

Notes of the Working Together Steering Group

Wednesday 5th December 2018

Oval Centre, Workington

In Attendance:

- Richard Pratt (**Chair**) (RP)
- Julie Clayton (JC)
- Jan den Bak (JdB)
- Sandra Guise (SG)
- Rebecca Hanson (RHa)
- Christine Harrison (CH)
- Deb Lee (DL)
- Ged McGrath (GM)
- Janet Riley (JR)
- David Rogers (DR)
- Stephen Singleton (SSi)
- Sue Stevenson (SS)
- Jon Ward (JW)

Agenda Item 01: Welcome and Apologies (RP)

The Chair welcomed people to the meeting which was, followed by a round of introductions.

Apologies were received from: Ali Atkinson-Budd, Liz Clegg, Christina Cuncarr, Mahesh Dhebar, Stephen Eames, John Howarth, Jon Rush, Yvonne Fairburn, Elizabeth Van Oudgaarden

Agenda Item 02: Reminder of Purpose (RP)

RP Reminded everyone about the vision and the key words reflecting the values and behaviours that reflect how we do business. These had been discussed at the last meeting; concerns were fed back to the system.

Agenda Item 03: Notes of Meeting held on 19th September 2018

The notes were agreed as an accurate record of the meeting.

Agenda Item 04: Co-Production Toolkit

JC introduced the Toolkit and explained the background and the community involvement. The system is live but will not be promoted until January to give as many people as possible the opportunity to provide feedback so additions / amendments can be made.

JC had the toolkit on the screen and went through the key features and how it had developed. The link to the toolkit is <http://www.northcumbriahealthandcare.nhs.uk/making-it-happen/co-production/co-production-tool-kit/>

RP asked for thanks to be passed back to Paul Day for all his hard work.

JW asked who were the target audience and JC explained that it was for anyone who was interested including people from outside the area. JW asked what was happening in other areas, JC & SS explained that there were areas of good practice but primarily around specific projects and not the more wide range of challenging areas that we are covering.

There is a feeling that co-production works well on specific projects but can be difficult to incorporate into day to day business. SSi explained the role of care planning and although they don't use the word 'co-production' it is a form of co-production.

SSi stressed the importance of being clear what can and can't be changed at the start of any programme of co-production. She also felt the NHS was trying to be more open.

SSi talked about the formal mechanism the NHS uses in engaging with community representatives such as wellbeing boards, OSC and lay members / governors on NHS boards.

He also explained that the Toolkit was part of a training tool, you would learn a lot going through it. However, some areas could be developed into a training programme that people could take part in.

Agenda Item 05: Reflection on Journey of Co-production – how to involve more people

RP tabled a paper which he had put together after a letter from Voice, to start the discussion on reflecting how far the group has developed. (Paper attached.)

There was a discussion covering the headings on the paper. Key points were: the different perspectives; is the structure right; setting the agenda; milestones and achievements; how to get more people involved. There was also a discussion about what the process would be for taking this forward.

Some concern was expressed about whether this meeting was still working as the numbers attending are reducing or if the process needed to adapt. JW felt the group was waiting for information coming from the Independent Review Group, chaired by Dr Bill Kirkup, as this would give the group something to focus on

DL was concerned there was a disconnect between the NHS, the strategy, and a reduction in budgets. She had become aware of a review of outpatient services to look at savings but had only found out about it because of her involvement in the Telehealth group. How does the group link to the wider NHS agenda and she felt there should be more representation from the provider side of the NHS.

JdB felt that a weakness of co-production was not having all of the information. RHa wanted to remind everyone that the focus of the group was maternity & paediatrics.

This led to further discussion as to whether the focus of the Steering Group should remain maternity & paediatrics or had it reached a point where it needed to look at wider issues.

The role of West Cumbria Community Forum in relation to the Steering Group was also discussed but no decisions were reached.

JW expressed his disappointment that co-production was not really happening at an ICC level. There was a mention of the work going on with GP Patient Participation Groups and linking them with their local ICC.

GM talked about the analogies of schools and governors and that it works because they have a shared vision – but he wasn't sure the group have that. If working towards same goals co-production should work but if not then if won't.

It was felt that the vision is the same but the perception of what the problems are and finding solutions to them is different. DR explained that funding was just one issue, as nationally there was a shortage of key clinical staff.

SSt explained the background to WCCF and that it had started from an unhealthy place, to improve communications between the NHS and the community. This group came from a specific piece of work – the consultation. Now was an opportunity to look at how to make the best of both groups going forward, the two groups are often attended by the same people.

The Stroke event held last week had brought together lots of people from a variety of different areas to look at what was happening and how to improve it. It had been a very good meeting; the next one will be in the new year.

SG talked about the Maternity Voices Partnership, which is a statutory requirement so would have happened without co-production.

It was recognised that some of the sub groups have widened their agenda to look at the wider system and are no longer focussed just on maternity & paediatrics.

RP felt that the real change would come from the work of the sub groups and that the need was for a way of holding the information together to have an overall picture. Has this group achieved anything or is it all happening in other places.

SSi explained that we are living in an era characterised by lack of trust – people no longer trust experts or politicians. Lack of trust is a fundamental catalyst to why it has to be different – trying to build more trust across a variety of forums. There will always be angry people; it's worth remembering that a significant number of the audience of the public meetings were staff who were angry too. Community and NHS staff are the same in many respects as it is a big employer in the area.

It was recognised that for a lot of people understanding would probably not be different now if we went through the process again – building up of trust is slow and we have to get to a place where community is engaged with its services enough to trust themselves.

The overall vision is the same as it always was – sustainable safe service. We need to be more productive, the population needs to be healthier with less reliance on hospital services and the wider system and making more use of community based initiatives and the public health and wellbeing agenda.

A bigger challenge is for everyone to trust each other more – some of the language can still feel confrontational, including for staff.

Agenda Item 06: Health & Wellbeing Strategy – discussion of group input

Not discussed

Agenda Item 07: MVP

SG gave information about a review workshop being held on 10th Dec at WCH to review the work of 2018 and to identify priorities for next year. There will also be another workshop looking at developing a facilities statement to go alongside the clinical view of what facilities are required.

They are taking time to celebrate the involvement and to tease out the frustrations with process to improve the way things work. They will also be looking at governance issues. The group still has a role to play in asking the awkward question and putting challenge into the system.

Agenda Item 08: Recruitment & Retention Group Update

JC said it has been a challenge for the group to get to where it needs to be, but the new director of HR is in post and the HR/OD team is now much more involved.

The group have moved their meetings to the hospital site to make it easier for staff to attend.

GM said there was some concern that the narrative that comes up on social media is one of the barriers to recruitment and how do we manage the process to change that narrative.

DR explained that there is a national shortage in everything except obstetrics. So even large teaching hospitals are struggling to recruit.

RHa gave information about the County Council presentation about workforce planning and major issues across Cumbria of a workforce crisis in the near future.

Agenda Item 09: Telemedicine Update

DL highlighted a presentation from the Western Isles on how Attend Anywhere works. They run a respiratory clinic where the Consultant is in London.

She stressed that equity of service across Cumbria is really important and we need to advocate for areas that are struggling. The NHS has always been a central service although it's trying not to be which is why ICCs are important.

Attend Anywhere is easy to use as it requires a low band width and has a 3G secure system working off the NHS system – high quality shared screen function can look at results and x rays.

Patients go into a virtual waiting room which tells you where you are in the queue. Evidence from the Western Isles shows reduced waiting times, 40% virtual consults saved 10k in patient travel, patient feedback is excellent, including bad news scenarios.

There was also an example of the type of equipment, showing that Patients would go to local centre where they had the equipment which would share high quality pictures with the consultant who was somewhere else.

There is now recognition about the possible value of this with local consultants.

Agenda Item 10: Children’s Group Update (EH)

Not discussed

Agenda Item 11: Care at a Distance (LC)

LC had provided a written update as she couldn’t attend the meeting.

The group has been reviewing the way it works and why it is there and who should be involved. There is a real will to keep it going and to address issues that come up.

As a group, the members would like to be informed/engaged earlier in the planning of new services or service changes, especially where a change in where a service is going to be delivered from is an early part of the plans. There are several factors about where a service is delivered from which can impact greatly on the quality of the experience of care that the patient receives, e.g. Hilltop Heights is not a good place for a lot of patients with mobility problems, having to use public transport.

The group recognises that while some problems are very difficult to solve and have been around a long time, others can be improved fairly easily if they are discussed with the right people.

From the co-production point of view, this is a good group as several organisations are represented there regularly, including third sector organisations and appropriate local authority officers. There are interested lay people also involved and everyone is listened to with respect.

Agenda Item 12: Feedback from other groups (JC)

Not Discussed

Agenda Item 13: Matters for discussion – topics for next meeting (RP)

RP suggested that members of the group take time between now and the next meeting to consider what the way forward might be.

RHa suggested a Community Event where people could drop in and share information with opportunities to feed back into the system.

RP stressed that the January meeting should not just be a rerun of the conversation at this meeting but of ideas on how to do better. With some idea of what sufficient progress for the group would look like.

There was a suggestion of asking SE and senior team what issues they are dealing with, where coproduction might help.

DR said that the report from the Independent Review Group is likely to be available around May/June.

Agenda Item 14: Feedback for our networks (RP)

Not discussed

Next Meeting – Wednesday 23rd January 2019 Excellence Suit, ENERGUS, Blackwood Rd, Lillyhall

Followed by:

- Wednesday 20th March 2019
- Wednesday 1st May 2019
- Wednesday 12th June 2019
- Wednesday 24 July 2019
- Wednesday 18th September 2019
- Wednesday 30th October 2019
- Wednesday 11th December 2019