

Herefordshire Health and Social Care Community

Final Report to Health Scrutiny Committee on the Health & Social Care Integration Engagement

1.0 Introduction

The Herefordshire health and social care community conducted an intensive engagement exercise with patients, public and stakeholders on proposals to integrate services. This engagement process ran from mid-August 2010 and ended on the 12th November 2010.

Members were given the opportunity to learn more about the proposals at a seminar held on the 30th September 2010 as part of the engagement process. This paper seeks to:

- Inform members of the extent to which engagement was achieved by the exercise
- Inform members of the feedback from various stakeholder groups
- Demonstrate to members how the feedback has been addressed and incorporated into the integration proposals

The proposed changes to services are set out in the booklet; 'Your local health and social care services are changing – tell us what you think' (Appendix 1) and are based on proposals to:

- Create a new integrated model of health and social care provision in Herefordshire, with specific care pathways aimed at providing personalised high quality, safe and sustainable care for local people which promotes personal health, well being and independence.
- Create an integrated care organisation under one management structure composed of an integrated care organisation (ICO) combining community and acute health services that is also integrated with social care so far as is practicable under current legislation.

2.0 Engagement Activities

A number of activities were undertaken as set out in the Engagement Plan supported by the Health Scrutiny Committee at its meeting in August 2010. In delivering the plan the following coverage was achieved:

- 5000 hard copies of the leaflet "*Your local health and social care services are changing – tell us what you think*" were distributed
- Soft copy distribution of the leaflet to all staff and members of Herefordshire Alliance, Herefordshire Carer's Support and LINK (estimated 4000 recipients)
- Article and link to the engagement website sent to most homes in the county through *Herefordshire Matters*
- Intranet and internet sites were made available
- Over 60 presentations given (to nearly 1000 people) to groups including:
 - Herefordshire Council members (as recommended by members)
 - PACT meetings (as recommended by members)

- GP practice patient and user groups (as recommended by members)
- Herefordshire LINK
- Brecon & Radnorshire Community Health Council
- Hereford Hospitals NHS Trust members
- General Public
- Community Hospital Leagues of Friends
- Staff side (from the three provider organisations)
- Staff from across the three organisations
- Primary care

As a result of the engagement exercise nearly a thousand people heard about the integration proposals first hand, many thousands received the engagement literature and nearly every household was provided with information.

3.0 Feedback

Feedback was received from stakeholders via telephone, letter, e-mail and directly via the engagement meetings held. All of the feedback received, whether written or verbal, has been recorded in a document that is not reproduced here as it runs to 71 pages and which will be posted on the internet. A summary of the feedback by stakeholder group is below.

3.1 Patients, Service Users & the Public

This stakeholder group were overwhelmingly supportive of the proposals and generated by far the greatest amount of feedback, often based on their own experiences. The public were keen to see that any integrated care organisation made links with other organisations (third sector and out-of-county providers) and was delivered from within Herefordshire in a sustainable way. They were particularly keen that any proposals were designed and delivered in partnership with their local GP.

Positive about:

- Supporting older people in their own homes
- Neighbourhood Teams – providing care closer to home
- Proposals to predict and prevent health and social care crises

Comments about:	How we respond to these comments:
How the resources would be found for the increased staff requirements of the Neighbourhood Teams	Neighbourhood teams will be developed in a phased way: Phase 1 will be an existing reorganisation of community services (District nursing and social care) into locality teams; Phases 2&3 will see increased resources from other services joining the Neighbourhood Teams (OT and Intermediate Care). This will increase the size of the teams to approximately 200 WTE across the county. It is anticipated that the professionals working in teams will increase efficiency and enable them to undertake more work. Phase 3 will review the work of the teams and determine if further resources are required to increase capacity of services .

Comments about:	How we respond to these comments:
Dealing with increasing public expectation at a time when funding is shrinking	We are planning to continue to work with the public locally (as well as using national information) to provide information on the appropriate use of resources and how to self care.
How those that live outside of Herefordshire but use its services will be affected	People that are not registered with a Herefordshire GP may well experience different services, but this is no different from the current situation. We would hope that the Herefordshire elements of the service they access in future are improved. Out of county commissioners have been kept informed of the developments.
How the proposals link with the primary care out of hours provider	Primecare, the current Out of Hours primary care provider have been involved in developing some of the proposals, particularly around unscheduled care. Primecare have been kept informed as new services develop, and training sessions for their staff have taken place, and more will be planned.
How the proposals link to the future provision with mental health services within the county	Mental Health Services in the county have been subject to a tender process and will be provided by a new provider from April 2011. We want to build a strategic partnership with the new provider, as it will be important to work closely together for local people.
How services might be provided in isolated rural areas	Proposals to reorganise community services into eight locality 'Neighbourhood' Teams mean that they will be centred around natural neighbourhoods across the county.
Whether the proposals have taken account of learning from elsewhere	The Transition Board that oversaw the formulation of these proposals conducted visits to other health and social care communities in England that have successfully integrated. This learning was built into the proposals.
The suitability of people's accommodation and its effect on health	This had not been previously considered. The integrated care organisation will work with the commissioner and Public Health to look at ways of addressing this issue. Health & Wellbeing Boards are a fundamental element of the Government's White Paper (2010), and Councils will be setting these up to take forward issues that affect the wider dimensions that impact on health

Comments about:	How we respond to these comments:
The fact that many older people are isolated with families often living apart over long distances	Neighbourhood teams will work to support people in their homes for as long as possible and recognise the role that friends, families and neighbours play.
Whether the proposals are financially sustainable	Proving the financial sustainability of these proposals is vital to get the authorisation from the sponsoring organisations to go ahead with the creation of a new Integrated Care Organisation. A five-year financial model is being developed that will be submitted with the business case for approval from the sponsors in February 2011 (Herefordshire Council, NHS Herefordshire and Hereford Hospitals NHS Trust).
Whether local GPs supported the proposals and the impact of future GP commissioning consortium	GPs were involved in the design of the proposals throughout the process and continue to advise us on the implementation of the various initiatives. Therefore we are confident that local GPs are supportive of the proposals.
How the locality teams might link into the third sector within Herefordshire	Following this feedback we have begun to look at how our Neighbourhood teams might co-ordinate their care with the third sector. We are proposing that a pilot on social capital will be implemented, initially within one of the locality teams.
How the various IT systems within health and social care might link together to have one combined patient record	The developing IT Strategy for the Integrated Care Organisation proposes that a 'portal' be used to bring together the various IT systems to create a single service user record.
Whether an integrated care organisation might apply to become a Foundation Trust	As an NHS Trust, the ICO will be expected to become a Foundation Trust by April 2013. Plans are being developed to take forward an application.
Whether the proposals would be subject to scrutiny with regard to competition	The proposals to develop an integrated care organisation have been reviewed by the NHS Co-operation and Competition Panel and were approved on the 25 th November 2010
How the proposals might affect the number of beds in the county	The proposed service model suggests that fewer beds will be required once alternative community services are available. Many patients are currently admitted to hospital because no such alternatives exist. It is anticipated once other preventative and

Comments about:	How we respond to these comments:
	pro-active services are in place then there will be fewer admissions, and for those people who do get admitted then there length of stay in hospital would be shorter too.
How the proposals might affect carers	A service model that shifts care away from institutions and closer to home will require close partnership working with carers. In some instances there may be more responsibility placed on carers, however the plan is to have support for individuals and carers from the Neighbourhood teams who can co-ordinate support . We have begun to work with Herefordshire Carers Support to create a Carers Strategy & Charter to ensure this work is developed in partnership.
The need to put preventative measures in place to prevent health problems	Primary prevention of disease is an important part of the care pathways that have been developed. Also a key part of the pathways is to predict if a health condition is likely to deteriorate and put in assistance to prevent deterioration.
The need to recruit many more volunteers	We are engaging with the third sector to see how more volunteers can be recruited as part of our action plan for 2011/12
The need for better planning for discharge from hospital	Through the work on unscheduled care we are addressing hospital discharge and the need to plan for discharge at the point of admission, as well as co-ordinate effectively with those involved in the person's care.
Whether more could be done to educate people about which services to use and when	We are designing services that are more intuitive, that direct people to the right services, rather than attempt to educate them as we know that services are constantly changing and developing and therefore it is very difficult for the public to know what service to access at what time. A single point of access for services should help this in the future.
These proposals have been suggested before but nothing has changed	We are aware that some of the ideas put forward are not new but we believe that the difference is that the current changes have been planned involving all partners across the county, who are aware that change is essential to the sustainability for local services. The proposals are also backed up

Comments about:	How we respond to these comments:
	by a complete implementation plan. Delivery needs to be judged by performance against this plan.
The need for a new funding mechanism to reflect the proposals to integrate care	We are working with NHS Herefordshire as commissioners to ensure that future contracts reflect the integrated nature of the new organisation. This is complex and will take time to get right.
How the new organisation might provide integrated care if health care is free at the point of delivery and social care is means tested	The proposed service model will still take account of NHS funding and Social Care means tests. Care will be provided within the financial envelope of the health and social care community.

3.2 Primary Care

Primary care were very supportive of the proposals, particularly those elements of the proposed service model that provided alternatives to hospital admission and supported care at home. GPs were uneasy at a perceived increase in workload implied by the proposals and need to understand how the proposals affect them.

Positive about:

- Risk stratification – using GP practice data to predict and prevent hospital admissions
- Localities – many suggestions received about locality formation and configuration
- Single point of access for GPs requiring services
- Instant Care/Rapid Response service proposals
- Improvements to the stroke pathway
- Opportunities to do things differently

Comments about:	How we respond to these comments:
Dealing with growing demand	The activity model that supports the proposals accounts for growing demand due to demographic growth.
Supporting early discharges	Through our work on unscheduled care we are addressing hospital discharge and the need to plan for discharge at the point of admission, as well as co-ordinate effectively with those involved in the person's care.
Risk associated with sustained level of social care funding	The Department of Health have announced additional funding for social care reablement services in the Operating Framework. This will support social care services. Essentially all care will be provided within the financial envelope of health and social care.

Comments about:	How we respond to these comments:
Governance issues around sharing information associated with the risk stratification tool	An Information Sharing Agreement will be in place between those using the outputs of the SHA risk stratification tool.
Lack of city reablement beds if Hillside becomes an inpatient stroke rehabilitation facility	Not all of the Hillside beds will be used for stroke care. Therefore some reablement beds will be available for city residents.
Urgent care proposals should be true to the original vision set out in the Transition Board Report to Sponsors	The proposals for an Urgent Care Centre have been reviewed by commissioners and further work is taking place clarifying commissioning intentions for the whole urgent care pathway. The intention is to develop an Urgent Care Centre on the County Hospital site
How emergency admission and discharge at the County Hospital might be improved	Considerable work has already taken place on the admission and discharge processes at the County Hospital and in community hospitals, As a result of this, we have seen a significant reduction in delayed discharges, and improved length of stay in some areas. We continue to address these issues through our work on unscheduled care.
The ability of primary care to take on additional workload	The intention is that primary care work differently and not necessarily with an additional workload. The principle behind the care pathways is that by increasing the routine interventions of community and primary care staff to predict and prevent crises, many of the ad-hoc and urgent interventions will be obviated.
Liaison with mental health services, particularly in relation to those with dementia is critical	Mental Health Services in the county are subject to a tender process. We plan to build a strong strategic partnership with the chosen provider as we understand that it will be essential to co-ordinated care for people with mental health problems..
How those that live outside of Herefordshire but use its services will be affected	People that are not registered with a Herefordshire GP may well experience different services, but this is no different from the current situation. We would hope that the Herefordshire elements of the service they access in future are improved.
The importance of getting the skill mix right in the locality Neighbourhood Teams	The mix of clinical, social care and generic skills will be essential for the success of the neighbourhood teams. The working group for

Comments about:	How we respond to these comments:
	the neighbourhood teams has included GPs and views from primary care staff have been incorporated at each stage of the development. Views will continue to be sought as further phases of implementation take place.
Being kept informed about developments	A fortnightly newsletter on the implementation of the various initiatives has been sent to GP practices since July 2010. Also, members of the Programme Team will be attending future locality meetings to have direct discussions with GPs.

3.3 Staff

Staff were supportive of the new service model but had many detailed questions about the service configuration and any changes to their terms and conditions of employment that may result from the implementation of the proposals.

Positive about:

- Overall service model

Comments about:	How we respond to these comments:
How the Comprehensive Spending Review will affect the new organisation and whether this had been factored into the planning	The impact of the Comprehensive Spending Review on health and social care is understood and factored into the financial plans.
Needing better communication regarding the changes	Communication with staff is seen a critical element of the change programme. A two weekly newsletter has been produced since July, a series of staff meetings have taken place and communication continues at team meetings. The Programme Team acknowledge that more needs to be done and are therefore developing a new Communications Strategy that will set out how we communicate with staff over the coming months.
Getting the skill mix right in the new locality Neighbourhood Teams	A proposal on the composition of new teams was initially shared with staff in July. Comments were received and fed into the development process. Continuing engagement with staff is taking place as the teams develop and Interim Locality Manager posts have been filled to ensure effective engagement from staff.
How existing teams will fit into the new organisation and what the governance processes will be	The new organisational structure will be shared with staff in 2011 when it has been completed and approved.

Comments about:	How we respond to these comments:
How social capital should be generated	The Service Integration Advisory Group has been considering how the new organisation can generate social capital. There will be an organisational plan to work with other partners in the development of social capital.
The financial sustainability of the proposals	Proving the financial sustainability of these proposals is vital to secure the authorisation from the sponsoring organisations to go ahead with the creation of a new Integrated Care Organisation. A five-year financial model is being developed that will be submitted with the business case for approval by the sponsors in February 2011 (Herefordshire Council, NHS Herefordshire and Hereford Hospitals NHS Trust).
How GPs will work with the new system and the ability of primary care to take on additional workload	<p>GPs were involved in the design of the proposals throughout the process and continue to advise us on the implementation of the various initiatives.</p> <p>The intention is that primary care works differently rather than incur additional workload. The principle behind the care pathways is that by increasing the routine interventions of community and primary care staff to predict and prevent crises, many of the ad-hoc and urgent interventions will be obviated.</p>
Linking together IT systems across health and social care	The developing IT strategy for the integrated care organisation proposes that a 'portal' be used to bring together the various IT systems to create a single service user record.

3.4 Other Stakeholders (including Health Scrutiny Committee and Herefordshire LINK)

During the engagement period a number of stakeholders including the Health Scrutiny Committee, Herefordshire LINK, Herefordshire Alliance, Herefordshire Carers Support and community hospital Leagues of Friends received presentations from the Programme Team. A great deal of feedback was received and an amalgamated summary is recorded below. Overall, all of the groups were positive about the proposed service model and the plan to integrate services under a single sustainable Herefordshire health and social care provider.

Positive about:

- Service model
- Neighbourhood teams

- Improvements to the stroke pathway

Comments about:	How we respond to these comments:
The level of resource available for health and social care and the likely saving to be made from providing integrated care	Proving the financial sustainability of these proposals is vital to get the authorisation from the sponsoring organisations to go ahead with the creation of a new Integrated Care Organisation.. A five-year financial model is being developed that will be submitted with the business case for approval from the sponsors in February 2011 (Herefordshire Council, NHS Herefordshire and Hereford Hospitals NHS Trust).
Liaison with mental health services, particularly in relation to those with dementia is critical	Mental Health Services in the county have been subject to a tender process and will be provided by a new provider from April 2011. We want to build a strategic partnership with the new provider, as it will be important to work closely together for local people.
Whether there are enough beds in the county	The proposed service model suggests that fewer beds will be required once alternative community services are available. Many patients are currently admitted to hospital because no such alternatives exist.
The ability of primary care to take on additional workload	The intention is that primary care works differently and does not necessarily experience additional workload. The principle behind the care pathways is that by increasing the routine interventions of community and primary care staff to predict and prevent crises, many of the ad-hoc and urgent interventions will be obviated.
IT support to care delivery	The developing IT strategy for the integrated care organisation proposes that a 'portal' be used to bring together the various IT systems to create a single service user record.
How the plans were affected by population growth	The activity model that supports the proposals accounts for growing demand due to demographic growth.
Whether systems and processes are in place to ensure that people do not fall through the system	The proposed service model uses a system called risk stratification to identify those people that are most at risk of becoming unwell. These people should receive an assessment and become known to neighbourhood teams of health and social care professionals.

Comments about:	How we respond to these comments:
The availability of staff for redesign of community services	Key staff have been involved throughout the redesign process and all staff have had the opportunity to feedback their views and suggestions.
Information governance and the ability of organisations to share data	An information sharing agreement will be in place between all those that access patient/service user data.
The new way of working would require a new ethos and cultural change	We acknowledge that this will take time to develop. This work has begun by involving staff in developing the mission, vision and values of the integrated organisation.

3.5 Overall Feedback Themes

A number of themes came up at engagement events that were common to all of the stakeholder groups. These themes are recorded below:

- Whether those that lived outside of Herefordshire but received services from within the county would receive an equitable service
- Liaison with mental health services, particularly in relation to those with dementia is critical
- How GPs will work with the new system and the ability of primary care to take on any additional workload as a result
- The financial sustainability of the proposals and the ability of the new organisation to achieve Foundation Trust status
- Links with the third sector and the ability of the third sector to respond to the proposals
- Linking together IT systems across health and social care and the need to hold data about individuals in one place
- The number of hospital beds required in the county
- The need to ensure that the GP out of hours service matches the aspirations of the integration proposals

4.0 Response to Findings

As a result of the feedback and in developing the proposals for integrated care further the following issues will be formally considered and incorporated into future plans:-

Issue:	How dealt with:
How the service model interacts with primary care	As part of the planning and early implementation work, GPs have been involved throughout, With GPs taking the lead for commissioning there will be a need to work differently as the Pathfinder GP Consortium begins to take shape in Herefordshire. GPs will continue to be involved in developing the service model.

Ensuring consistency with the out of hours primary care provider	Through NHS Herefordshire, the current service provider will continue to be involved in the developments that are taking place and training programmes for out of hours staff will be provided.
Working with the third sector to co-ordinate care for people	There are many ways to work in partnership with third sector providers, some are already in place e.g. work with Herefordshire Carers, intermediate care beds in Ledbury & Kington. Further proposals for working with the third sector are being developed as part of the neighbourhood team developments in 2011.
Considering how housing might affect people's health	The Integrated Care Organisation will work with the commissioner, the Housing Department and Public Health to look at ways of addressing this issue. Health & Wellbeing Boards are a fundamental element of the Government's White Paper (2010), and Councils will be setting these up to take forward issues that affect the wider dimensions that impact on health
Demonstrating the financial sustainability of the integrated care organisation	A long term financial sustainability plan will be a key component of the business case that sponsors will receive in February 2011.
Creating an integrated service user record, possible through a portal	The IT strategy (available in January 2011) for the integrated care organisation will cover this issue.
How the integrated care organisation works with the community to generate social capital	The Integrated Care Organisation will develop a strategy for generating social capital and playing its part as a good corporate citizen. This has already begun with joint work with Herefordshire Carers Support to set out a Carers Charter.
Improving communication with stakeholders	A refreshed communication strategy will be implemented from January 2011 that will consider the information needs of all of the key stakeholders. An integrated care stakeholder event will also be held on the 17 th February 2011 with a wide list of invitees.

5.0 Recommendations

That members:

1. Recognise the extent to which stakeholders were engaged by the exercise
2. Note the feedback from the various stakeholder groups
3. Note the response to feedback received
4. Formally support the service integration proposals