



Arden and Greater East Midlands
Commissioning Support Unit

NHS South Lincolnshire Clinical Commissioning Group **Commissioning Intentions Stakeholder Event, 10 September 2015**

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Purpose

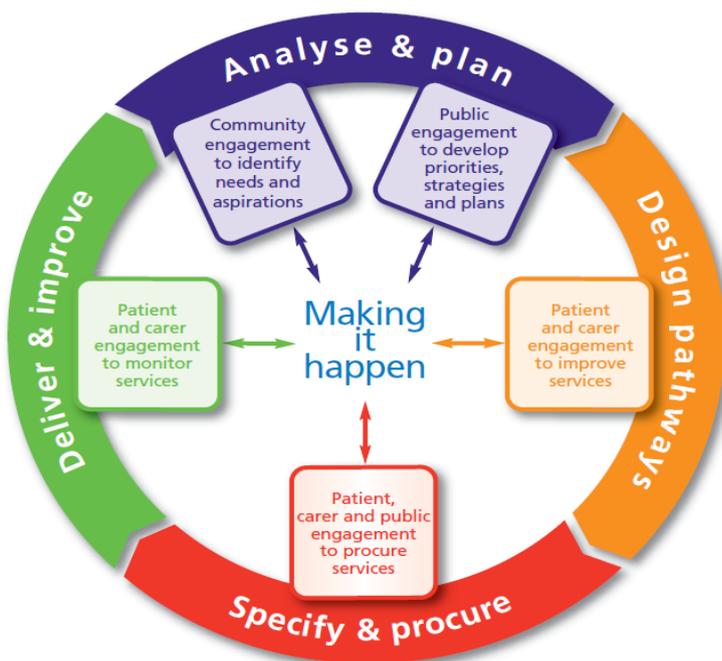
This report provides a summary of the NHS South Lincolnshire Clinical Commissioning Group's (SLCCG) Commissioning Intentions Stakeholder Event, held on 10 September 2015 in Spalding. The event aimed to capture feedback from key stakeholders to comment on the SLCCG's current plans, and help shape the SLCCG's commissioning intentions for 2016/2017.

Background

NHS South Lincolnshire Clinical Commissioning Group (SLCCG) is made up of 15 member practices who work together to improve the quality and delivery of health services for the population, covering two localities, Welland and South Holland.

Section 242 of the Health and Social Care Act 2006 places a statutory duty on NHS organisations to involve patients and members of the public in the planning and provision of services; proposals for changes in the way services are provided and decisions affecting the operation of those services. In addition to this, NHS England's assurance framework for CCGs has a strong focus on evidence that patients and members of the public have been properly engaged throughout the commissioning cycle. The diagram below in figure 1 demonstrates how engagement is a key part of the commissioning process.

Figure 1



NHS South Lincolnshire CCG has a strong track record of public and patient engagement. In line with NHS England's assurance framework, and with regard for Section 242 of the Health and Social Care Act 2006, the CCG has undertaken best practice engagement around its plans, priorities and commissioning intentions over the last 2 years. The engagement collected for the Commissioning Intentions stakeholder event are an extension of this process and form part of a wider range of engagement to enable a partnership approach in the development of the SLCCG's commissioning intentions for 2016/17.

Commissioning Intentions

Commissioning Intentions indicate how NHS South Lincolnshire Clinical Commissioning Group intend to shape the healthcare system in South Lincolnshire to best serve their patient population. In addition, they demonstrate how SLCCG will respond to local health needs, clinical priorities as well as the national priorities set for the NHS.

Methodology

In order to fully capture the views of all stakeholders, and in the SLCCG's commitment to involve patients in the decisions they make, a series of specific public engagement has taken place to assist the development of Commissioning Intentions.

Public engagement to generate ideas to inform work programmes

Engagement on the organisation's current plans and priorities began with a series of public and patient engagement exercises held during July and August 2015. These included attendance at various events with a particular focus on engagement with people who do not regularly access local healthcare.

Engagement took place in the following locations:

- 2 x Car boots in South Lincolnshire
- Spalding Market
- Carer's AGM
- Carer's Roadshow – Bourne
- Fire Station Family Fun day
- Bakkavor Pizza factory event
- Dementia Café at Tonic
- The Healthwatch Annual General Meeting

Throughout the engagement, the CCG were able to speak to 265 members of the public who were asked to vote for the top priorities the CCG should focus on when developing their commissioning intentions. The top priorities were identified during the engagement and were used in the development of the workshop sessions for the stakeholder event. The SLCCG Public Engagement Report is available to view on the website.

Event Organisation

Existing SLCCG contacts and networks were utilised to ensure the involvement of key stakeholders. In order to obtain as much feedback as possible, invites were sent with a feedback template to enable people to prepare for the discussion topics and questions prior to the event. This also allowed Stakeholders unable to attend the event to still provide their feedback and get involved.

Introduction

This report provides a summary of the event and an overview of the priorities for health and care identified.

Attendance at the event

The event was well attended by 54 stakeholders, representing 41 organisations. Patient Participation Group Representatives from SLCCG's member practices were in attendance, in addition to a large number of organisations listed in **Appendix 1**.

Format of the event



The event opened with welcome presentations delivered by Dr Kevin Hill, Clinical Chair of NHS South Lincolnshire CCG and Mr Gary Thompson (Chief Operating Officer), who gave a background to CCG and highlighted some of the ongoing work, achievements and challenges contributing to the CCG's commissioning intentions work. A presentation was included updating stakeholders on the Lincolnshire Health and Care (LHAC) work programme. The event agenda can be seen in **Appendix 2**. The presentations from the event are available on the CCG website.

Workshops

The presentations were followed by two 45 minute facilitated table workshops, stakeholders were asked during the event planning to choose two workshops from the following areas of healthcare:

Table 1 Shaping Dementia Services in South Lincolnshire

Table 2 Shaping Mental Health Services in South Lincolnshire

Table 3 Shaping End of Life and Cancer Services in South Lincolnshire

Table 4 Shaping Care Closer to Home in South Lincolnshire

Each table were asked to discuss the following questions and notes from each session were recorded by a scribe:

What currently works well for patients in South Lincs?

What areas don't work so well for patients in South Lincs?

What areas are missing that would improve patient experience?

Findings

Attendance covered a wide range of local stakeholders each having varying experiences with the NHS, as such, input into the workshops provided a wide-ranging account of stakeholder opinion. The notes for each session are available in appendix 3-6 and have been summarised into the key themes below (these themes were identified in all sessions):

Success Stories

Many success stories were shared during the event and stakeholders were able to highlight some of the excellent work they are doing for Lincolnshire patients, as well as inform the SLCCG what works really well now for patients in South Lincolnshire.

Integration of services

The need for better integration of services, within the NHS and throughout health and social care system as a whole was discussed in every workshop. Many stakeholders shared the belief that care needs to be better co-ordinated so that the complex system is much easier to navigate for patients and staff.

Stakeholders gave positive feedback to the integrated neighbourhood team approach, and many commented that the Neighbourhood teams need to involve all of health and social care so that patients can benefit from the full range of services, and make best use of resource.

Communication

Stakeholders were able to promote work that they were doing and this raised the point that better communication is required between and within health and social care organisations, so that patients can gain from the full range of services on offer, as well as receive the right information at the right time. This included the need for improved communications early by organisations making referrals for support at the correct time.

Issues with clinical records was also raised, where different records and IT systems are used by different care providers meaning that communication breaks down.

Duplication was also raised as an issue in the workshops, particularly around the number of directories of services being made for services in Lincolnshire.

Transport

Stakeholders identified with the rurality of the county and the transport problems that some patients face in Lincolnshire, often incurring high costs to the patient. Stakeholders suggested health services should link in with other agencies such as the voluntary sector and parish councils to come up with workable solutions for residents.

Carers

Stakeholders fed back that some excellent work is taking place within health and social care currently around support for carers, however they informed that there are still some areas missing identified below:

- Increased support is required to empower the carer
- Better support for carers of patients at the end of life
- Improved signposting to the support available for carers

- More value and respect given to carers

Issues with Hospital Discharge

A consistent theme from stakeholders was that there can be issues when patients are discharged from hospital back into the community, the key points made were as follows:

- No/poor care planning, communication and timing
- Issues linking the correct support for patients without carers
- Discharge not linked in with other services and there is poor planning when the patient is sent home, often before adequate support is in place
- Limited access to physiotherapy services once patients are discharged

Additional feedback from the sessions, not mentioned in the overall themes above are summarised for each workshop below:

Table 1 Shaping Dementia Services in South Lincolnshire

What currently works well for dementia patients in South Lincs?

- Current support services on offer for dementia patients in the voluntary sector (Dementia Support South Lincs, St Barnabas Hospice, Spalding Health and Wellbeing, Carer Sitters Service, Age UK, Lincolnshire Sport, Dementia Companion Service, Adults Supporting Adults Sitting Service, Rethink Mental Illness, Dementia Cafés, support groups and educational programmes)
- Improved dementia diagnostics through the Cantab mobile system – more timely and easier to access diagnostics.
- Different ways of working to make better use of resource and provide better services – ie Lincolnshire Partnership NHS Foundation Trust – diagnostics provided by nurses rather than doctors closer to home.
- Alzheimer's Society have dementia advisors who are able to signpost to services available locally.

What areas don't work so well for dementia patients in South Lincs?

- Limited access for physiotherapy services when dementia patients are discharged from hospital
- Issues with funding release from assessments (personal care budgets). The patients don't necessarily know who to go to for advice. The payment system has recently changed and it is a minefield for assessments – issues with referring patients back if condition deteriorates – process lengthy.

- Lack of awareness of the range of support services on offer.
- Sustainability issue – services are provided then taken away due to cuts in funding

What areas are missing for dementia patients that would improve patient experience?

- Easier referrals, need for preventative services
- Distinct lack of services available for younger sufferers
- There needs to be more social activities for those with early onset dementia
- GP/memory clinics through the dementia family support service
- As part of the diagnosis patients should be given the tools to live a fulfilling life and know where to go in a crisis
- Person centred care lacking.

Table 2 Shaping Mental Health Services in South Lincolnshire

What currently works well for mental health patients in South Lincs?

- Some of the current support services on offer for mental health patients (Managed Care Network, Voluntary Sector, Angels Service, Stamford/Bourne and Deepings Sitter Service, Lincolnshire Parent Carer Forum, Volunteers, Recovery team at Stamford resource Centre – Rethink work, Health and Wellbeing Group and Mental Health car and police network)
- We are beginning to look at mental health and the gaps that we face for communities
- Confidentiality agreements and movement of information, is improving making it easier for professionals to work together
- South Holland District Council working with CCG to build a stronger network and partnerships in engagement and community development

What areas don't work so well for mental health patients in South Lincs?

- Child and Adolescent Mental Health Service (CAMHS) delayed – no mental health workers for children
- Hard for voluntary sector to get on pathways
- Lack of therapy services – Occupational Therapy, Physiotherapy Speech and Language Therapy for mental health patients and young people.
- Needs to be more of a holistic approach
- Crisis team unable to respond to a crisis
- Disconnect between private pain management and NHS which a lot of patients use both

What areas are missing for mental health patients that would improve patient experience?

- Better involvement of the voluntary sector
- Development and strategy level for all partners to get involved
- Increased focus on prevention, education and self-care/management for patients
- More staff training on mental health for all staff
- Wider range of community based support services for people in crisis, for example a crisis care house, ensuring appropriate staffing levels
- Sufficient mental health inpatient beds required to avoid people being turned away or forced to travel out of their local areas to receive support

Table 3 Shaping End of Life and Cancer Services in South Lincolnshire

What currently works well for End of Life and Cancer patients in South Lincolnshire?

- Current support services on offer for cancer patients and those at the end of life (Macmillan, GPs, Spalding and Long Sutton Neighbourhood Teams, Early Prevention of Cancer, St Barnabas Survivorship Programme, Nurse specialist support, Palliative care in a hospice, Lincolnshire Sports Service, County Health walks, Oncology department at Lincoln County Hospital and the St Barnabas Bereavement service)

What areas don't work so well for End of Life and Cancer patients in South Lincolnshire?

- Initial diagnosis too late - high proportion of patients are diagnosed after an emergency admission (mentioned in both workshops)
- Equity of service (mentioned in both workshops)
- Under used Red Cross Service – resources available
- Not enough hospices
- GPs need to refer to St Barnabas Hospice earlier and breakdown the view that the hospice are just for the end of life
- Cancer targets not being achieved in Lincolnshire due to difficulties in capacity
- Encouraging patients to have their follow up care close to home – patients have their operations out of county and then could have closer to home follow ups
- Communication between GP and support services needs improving including where the patient wishes to die.

What areas are missing that would improve patient experience for End of Life and Cancer patients?

- Macmillan could have a more strategic view across the county to share best practice
- Alternative ways of working to deliver care closer to home- chemotherapy buses
- Patient Education – patients need to take more responsibility for their own health
- A better understanding of individuals – not everyone will receive information in the same way.
- Expansion and development of the Clinical Nurse Specialist role
- Investment in survivorship – helping people to live with a cancer diagnosis, including addressing mental health needs.

Table 4 Shaping Care Closer to Home in South Lincolnshire

What currently works well for patients in South Lincolnshire?

- Services offered by the community trust (LCHS) were considered to be working well at providing care for patients in South Lincolnshire closer to home (Physiotherapy support provided by Johnson Hospital, Spalding, LCHS joint working with GPs, supply and demand staffing plans, NHS Nurse Education in care homes, School nurses training for teachers).
- Services offered by Early Prevention of Cancer (EPOC) and Evergreen were also considered excellent.

What areas don't work so well for patients in South Lincolnshire?

- Low tariffs for domiciliary care – concern that providers won't want to deliver it.
- Limited psychological support services, ie bereavement services offered in some places but not others.
- Social care- it can take up to 3-4 months for funding to be allocated and therefore organisations are not being paid.

What areas are missing that would improve patient experience?

- Making better use of the technologies available for better self care.
- More joint up care with 3rd sector organisations – need neighbourhood team model
- Need Children's therapy services closer to home, currently have to go out of the county, and they are not always accepted
- Low morale of care delivers and the care profession – caused by low pay for hugely responsible roles.
- Consideration for the National living wage and the impact on care homes

Next steps

The CCG will need to prioritise their key areas of focus based on current intelligence as well as the patient and stakeholder feedback received during their work on Commissioning Intentions.

Appendix 1 – Organisations represented at the event

Patient and Public Participation Groups (PPG) Representatives	<ul style="list-style-type: none"> • Beechfield Practice, Spalding • Bourne Galletley Medical Practice • Hereward Practice, Bourne • Little Surgery, Stamford • Moulton Practice, Spalding • Sheepmarket practice, Stamford
Voluntary/ Community	<ul style="list-style-type: none"> • Adults Supporting Adults • Age Care Advice • Age UK Lincoln • Age UK, Spalding • Alzheimer's Society • British Red Cross - First Call MacMillan • Care Sitter Service • Community Lincs • Dementia Action Alliance • Dementia Companions • Dementia Support South Lincolnshire • Evergreen Care Trust • Family Action • Lincolnshire Care Association (LINCA) • Lincolnshire Cancer Patients and Carers Forum • Lincolnshire CVS • Lincolnshire Parent Carer Forum • Lincolnshire Sports • Lincs Carers and Young Carers Partnership • Prince's Trust • Rethink Mental Illness • St Barnabas Lincolnshire Hospice • Tonic Health and Wellbeing Centre, Spalding
NHS Organisations	<ul style="list-style-type: none"> • East Midlands Ambulance Service • Lincolnshire Community Health Services • Lincolnshire Partnership Foundation NHS Trust • Peterborough and Stamford Hospitals NHS Foundation Trust • United Lincolnshire Hospitals NHS Trust
NHS Commissioning Organisations	<ul style="list-style-type: none"> • NHS Arden and Greater East Midlands Commissioning Support Unit • NHS Lincolnshire West CCG • NHS South Lincolnshire CCG
Council	<ul style="list-style-type: none"> • Health Scrutiny Lincolnshire • Lincolnshire County Council • LCC- Public Health • South Holland District Council

Appendix 2 - Event Agenda

COMMISSIONING INTENTIONS STAKEHOLDER EVENT

Patio Room, Springfields Events and Conference Centre, Spalding, PE12
6ET

Thursday 10 September 2015, 12:45 – 4:00pm

AGENDA

Arrival and registration	12:45pm
Welcome and background to NHS South Lincolnshire CCG Dr Kevin Hill, Chair of NHS South Lincolnshire CCG	1.15pm
Our current priorities and Update on Lincolnshire Health and Care (LHAC) Gary Thompson, Chief Operating Officer, NHS South Lincolnshire CCG	1.30pm - 2:00pm
Tea & Coffee Break	2:00pm - 2:15pm
Workshops Table 1 (Shaping Dementia Services in South Lincs) Table 2 (Shaping Mental Health Services in South Lincs) Table 3 (Shaping End of Life and Cancer Services in South Lincs) Table 4 (Shaping Care Closer to Home in South Lincs) Choose 2 of the above workshops, workshops will run for 45 mins	2:15pm – 4.00pm
Close	4.00pm

Appendix 3 Table 1 (Shaping Dementia Services in South Lincs) Session

Facilitator: Michelle Tilling (SLCCG)

Scribe: Tony Crowden, NHS Arden & Greater East Midlands Commissioning Support Unit

What currently works well for patients in South Lincs?

- Dementia Support South Lincs – offers monthly support to patients. They are statutorily funded through the Managed Care fund. Offer a club for early onset dementia, have provided assistance to 120 families and have had good feedback.
- St Barnabas Hospice provide Day Therapy in Spalding-one therapy day and one social day each week and Hospice at Home in Spalding , Stamford and Bourne. Day Therapy can offer advanced care planning for early stage dementia and hospice at home during the last 16 weeks of life. St Barnabas have offered their premises in Spalding for a Dementia Café.
- Spalding Health and Wellbeing – provide an exercise/dementia café in Spalding between 1.30 and 3.30 – offers yoga, seated exercise and possible respite for carers. Started a month ago and people are finding out it by word of mouth. Hope to extend the project to a Friday as well and are funded for a year.
- Carer Sitters Service – services for carers and allows them time for themselves – ranges from one hour to a whole day. Has been running for 22 years in the Stamford, Bourne and Deeping area.
- AgeUK – offer a frail elderly day centre with specialist dementia care – this offers hourly respite for carers.
- Lincolnshire sport – health walks in conjunction with Macmillan and Ramblers Association – number of walks including sensory walks ranging from 30 to 60 minutes – there are 15 walks in the South Holland area.
- Dementia Companion Service – one care co-ordinator to navigate the health and care system. Provide dementia companions for those who are socially isolated including support with telephone calls etc. Not just emotional needs but practical assistance as well. Look at what is best for the patients.
- Lincolnshire Partnership NHS Foundation Trust – diagnostics which are provided by nurses rather than doctors – this can be done closer to home and in some cases in patients home – give a truer assessment.
- Adults supporting Adults – a sitting service/overnight respite care in a client’s own home – available county wide.
- United Lincolnshire Hospitals NHS Trust – will the neighbourhood teams have the information to be able to signpost patients and carers what is available and resources – care planning. Also need to be involved in the DoS building.
- Rethink Mental Illness – support for carers and assessments for families with dementia. Provide practical signposting
- Improved diagnostics through the cantab mobile system – more timely and easier to access diagnostics
- Good carers support groups are available
- There is an education programme for children teaching them about dementia
- We are starting to think about the family and community – not just the patients
- There are commissioned dementia services which are being delivered across Lincolnshire
- There is a mental health support network
- Localised services are available to be accessed including cafes, activities and support for carers
- Day care – referrals are sporadic and tend to be word of mouth as opposed to professional referrals – this is available at Holbeach Medical Practice, Park Road Spalding.
- A newly opened dementia café opened every Wednesday in Spalding for patients and carers –



been open for five weeks and getting more people through word of mouth

- It is easier to signpost dependent on the area diagnoses in – there is less cover in the rural parts of Lincolnshire
- It is good to know that patients do have access to services in South Holland
- Alzheimer’s Society have dementia advisors who are able to signpost to service available locally

What areas don’t work so well for patients in South Lincs?

- There are patients who have dementia who have suffered a stroke and when in hospital receive physio treatment. No physio is available when they return home and so any progress they have made is lost. It can take eight weeks to access physio services outside of hospital.
- When services are commissioned outside of the public service there are delays sometimes in the funding being released and the patients can deteriorate
- Delays with personal care budgets through social care. Sometimes the patient has to pay themselves and is not sure if they will be reimbursed. The patients don’t necessarily know who to go to for advice. The payment system has recently changed and it is a minefield for assessments. This happens all of the time -.Care homes also find this happens frequently.
- There is an issue with referring patients back to social services. Once they have received an assessment if their condition deteriorates it is not possible to refer them back for further assessment.
- The system is full of empty promises.
- The elderly are dependent on assessments – a process that in once instance has taken over a year.
- There is a feeling of being alone – once diagnosed then “left alone” to fend for yourself. Not referred to further services by professionals sometimes access services through word of mouth.
- In the Directory of Services it is crucial to know who pays for what – an example is that it took eight years after diagnosis to access any services.
- The Social services part is a challenge as it is not always a social worker that the caller speaks to – the assessments are at times based on a general conversation with whoever answers the telephone.
- Integrated budgets are not available – there needs to be better joining up between Social Care and NHS – need integrated budgets for integrated teams.
- GPs don’t tell patients what services are available for them to access – they need to make an effort to do this. Need to change the status of third sector organisations-Practice managers are at times the barrier – an option may be to access PPGs.
- A multi-organisational pack needs to be provided for GPs
- Organisations cannot commit to provide services if they are not getting referrals, there is a need for improved communications early
- GPs need to know where to refer and to whom
- Health professionals – how comfortable are they referring patients to services
- Problems identified with the rurality of the county and transport problems
- Sustainability issues – services are provided then taken away due to cuts in funding
- A trust issue for services – they are provided, taken away and then provided again
- Many are self-funded projects
- The younger patients want to access more services for longer
- How do we advertise the services provided
- Staff need support given the lack of facilities that are available and the ever changing landscape

What areas are missing that would improve patient experience?

- Easier referrals
- Improved communications between organisations
- The third sector don't compete for patients as they are not able to do everything for patients, however they find it easier to flex.
- Need to bridge the divide
- How do we help the patient and carer
- Simplest way possible to refer patients and identify where the money is moving from
- It is a long journey and we need more places for patients to access.
- Patients are reliant on the carer/family and their surroundings
- Patients need 24 hour care which means lack of sleep and fatigue for the carer/family
- The age of the patient – with the increase in early onset there is a distinct lack of services available for younger sufferers.
- There needs to be more clubs for those with early onset dementia – that are less medical and more social.
- The younger don't want to be “sat in god's waiting room” – need to find things to interest them
- There is a definite gap between support services and social services for younger patients
- Eligibility for services for younger patients
- There is a distinct lack of everything for patients.
- How do Neighbourhood Teams/clinicians know about the other services that are available ie cafes?
- Need to ensure that staff know about the services that are available
- Need for preventative services
- Crisis care for families and carers
- Need to remember the family unit
- Information needs to be available in a timely way to help prevent a crisis
- GP/memory clinics through the dementia family support service
- What services have been commissioned and by who – should be part of the total pathway for dementia patients
- My Choice, My Care – there is no need to develop another directory of services. As they are only correct at a moment in time and are subject to frequent changes
- There should be a directory of services for professionals and community groups
- As part of the diagnosis patients should be given the tools to live a fulfilling life and know where to go in a crisis
- There appears to be some passing the buck – there is a need to share information between NHS and Social Services
- Need to boost staff morale – can they attend the Multi-Disciplinary Team meetings
- Integrated services do work – they make the experience feel like less work and more of a shared experience
- Person centred care.

Appendix 4 Table 2 (Shaping Mental Health Services in South Lincs)

Facilitator: Simon Hopkinson, NHS Arden & Greater East Midlands Commissioning Support Unit

Scribe: Fiona Loft, Engagement Manager (SLCCG)

What currently works well for patients in South Lincs?

- Managed care network – is a service that is Mental Health focused it is a drop in the ocean, but works well
- Voluntary sector; self-help all involved in the network
- Mental Health car and police network work well
- Angels service, highlighted a number of younger people with mental health issues (24/7 service). It was a response to loss of scheme managers (Stamford) can help calm a crisis situation
- Stamford/Bourne and Deepings sitter service is good to support with mental health
- Lincolnshire Parent Carer Forum (LPCF) work with families with mental health issues (preventative services – good practice and 10th anniversary)
- Volunteers make a difference
- Statistics collected by LPCF are/have been supplied to Lincolnshire Health and Care (LHAC) to help identify voids.
- We are beginning to look at mental health and the gaps that we face for communities, this is a positive.
- Is the triage car all over county yet?
- Can neighbourhood roll out dates be circulated?
- Mental health impacts on palliative care – working together is good, more people are talking about it.
- Triage car between police and mental health- helped reducing police custody intake etc
- IAPT (Improving Access to Psychological Therapies) service, very positive (lower level CBT – self referral) very good reviews from those that have used it
- Recovery team at Stamford resource Centre – Rethink work really well with them and it is a good partnership
- Confidentiality agreements and movement of information, is improving making it easier for professionals to work together.
- GP in particular case, very supportive, not taking meds so spiral out of control
- Health and Wellbeing Group very positive as is the SW care network
- South Holland District Council working with CCG to build a stronger network and partnerships in engagement and community development.

What areas don't work so well for patients in South Lincs?

- GPs don't refer into managed care network
- CAMHHS(Child and Adolescent Mental Health) still talking, but not working reviews keep getting delayed – no mental health workers for children
- Hard for voluntary sector to get on pathway
- Lack of therapy services – Occupational Therapy, Physiotherapy for mental health/YP, speech and language therapy not good either
- Need to look at unit not just the child/patient
- Needs to be more of a holistic approach
- LCYCP have suggested Crisis team change their name as they themselves have said they cannot respond to crisis
- If you don't look at issue can impact on whole family – one patient was told by Social worker that the only way to get help was to commit suicide, so she tried to take her own life to get help.
- Extreme measures being seen more and more



- Younger people seem to be dismissed as skiving or wanting to skive school, not a mental health need.
- Also A* students, no help at all 'you are clever, you are ok'
- A lot of older men do not understand anti-depressants and how they work, so won't go for help.
- Speed local Neighbourhood teams up – let's get working now
- Psychological support within pain management (Long term chronic pain sufferers) reliance on drugs and no psychological support
- Disconnect between private pain management and NHS which a lot of patients use both of
- Carers not supported when loved ones in crisis, feel disrespected and not listened to
- Information sharing isn't always good, in ASB you can share information with police and vice versa, not the same with health, they don't want to know details just are they being helped, if so here is our knowledge, if not should they be getting help?
- Commissioning is a nightmare for voluntary /3rd sector and finding out about opportunities
- Great ideas but short lived as money/contract ends – patients first questions, will this last?

What areas are missing that would improve patient experience?

- Are there statutory elements for the voluntary sector for commissioning and are they equal partners at the table?
- Voluntary sector have such knowledge and expertise but not used from outset, asset to tap into
- Voluntary sector could breakdown pathways and show how to make it work we (NHS) have to ask them (voluntary sector) to do it
- Tackling the child, education and nurturing aspiration of hope to support family, responsibility of parent too
- In education system, teachers cannot/don't have the ability to deal with disability, no pastoral support
- This is where it begins, teachers need more mental health training and help, more work between education and NHS
- We need a fit for purpose Crisis team, we need to make it work
- Continuity of care for young people and family integrated route/joined up
- Development and strategy level for all partners, to get involved
- How do we create more capacity in early prevention of services
- More training on signs of mental health, currently EMAS are carrying out further mental health training for paramedics
- GPs some have poor knowledge and education around mental health, they need more education and learning
- Public Health and public perception/stigma of mental health – how do we encourage people to come forward?
- How do we go on from here, organically develop?
- Extract from the Parity in Progress March 2015- All Parliamentary Group on mental health – CCGs should commission a wider range of community based support services for people in crisis, for example a crisis care house, ensuring appropriate staffing levels
- They should also ensure sufficient mental health inpatient beds are commissioned to avoid people being turned away or forced to travel out of their local areas to receive support
- Support for individuals to understand these people need help and what help is right, for example mental health and drug and alcohol nowhere to treat holistically
- Support Rethink has with Stamford resource Centre needs to be across the area
- Very limited inclusion with neighbourhood teams, from outside professionals
- My Right Care – will come is in progress, portal nearly ready and it will be positive
- Patients knowing what is out there and how to access it
- Education and self-care/management for patients, we need more of this



- How do professionals refer someone making themselves ill, by not taking medications, mental health gets worse and they are in crisis
- Referring and knowing what services there are
- South Holland District Council work with ASB in Community Development, this impacts on mental health, don't know what to do with these people
- Neighbourhood team Liaison Officer will be working with the SH H&W Forum
- If no money there, voluntary sector groups projects end- there will be a bigger hole
- Sometimes CCG just needs to commission it and then let voluntary sector prove it works

Appendix 5 Table 3 (Shaping End of Life and Cancer Services in South Lincs)

Facilitator: Dr Kevin Hill, Chair of NHS South Lincolnshire CCG

Scribe: Sarah Brinkworth, Quality and Contracts Assurance Manager (SLCCG)

What currently works well for patients in South Lincs?

- Help from Macmillan – explain the things patients need to know and what they are entitled to ie arranging hospital beds at home.
- Speed of service at the end of life
- Good medical care from GPs – key contact were the practice – they were the consistent service throughout the other organisation inputs
- Spalding and Long Sutton Neighbourhood teams – integration of services
- EPOC (Early Prevention of Cancer) tailoring campaigns to target different audiences
- Pre – diabetes work – links between behavioural and medical conditions
- Last 2 weeks of life – the choices available for patients
- St Barnabas Survivorship programme
- Nurse Specialists in several services
- Nurse specialist initial support and signposting to other organisations (hospital & community)
- Palliative care in a hospice – Sue Ryder and Support for carers- Bereavement Sessions
- Hospice at home service in the last 16 weeks of life
- Day therapy and Social days provided by Spalding Hospital (St Barnabas)
- Lincolnshire Sports Service where cancer patients can access exercise- via their GP
- County Health walks – patients are able to just turn if- refreshments available afterwards
- Chemotherapy treatment in Lincoln – patient and carer looked after very well with staff always at the end of the phone between treatments if needed
- St Barnabas Bereavement service – stay with carers/families for years if needed

What areas don't work so well for patients in South Lincs?

- Equity of service (mentioned in both workshops)
- Initial diagnosis - proportion of patients that are diagnosed after an emergency admission (mentioned in both workshops)
- Discharge from hospitals back to the community – no care plan, communication & timing
- Private agencies to provide standard of care – difficult to influence pathway and reluctance of patients to feedback
- GP referrals into the Red Cross
- Underused Red Cross Service – resources available
- Support for relatives/ carers for end of life patients (not just cancer patients)
- Not enough hospices
- Transport is an issue
- GPs need to refer to St Barnabas Hospice earlier and breakdown the view that the hospice are



just for the end of life – they offer much more

- Cancer targets not being achieved in Lincolnshire – difficulties in capacity
- Specialist new operating techniques - patients will choose out of the county
- Encouraging patients to have their follow up care close to home – patients have their operations out of county and then could have closer to home follow ups.
- Care for carers – people left out of the loop of St Barnabas.
- Bereavement services - GP to see carers/ family following a patient's death
- Communication between GP and support services needs improving including where the patient wishes to die.

What areas are missing that would improve patient experience?

- Macmillan could have a more strategic view across the county so that best practice can be shared.
- “Hope for Tomorrow” Wales charity delivers chemotherapy in the community so that people do not have to travel. A similar project started by United Lincolnshire Hospitals NHS Trust seems to have stalled since the project lead left
- St Barnabas to develop a bus that takes services into the community
- Communication -Electronic care packages needed between different IT packages
- Clarity needed for data sharing agreements
- Key workers for individual patients
- Common assessments forms and sharing between organisations to include the holistic needs of patients
- Patient Education – patients need to take more responsibility for their own health
- Understanding local variation – services not the same for all areas of the county
- Integration of IT systems
- Development of integrated care planning
- Communication training for GPs and clinicians regarding giving the message around dying to patients, their relatives and carers.
- Transport
- A better understanding of individuals – not everyone will receive information in the same way.
- Patient information leaflets - for patients to take home and consider information at a later time – to include contact phone numbers for specific departments.
- Trail done on recording a patient's cancer diagnosis for them to take home and listen to again afterwards
- Specialist nurses – expansion & development – a key worker to help guide patients through the system.
- Investment in survivorship – helping people to live with a cancer diagnosis.

Appendix 6 Table 4 (Shaping Care Closer to Home in South Lincs)

Facilitator: Wendy Chew, Lay Member(SLCCG)

Scribe: Claire Hornsby, NHS Arden & Greater East Midlands Commissioning Support Unit

What currently works well for patients in South Lincs?

- Physiotherapy support provided by Johnson Hospital, Spalding (Lincolnshire Community Health Services) is working well as patients are able to self refer back into the service without having to go back to their GP, allowing patients more control over their own health and care.
- LCHS have been talking to local GPs to find better ways of working more closely together.
- LCHS current planning work is on the needs of the population, including staff allocation according to demand.
- Lots of excellent work being done that is being missed, for example the Bereavement Service offered by St Barnabas Hospice
- NHS Nurse Education in care homes excellent- provide training on how to prevent Urinary Tract Infections, pressure ulcers etc
- LCHS School nurses training for teachers on first aid and how to deal with common long term clinical conditions ie asthma and diabetes – excellent – need to extend this service.
- Work of Early Prevention of Cancer (EPOC) and the work they are doing to help detect cancer early.
- Work of Evergreen, Stamford with their work on “Southwest care network” where they work together for the benefit of the whole community. They keep records of referrals and the outcomes achieved.

What areas don't work so well for patients in South Lincs?

- Lack of joint up care when patients attend hospitals providing specialist services out of the county.
- The support of different health and social care agencies is not joint up
- Information to patients/carers is not always correct /complete and patients are not always aware where they can get more support.
- Communication between hospitals and GPs can be poor
- Carers are left not knowing the information they need.
- Issues caused with Medical Records and patient administration systems being different across the country means notes are sometimes missing.
- Issues with hospital discharge and linking the correct support for patients without carers.
- NHS not providing training for domiciliary care (Discussion took place around if this is the NHS's responsibility)
- Low tariffs for domiciliary care – concern that providers won't want to deliver it.
- Limited psychological support services, ie bereavement services offered in some places but not others.
- Hospital discharge not linked in with other services and there is poor planning when the patient is sent home, often before adequate support is in place
- Social care- it can take up to 3-4 months for funding to be allocated and therefore organisations are not being paid.
- Duplicate directories of services are not helpful and waste of resource
- Links with the voluntary sector lacking

What areas are missing that would improve patient experience?

- Better communication with Lincolnshire GPs when patients receive specialist services out of the county.
- Better communication to patient on the support available to them
- Making better use of the technologies available for better self care.

- Better co-ordination of communicating information to patients and making it available at the right time to ensure all patients receive the correct information.
- More joint up care with 3rd sector organisations – need neighbourhood team model
- Need more consistency with providing care closer to home
- Need more individualised care to see what is acceptable ie going out of the county for treatment will suit some but not others.
- Need to remove boundaries such as bigger consideration to patient access by linking in with other agencies such as transport, Call Connect and making use of volunteer driver schemes.
- Ensure that contacts for the neighbourhood team are able to promote partnership working with the voluntary and third sector to make a better experience for patients
- Whole systems approach needs to be applied to Health and Social Care
- NHS better recognising the value of the voluntary sector
- Need Children’s therapy services closer to home, currently have to go out of the county, and they are not always accepted.
- Better awareness of the services and support available by the NHS working with voluntary sector
- Gaps in transport network – Parish council and the NHS need to work together.
- Benefits often do not cover the cost of transport ie Disability Living Allowance, adding more pressures of families at already difficult times, this has huge implications for access to services.
- Tariffs set too low and are inadequate for domiciliary care
- Low morale of care delivers and the care profession – caused by low pay for hugely responsible roles.
- Expectations increasing of unpaid family carers who need to be valued and respected

Suggestions

Patients provided with a booklet of support at GP health checks (aged 40-75) to make people aware of the support services available.

Awareness raising and Networking

In discussions about raising awareness of available services the following projects were highlighted by members of the group and can be used by patients and stakeholders to better navigate the health and social care system:

- Directory of services “ The local offer” developed by Lincolnshire County Council describes what help and support services are available for people ages 0-25
- “My choice my carer”
- Concerned raised over the growing number of directories of services and there should be a consideration for a mapping exercise to take place.
- “ALICE” information sharing system.

Other key points

- People would rather travel and get the right care the first time, this was particularly in relation to cancer treatments and children’s services.
- National living wage is going to have a massive impact on care homes moving forward and is likely to result in more people in care homes ending up in hospital.

Appendix 7- Event Evaluation Analysis

Commissioning Intentions Stakeholder Event Evaluation Results
10 September 2015 1:00pm - 4:00pm
Patio Room, Springfields Events & Conference Centre,
Spalding, PE12 6ET

- 54 people were present at the event, 10 members of staff were from NHS South Lincolnshire Clinical Commissioning Group and 3 members of staff from NHS Arden and Greater East Midlands Commissioning Support Unit.
- 95% (39/41) of Stakeholders attending completed an evaluation form, results are below:

Q1 How satisfied are you with the following:	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
a. The organisation of the event?	46% (18)	51% (20)	3% (1)	-	-
b. The presentations delivered?	28% (11)	69% (27)	3% (1)	-	-
c. The time allocated to discussions?	36% (14)	59% (23)	3% (1)	3% (1)	-
d. The opportunities for participation today	54% (21)	44% (17)	3% (1)	-	-
e. The time allocated for group discussion and feedback	37% (14)	55% (21)	5% (2)	3% (1)	-
f. The workshop sessions - Overall	44% (17)	54% (21)	3% (1)	-	-

Please complete for the workshops attended:

g. Dementia	74% (14)	26% (5)	-	-	-
h. Mental Health	56% (9)	44% (7)	-	-	-
i. End of Life & Cancer Services	43% (6)	57% (8)	-	-	-
j. Care Closer to Home	35% (9)	50% (13)	15% (4)	-	-

If you are dissatisfied with any of the above areas, please provide further explanation below:

- "No- very good range of experience, recommendations and organisations represented"
- "The funding is going to place more stress on carers and lead to many workers being lost to other enterprises"
- "Very well organised and executed"
- "First time I have engaged with the CCG network in this way - would have helped if those speaking didn't use acronyms linked to health as it stopped me from getting a full understanding"
- Workshops: " time should have been a little longer"

- Close to home workshop " lots to cover...may have helped to have an overview of what was meant for each subject for some people"

Q2 Do you feel that your views and contributions were valued?

Yes fully	Yes partially	No not really	No not at all	Don't know
84% (31)	16% (6)	-	-	-

Q3 Did the level of engagement fulfil your expectations?

Yes fully	Yes partially	No not really	No not at all	Don't know
74% (28)	24% (9)	-	-	-

Q4 Did the event help you to better understand what the CCG is considering in terms of its commissioning intentions?

Yes fully	Yes partially	No not really	No not at all	Don't know
45% (17)	45% (17)	8% (3)	3% (1)	-

If you answered no to questions 2-4, please provide suggestions of what we could have done differently:

- "Hadh't anticipated where/how long the commissioning& consultation process would be"
- "I would have liked to find out what you commissioning intentions were as per the title of the event"
- "More time spent outlining intentions"
- "Workshop for "Other" would be good - would like to talk about prevention. Would be good to know what sort of thing CCG can commission and what Public Health commissions".

Q5 How confident are you that the outcomes from this engagement will help to shape future plans?

Very confident	Confident	Not really confident	Not at all confident	Don't know
15% (6)	64% (25)	18% (7)	-	3% (1)

Q6 Do you feel that the range of stakeholders and organisations involved today was suitable?

Yes fully	Yes partially	No not really	No not at all	Don't know
54% (20)	46% (17)	-	-	-

If you feel that this event could have benefited from the attendance of other stakeholders and organisations, please provide details of these below:

- "Great turn out - needs to happen more regularly"
- "The event should have been held before this time"
- "I would recommend police and crime commissioners as they are working with community assets through local community safety and small grants - together with working with the wider safeguarding agenda etc."
- "Local authority commissioners/children's services/ Children and Adolescent Mental Health Services (CAMENTAL HEALTHS)"
- "Thanks for the invitation"



- "Lack of patient groups"
- "Transport, South Holland District Council"
- "Good range of voluntary sector organisations".
- "Really good event- thank you"
- "Looking forward to hearing about the outcomes".