

HEALTHWATCH RESPONSE TO BETTER CARE TOGETHER's 5-YEAR STRATEGY JOINT SUBMISSION

Leicester, Leicestershire and Rutland (LLR) Overview

1. The need to meet rising and changing needs for health and social care services has been growing for a number of years and with it the way these services are delivered.
2. With the population of older people in England rising significantly, with them increasingly experiencing more than one health condition, with the rising surge of pressure from long term conditions in the younger population as a result of poor lifestyle choices, with innovative medical and surgical treatments being discovered all the time and with the development of life saving or prolonging drugs against a background of diminishing national resources, all health and social care systems are under huge pressure. Leicester, Leicestershire and Rutland is no exception.
3. There has been a need to agree both new and more appropriate models of care and, as a consequence, the way services are configured across the whole care pathway.
4. The means by which LLR is addressing these issues is through the Better Care Together (BCT) Programme. This initially brings together all the key partners within LLR - the two provider Trusts, University Hospitals of Leicester NHS Trust (UHL) and Leicestershire Partnership NHS Trust (LPT), the three Clinical Commissioning Groups (CCGs) in LLR, Leicester City, East Leicestershire & Rutland and West Leicestershire, the NHS Local Area Team, elected members and officers from the three local authorities, Leicester City Council, Leicestershire and Rutland County Councils and most importantly, to bring the voice of patients and the public to the Programme, the three Healthwatch in LLR. All of these make up a BCT Partnership Board.

Department of Health Guidance

5. In December 2013, the Department of Health issued its Operating Framework for 2014/15, which required all health and social care communities in England to produce a 5-year Strategy with an initial deadline for completion of June 2014. In January 2014 a small interim BCT Programme Team was established under the leadership of Geoff Rowbotham. Healthwatch worked closely with him and the team to ensure that there was good representation from patients and the voluntary sector at a major stakeholder event held at the end of January.



6. Between then and June, a major outline plan was produced which presented a new vision for the future shape of health and social care across LLR. Doctors and other professionals have been closely involved in leading an unprecedented review of local services. The result is a much stronger emphasis on providing the right support and care people need, in the most appropriate setting.

LLR - A challenged economy

7. Another significant influence on the development of the BCT Programme was the decision taken by NHS England, the Trust Development Authority and Monitor to identify LLR as one of eleven "challenged" health and social care communities in England deemed to be in need of additional support. Ernst & Young were awarded a national contract to provide this and between March and June contributed significantly to the development of the outline plan.

A Blueprint for Health and Social Care in LLR 2014 -2019

8. By early June, the BCT Programme was in a position to share its vision for local care at a further major event at the King Power Stadium. The 5-year Plan "A Blueprint for Health and Social Care in Leicester, Leicestershire and Rutland 2014-2019" was published for discussion and review (bct@eastleicestershireandrutlandccg.nhs.uk). It was emphasized that the Plan was not the finished product but the start of a process and a wide range of engagement events were planned for June-September. Healthwatch organised two events for members and the public to hear more about the proposals and ask questions of those involved, in Rutland on 5th August and a combined HWLC and HWL event on 12th August. These will help inform Healthwatch formal response to the BCT's 5-year Strategy. The feedback from the HWLC and HWL public meeting is set out in **Annex 1**.
9. As had been said, the 5-year Outline Plan (see link above) has been produced under the banner of Better Care Together, a partnership of NHS organisations and local authorities across the area. It is generally accepted that the production of the Plan has come about through a much greater commitment to partnership working than hitherto; it is recognised that in order to bring about the changes necessary, everyone needs to be signed up and actively involved. The summary document can found at

BCT Vision

10. So, what does the new vision propose?

- More resources in the community to support independent living
- Care which is more joined up and a better experience for the people using them
- More acute services probably concentrated at Leicester Royal Infirmary (LRI) and Glenfield Hospital. If acute services are relocated, a re-shaped General Hospital with community beds, a Diabetes Centre of Excellence, rehabilitation, psychological therapies and outpatient clinics.



- Smaller hospitals and fewer acute beds, as a result of shifting workload and resource to the community.
- A redevelopment of the Emergency Floor at the LRI and a new cutting edge cardiovascular and renal service at Glenfield.
- More efficient use of buildings, which may involve closing some.
- A review of maternity services to ensure they are sustainable.

Eight Pathways

11. As this is being written, work is beginning to redesign how services are delivered in key areas of health and social care:

- Urgent care
- Long term conditions
- Frail older people
- Mental health
- Planned care
- Maternity and newborn babies
- Learning disabilities
- Children's services

12. This aspect of the work involves direct input from doctors (both in hospitals and primary care), other healthcare professionals, patients and carers from across LLR. Local people have been invited to give their views on the direction of travel. The next and final phase of Better Care Together will be about implementation; again, with the continued support of Ernst & Young, more detailed plans are being drawn up. Some things will be possibly done quickly, others - especially bigger measures - are likely to take several years to develop and implement.

Towards Implementation

13. The next phase of the Programme is all about moving towards implementation; an essential component of which will be the production of a Programme Initiation Document and a Strategic Outline Business Case, the latter bring very important in identifying the investment and resources that will be required to deliver the Programme and to demonstrate value for money.

14. As meat is put on the bones of proposals, this must be shared with the public in good time to help shape them. Many members of the public will however not want, or be able, to grasp the totality of the transformational programme. It will be vital that a variety of approaches be adopted for different audiences and Healthwatch stands willing to play its part in this.

15. There are some organisations that will need to embrace the entirety of BCT (e.g. Provider Trusts, CCG Boards, local authority Cabinets and Health & Wellbeing Boards, the three Healthwatch Boards). The media and some organisations with a strongly political stance will also take a keen and possibly critical interest e.g. NHS Against Privatisation.



Healthwatch and Patient Involvement

16. As full members of the BCT Partnership Board all three Healthwatch will be able to ensure that the needs and views of patients and the public are always to the forefront. Healthwatch intend to make a full contribution to the BCT Partnership Board and to a number of the Work streams either directly e.g. through the Planned Care and Urgent Care Boards or through its membership of the BCT Patient Participation Involvement (PPI) Reference Group.
17. There needs to be provision in the Strategic Outline Case (SOC) for engagement support as this is different from communications. If the BCT Programme is to genuinely involve patients and the public in its implementation plans there needs to be a recognition that this comes at a cost - albeit in the scheme of things, a comparatively small one.
18. Voluntary Action Leicestershire is well equipped to facilitate local meetings with the Voluntary & Community Sector throughout Leicester & Leicestershire but cannot be expected to do so from its own limited resources.
19. In the last fifty years, Leicester, Leicestershire and Rutland (LLR) has developed one of the most effective voluntary and community sectors anywhere in England; many organisations make an essential contribution to the lives of those they serve, often supported by hundreds of volunteers and carers. In the engagement phase of the BCT programme to date, the vital role they play has been highlighted time and time again. Most could broadly be said to be at the forefront of prevention services - a corner stone of BCT. Yet, many of these organisations e.g. serving older people, those with mental health or disabilities are suffering from punitive cuts in funding. Unless the programme finds a way of safeguarding these services it will become difficult if not impossible to succeed.
20. When it comes to later formal consultations, Healthwatch would want to clarify the role of the Greater East Midlands (GEM) Commissioning Unit, which currently appears to sit outside BCT. Our experience of GEM to date is far from encouraging.
21. The three Healthwatch in LLR have carefully considered the BCT 5-year Blueprint; it is absolutely the case that the way health and social care services are delivered in the future will have to change for the reasons already mentioned and this is accepted. There are a significant number of people who believe that the overriding reason for the changes is to save money. Whilst one cannot deny the financial imperatives, we believe there would remain a need to reconfigure services to improve benefits to users even if money was no object.

NHS Complaints

22. Throughout the last eighteen months the three Healthwatch's in LLR have put in a lot of work on NHS Complaints to produce a set of standards for how complaints might be dealt with by the NHS in LLR. Conversations have been had with UHL, LPT, the three CCGs and the NHS Local Area Team (with whom a Questionnaire was produced) to share and make



available our Standard of Good Practice. It is by no means clear whether or to what extent this Standard has been circulated within each of the organisations.

23. Whilst NHS Complaints may have slipped off the radar of some, we believe our work was worthwhile and a copy of the Standard produced is attached (**Annex 2**) to this submission. There is limited confidence that making a complaint will lead to learning and change in system; and that the transition process is effective for dealing with complaints efficiently. Many patients and members of the public have said to Healthwatch how much easier it would be if there was a single point of contact for all NHS complaints in LLR and the BCT Partnership Board is the only setting where such a proposal can be discussed when all key players and partners are around the table.

24. The Better Care Together Partnership should establish a single point of contact and support for public feedback and complaints concerning health and social care in LLR, so that the user sees it as 'one NHS and Social Care'.

Four Tests

25. In any reconfiguration or change in services, the government has said four tests have to be met:

- Support from GP Commissioners
- Strengthened public and patient engagement
- Clarity on the clinical evidence base and
- Consistency with current and projected patient choice

Issues and concerns for Healthwatch

26. As local Healthwatch, there are issues that impact on the residents of the City and County differently. The pertinent issues are summarized in the following:

- Annex 3 - Issues pertinent to Healthwatch Leicestershire
- Annex 4 - Issues pertinent to Healthwatch Leicester

Summary

27. The three Healthwatch endorse the BCT 5-year Strategy as a necessary direction of travel and wants patients and the public to remain at the heart of the implementation plans. It is vital that patients, the public and voluntary and community organisations in LLR are fully engaged, if not with the totality of the programme, then with those component parts which directly concern them.

28. For the wider public, explaining and shaping the programme in a positive light presents a real challenge that must be met. It is imperative that changes are communicated in a way that is digestible for those that use services. We are keen for the BCT board to build in an improved engagement process that is better suited for public consumption. The delivery of messages is extremely important and we must ensure that any consultation with the public is pitched at the right level. Ideally, patient/service user



pathway journeys should be drawn up as soon as possible so people can understand the impact on individual patients and service users.

29. Healthwatch is committed to supporting the BCT Programme Board with this challenge. We will want to subject the implementation plans to vigorous examination and scrutiny against the four tests (para 25) and keep members and the people of LLR fully informed of what is planned and happening.



This paper provides a summary of the feedback captured at the public meeting held on Tuesday, 12 August 2014 by Healthwatch Leicester and Healthwatch Leicestershire in partnership with the Better Care Together Programme.

Introduction

1. Healthwatch Leicester (HWLC) and Healthwatch Leicestershire (HWL) hosted a joint public meeting on Tuesday, 12 August 2014, 7pm-9pm at Peepul Centre, Leicester in partnership with the Better Care Together Programme.
2. The aim of the meeting was to provide HW members and the wider public with an opportunity to hear first hand what is being proposed in the 5-year Strategy, to ask questions and receive answers from LLR health and social care leaders. Furthermore, the session aimed to offer the City and County HW Boards additional evidence upon which to formally respond to the proposals in early September.
3. The meeting was chaired by Rick Moore (HWL Chair) with concluding remarks from Karen Chouhan (HWLC Chair). The evening was attended by 51 Healthwatch members and 24 members of the public, of which 8 expressed interest in becoming a member of Healthwatch.
4. The overview of the BCT 5 Year Plan was presented by Mayur Lakhani, John Adler and Toby Sanders, emphasising the case for change, what is proposed, how it will be done.
5. During the meeting, attendees had the opportunity to give their views and ask questions directly to the panel about the proposed plan. The panel included:
 - Prof Mayur Lakhani, GP and Clinical Chair, West Leicestershire CCG
 - Toby Sanders, Managing Director, West Leicestershire CCG; joint Senior Responsible Officer for the BCT Programme
 - John Adler, Chief Executive, UHL; joint Senior Responsible Officer for the BCT Programme
 - Mick Connell, Director of Adult and Communities, Leicestershire
 - Tracie Rees, Divisional Director of Care Services and Commissioning, Leicester City Council
 - Pete Cross, Director of Finance, Performance and Information, Leicestershire Partnership NHS
6. Apologies were received from Simon Freeman, Managing Director, Leicester City CCG and from Richard Bettsworth, Editor of the Leicester Mercury, who had been invited to chair the Q&A part of the evening.



Feedback Summary:

7. The following questions and remarks were made by identified representation from Genesis Project, 38 Degrees Leicester, 'The Over 65s', Leicester Campaign Against NHS Privatisation Group, LGBT Centre, Healthwatch Leicester and Healthwatch Leicestershire.
 - A member of the public and a carer for Learning Disability sister raised concerns around the current community based provision, a lack of joined up working between agencies and a significant limitation within the choice and control agenda. The presented approach was seen as a reduction in services rather than improvement in quality of care. The underlying principle of moving services closer to home was acknowledged as a positive approach.
 - A member of the Leicester Campaign Against NHS Privatisation Group made a strong remark and identified the BCT Programme as *"a programme of cuts and closures, sell off of NHS premises and decrease in bed capacity"*; finance were seen as a main driver for the transformation. There was a comment made about the current government spending on healthcare referring to 0% real terms increase. Issue around lower skilled workforce in the community was voiced including comparison to existing low quality of care provided within social care community based services; *"this would be the same as Social Care with an unpaid, under-valued workforce"*.
 - A representative from Genesis Project, local mental health charity, asked question around identification of inequalities in mental and physical health as mentioned in Toby Sander's presentation. Comment made: *"please answer without using the phrase, 'parity of esteem'!"*.
 - A representative from 38 Degrees Leicester raised question on "How will the projected deficit rise to £400m per year by year five?"
 - An individual representing 'The Over 65' voiced concerns around a lack of acknowledgment of the voluntary sector despite being an essential part of local provision. Disappointment expressed about low interest-taken by members of the public on the proposed plans *"everybody should be campaigning against changes"*; reference made to Elderly Care in the community and concerns about the current provision. The plan was seen as a closure of all community hospitals and wards.
 - A representative from the LGBT Centre made the following comment: *"I am more impressed what I was presented with tonight than I'd expected, the strategy is facing real challenges but also there is a real commitment there"*. However, it was stated that there are real issues around health inequalities and diversity and an appeal was made for a greater emphasis on addressing disparities in health outcomes between different groups. *"I want to see a strategy for addressing inequalities and promoting appropriate care for diverse communities"*.



- A member of HW Leicestershire asked question on how will the commitment to provide well managed services and care for over 75s be met, with increasing demand and less resources.
- A member of Healthwatch Leicester emphasised the importance of ongoing public and patient involvement to enable the BCT Programme to have evidence of engaging with the public and reciprocally.
- A member of the public raised an issue around complains procedure and the transition and the need for an effective and rapid means for dealing with complaints from one set of administrative structures, to another. Question asked: *“Do individual members of the panel, excluding the Chief Executive for UHL, think that 45 working days from complaint to response is acceptable?”*

Written comments provided by attendees:

- *“I have half trained to be a tutor for Expert Patients Programme which helps people to manage their own illnesses efficiently. I understand funding has run out. This is a brilliant course to educate people - when will there be more funding?”* (Pamela Bird- HW Leicestershire Member).
- *“No one mentioned other providers who have invested to provide services the NHS couldn’t. Danshell’s Warwick Lodge in Melton Mowbray, independent hospital that provides rehabilitation to people who have a mental health (sanctioned or not) with additional brain injury or neurological underlaying/combined diagnosis. These patients have challenging behavior and need specialized environment. No one has mentioned a change in regime or pathways. Do we need to have a chat?!!”* (Amanda Swain- HW Leicestershire Member).
- *“A well put together meeting but not enough time for comments from the floor. The panel was rather larger than needed. I will continue to keep in touch with Healthwatch”* (Ruth Neuberg-HW Leicester Member).
- *“If the NHS was not forced to pay Managers huge sums when they leave the service and massive pensions also, perhaps they would have more cash to spend on patients and their care. ALSO Managers should spend time on the wards to see how the change can be made sensibly and without waste”* (Vivienne Hedges- HW Leicestershire Member).
- *“This was not a consultation, it was a lecture. This meeting totally summed up the problem with the NHS. It was completely dominated by managers who talk a lot and do not listen”* (Dr Render- HW Leicestershire Member).
- *‘If we could all work together with intelligence and empathy, UHL could have a service that others would only envy! Managers are well paid and are there to facilitate the best care for the PATIENT, make them earn their money’* (David Hedges- HW Leicestershire Member).

Conclusion

8. The collated feedback from this public event will help the respective Healthwatch Boards producing a formal response to the BCT Strategy in early September.



NHS Complaints Standard

Healthwatch (Leicester, Leicestershire and Rutland) NHS Complaints Standard

Healthwatch has listened to its members and the public and reviewed the Clwyd Hart report and the Government response to it as well as the Patients Association and other reports. This paper sets out its views and recommendations.

Healthwatch considers that:

- There are many commissioners and providers of health and social care (including GPs) and consequently the public do not find it easy to identify where and how to make their comments or complaints.
- Members of the public can see the commissioners and providers as separate, intimidating and defensive, with different approaches to dealing with complaints and feedback.
- Complaints are part of the ‘listening’ by NHS and social care organisations, the user and carer feedback and concerns (including PALS, NHS Choices, Care Connect, Patient Opinion and others) that influences commissioning and provision of services

Healthwatch recommends to the Better Care Together Board, working with the NHS England Area Team, the establishment of a single point of contact and support for public feedback and complaints concerning health and social care so that feedback and complaints can be signposted to the appropriate organisations.

Healthwatch recommends to the NHS Trusts, the Clinical Commissioning Groups and local authority social care services that:

1. All commissioners and providers should operate the same general system of handling complaints and work together - so that the user sees it as ‘one NHS and Social Care’
 2. The lodging and resolution of a complaint should above all be learnt from so that it *makes a difference* for others
 3. The system for handling complaints should be firmly embedded in the culture of the Francis and Clwyd Hart reports - open, compassionate, sensitive, fair and honest, respecting the dignity of the complainant
 4. The system for handling complaints should have consistently high standards of practice and process
- Be simple to use, easy to access, timely, robust, transparent, seamless and responsive -not complex or protracted,



- Should understand what the complainant is asking for and seek an early and mutually satisfactory resolution
- Offer the complainant independent advocates from the beginning to end of the process
- Assure freedom from fear of retribution
- Give frequent and timely personal communication to the complainant - throughout the process.

Healthwatch will monitor the consideration given to its recommendations and assist in their implementation.



HEALTHWATCH LEICESTERSHIRE

This paper outlines briefly the key issues identified within the Better Care Together -5 Year Strategy for the County residents.

From Transition to Implementation

1. Healthwatch Leicestershire is concerned that the redesign of local services across Leicestershire will be implemented before community services are put in place for patient's transition. We are pleased to have had an assurance that no shift in services from acute (hospital) care to community provision will take place until the latter is in place.
2. Healthwatch Leicestershire is actively involved in helping to make this transition work for the patient. An example of this is our commitment to the Ashby Fit for the Future Project Board, chaired by West Leicestershire Clinical Commissioning Group that will transition into an Implementation Group chaired by Leicestershire Partnership NHS Trust. Every effort must be made to make sure that all current work applies itself to the BCT vision and has the collaborative approach as a given.

Rural concerns

3. The geography and rurality of Leicestershire must be considered as part of the issues to be addressed from a patient/service user perspective; and that services commissioned outside of Leicestershire are Leicestershire friendly and part of the BCT solutions.
4. The standard of Non emergency transport has been raised by the public in many arenas. We understand that there may be additional challenges to deliver consistent services in rural areas. However this issue is becoming increasingly important as the population of Leicestershire ages and becomes less mobile with multiple long term conditions.

Seven day services

5. In addition to a readjustment of local services, it may be an opportunity for particular seven-day services to be introduced. Talking to members of the public, people wanted to see more out of hour's services as some local services were not available on the weekend and therefore patients had to travel to other areas, city hospitals or accident and emergency.

Primary Care Provision

6. Patients who complain of the difficulty in making appointments to see their GPs will need to be reassured that surgeries are working on arrangements to deliver better access to services consistently across the board.



7. It maybe appropriate to apply some thought to the long term strategy to the ownership of premises when considering the future commissioning of services. For services to truly be sustainable, consistent and fit for purpose, we must consider the inadequacy of some premises and the better usage of others.

Complaints

8. From a Healthwatch Leicestershire perspective, we are keen for the BCT board to build in an improved engagement process that is better suited for public consumption. The delivery of messages is extremely important and we must ensure that any consultation with the public is pitched at the right level. Ideally, patient/service user pathway journeys should be drawn up as soon as possible so people can understand the impact on individual patients and service users.
9. There is limited confidence that making a complaint will lead to learning and change in system; and that the transition process is effective for dealing with complaints efficiently. The Better Care Together Partnership should establish a single point of contact and support for public feedback and complaints concerning health and social care in LLR, so that the user sees it as 'one NHS and Social Care'.

Voice & Engagement

10. It is important that we all learn from past lessons of engagement and that messages that are delivered through engagement/ consultations are timely, appropriate and clear. Many residents of Leicestershire have highlighted to Healthwatch, confusion over what is being consulted upon and how it affects them. To have meaningful consultation, the information must be open, transparent and delivered in simple terms.
11. It is equally important in order to deliver a holistic service, that those staff members who are working on the front line of services with insights to the day to day barriers of the system be encouraged to have their say.
12. Highlighted at the BCT public meeting held by Healthwatch, was the frustration regarding community hospitals in regards to the future reduction of beds. Many Leicestershire members of the public are unclear as to how this may impact them in the long term. Again, clear messages have not been communicated to the wider audience about their concerns.



HEALTHWATCH LEICESTER CITY

This paper outlines briefly the key issues identified within the Better Care Together -5 Year Strategy for the City residents.

Introduction

1. As there would be a number of initiatives to consider by the Better Care Together Programme, aiming at improving services across three health and social care economies, service redesign must also take into account the differences in demographics and inequalities within each locality.
2. In case of the City, the needs of a younger and ethnically diverse population, dying prematurely must be recognised and cater for.
3. **Primary Care Provision**
4. While transforming the existing provision in the City, attention needs to be paid to already weaker patients experience in accessing services mainly GPs, to include out of hours services, and dental services. The focus must be given to reduce unjustified variations in quality of care and access to services for most vulnerable groups.
5. There is already an anxiety in the City about primary care and how it will be able to respond to the envisaged shift in resources from hospital to community care. GP practices are under considerable and growing pressure and there is currently great difficulty in recruiting GPs.
6. Patients who complain of the difficulty in making appointments to see their GPs will need to be reassured that robust arrangements are put in place to deliver more services, safely, closer to home.
7. The primary care estate is also variable, with a number of single-handed or smaller practices operating out of inadequate premises; cooperative working between practices may be envisaged but again patients will need to be assured about such crucial issues as accessibility e.g availability of bus routes.

Maternity Services

8. With significant changes planned to maternity and neonatal services, a much greater emphasis has to be given to an already substandard level in the quality of experience and lower satisfaction level from



City residents, as evidenced in the results of Friend and Family Test (April 2014), in comparison to the neighbouring counties. The patient experience must be seen with an equal importance as clinical quality and patient safety.

9. In addition, when addressing inequalities in access of antenatal and parenting support for hard to reach groups, it is vital to ensure that the future maternity and obstetric workforce are lined and represented with the demography of the diverse City population.

Acute Services

10. We accept that it is no longer tenable for UHL to have acute services on three sites; we also believe that there could be a viable future for Leicester General, albeit a different one from the present. Given all the sensibilities, we would like to see a compelling case for what this viable future will look like.

Independent Living and Community Based Provision

11. There are a growing number of positive examples of innovative services being provided to City patients in their own homes which are largely unknown to members of the general public; they not only provide evidence of change but excellent opportunities for "selling BCT".
12. With the Better Care Fund being a key factor into the delivery of the Better Care Strategy in Leicester; and given a consideration of the complexity and diversity of the City population and health needs, the care pathways for residents with long term conditions, and of frail older people, required a thoughtful deliberation.
13. The prime importance should be to ensure that the right facilities and workforce are being put in place before any existing services are redesigned and move to community based provision.
14. While redesigning the services for these conditions much greater provision of support and community based packages must be facilitated to improve the quality of life and independence for these with long term conditions.

Patients Experience and Involvement

15. Reflecting on the feedback from Healthwatch Public Meeting, people of Leicester want to see a robust engagement programme that ensures a meaningful involvement of City residents, patients and carers in the Better Care Together transformation.
16. There must be an honest and transparent discussion on consolidation of any services with the voice of the public at the very heart of reshaping services.



17. Practice Participation Groups are an untapped resource for patient engagement; in the City there is a PPG Forum through whom a variety of initiatives could be tried; Healthwatch could play an important supportive role here.

