular transformation project.

## **2. Feedback and learning from co-production**

The following key points were made

### **2.1 Feedback from co-production on Linked Data Sets and Urgent Care**

More detailed information about the make-up of the local population, and the need and demand for services, a critical evaluation of current services and a review of the capacity of the workforce to deliver the draft model was required to advise on what urgent care services are needed locally.

### **2.2 Feedback from co-production on Transport**

- a) Concerns over the availability of transport, parking and immediate access to support without an appointment were more important than the distance or length of time it takes to get there.
- b) Importance of transport for elderly people and issues relating to public transport. Also need to consider the impact on staff travel times when deciding the location of services.

### **2.3 Feedback from co-production on Urgent Care Model**

- a) General support for a mixed model (comprised urgent treatment centres (UTC), minor injury services and GP and community pharmacy local services) for

Cornwall and the Isles of Scilly that offers more than the national specification but some questioned the utility of discussing urgent treatment centres in isolation from other parts of the health and care system, and suggested that urgent treatment could be provided by extending primary care services rather than creating centres that are seen as a separate service.

- b) Each area needed its own bespoke urgent care specification based on the resources available and the needs of that particular community - not one size fits all.
- c) Need to take account of seasonal fluctuations, including students and visitors in the summer months - the mixed model will look different in each locality and by season.
- d) Need to consider cross border flows (for people from Cornwall travelling to services in Devon and vice versa).
- e) Important to include mental health and support for people with dementia in the urgent care model, The model should include access to in-hours mental health teams, place of safety and Out Of Hours mental health provision and more effective links and greater access to community mental health crisis teams alongside social care and allied health professionals.
- f) Need for strong links between Urgent Treatment Centres (UTCs) and other parts of the system such as care homes, home care services, patient transport, 'out of hours' primary care and the 111 service were also highlighted.
- g) Consistency – UTCs should be a one stop shop, offering a consistent service with consistent opening times.
- h) The specification should include voluntary services support and things like wellbeing support to help families caring for frail elderly relatives which could be delivered by police or fire service.

#### **2.4 Feedback from co-production on Prevention and Self-Care**

General support for greater emphasis on encouraging this. Specific comments included:

- a) Need for greater emphasis on preventing the need for urgent care provision by taking a holistic approach to address the known causes of illness such as social isolation, inadequate self-management of a condition and lifestyle factors such as smoking and obesity.
- b) More investment in the community nursing service to prevent people needing urgent care.
- c) Greater emphasis on joint working to create multidisciplinary teams (MDT) that include individuals that do not work for the NHS as well as a wider range of professions that do to prevent the need for urgent treatment and manage people's conditions more successfully in the community. – including opticians, dentists and district nurses.

- d) Need for a public cultural shift. The population of Cornwall and the Isles of Scilly has a view about how health services have been and should be provided - need to take small steps to make the case for change, and prove the change afterwards before moving on to the next step.

## **2.5 Feedback from co-production on Pharmacies**

There was support for greater use of pharmacies:

- a) Expand the role of pharmacists to reduce some of the pressures experienced in other parts of the health system, particularly in relation to signposting, health promotion and treating minor illnesses.
- b) Pharmacy needs to be included in UTC specification.
- c) Public need to be made more aware of what support and information they could get at their local pharmacy and trust the service before they are likely to go there for support instead of their GP.

## **2.6 Feedback from co-production on Short Stay Assessment Beds**

- Support for inclusion of Short Stay Assessment Beds in UTCs, but need to ensure there are adequate services linked to them to allow speedy referral and discharge and the delivery of an integrated care plan, including sufficient patient transport.

## **2.7 Feedback from co-production on Workforce & Capacity**

Support for staff but concerns about the capacity to deliver the new model.

Suggestions included:

- a) Widening the range of people who could fill the various clinical functions that are needed.
- b) Making roles more attractive to aid better recruitment and retention by blending roles, and training existing staff, volunteers and carers to fulfil a wider range of support functions.
- c) Need to recruit people with the right skill mix to meet the expected demand for UTCs, particularly in relation to mental health, primary care and occupational therapy and the long term resilience and sustainability of the model.

## **2.8 Feedback from co-production on Communication**

- Clearer communications needed to explain the correct place to attend under different circumstances.

## **2.9 Feedback from co-production on Financial Considerations, Capacity & Operational Viability**

- a) Help address pressures by including explicit roles for the voluntary sector and the communities in which people live.

- b) The assessment and access criteria (for choosing UTC location) needs to be evidence based and linked to robust population data, and then ask ‘can we afford it?’
- c) The model needs to be financially viable so need to identify compromises (when good is good enough) rather than seek a gold standard that we do not have the resources for.

## **2.10 Feedback from co-production on Digital Solutions & Shared Care Records**

- a) Support for greater use of digital to relieve pressure on staff by reducing some of the time practitioners currently spend monitoring patients with long term conditions and as a platform for providing information to help people navigate the health and care system.
- b) Provide consultations via video conferencing.
- c) Use self-help apps – take a picture, send it to receive a diagnosis by someone real who is going to help.

## **2.11 Feedback from co-production on Location of UTCs**

- a) Assessment criteria need to include consideration of non-hospital settings and co-location with other services such as services for children, community pharmacies, fire and police services.
- b) Should not restrict locations to just current NHS sites and estates –what about non-hospital sites, for example at a library or supermarket to aid access and have the support where community will see it and have it in their mind’s eye.
- c) Also needs to consider population density; service quality; the cost of converting existing estates versus building new; availability of parking; and access to transport, and to consider potential increases to population figures as a result of new housing developments to ensure the new model can adequately cope with future demand.
- d) Co-locate UTC with A&E and/or other services (such as GP out of hours’, extended and local enhanced services).

## **3 How the information and learning from co-production will be used**

- 3.1 We will take all learning we have gathered to date and use 2018/19 as a ‘test and learn’ year.
- 3.2 We will work with our colleagues in integrated care communities to co-produce the development, implementation and evaluation of cycles of delivery changes to learn, adapt and refine the model for place based care
- 3.3 We will test key components designed to support our aspiration for a radical upgrade in prevention, encouraging and enabling self-care and creating strong relationships between local communities and local multi-disciplinary

teams built around clusters of GP practices providing improved access and social prescribing.

- 3.4 We are empowering people who do the work to do the change and we will involve more people and service users in future co-production.
- 3.5 Test and learn sites will be selected because they are ready and have the right conditions for change. Choosing, for example, a MIU site for a test and learn approach should not be seen as pre-determining the future location of urgent treatment centres.
- 3.6 A Model of Care update has been provided to the Board in a separate paper.

#### **4. Engagement Actions**

- 4.1 We are working with Volunteer Cornwall, Citizens Advisory Panel and CCG locality managers to jointly deliver a Cornwall and Isles of Scilly wide co-production event for PPGs and Leagues of Friends. A meeting to plan this event is booked for August and we will develop a more detailed plan of this activity after that time.
- 4.2 Following on from the programme of GP locality and Community Network Panel (CNP) engagement we conducted over last Winter and Spring we also plan to further strengthen SOF's relationship with CNPs by hosting an additional three clinically led events for CNP members, police, schools and housing (one in each of the three Integrated Care Areas (North and East, Mid and West) to provide an overview of SOF's work to date and the transformation programme.

#### **5. Strengthening Health and Care Practitioner Leadership**

- 5.1 Health and care practitioner leadership and engagement is being developed and strengthened across the system both to drive and to review care improvement across the wider health economy:
  - a) The Clinical Practitioner Cabinet will become the Health and Care Practitioners' Group, with revised membership (crossing both professional and organisational boundaries) and terms of reference, the Group will act in an advisory capacity, providing a forum where the models of care, which underpin the ICP strategy, can be reviewed, discussed and co-produced and will act as a local clinical senate.
  - b) A Medical Directors' Group has been established and meets monthly, which brings together all the Medical Directors from across the system and acts as a forum for problem solving and support. Further work to bring together clinical leaders from primary and secondary care is planned.
  - c) With support from the King's Fund, system wide clinical leadership is being developed taking three cohorts of practitioners working across both organisational and professional boundaries through a ten month

programme based on problem solving within emergent workstreams within the medical model of care.

- d) With support from both the South Western Leadership Academy and additional support from the CSU, practitioners again working across professional and organisational boundaries are working together in linked workstreams to develop transformational change in planned care with a focus on outpatients as an outmoded vehicle for care delivery.
- e) A Cornish Care and Quality Academy is in the early stages of planning which aims to bring together our existing academic and quasi-academic partners as an engine to drive personal development, service development, rigorous evaluation of the changes wrought through the STP, and clinical research. There will be an important focus on further developing the leadership to deliver these aims.

## **6. Next Steps**

- 6.1 Detailed planning of the co-delivery of engagement with PPGs and LoFs with Volunteer Cornwall, Citizens Advisory Panel and KCCG is booked for August.
- 6.2 A bespoke communications and engagement plan is being developed for each transformation project in collaboration with project leads to enable targeted, meaningful and proportionate communications and engagement plans to be developed and aligned.

## **7. Recommendation**

- 7.1 Board members are asked to:
  - Note the extensive progress that has been made to date and the information and learning received from the Shaping our Future Wave 3 co-production events.
  - Endorse the approach being taken in this next phase of work