Third Sector Engagement Event
Monday 10 July 2017
St Marie’s Church Widnes

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Welcome and Introductions

The session was opened by Ruth Austen Vincent (Patient and Public Involvement Lay member for NHS Halton CCG) and Rachel Jones (Patient and Public Involvement Lay member for NHS St Helens CCG)

Ruth and Rachel thanked everyone for registering for the event and also introduced other key CCG staff and colleagues from the Commissioning Support unit:

- Paul Steele – Engagement, Involvement, Communications and Patient Experience Lead – NHS St Helens CCG
- Des Chow – Engagement and Involvement Manager – NHS Halton CCG
- Jo Navin – Senior Engagement and Communications Manager – Midlands and Lancashire Commissioning Support Unit

Attendees

The event was attended by 27 people with representation from the following:

- Healthwatch St Helens
- Halton and St Helens VCA
- Wellbeing enterprises
- Care Grow Live
- Bridgewater
- Healthwatch Knowsley
- SHAP
- Disability Partnership
- St Helens and Halton Citizens Advice
- Pilkington Family Trust
- Older peoples group

Aim of event

Ruth and Rachel provided an overview of their roles and discussed the aim of the event which is:

To bring third sector organisations together to ensure that NHS Halton CCG and NHS St Helens CCGs better engage with you about local health proposals at both STP and LDS level
What is an STP?

Ruth asked delegates by show of hands how many people could describe an STP? It was clear that there is still confusion by a number of people. A short video was presented which was developed by Healthwatch Essex. The video was developed to try and simply what an STP is by a young person asking senior health leaders some key questions and them trying to explain to a 10 year old. Video clip and be found by clicking here

NHS Five Year Forward View

An overview was presented around the Five Year Forward view; the key areas discussed are as follows:

- Strategy
- Identified the increasing gap from the growing demand for NHS services
- Several areas highlighted for change to address gap and ensure NHS services continue to be safe, effective and sustainable after 2021.
- NHS England established 44 ‘footprints’ (including Cheshire and Merseyside)

Local Delivery System

Following on from the STP an overview was provided:

- Cheshire & Merseyside footprint one of the largest in England.
- Divided into three Local Delivery Systems.
- The Alliance is one of the LDS and made up of four CCGs (Warrington, St Helens, Halton and Knowsley) and 5 NHS providers (5 Boroughs Partnership, Bridgewater, St Helens & Knowsley Hospital, Warrington & Halton Hospital and Southport & Ormskirk Hospital).
- Plans submitted by the alliance will present options and models for the local health system to address the shortfall.
Cheshire and Merseyside – Four Key Priorities

The Alliance LDS has identified four key priorities and are as below.

- Supporting People to live healthy lives for as long as possible.
- Making sure people get the support they really need in relation to their health, by ensuring all the people involved work together so that people only end up in hospital when they really need to. (This includes the person involved, family and friends / carers, community and voluntary sector, local authorities, health, police, fire service and any other services involved)
- Developing hospital and related services that work for everyone
- Ensuring technology is used in particular to support people in staying in their own homes

Overview of work streams

Jo Navin from the commissioning support unit provided an update of the workstreams of the STP and LDS and are as follows:

- Women's and Children's
- Neuro network
- Cardiovascular
- Learning Disabilities
- Urgent Care
- Mental health
- Cancer
- GP forward view

Jo presented the plan on a page for the workstreams which clearly identifies that engagement and communication is a key enabler across all areas of work.
Jo then talked in more detail around each area and how third sector can support this work in the future. Work areas:

**Women’s and Children’s**

The case for change: Clinical quality challenges, inadequate access and rising costs

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**Neuro Network**

The case for change: Improved outcomes and more efficient delivery of care through increased collaborative work

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**Cardiovascular**

The case for change: Refocusing on preventative care to reduce emergency admissions in light of increased demand and poor outcomes
### Learning Disabilities

#### The case for change: Reducing reliance on inpatient facilities and improving outcomes for those with LD.

**What the media says...**

- "Home care providers hand back 'unsustainable' contracts to local councils" – Homercare.co.uk, 20 Mar 2017
- "Wavertree care home put into special measures" – Liverpool Echo, 11 Jan 2017
- "Liverpool’s social care workforce has been cut from 1,300 staff to 700, so far." – Community Care, 15 May 2016
- "Regulator prosecutes Liverpool care home over safety" – Nursing Times, 6 Mar 2017

#### In Cheshire & Merseyside:

- **35,896** estimated number of people of the LD population with learning disabilities.
- **7,775** number of carers living with someone who are known to services.
- **1,780** number of children aged 0-16 known to have learning disabilities.
- **2,267** adults in Cheshire and Merseyside are estimated to have autism. It is unknown how many have learning disabilities.
- **14,582** adults in Cheshire and Merseyside are estimated to have ADHD. It is unknown how many have learning disabilities.
- **54%** of adults with learning disabilities in Cheshire and Merseyside are estimated to have difficulties in education, employment, and independent living.
- **30,000** estimated number of LD adults with learning disabilities, of whom it is unknown how many face significant barriers.

### Urgent Care

#### The case for change: Inadequate access, variation in services and rising costs.

**What the media says...**

- "Ambulances waiting for hours at Mersey hospitals as local A&E’s are hit with surge in patients" – Liverpool Echo, 2017
- "Underlying financial position of NHS ‘not sustainable’ as deficit revealed" – Wirral Globe, 2017
- "GP’s should do more to take pressure off A&E departments says May" – The Guardian, 2017

#### In Cheshire & Merseyside:

- **88%** of patients who attended A&E were seen within 4 hours against a national target of 95% over the last 12 months.
- **+6%** increase in the number of patients arriving by ambulance, between 2015-16 and 2016-17.
- **16.7%** increase in the number of patients accessing Cheshire and Merseyside A&E in the last 12 months.
- **37%** of patients admitted to hospital were admitted to A&E.
- **4,896** admissions could be avoided by improving Ambulatory Care Sensitivity rates.
- **60%** rise in the number of beds lost due to NHS and Social Care cuts.
- **3** key national target missed year to date for the North West Ambulance Service – inadequate response to Red Calls 28/56 patients responded to non-life threatening and serious conditions within 8 mins.

### Mental Health

#### The case for change: Inadequate access, poor outcomes, and sustainability challenges.

**What the media says...**

- "St Helens, Knowsley and Liverpool have some of the highest numbers of people living with mental health problems in England" – Liverpool Echo, 10 Oct 2016
- "Our Lacking Mental Health Care Is Leaving Vulnerable Mothers With nowhere To Turn" – Huffington Post, 15 Mar 2017
- "Local mental health and community Trust No.1 for staff satisfaction" – Chester Chronicle, 31 Mar 2017
- "Liverpool’s first community hub offering mental health support opens" – Liverpool Echo, 3 Feb 2017

#### In Cheshire & Merseyside:

- **23%** of the population is estimated to have a mental health problem.
- **25%** of young people have a mental health problem.
- **0.99%** of the population is estimated to have an addiction problem.
- **8.1%** of people in Cheshire and Merseyside are estimated to have a long-term illness and are bed bound in their own homes.
- **£57.9m** allocated funding from the combined council for mental health in CMB to 2021 to support improvements.
- **45%** of people with a mental health problem in Cheshire and Merseyside are on waiting lists for treatment.
- **4x** increased likelihood of a patient with a mental health problem developing from untreated complications.
Cancer

The case for change: Improving early detection and treatment, variation in services and rising incidence/costs

What the media says —

“Liverpool to get new Cancer Centre” – ITV News, 14 Mar 2017

“Cancer: Thousands surviving in UK decades after diagnosis,” BBC News August 2016

“Clatterbridge Cancer Centre’s proton beam to be used in ground-breaking research” – Wirral Globe, 24 Mar 2017

“Wirral’s Clatterbridge Centre rated outstanding by health watchdog” – BBC News, 1 Feb 2017

In Cheshire & Merseyside:

>20% variation in survival differences in new cancer patients

>8% increased variation in early detection rates

6 areas in the Liverpool city region have lower life expectancy than the national average. Much of this can be attributed to obesity, smoking, alcohol use and poor diet. Cancer incidence and mortality rates are much higher in deprived communities than in wealthier areas.

3.4m

~2x estimated increase in NHS costs related to cancer. From £1.7bn to £3.4bn (or £3.5bn to £7bn if all services are included)

Cheshire and Merseyside Delivering the Five Year Forward View

GP Forward View

The case for change: Increased pressures, workload and vacancies, reduced morale, unwarranted levels of variation and deteriorating levels of access

What the media says —

“Sudden closure of Windmill Hill GP Surgery leaves patients worried” – Runcorn and Widnes World, 3 Mar 2017

“GP whose Walton surgery was slammed by CQC faces tribunal over illegally supplying drugs” – Liverpool Echo, 8 Jan 2017

“Work being done to shorten GP waiting times in Halton” says CCG chief following senior doctor’s comments” – Liverpool Echo, Dec 2016


Group Work

Paul Steele and Des Chow introduced the group work and provided an overview of the key areas for discussion: areas as below

- Is there work already happening in your organisation or local area which is linked?

- How can you support the STP and work streams?

- What local groups or organisations can get involved?

- How can we best engage and work with you as an organisation/sector?

Each table discussed each of the above areas and came up with a list of points for each area.
Feedback from Groups.

Is there work already happening in your organisation or local area which is linked?

- Sign Post - spend time with people/ friendly
- Voice can reach people - public voice heard
- Social prescribing help and support
- First point of call
- Listen to people and ask questions - “how was it for you?”
- Deliver a wide range of services
- Practical help, support and interventions
- Doable / manageable
- Meaningful for people
- Consortium in St Helens and Halton to act as a voice campaigns and engagement for elderly: loneliness (J Cox), cancer in later life, trustees December conference
- Black and ethnic minority: preventive services
- Service directory – is there one that could support all organisations in knowing what services are out there. VCA directory could support this.
- Speech and language services available in area
- Support and development service for cerebral palsy new centre about to open in Runcorn that support learning for people children with cerebral palsy.
- Deafness Resource centre

How can you support the STP and work streams?

- Leadership from the NHS
- Need more clinical data
- Extended hours? - Ask people who use services what works
- Structural changes in the NHS in needed and respect
- More credibility for vol sector (feel valued)
- Navigate systems - tell people what’s happening
- Engagement events: local, national, local: current
- Transparent sign posting: tent in town
- Collaborating to get messages out
- Make better use of IT and share info about services.
- Need to support services in getting out and telling people about the support they can offer so that these community services can be built into the work streams
- Could bring organisations together with a common theme mental health or children and young people to support and develop collaboration and joint services. (Third sector consortium is doing this to an extent but needs further development
What local groups or organisations can get involved?

- Wider range and opportunities
- Shift in change from less coms more engagement
- Engagement/ comms/ consultations
- Newsletters outreach
- GP systems to flag up needs
- More promotion services available (mapping)
- Share positivity
- Support urgent care more
- Use more technology/ apps/ challenges/happy places
- Case studies are more powerful
- Have time to talk to members and feedback
- Consortium: Andy Woods
- Mental health (Dave)- Link patients into services and sign posting to the right place
- Parents/ carers – It was commented on that individuals / families with issues and concerns can if they can’t access support easily develop self-help groups – these need to be sought out to ensure that support is given in part to enable them to grow and also to ensure that they have good information flowing through them
- Happy Hands – Self-help group for families affected by deafness
- Schools / Nurseries / Children’s Centres
- Discussion about private sector providers specifically focused on care homes. Third sector has a lot to offer in this setting e.g. deafness resource centre tried to provide services they offer to care homes and couldn’t get in – Commissioners could facilitate this and develop services available in care homes – Ruth mentioned this links to work that has been developed around vanguards in NHS and care homes.
  This lead to a whole discussion about the poor pay of care workers and nursery workers and the lack of a career pathway (pointed out by the women and work commission) – This needs to change but requires national intervention

How can we best engage and work with you as an organisation/ sector?

- Trust is placed in voluntary sector
- Resource reducing and confidence from public in voluntary sector
- More meaningful events every quarter with tracking of work streams using existing mechanism
- Via website
- Grape vine isn’t working within 3rd sector- less resource
- More outreach
- What isn’t there?- Don’t hide things
  1) Accountability: who’s who?
2) Need better connection of work streams and priorities: mapping and organisations

3) Better acknowledgement of 3rd sector in decision making: communication
   - What does 3rd sector involvements look like?
   - What will be funded - What does the future look like?
   - Austerity
   - Centre managers and other individuals in the third sector used to have time to support networks. This is no longer the case as they have fewer staff. This is very important for a vibrant sector that is making the most of the resources available
   - Would be good to look to how networking or communication champions could be supported between third sector and stat sector to support individuals and organisations in accessing the range of services needed.
   - Develop knowledge and support the addressing of stigma related to people’s different needs whether that be hearing impairment, substance misuse, lack of understanding of impairments people have e.g. experience of statutory staff getting spina bifida and cerebral palsy confused.
   - Third sector and community groups provide significant support in relation to arrange of health needs and in particular mental health linked to having a conditions etc. Third sector is not values or respected as a provider of services in the health care system and is very often not part of the referral pathway so people remain isolated from the services they need.
   - It would help the third sector if it was possible to access a team of specialists together who could support people in relation to physical and mental health in one place.
   - Need clear contacts in primary health care / with GP’s for third sector to access.
   - If the third sector is to be engaged then procurement needs to develop and change so that:
     - Procurement processes have a clear understanding of what community needs are from the perspective of community group and individuals built in.
     - Ensure that links between service providers are not lost if a provider changes

Feedback presented back to the group
1) Volunteers can support breadth/ diversity - Meaningful outcomes and opportunity
2) NHS shift from comms to engagement and solutions
3) Clear and relate to shape

1) Respected and valued partners - Volunteering etc.
2) Procurement locally
3) IT share, self-care network
1) Communication, great examples- Age UK  
2) Connect work streams  
3) Accountability  

**Three Priority Themes identified**

- Developing respect and value for the third and community sector, seeing them as an equal partner able to add value to all areas of work. One way in which this is done is through the development of volunteering and the community gains this brings.  
- Developing procurement policies that enable the community and third sector to play a full part in service delivery. Developing policies that enable the community gain that the third sector brings to be valued alongside other priorities  
- Further developing communication with third sector and between community and third sector groups. Specifically consider  
  - How IT could be better used to share info and inform all organisations on services that are available  
  - Tapping into self-help and social media conversations and considering how to enable support for these conversations from third sector groups and health services.  
  - Develop networking this needs a purpose and it needs resourcing – many of the networks are struggling to keep going because they don’t have co-ordination resource  

**Next Steps**

Paul updated the group on the next steps following this event and shared with the group that this is a start of a selection of third sector events over the next 12 months to ensure continuous engagement and involvement from the third sector when CCGs are working on STP and LDS workstream to ensure expertise are utilised.

**Close**

Ruth and Rachel closed the event by thanking attendees for coming along and participating in the event. They then reiterated to the group that more events of this kind will take place to ensure the third sector is fully engaged going forward.