

## Event Report Form

<b>My care My Way – Home First Consultation Event #5</b>	
<b>Organisations responsible for the event</b>	North Staffordshire and Stoke-on-Trent CCGs, Midlands and Lancashire CSU.
<b>Attendees from CCGs and CSU</b>	Marcus Warnes, , Becky Scullion, Sandra Chadwick, Linda Longshaw, Kay Hayward, Ann-Marie Dale, Filippa St Aubin-D'ancey
<b>Date of event</b>	23 October 2015
<b>Venue</b>	The Moat House Etruria
<b>Other groups who supported the event</b>	Healthwatch Stoke on Trent and Staffordshire, My Care My Way Forum Group, Patient Reference Groups, Staffordshire and Stoke-On-Trent Partnership NHS Trust, Stoke-on-Trent City Council, VAST, Housing Association, Stoke-on-Trent City Council, Changes
<b>Attendees from those groups</b>	Val Lewis, Dave Rushton, Kerry Jane Kelly, Cynthia Meir, Rose Goodwin, Harriet Summerfield, Lorien Barber, Nigel Downes, Barbara Wain, Malcolm Barber
<b>Other attendees</b>	X 7
<b>Agenda</b>	
<b>Outcome and feedback</b>	See Attached Notes

## My Care My Way - Patient and Public Engagement

Friday 23 October @ the Moat House Etruria

Presentation – Marcus Warnes

### Q&A

- Query investment in SSOTP – Attendee thinks figures quoted are 2011.
- Whole System Transformation (Staffordshire) why not told before?
- The new model of care should cover all adults or over 18 including MH/LD etc.
- Is Mental Health input included?
- Assurance that pans Staffordshire piece of work will include local (North Staffs) needs and not a one size fits all.
- Why does UHNM have Bradwell and Cheadle community hospitals under the step down pathway? Intermediate care investment is paramount.
- Is this potential to further educate nurses in MH, drug and alcohol abuse and older people abuse of prescription meds?
- If this is a genuine aim to consult why the venues where they are and not in more places like Bentilee Community Centre (highly populated areas)?
- This consultation is nothing to do with Longton Cottage Hospital.

### TABLE 1

#### **Question 1: Is there anything further we should be considering with regards to My Care My Way model of care?**

- Potential for peer support in all areas of care. Including social care?
- 1.2 million additional funding for social care needs serious consideration.
- Problem with access to services – Alert
- Patients looked at holistically
- Important strength of assessment
- System needs to be 7 day working
- Use of Integrated Local Care Teams – Integral to GP's
- Different assessment timeframes within services
- Priority for person – each person is unique- must listen to people's needs
- Training needed on what is a "frail person"
- Services tailored to individuals
- "Wellness action plan" in mental health services is a good example- can this be transferred
- Holistic view of person- All needs
- Access to benefits- responsiveness of services

- Careful not to de-stabilise other providers of services.

#### Dom Care:

- Invest within the voluntary sector
- Providers – losing staff and can't compete
- Need awareness of what is out there/workforce access Staffordshire
- Training costs takes off bottom/baseline of providers costs.

#### Other services:

- Campaign on communications to older people to educate the people moving forward.
- Managing people's expectation.

#### Housing:

- Has a major role- Need to show what services they can offer
- Housing stock- future needs
- Consider community living.

#### Health

- Consider income generation.

#### Nursing

- Increase in acuity of people in the community. Different skill set required and more Advanced Nurse Practitioners (ANP)
- How is community provider training staff?

### **Supplementary Health Watch questions:**

1. How do people want to be able to access community services?
  - Need to self-refer before needing services
  - Single point of access
  - Directory of services?
  - Do people understand options for them?
  - Aids and adaptations have an 8 month waiting list.
  - Disability solutions are not promoted enough.
  -
2. How should patients/families and Carers be involved in decisions about their own care?
  - NOK – Should be the person/patient who decides and it may not always be a family member.
  - Advocacy services underutilised and DoLs – assuming lack of capacity.
  - No decision making without full knowledge of services available.

### **Top 3 feedback:**

1. Peer support/asset in community/technology.
2. Holistic assessment – concern that it covers all agencies.
3. Staffing levels in community-training-advocacy.

### **Question 2: Are there further actions we should put in place/consider in proposing this change?**

- Level of staffing and skills mix
- Worried about moral of staff- UHNM and SSOTP
- Staff need support for transition to new model of care
- Recruitment of staff is a problem
- Competition for pay scales
- Lack of communication on LCH by SSOTP
- Clarity/owning on plummeting moral of staff
- More support needed from mental health staff/professionals
- Worry around GP's
- Primary care-practice nurses- what do they do? Varies from practice to practice.
- Practices working in a silo mentality
- Physician associates will be used but that will take at least 2 years (training)
- Role of healthcare support workers impacting on practice nurses
- "Degree" nurses no longer do "bottom wiping" so need to protect vocational workers who "do the do".
- Communicating what is happening
- "We know that LCH will be used as a primary care centre in the future"
- "We know that Cheadle will be used as a primary care centre in the future" people need confidence in future plans
- "Federations" GP's working closely together supporting each other. What does a federation mean for the people of Northern Staffordshire?
- Leek Community Hospital utilised as a minor injuries unit (GP's working closely together for urgent care)
- Communications-open and transparent about service operation
- Complete openness about services
- Where do Out of Hours (OOH) and GP fit into this?
- What is the Primary Care offer?
- How does the BCF fit within this?
- Patients' rights should be explained
- Professional responsibilities should be clear.

**Top feedback:**

1. What is primary care offer?
2. Communication – believing alternative
3. Staff-Good career pathways (Health care support)
4. Support staff through change
5. All the above working across 7 days.

**Question 3: Are there any questions/issues that individuals would like to raise as part of this process?**

- If service fails; over reliance on contract levers/ not good enough/ not responsive enough
- Social care must use same model
- No professional snobbery
- Honesty from providers
- Promote use of technology and retain confidentiality
- Staff willing to relinquish control
- Staff willing to show how to use technology for those who are IT literate
- Needs of people not organisations
- Choice: Giving people options- if available
- Consistent advice from professionals
- Inhibiting work practice is embedded in certain professions. There has to be buy-in
- “We know the LMC are worried”
- Some staff still not aware of “New Model”
- Person focused –not for professional
- Can’t be focused on targets
- Clear accountability to promote cultural change
- Organisational transparency.

**Top feedback:**

1. Outcomes for individuals
2. Clinical buy-in committed to make it work and choice is maintained
3. Personalisation making use of technology
4. Long term service change and benefits must be long term for sustainability
5. Professional collective responsibility

## TABLE 2

### **Question 1: Is there anything further we should be considering with regards to My Care My Way model of care?**

- There are interdependencies throughout the whole of Staffordshire, how does it link with wider Staffordshire?
- The community is risk adverse
- Concerns around communication between interdependencies/stakeholders/providers need to be consistent and understandable
- Can't visualise how the logistics will work, concerned around the co-ordination of assessments
- Biggest worry is resources within Social Care
- Dementia patients are being "dumped" into retirement villages
- Patient packs should be completed on admission to hospital both acute and community to clearly indicate patient pathway and discharge planning
- More around patients' need and it is communicated at the right level and method (reading age 7)
- Should it be broken down into 3 categories: Medical, Mental and Addiction.
- Bed blocking
- Communication
- Infection
- Safety of patients who want to go home to a deprived environment.

### **Supplementary Health Watch questions:**

1. How do people want to be able to access community services?
  - Communication
  - The requirement for nursing/residential homes to sign up to the same principles, need to be committed to this model and accept patients back

### **Question 2: Are there further actions we should put in place/consider in proposing this change?**

- How will very complex patients with co-morbidities be managed at home as will require many diverse interventions?
- Need to ensure we look at all patients and have correct pathway
- District Nurse capacity and skills
- There are two types of patients, active user and passive user, passive less likely to push for support and may slip through the net
- The requirement for key workers

- Patients' rights and their responsibilities
- More holistic approach to patients ( community staff not just doing "their job") not working in silos
- Healthwatch to develop easy read literature for NHS constitution
- How will acute staff manage in the community
- Primary Care offering in the community
- Staff mix and skills, ensure good staff opportunities and career potential
- 7 day working
- Hospital is not the safest place.

**Question 3: Are there any questions/issues that individuals would like to raise as part of this process?**

- CCGs should encourage patients to tell their stories, without CCGs becoming defensive, frequent temperature checks
- There should be a standard approach across the County
- This will add to social services burden
- Localised training and walking rounds for domestic carers with no transport to be developed
- Maintain inclusion of voluntary organisation
- How are we going to get over social cares lack of funding?

**TABLE 3**

**Question 1: Is there anything further we should be considering with regards to My Care My Way model of care?**

- Transport links if reduction in hospital sites
- Speed of services
- Lack of communication between teams
- Sufficient resources
- Disjointed
- Have demographics been looked into? Are we aiming for a target set nationally that doesn't reflect locally?

**Supplementary Health Watch questions:**

- Practical concerns
- Not sufficient community nursing in place/district nursing
- All about attempts to cut services and close hospitals
- Gamble – do not close beds
- Need to build model based on staff/visiting.

**Key concerns**

- Staff – skill mix and retention
- Capacity
- All about saving money
- Communication with patients and between services
- GP capacity.

**Question 2: Are there further actions we should put in place/consider in proposing this change?**

- Well informed as a patient
- Involve carers and family
- Mobilise family support
- Personal budgets
- Consistency across services
- Ability of providers to deliver in line with what is required – what can be delivered
- Holistic approach to care
- How do we reach each other's groups?
- Fact, figures – send questions re what finance and models

**Question 3: Are there any questions/issues that individuals would like to raise as part of this process?**

- Confidence that views will be taken into account.