

What is 'A 2020 Vision of Health and Social Care in Sheffield'?

The NHS and social care need to change how we work if we are to continue to meet people's needs in Sheffield. People are living longer, with more complex health issues and higher expectations of the care they want to receive. They also need to adapt to take advantage of the opportunities that science and technology offer patients, carers and those who serve them.

These changes mean that people need to take a longer term view ahead to consider the possible futures on offer, and the choices that are faced. The only way this can be done is by having a more engaged relationship with patients, carers and citizens, to promote wellbeing and prevent ill-health.

We want to change the balance between hospital and community, with more care closer to your home and we want to reduce early death ensuring fair access to health care for everyone.

Partner organisations across the City have been working together to talk to the public of Sheffield about why we think we need to change and what those changes should look like. This should lead to a view of health and social care in the year 2020 that is shared by organisational partners, the public and clinicians, enabling health and social care organisations to then work together, with the public of Sheffield, to implement the changes agreed.

We estimate that through the following methods we made 50,673 contacts with individuals and groups specifically relating to this project. As a result of these contacts 227 people directly engaged with us by providing feedback.

What we asked

Presentation and questions

A single presentation was produced so that consistent information could be given across all engagement activities.

The presentation addressed the reasons why care provision needs to change, including:

- Increasing hospital activity
- Demand for long term care
- Winter pressures
- Funding challenges
- Technological advances
- Public expectation

The presentation also highlighted Sheffield's aims over the next five years, from the perspectives of the Joint Health and Wellbeing Strategy, the CCG's Prospectus and the Council's Corporate Priorities.

Questions

Four questions were asked to see whether people recognised the problems facing health and social care and whether they thought that the plans outlined would have a positive impact on the people of Sheffield. These questions were:

- Do you recognise these issues?
- To what extent do you feel that health and social care services can't just do more of the same?
- How far do you agree that these ideas are really important for the people of Sheffield?
- Would these ideas improve things for you and people you know?

Discussion themes

Six themed questions were presented to provoke discussions.

- How can we improve the way we respond if you have an emergency?
- How can we better help you to stay well?
- What other areas (in addition to those in the presentation) are important?
- What do you want to know more about in relation to our vision and the need for change, and how do you want to be involved?
- What should health and social care services do to help reduce health (and social care) inequalities?
- What should our priorities be in spending the money we have for health and social care in Sheffield?

What you said

The following results and themes have been analysed from responses received across all engagement activities throughout the period of this project. Full details of these activities can be found later in this report.

98% recognised the issues that health and social care faces.

82% felt that health and social care services can't just do more of the same.

88% said these ideas were really important for the people of Sheffield.

62% thought these ideas would improve things for them and people they know.
29% said they did not know whether they would improve things.

How the system works

People currently move around a system that is very difficult to navigate which results in a lack of consistency. They feel they are repeating the same story to various professionals and services. Patients' care is escalated to crisis care too quickly. IT systems do not seem to work together.

“Make the system easier to follow with trained staff at regular intervals to help with the tricky bits. Don't make people have to keep going back to the start of a process when they've got so far and then tripped up.”

People want services to move around them to create a clearer and simpler system. They want professionals and services to have access to information about them. They see great value in using the data that agencies have between them intelligently. They want access to specialist care or advice to avoid having to go to crisis care services. Single assessments are seen as an essential part of an integrated system.

Communicating better

People have experiences of bad communication causing waste and resulting in worse outcomes and experiences.

“There is a general poor level of communication with the patient and designated significant others. Medics and nurses give the impression that we are not entitled to have our own information.”

People want new technologies to be used to access services and communicate with them, especially video calling. They want professionals to communicate better with them, and each other.

Alternative services

The public and professionals do not know about alternative services that are available. Very little is known about out of hours services and when they are used they are seen as inferior.

“Rapid response care in people's homes/care settings instead of an ambulance taking someone to A&E because support services aren't in place. Ten hours of care at home until family or other community services can respond could be cheaper than hospital admittance and also give a better outcome i.e. no hospital acquired infections.”

People want flexible, rapid response care and specialist advice to prevent crises. They want a single point of access for non-health emergencies that can be accessed out of hours.

Access to GP services

Struggling to access a GP appointment at a convenient time is seen as a direct influence on increased demand for crisis care.

“GPs should be able to have longer appointment slots, particularly for the elderly, mental health and chronic conditions so that they are able to sort people's problems and have proper discussions; this would save money in the long term by improving quality of care, reducing the need for people to come back and preventing crises.”

People want longer consultations to cope with multiple, complex conditions. They feel that having non-clinical advice being offered in GP Practices could alleviate demand for GP time. They want better appointment systems that allow for more convenient appointments that fit in with their life.

Support people to stay well

Social isolation is seen as a major social problem and cause of deteriorating health. People don't know what is available in the community and where to go, especially GPs.

“Walter' used to call 999 all the time and an ambulance would come and he would be admitted to hospital. He was supported by a Community Support Worker. Avoided 999 calls and hospital admittance. He was just a lonely man.”

People want more information on how to stay well to support them to self-care/manage their conditions. They want self-responsibility to be promoted to stop the over reliance on statutory services. They want easy access to information held about them e.g. health records, discharge letters, assessments. People want to see exercise and social prescriptions being offered as well as a single point of access for all the services that are provided in the community.

Mental health

People feel that mental health services have been neglected in terms of funding, training and research. They feel that mental health is not treated in the same way that physical health is.

“Continuity of care and access to care for people with mental health problems and disabilities. There are serious problems with long waiting times, thresholds for accessing care meaning people only get help in a crisis or when they are seriously ill.”

People want more specialist knowledge, focus and understanding about mental health. They want to see mental health treated the same as physical health. They want better care plans with interventions to stop crisis care being required. They feel that crisis care needs to be improved by being provided in appropriate settings by specially trained staff.

Care planning and proactive care

People want good care plans that they are fully involved in creating and have clear pathways for crisis avoidance and intervention. They want to see more preventative care with effective ways

of identifying those people most at risk and providing appropriate low level interventions to help them.

“Risk identification is already starting to work. GP contacted my husband as had some potential risks, care plan put in place, has stopped him possibly having to go to A&E this year.”

Whole system approach

People want to see a whole system approach being used to overcome the challenges that we face. They want health, social care, private care including home care, education, employment and workplaces, planning, housing, policing, voluntary, community and faith sector, leisure and environment to work together in a joined up way. People want to be involved in planning from the start and when designing ideas and services.

“Work with other departments such as education, housing, transport, town planning, police etc. to work on the wider determinants of health. Security and safety are essential to good health.”

Community resilience

People feel that the community has a big part to play in improving people’s health and should be supported. There is a feeling that there are many lost opportunities by statutory organisations to get the full benefit from voluntary, community and faith sector groups and organisations.

“Fund organisations that promote health and wellbeing - in particular those that promote healthy eating, active lifestyles, walking, cycling etc. so that the impact on the health service is reduced.”

People want communities to be supported appropriately with information and knowledge as well as funding. They want community resilience to be built and made use of with more awareness of the services that are provided in the community with direct referrals made to peer support and community initiatives.

How we asked

Events

Seven events were held across the engagement period.

- 28 May 2015 at Sheffield Town Hall. 71 participants.
- 22 July 2015 at The Circle. 9 participants.
- 12 August 2015 at The Circle. 12 participants.
- 4 September 2015 at The Northern General Hospital. 7 participants.
- 10 September 2015 at The Source (NHS Sheffield CCG Annual Public Meeting). 32 participants

- 10 September 2015 at The Circle. 13 participants
- 19 October 2015 at The Circle. 54 participants

These events all followed the framework set in the single presentation, although they were individually organised and led by the constituent organisations. The event on the 19 October, run by Sheffield Health and Social Care NHS Foundation Trust, was organised slightly differently, allowing service users to directly influence the content and style of the event. As the methodology was significantly different, the responses were unable to be analysed as part of the themes above, but they are still vitally important and as such have been analysed separately and the themes reported in appendix B. The feedback was not found to be significantly different to the themes from the rest of the activity.

Survey

An online survey was developed which replicated the format of the events. The presentation was made available online and linked to at several appropriate points during the survey to give respondents the same information as event participants. The survey link was distributed through partner and community networks. Twenty one responses were received.

Voluntary and community groups

A member of the engagement team was invited to discuss the presentation, questions and discussion themes with the Diabetes Support Group in Norfolk Park on 31 July 2015. The group consisted of eight participants. Their responses were captured and included in the overall analysis.

Communication

A flyer and poster was produced with details of the engagement activity and how people could participate. 7,000 flyers and 250 posters were printed and sent to GP practices, pharmacies and libraries across the City.

An article with information about the project and the different ways to be involved was included in several Involve Me, HealthWatch Sheffield, Sheffield Health and Wellbeing Board, NHS Sheffield Teaching Hospitals membership, Voluntary Action Sheffield and Equality Hub newsletter editions between May and August 2015.

The information was also shared to the workforces of all the partner organisations through staff communications.

Web and social media

Information about this project, as well as details of how to be involved were made available on all the partners web and social media channels throughout June to September 2015, including websites, Twitter and Facebook.

Websites

The combined web and social media reach of all partners across the city is 24,496. Using these channels the following number of interactions was made.



Twitter

Total number of tweets - 73

Total number of retweets - 38

Total number of favourites – 26



Facebook

Total number of posts – 25

Total number of likes – 5

Total number of shares – 6

What next?

This engagement report begins the process of engagement phase three. Those who have contributed to the previous engagement phase are asked to reflect on this report and comment on whether there are any omissions to the process or key themes.

All comments received throughout this project are available to view at www.sheffieldccg.nhs.uk.

Appendix A - Full results

Do you recognise these issues?

Yes	98%
No	0%
Don't know	2%

To what extent do you feel that health and social care services can't just do more of the same?

Strongly agree	51%
Agree	31%
Neither agree or disagree	11%
Disagree	2%
Strongly disagree	5%

How far do you agree that these ideas are really important for the people of Sheffield?

Strongly agree	42%
Agree	46%
Neither agree or disagree	9%
Disagree	2%
Strongly disagree	1%

Would these ideas improve things for you and people you know?

Yes	62%
No	9%
Don't know	29%

Appendix B – Sheffield Health and Social Care Trust event – 19 October

Better out of hours GP surgeries in more places

- Mixed routes of accessing services when experiencing a crisis
- Having access to urgent care appointments would save money, reduced attendance at A&E and provide additional support e.g. telephone access and quicker access to GP advice and support
- Have positive and friendly approach to mental health issues
- Have staff with mental health awareness
- Learn from good practice

How can we make sure service users, carers and staff are treated in a respectful and compassionate manner?

“Not having to battle to get an appointment”

- Better access to enhanced services
- Compassionate approach
- Better support and communication for carers
- Using lived experience to influence improvements
- Support holistic treatment and self-care
- Treat people with respect

How can we ensure people are central in their care?

- Improved delivery of care and involvement in care decisions
- Co-production and involvement
- Improved communication
- Use of digital technology and improvement in skills
- Treat mental and physical health together
- Peer support
- Improved policies and procedures
- Challenge stigma
- Improved training and skills

How can we improve the way we respond if you have an emergency or crisis?

“Why do they treat physical health before mental health in A&E; we are in distress and need help and support”

- Increased access to emergency/crisis services
- Improvement in experiences of services delivered in A&E
- Better information about what to do in a crisis/emergency
- Invest in staff
- Compassion
- Overcome barriers to accessing services e.g. language
- Work more effectively with partners
- More resources
- More/different places of safety

How can we better help you stay well both mentally and physically?

“Access based in the community”

- Better access in the community
- Working together
- Co-production and care planning
- More community cohesion – e.g. increased access to community services and support

- Enhance digital skills to overcome social isolation to help people access services online
- Holistic care
- Peer support
- Respect
- Communication
- Challenge stigma

Appendix C - Legal Framework for engagement activity

Transforming Participation

NHS England published 'Transforming Participation In Health and Care – The NHS Belongs To Us All' in September 2013 which sets out how the vision for patient and public participation, outlined in the NHS Constitution and Health and Social Care Act 2012, will become a reality. It states that there are six key requirements for NHS commissioners:

- Make arrangements for and promote individual participation in care and treatment through commissioning activity.
- Listen and act upon patient and carer feedback at all stages of the commissioning cycle – from needs assessment to contract management.
- Engage with patients, carers and the public when redesigning or reconfiguring healthcare services, demonstrating how this has informed decisions.
- Make arrangements for the public to be engaged in governance arrangements by ensuring that the CCG governing body includes at least two lay people.
- Publish evidence of what 'patient and public voice' activity has been conducted, its impact and the difference it has made.
- CCGs will publish the feedback they receive from local HealthWatch about health and care services in their locality.

Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution. Specifically, CCGs must involve and consult patients and the public:

- In their planning of commissioning arrangements.
- In the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them.
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations.

The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services.
- The development and consideration of proposals for changes in the way those services are provided.
- In the decisions to be made affecting the operation of those services.

Gunning Principals

The four 'Gunning Principals' are recommended as a framework for all engagement activity but are particularly relevant for consultation and would be used, in the event of a judicial review, to measure whether the process followed was appropriate. They are that:

1. We engage when proposals are still at the formative stage.
2. There are sufficient reasons for proposals to permit intelligent consideration.
3. There is adequate time for consideration & response.
4. Responses must be conscientiously taken into account.

It is recommended that, alongside the project plans, the engagement proposals are shared with the Joint Health Scrutiny Committee at the earliest opportunity to ensure that the proposals are appropriate.

Appendix D - Our engagement approach

Equality Impact Assessment

An Equality Impact Assessment is undertaken to systematically analyse any proposed changes to services to identify what effect, or likely effect any potential changes could have on 'protected groups'. The assessment highlights certain communities that may be more affected by changes

and will therefore require extra efforts to include them and allow them to have their say on our proposals. As this engagement activity will not result in direct changes to services, an Equality Impact Assessment was not undertaken. If the plans outlined in this engagement activity progress, a full Equality Impact Assessment will be undertaken for each project as part of the engagement phase.

Engagement phases

- Phase one – Collating pre-existing feedback regarding services and using these to develop ideas.
- Phase two – Engaging with the public regarding our potential ideas for the services and using this feedback to influence our decisions. Specific focus is given to engaging with groups identified by the EIA and other affected groups (service users).
- Phase three – Checking back with the public and all other engaged groups about what we have heard and what we plan to do. Giving an opportunity for people to comment.

Appendix E – Event methodology

Interactive voting

The above questions were asked as part of every engagement activity using slightly different methods. At one event, an electronic voting system allowed participants to register their response using a handset, with the overall result of each question being displayed back to the room. This allowed participants to put their own response into context of other people's views. During smaller events, a paper based response form was used, which allowed participants to record their response which was then totalled up after the event.

The results of these voting questions are included in Appendix A.

Discussion groups

A flexible approach to the style of each event was taken, responding to the numbers of people participating and the way that they wanted to converse about the subject. The three main styles of facilitation that occurred were:

Open space sessions

This method was used at the larger opening event at Sheffield Town Hall. Each topic was designated a space within the venue with a facilitator prompting discussions and contributions being captured on a flipchart board. Participants were then asked to move between the discussions that most interested them. People were free to spend as much, or as little, time as they wanted in the spaces, and can contribute as much, or as little, as they wanted to the discussions. Participants were encouraged to practice the law of two feet, which is:

“If at any time during the discussions today you find yourself in any situation where you are neither learning, nor contributing, use your two feet, go someplace else. If in a discussion group you have heard what you want to hear and said what you want to say, you are encouraged to quietly withdraw and become either a Butterfly or a Bumble Bee. A Bumble Bee joins another

group, perhaps fertilising it while a Butterfly flits around, possibly the tea-table or idea wall and joins other Butterflies for informal discussion – if you are a butterfly, please try to capture your reflections and share them on the idea wall or with one of the facilitators.”

Facilitated sessions

At smaller events, a more controlled, facilitated session format was used. This gave smaller self-selecting fixed groups the opportunity to discuss the topics. Participants were encouraged to capture their own comments on flipchart paper provided. A facilitator was also present with each group to record the discussions.

Open question sessions

At some events, participants were more interested in asking questions directly to the presentation speaker which resulted in an open room session. These discussions were captured by a facilitator and added to the appropriate topic feedback for analysis.

Digital ideas wall

During the first event at Sheffield Town Hall a digital ideas wall and digital upskilling session was run by Heeley Development Trust’s Online Centre.

Attendees were given demonstrations in the use of iPads and Twitter. They were asked for their opinions, which were added to Twitter using the hashtag:



#Sheffield2020Care

All the Twitter comments were projected onto a screen, showing the live discussion both inside and outside the room.