



## **Changes to healthcare in North East Lincolnshire**

September 2017

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## Report Details

This report outlines findings of a survey conducted during the summer of 2017 about changes to healthcare in North East Lincolnshire. The survey was drawn up following the establishment of the STP (Sustainability and Transformation Partnership) for Humber, Coast and Vale and in the light of the need to begin to establish an engagement and consultation dialogue with local people about potential and planned changes.

### Acknowledgements

Healthwatch North East Lincolnshire would like to place on record our thanks to North East Lincolnshire Council for providing additional monies to deliver a project that looks at engagement opportunities for 'seldom heard voices' around planned and potential changes to healthcare services in this area.

We particularly want to thank the Community Learning Disability Team at Care Plus Group for drawing up the 'easy read' version of the questionnaire. We also want to thank those people who completed the survey online and our Partner Programme organisations and their service users that completed paper copy returns:

Age UK North East Lincolnshire  
Booth Lifehouse  
CARE  
Care4All  
Harbour Place  
Friendship at Home  
Foresight

### Disclaimer

Please note that the findings in this report relate to a survey questionnaire on changes to healthcare in North East Lincolnshire targeted at 'seldom heard voices' within formal Partner Programme organisations. Our report primarily relates to the specific issues raised and findings in the questionnaire and may not be representative of the experiences of wider service users and interested parties who have not contributed to this particular process.

## Summary

This report provides details of a survey undertaken by Healthwatch North East Lincolnshire about changes to healthcare in this area. The survey emerged because of concerns that local people were being given limited opportunity to engage with the changes being considered under the Sustainability and Transformation Partnership arrangements for this area especially the 'seldom heard voices'.

A questionnaire was drawn up and agreed in consultation with the North East Lincolnshire Clinical Commissioning Group's Communications and Engagement Team and was targeted at service users of Healthwatch Partner Programme agencies. The survey examined people's experiences of local services before asking about current understanding and involvement in local change plans and interest in future involvement.

A total of 104 surveys were completed and returned and the report collates and analyses these findings which highlight that:

- With regards to experiences of local health services, GP practices and Hospital there are situations that both work well and not so well: well in terms of care given but access to GP services, wait times at hospital and time to listen are seen as problems.
- Key issues in improving services are listening and communication, frontline staffing levels and access arrangements.
- Over  $\frac{3}{4}$  of people surveyed were not aware of new plans for healthcare in our area.
- Service provision is the main priority for respondents with much less interest and understanding at how priorities are arrived at.
- Most respondents interested in further involvement would prefer to carry out further surveys but there are enough who would like face to face meetings to make these a viable option for the future.

The findings in this report will be shared with commissioners and providers to help shape public involvement in future engagement and consultation activities.

## Background

As part of the NHS Five Year Forward View, local health and social care organisations were invited to work together to develop a vision and priorities to address local challenges and to improve the health and wellbeing of people in our community. These plans were initially in 2016 called Sustainability and Transformation Plans but have now become Sustainability and Transformation Partnerships (STPs).

North East Lincolnshire is part of the 'footprint' area of Humber, Coast and Vale which stretches from Scarborough in North Yorkshire, through East Riding and Hull to North Lincolnshire and North East Lincolnshire. The work across the newly defined area recognises that:

- Premature mortality rates are higher than average especially for preventable conditions like lung cancer or coronary heart disease.
- We have higher lifestyle risks associated with adult smoking including smoking in pregnancy, long-term unemployment, drug use and obesity. This is coupled with low take-up of health checks.
- Life expectancy in our most deprived areas is 16-17 years less than our least deprived areas.
- Quality care delivering the right care at the right time in the right place is key.
- The local deficit in costs will only increase further if we do nothing.

Within Humber, Coast and Vale (HC&V), five key work-streams for change were identified for Northern Lincolnshire:

1. Prevention, self-care and staying well. Includes:

- development of an Integrated Health and Wellbeing Service
- building community capacity and resilience
- supporting people to maintain their health in their own home
- improving outcomes for people with mental health problems.

Key projects have been identified around social prescribing, early identification, falls prevention and improving self-care.

2. Better use of digital solutions. Includes:

- real time accessibility of care records
- digital access to personal health records
- access to care data

- advice/information to support self-care
  - access to shared data management.
3. Development of primary care. Includes:
- improved access to general practice
  - improved resilience of GP services
  - developing extended services that provide more proactive care.
4. Accountable care partnership (integrated working). Includes:
- promoting delivery of integrated health and social care services
  - improved access between GPs and the Single Point of Access
  - support to Care Homes
  - development of community based urgent care response
  - improved support for long-term conditions
  - integrated dementia pathway
  - better carer support.
5. Better use of public estate. Includes:
- strategic moves towards 7-day NHS
  - operation efficiencies
  - greater use of out-of-hospital care
  - rationalisation and partnership opportunities.

A communications and engagement strategy for Humber, Coast and Vale is under development.

## Resourcing

North East Lincolnshire Council offered Healthwatch North East Lincolnshire (HWNEL) additional monies to deliver activity during 2017/18 centred on community engagement under the STP with particular reference to 'seldom heard voices'. HWNEL enjoys the benefits of a formal Partner Programme with 15 local organisations, most of which provide support to 'seldom heard' groups. This term is used to describe groups who may experience barriers to accessing services or are under-represented in healthcare decision making. Traditionally, some of the groups identified in engagement activities include rural communities, black and minority ethnic (BME) groups, gypsies and travellers, lesbian, gay, bisexual and transgender, asylum seekers and refugees and young carers. However, in reality, teenagers, employees, people with mental health issues and many others may be considered as seldom heard, due to the fact engagement may not be

straightforward. The only way to actually engage with different groups is to understand them individually and tailor involvement to them accordingly.

It was agreed that this survey activity would be taken forward through the existing staff and volunteers of HWNEL but would require additional funding to enable survey work to be undertaken and to meet the costs of any meetings held with those willing to contribute through further conversations. Funding would pay for hire of venues, refreshments and expenses where applicable.

## Methodology

The initial phase involved drawing up a survey questionnaire. As a Healthwatch, we were conscious that many people appeared to have not even heard about STPs and the lack of community engagement during 2016 and 2017 formed a key part of our discussions with health commissioners across the HC&V footprint. Locally, across Northern Lincolnshire, there had been some reference to these changes e.g. through 'Way Forward' events organised by Accord, the community arm of the Clinical Commissioning Group, as some of the issues were already part of the local 'Healthy Lives Healthy Futures' agenda e.g. urgent care. However, this largely engaged existing audiences 'in the know' and not a wider public audience.

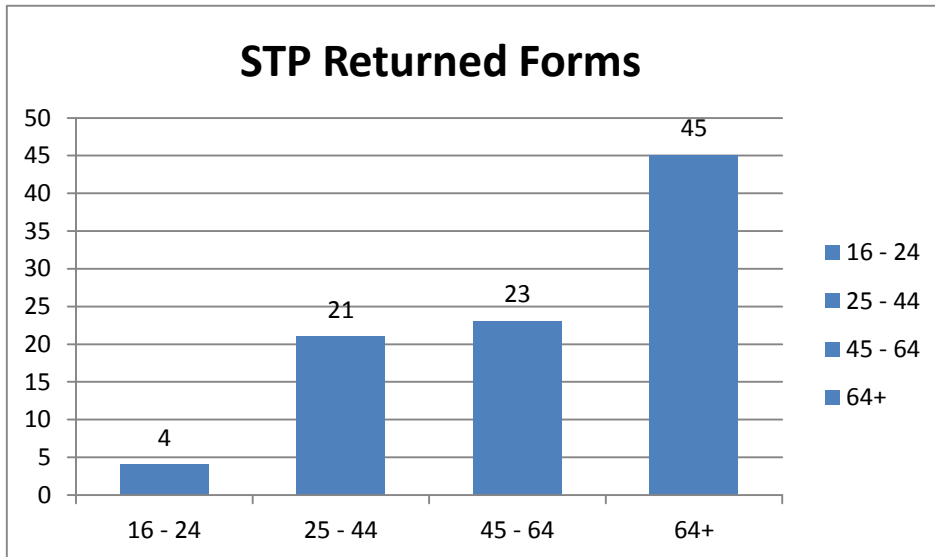
The importance of meeting the public on their own terms and through their own experiences was a key feature of the Healthwatch England Annual Conference in 2016. In discussion with the Engagement Team at the Clinical Commissioning Group, we therefore agreed that the questionnaire should start by looking at what was good and what was not so good about local health services before raising the questions about awareness of any planned or potential changes in the way that services were delivered and before seeking expressions of interest in being further involved in discussions as changes came on stream. The questionnaire at Appendix 1 (and an 'easy read' version) were drawn up at to reflect that thinking.

## Detail of Findings

A total of 104 questionnaires were completed and returned of which 18 were completed online. Of the 86 paper returns, 15 were 'easy read' versions.

### Age and gender profile

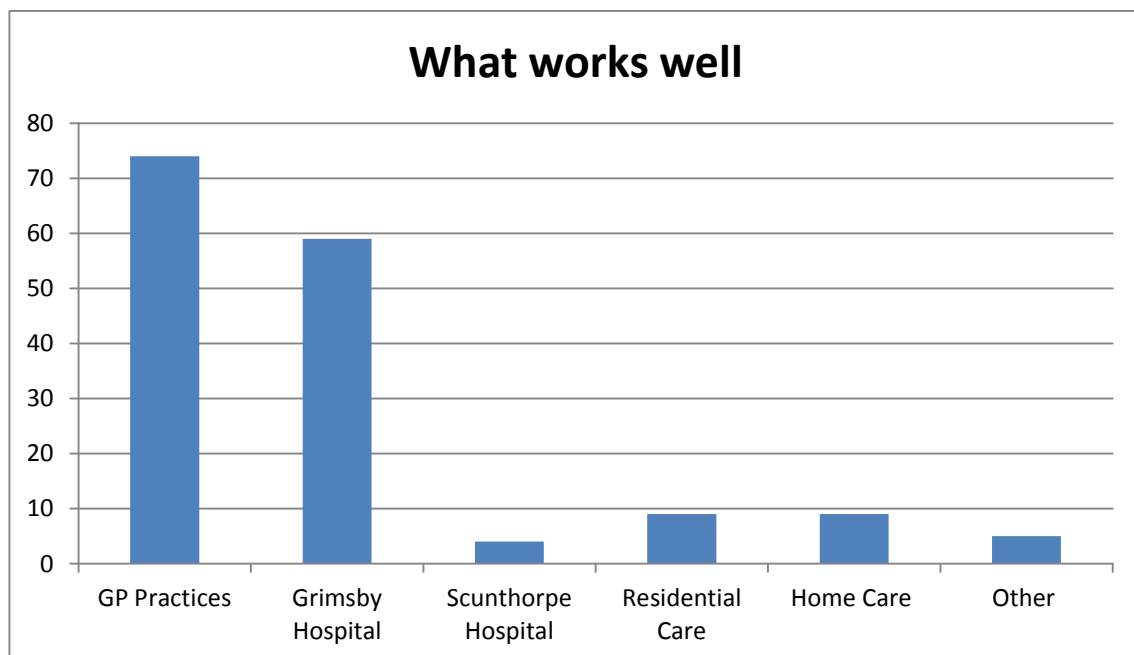
Of the 104 returning the form, no forms were returned from people under 16, 4 (3.8%) were aged 16-24 years, 21 (20.2%) were aged 25-44, 34 (32.7%) were aged 45-64 and 45 (43.3%) were aged 65+. Future engagement will need to consider targeting the younger demographic who, in effect, remain seldom heard in this survey.



This profile largely reflects the demographic of the partner agencies that completed the survey. On gender, 40 (38.5%) were male and 63 (60.6%) female with one person preferring not to say.

#### What works well

Of the options listed, 74 (71.2%) ticked GP practices, 59 (56.9%) Grimsby Hospital, 4 (3.8%) Scunthorpe Hospital with 9 (8.7%) marking residential care and the same number marking home care. On others, two people listed St Hughs Hospital with single references to Castle Hill Hospital, Ambulance Care and Age UK.



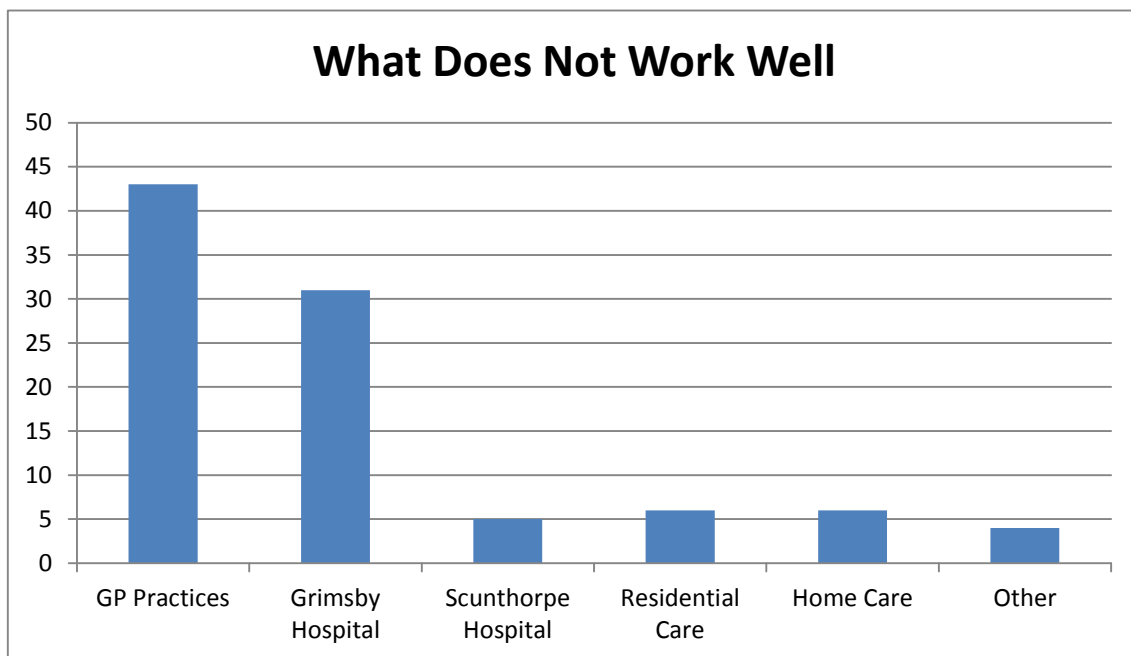
63 people responded giving reasons why. The main reason for saying that GPs worked well was for their listening/helpfulness over patients' conditions including health checks and, secondly, ease of access (especially if you need an urgent



appointment). The key factor mentioned for Grimsby Hospital was around high quality of care, treatment and support both as in and out-patient.

### What does not work so well

Of those responding in this section, 43 (41.3%) marked GP practices, 31 (29.8%) Grimsby Hospital, 5 (4.8%) Scunthorpe Hospital with 6 (5.8%) saying residential care and the same number home care plus four listing others: ambulance, NAViGO, St Hughs Hospital and `Louth' (? Hospital).



It was noticeable that of these responses, 22 of those completing hard copy returns had also already ticked GP's as working well and 12 that Grimsby Hospital worked well so it was important to understand the different reasons for ticking both.

46 people gave reasons why they had ticked what they had. For GP practices the main issues were about wait times/accessing timely appointments/advice (mentioned by at least 15 people). Other reasons included a lack of consistency over being seen by the same GP or having to see a nurse first and pressures on GPs leading to them appearing rushed and uncaring. For Grimsby Hospital it was about wait times and administration of appointments in out-patients, and quality of care in some areas and, as with GPs, pressures upon clinical staff. Cost of travel was also an issue mentioned.

### What can be done to improve services

44 respondents made suggestions on what could be done to improve services. The most repeated ideas were:

- Better listening/more consistent communication (14)
- Increasing front-line staffing levels not management (11)
- Improving access to appointments at GPs (10)
- Increasing funding resources (2)
- Greater transparency (2)
- One-stop shop/drop-in centre (2)

### Are changes needed and what would they be about?

Of the 84 responding, 49 (58.3%) felt that changes were necessary, 9 (10.7%) felt they were not needed but a significant 26 (31%) were not sure, suggesting that the case for change has not been that well communicated to date.

When invited to say what they might change, 41 people put forward ideas including:

- Improve front-line staffing levels (12)
- Better access (9)
- Better at listening & communicating (6)
- Improve training (3)
- More joined up care (3)
- Less senior staff/management (2)
- Better funding (2)

### Changes to healthcare

When asked about any knowledge of new plans for healthcare in North East Lincolnshire, just 12 of the 88 (13.6%) said they had. While 8 (9.1%) were not sure, a significant 77.3% said that they had not heard. This has implications for further engagement activity.

### STP Priorities

Those completing this survey were asked which of six priorities were the most important to them. In descending order they came out as:

- Helping people stay well (prevention and better public health) (57)
- Place based care (care closer to home, better access and better working together) (47)
- Creating the best hospital care (high quality, safe and sustainable) (46)
- Supporting people with mental health problems (prevention and promoting independence) (42)

- Helping people through cancer (better diagnosis and specialist care) (41)
- Strategic commissioning (making best use of regional and local assets) (20)

Even with the brief explanation of what it means above, the gap between strategic commissioning and the rest was marked and underscores the difficulty that many people have in understanding such terminology and relating planning change and developments to their experience of services.

A total of 44 gave reasons for their priority choices. Examples are:

### Helping people stay well

- it makes sense to keep people well and help them to do so.
- we all need to be fit and well for society to function well.
- prevents illness
- prevention means money/resources can be used elsewhere
- prevention is a no brainer

### Place based care

- prefer my independence and need to be at home for support of family/ friends
- helps people stay well
- important because not everyone has their own transport or access to a car
- where people need hospital care, it should be close by and of good quality

### Creating the best hospital care

- so you get quick diagnosis and access to treatments
- because wait times are ridiculous
- helps people get back on their feet
- so you can receive the best care possible to get fit and well again
- less use of agencies
- best hospital care should include cancer

### Supporting people with mental health problems

- not enough support for mental health
- best hospital care should include mental health
- child mental health support is nearly non-existent

### Helping people through cancer

- so people with cancer are talked to and to help make things better

- to help people through cancer
- earlier assessment and diagnosis are important and more investment needed
- commuting to Hull when you have cancer (to be seen) is not good.

### Strategic commissioning

- Effective targeted funding should be a priority
- More money and better planning means better care for everyone

However many respondents made general remarks having ticked all or most of the priorities:

- All are important when you are elderly with ailments
- All have a place but not everything can be provided and that is where it gets difficult.
- Because we all need help/looking after sometimes
- People deserve the best health care/support

### **Missing priorities**

People were asked whether the six priorities above miss something that is important. 23 made comments but many of these related back to the six priorities and general remarks already made. Key issues that people felt should have also been prioritised include:

- Recognising that different people may need different treatment for the same complaint
- Tackling the wait times to see GPs/getting help quickly.
- Help with autism/asperger's counselling
- Co-ordination between different types of care when care is complex.
- Growing our own professional health staff and incentivising them to stay here.
- More accountability and making sure that complaints are acted upon
- Better quality home care support
- More help for children
- More support for disabilities including transport
- More help for drink/drug problems
- Better access to support in rural areas
- The focus should be on quality of life.

### **Attending public events about future plans**

Those questioned were asked if they had attended a public event in the last six months on the future plans for health and social care in our area. Eleven (12.5%) said they had but 77 (87.5%) said they had not. When the eleven were asked about where these events were, reference was made to:

- Way Forward events (run by Accord/CCG)
- Cancer awareness event
- Autism (Forum)
- Dietician
- Healthwatch AGM

The main topics at these events were stated as being:

- CAMHS
- STP
- Cancer Services (STP)
- Autism support
- Depression and dieting
- AGM (Healthwatch)

When asked whether they had had an opportunity to comment on plans at these meetings, four said yes and three said no.

### Opportunities for Further Consultation

Those completing the questionnaire were asked whether they would like the opportunity to be further consulted about the STP change areas identified. 25 said yes, but 34 said no and 15 were not sure with the rest not completing this section. However, 8 of the 25 who said 'yes' also then ticked 'no' to all the options outlined beneath.

When specifically asked about willingness to join activities, the responses were as follows:

Subject	Yes	No	Not sure	Total
To review and comment on written plans and reports	20 (22.2%)	56 (62.2%)	14 (15.6%)	90
To take part in surveys and questionnaires	31 (37.8%)	43 (52.4%)	8 (9.8%)	82
To attend information events and meetings	19 (19.6%)	58 (59.8%)	20 (20.6%)	97
To take part in a focus group on specific plans	12 (15.8%)	53 (69.7%)	11 (14.5%)	76

It was noticeable that most people interested in further involvement wanted to complete surveys/questionnaires and that there was less enthusiasm for reviewing plans, attending information events and taking part in focus groups. The latter three areas are key for the next stages of further involvement and contact details for most of those interested in further involvement have been obtained.

## Conclusions

This survey shows that most respondents believe that the main services of GP practices and hospital that they experience work well especially around the care given but, conversely, they do not work so well in terms of securing access and in staff demonstrating listening and communication skills.

There appears to be limited awareness of the plans being pursued under the local Sustainability and Transformation Partnership and this is coupled with limited opportunities, to date, to get involved. Only one quarter of those responding expressed an interest in further involvement with a preference towards completing further surveys rather than actually attending meetings but there is still a basis for further direct engagement in the coming months.

## Recommendations

- STP leaders to ensure that pro-active communication and engagement mechanisms are fully integrated into the main transformation plan and all workstreams
- Ways in which to engage with seldom heard voices are fully developed within the STP communications and engagement strategy, making best use of existing networks and organisations
- Local leaders pro-actively consider ways in which patients and the public can actively contribute to place based plans and strategies designed to transform health and social care services
- Local leaders consider ways in which Healthwatch North East Lincolnshire can contribute to wider communication and engagement activity and support the engagement of seldom heard voices

## Distribution

This report is being distributed to the following:

- North East Lincolnshire Clinical Commissioning Group
- North East Lincolnshire Council
- NHS England (region)
- Local Medical Council
- Northern Lincolnshire & Goole Foundation Trust
- Care Plus Group
- NAViGO
- Partner Programme agencies that contributed to exercise



## Changes to healthcare in North East Lincolnshire

### Introduction

As part of the NHS Five Year Forward View, local health and social care organisations have been invited to work together to develop a vision and priorities to address local challenges and to improve the health and wellbeing of people in our community. These plans were initially in 2016 called Sustainability and Transformation Plans but have now become Sustainability and Transformation Partnerships (STPs). North East Lincolnshire is part of the 'footprint' area of Humber, Coast and Vale which stretches from Scarborough in North Yorkshire, through East Riding and Hull to North Lincolnshire and North East Lincolnshire.

Healthwatch North East Lincolnshire would like you to complete this questionnaire because it will help to make sure that the views of local people are taken into account in the planning and development of future health and social care provision locally.

For more information about STPs go to our website:

[www.healthwatchnortheastlinconshire.co.uk](http://www.healthwatchnortheastlinconshire.co.uk)

Q1. Please tell us your age:

- under 16
- 16 - 24
- 25 - 44
- 45 - 64
- 65+

Q2. Do you consider yourself to be:

- Male
- Female
- Trans

- Other
- Prefer not to say

Q3. Thinking about your experiences of local health and social care, what works well? Please tick all that apply:

- GP practices
- Scunthorpe Hospital
- Grimsby Hospital
- Residential care
- Home care
- Other (please specify)

Q4. Can you tell us more about what you have ticked and why?:

Q5. Thinking about your experiences of local health and social care, what doesn't work so well? Please tick all that apply:

- GP practices
- Scunthorpe Hospital
- Grimsby Hospital
- Residential care
- Home care
- Other (please specify)

Q6. Can you tell us more about what you have ticked and why?:



Q7. What do you think could be done to improve services?

Q8. Do you think there is a need to change the way that health and social care services are provided?

- Yes
- No
- Not sure

Q9. What would you change for better health care and why?

Q10. Did you know that new plans were being made for Healthcare in North East Lincolnshire?

- Yes
- No
- Not sure

Q11. Below are the six priorities the local STP is working on - which ones would you say are the most important to you?

- Helping people stay well (prevention and better public health)
- Place based care (care closer to home, better access and better working together)
- Creating the best hospital care (high quality, safe and sustainable)
- Supporting people with mental health problems (prevention and promoting independence)
- Strategic commissioning (making best use of regional and local assets)
- Helping people through cancer (better diagnosis and specialist care)

Q12. Can you tell us why?

Q13. Do you think these priorities miss something that is important to you? Can you tell us what it is?

Q14. Have you attended a public event in the last 6 months on the future plans for health and social care in our area?

- Yes
- No
- Not sure

Q15. You say you attended a public event - where and when was it?

Q16. What was the main topic?

Q17. Did you have an opportunity to comment on the plans? If so, what did you say?

Q18. Would you like an opportunity to be further consulted about the STP as areas for change are identified in the future?

- Yes
- No
- I'm not sure

Q19. Would you also be willing to join a local focus group to look at any of the following?

	Yes	No	Not sure
To review and comment on written plans and reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To take part in surveys and questionnaires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To attend information events and meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To take part in a focus group on specific plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q20. Please leave us your contact details so that we can get in touch:

Name

Email Address

Tel. No. (if no email)

Q21. I understand that the details I have provided above will only be used for the reasons given, and not passed on to a third party or used for another purpose

Yes

Thank you for your assistance in completing this questionnaire. If you are completing this as an email attachment please return it to [paul@nbforum.org.uk](mailto:paul@nbforum.org.uk)

If you are completing this as a user of a health or social care service or as a carer and in hard copy, please return it to the service that gave you this document and Healthwatch North East Lincolnshire will collect it. Otherwise, completed questionnaires should be returned direct to:

Healthwatch North East Lincolnshire, Enterprise Village, Prince Albert Gardens  
Grimsby, N E Lincs, DN31 3AT

If you have any questions of your own about Healthwatch North East Lincolnshire or the purpose of this questionnaire, do not hesitate to contact Paul Glazebrook on tel. 01472 361459.