



**Summary of the Public Meeting held at the Melksham
Assembly Hall on the 25th January 2017**

**Re the B&NES, Swindon and Wiltshire Sustainability &
Transformation Plan – (STP) Public Engagement Event**

**Organised and hosted by Melksham & District Seniors’
55+ Forum**

**Independent facilitation provided by Wiltshire and
Swindon Users’ Network**

January 2017

Foreword

The decision of Melksham & District Seniors 55+ Forum to host a public meeting on the subject of the B&SW STP proposals at the expense of the Forum, rather than wait for the public sector to perhaps hold a meeting was on the grounds of urgency. We believed it was essential to demand that the public views and input should be heard early, rather than wait for a report to eventually feed into the public domain.

It had become rather obvious to Melksham Senior Forum that not many of the Public and even local Councilors knew exactly what STP's are and where they come from. Nor even what it will mean to local communities. As previously stated we strongly believed that the voices of the public should have been heard earlier, per the advice given by the Government and NHS England, yet little information about the STP was actually in the public domain from Wiltshire CCG, as per the guidance given to them by NHS England.

The term was first coined in NHS England's Delivering the Forward View: planning guidance [2016/17-2020/21](#). Essentially, this set out a blueprint for how the NHS in England was going to deliver the key aims of its five-year plan, the Forward View, which had been published in 2014.

The plan was based on taking a much wider view of health and wellbeing, with an emphasis on a more joined-up, place-based approach. Crucially, these join-ups expressly included collaboration between mental and physical health, and between health and social care, with a view to keeping people healthier for longer; in their homes; and not having to go into hospital unless they absolutely needed to, it also made specific reference to Care in the community, older and vulnerable people.

The planning guidance, published in December 2015, divided England into 44 large areas, called 'STP footprints'. In each area, the NHS was charged with coming up with an STP, to reorganise healthcare provision and delivery. The aim was for more healthcare to be delivered in the community via primary care and NHS community trusts, with less of the focus on large, central hospitals.

There was also explicit recognition that those involved with putting the plans together needed to include everybody. In those guidelines there is specific

reference to the obligations placed on the likes of local CCG's, the Government and NHS England's view is;

It will only be possible to achieve these goals by working together. This means patients, the public, carers, clinicians, stakeholders and individual local health organisations (such as GPs, hospitals and local authorities) joining forces to agree a plan to improve local health and care services.

These local plans for better health and care are known as STPs. They will support the delivery of a national plan called the Five Year Forward View (5YFV). Published in 2014, it set out a vision of a better NHS, and the steps we should take to get us there by 2020/21.

To succeed, STPs will need to be developed with, and based upon, the needs of local patients and communities and engage clinicians and other care professionals.

Melksham Senior Forum is demanding that the explicit recognition by the Government and NHS England that those involved with formulating the B&NES, Swindon and Wiltshire STP plans need to include all the partners including local patients and communities.

From our perspective, clear defined leadership is needed in developing a shared vision...learning and adapting...and having an open and iterative process that harnesses the energies of clinicians, patients, carers, citizens all our local community partners, including the independent and voluntary sectors, and local government. The STP proposals must ensure that at the heart of the plan is far better integration with local authority services, including, but not limited to prevention and social care, but must also include maternity care. What we all need to realise is that STPs are here; are happening; and will start being implemented this year. That they are likely to have a significant impact on the way that healthcare, in the broadest sense, is organised and delivered in our area. For that reason alone, they will have an impact on social care and other services.

Our argument is that when things start to move from plan to implementation and reality intrudes, is the time for not only CCG, the acute hospitals and the Council to be 100% involved, but also the public to show just what it can do and can offer. Which is exactly why our Senior Forum held this public meeting to enable the

public to not only learn about the local STP plan but engage with it. In practice, the links with social care have been very patchy, almost to the point of non-existence in many cases across the Country, we must not allow that to happen here in Wiltshire

There are in our view a number of reasons for this. Firstly, the NHS imposed highly unrealistic timescales to produce highly complex plans – they were originally meant to be completed in a three-month timescale and submitted to NHS England in June. Although the deadlines were subsequently extended until late-October, there was no time or opportunity to go back and revisit things from the start. It also meant that those involved came from a narrow band. It wasn't just social care that felt excluded: surveys showed most GPs felt uninvolved and not consulted.

This was compounded when the individuals charged with leading the process came from the NHS, didn't have the right level of relationships with social care providers or local government and didn't even seem to know how to go about getting them. In 40 out of the 44 STP footprints, the process was led by a hospital trust chief executive, or their counterpart in a clinical commissioning group.

In addition, there were, and are, very different cultures – an NHS whose natural bent is towards working with what it sees as equivalent large-scale organisations, rather than at the scale social care operates – and enormous financial pressures bearing down on all health and care services. As such, it was never entirely clear to many people whether the aim of STPs was to develop a truly integrated health and care system, or whether it was to fix the NHS' financial black hole (hospital trust deficits reached almost £2.5bn last year).

If that wasn't enough, many believe that NHS England imposed secrecy (or at least gave contradictory advice) about the plans, not allowing any degree of proper public engagement and involvement. This meant that even when social care providers asked to be involved, they often got knocked back. The earlier secrecy behind the process gave others a rather free rein to define STPs as being purely about cuts. The British Medical Association has weighed in with a view that STPs risk being used as a cover for cuts and 'starving the NHS of resources'. Those above criticisms expressed are mainly those of health professional and service providers and need to be taken into account.

We now need to assess where are we and what can we do to influence what happens and get ours and other voices heard? Therefore it is now essential we speak up and ensure that our own community is fully engaged in the STP process.

Most providers have based their plans on overhauling community-based care; on reconfiguring secondary care in acute hospital trusts; and on reducing NHS costs by having providers come together to share and cut back-office costs. An in-depth analysis by the King's Fund in November 2016, showed that progress had mainly been determined by local context and history of collaborative working, and confirmed that tight deadlines had often made meaningful involvement, from social care or the public, difficult.

Difficult, but not impossible, we need to follow the example of Lincolnshire, where a strong local care association has insisted they are actively involved in the planning stage, and this is reflected in the quality of the plan. For example, there is a commitment to working across a shared care plan with information shared across sectors, and with care delivered by a health and care workforce that is equally valued.

We particularly like the Lincolnshire summary, which states, 'We will bring together doctors, nurses, mental health practitioners, social care professionals, therapists and other community based professionals to work as one team in a neighborhood, linking in with wider services and support...Staff in nursing and residential care homes will be treated as vital members of the wider integrated team, having immediate access to shared care plans. They will have a more proactive role in the care of their residents.'

Their plans are now being assessed by NHS England and NHS Improvement. The likeliest outcome is that in some shape or form, a number will get the green light to proceed to implementation this year, even if much more detailed work needs to be done. There will also be a recognition at local level that much more meaningful involvement will be needed for implementation to have any chance of success and right levels of funding must be made available.

Thanks to the Senior Forum we have started having the right conversations with people involved in the STP process. This is the first of different ways to explore

options of what our community might both give to and get from involvement, and to show people just what we can achieve by better partnership working.

The experiences of care providers in Lincolnshire, or of providers involved in the Enhanced Care in Care Homes new models of care, have shown that they can with effective partnership working bring about a more achievable STP process.

The stakes are high: this could be an opportunity for social care to also demonstrate what truly collaborative systems leadership looks like: and how with close partnership with social care and the voluntary sector it can transform the lives of people who use services. That we believe is what we need to aim for and ensure we succeed.

In addition, plans for more than 900 new army family homes in the Salisbury Plain area have been approved by the local authority. Section 106 agreement of the planning permission stipulates that healthcare must be taken into account. We therefore need to ensure that the STP proposal takes those needs into account, especially the growing essential requirements for modern fit for purpose maternity facilities in Wiltshire with the rapid increase in young families in less than three years' time and expansion of further housing in the County.

Brian Warwick, Chair - Melksham & District Seniors 55+ Forum

For further information about the event please contact:

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**Copies of the presentations are available on-line at
melkshamseniors.co.uk**

**Paper copies are available at a small cost to cover printing and
postage charges**

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BANES, Swindon and Wiltshire Sustainability & Transformation Plan – Engagement Event

INDEPENDENT REPORT

WILTSHIRE AND SWINDON USER'S NETWORK

January 2017



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Bath and North East Somerset, Swindon and Wiltshire

Sustainability & Transformation Plan (STP) – Engagement Event

Report

Introduction

This report examines responses from the general public during an engagement event held to inform local people about the Sustainability & Transformation plan and to seek their views around future engagement. The event was organized by the Melksham & District Seniors 55+ Forum and took place on the 25th January 2017 at the Assembly Rooms in Melksham.

Adverts about the planned meeting and articles about the STP were placed in the Melksham News published on the 19th January. Information about the event was also placed on the Melksham Without Website, Area Board Website and advertised through Facebook and Twitter as well as by word of mouth at previous Melksham Senior Events.

Engagement Method

The event took the form of presentations by key people, question and answer sessions, followed by round table facilitated discussions. (see appendix 1 for agenda).

Attendance

134 people attended the event of which 29 identified themselves as representing an organization. 72 people took part in the round table discussions in addition to the 10 table facilitators.

Key areas of focus based on questions asked:

1. Were you aware of the STP before the publicity about today's event?
2. How and where did you find out about it?
3. Do you understand more about the STP after today's event? Are there things that are unclear? Did you find the presentations accessible?
4. What is the best way to engage with you about how the STP is developed and carried out in order to develop and improve health and care/support services locally?

What people are saying

- 1. Were you aware of the STP before the publicity about today's event?**

Almost 73% of those people who took part in the round table discussions, were not aware of the STP before the publicity in the Melksham News about the event.

- 2. How and where did you find out about it?**

Of those 17% who indicated they were aware, a significant number reported that they had found out through word of mouth (often connected to Melksham Seniors Group). Few people appeared to have found information independently of the Melksham Seniors Group. 2 people indicated that they had seen something in the media and another person reported they had looked at a website, although the website was not identified.

3. Do you understand more about the STP after today's event?

When asked, if people understood more about the STP, following the presentations, 5 tables out of the eight reported that they did.

'Yes, get the basics and understanding of budgets, also the joining up of health and social care'

'Yes, to some extent, but there needs to be more detail including mental health'

'We know more about it, but how do we access the plan?'

However, some people felt that *'there was no substance'* to the plans and that they were *'very broad'*

Are there things that are unclear? Did you find the presentations accessible?

Slide Presentations

Lack of accessibility of the slide presentations seems to be a theme for participants for a range of reasons:

- Slides had too much information (2 tables), were difficult to see, (2 tables) font too small
- Too many acronyms used (2 tables)
- More bullet points needed rather than complex information
- Plain English/ simplified language needed

However, two tables commented that the slides were *'clear'* and *'could be read'*

Presenters / speakers

It was also felt that there were difficulties with the presentations themselves.

- Too much repetition from different speakers (2 tables)

- Speakers spoke too fast
- Speakers tried to cover too much information (3 tables)

'Presenters could have rotated round the tables, in house jargon was unhelpful and there were too many abbreviations'

STP Document

People felt it would have been better if a precis of the document had been circulated prior to the event. Others commented on the STP document or plan itself:

Document format

- Not very readable
- Lots of acronyms
- Too many complex diagrams
- Too much information
- Need for shorter easy read document
- Few links between Health and Care provision
- Where is Mental Health in the document?
- Mental Health only mentioned once in the whole document

Accessibility

The need to ensure accessibility for future engagement was also a theme for people, especially for those with hearing and visual impairments

- Good sound system needed (4 tables)
- Loop system
- Good lighting

- Enablers to help with personal care
- Think about the format of future sessions

'better to break up speakers with consultation in between'

4. What is the best way to engage with you about how the STP is developed and carried out in order to develop and improve health and care/support services locally?

Participants reported on a number key elements relating to future engagement.

Preferred format of engagement

- Smaller focus groups (6 tables)
- Specific themes/ areas eg; prescribing & medication waste (4 tables)
- More meetings like this one (2 tables)
- Public events
- Questionnaires
- Suggestion boxes in key locations
- Do not like table discussions (1 person)
- Meetings held during the daytime (some people do not like to go out in the dark)
- Accessible locations

How to tell people about engagement opportunities?

- Local newspapers like the Melksham News (5 tables)
- Parish Magazines

- Local radio - BBC Wiltshire (2 tables)
- Websites, social media, newsletters, local area board webpages although it was acknowledged that many people do not have access to the internet. (4 tables)
- Leaflets / flyers in various locations
- Through local organisations and voluntary groups; Examples given carers groups, Friends of Community Hospital, WSUN, children's centres, schools
- At other events, Example; leg ulcer club, Melksham Seniors
- Mobile library

Half the tables recognised that it was important to engage with people who were socially or physically isolated and vulnerable as well as carers. It was felt that their voices were just as important as those that could attend a meeting.

‘Ensure voice of the most vulnerable is involved’

Suggested venues for meetings / events included, cheaper or free venues, such as supermarket community rooms, Town Halls, Tourist Information, GP Surgeries.

‘Local settings for local issues’

People were concerned that they had taken part in engagement opportunities many times before and nothing had come of it. They did not feel listened to. They had received no feedback.

‘Action and acknowledgement at the end’

‘Just like with 5 / 10 year community plans – nothing happens’

‘If we engage with this, we need to feel valued and listened to!’

In Addition to the main 4 questions participants had an opportunity to ask questions and share comments about the STP and local health and social care issues.

Again there were some main areas of focus across the tables.

Person-centred approach

People felt that It was important that the person be placed at the centre of all care.

- There are currently too many organisations involved and they are not linked together.
- One person/contact should act as a coordinator responsible from beginning to end of treatment and/or care.
- Could money be allocated to patient based on predicted populations? (2 tables)

‘What has happened to single Assessments?’

Hospital Care

6 tables made comments or had questions about hospital care. Better use of community hospitals was a key theme.

- Use these facilities as medical hubs with facilities such as x-ray, Minor Injuries Units, hearing clinics and as Drop In Centre’s to ease GP workloads.
- Limited number of beds should also be available to ease Acute hospital difficulties around discharge. (4 tables)
- Could savings could be made around staff and facilities in community hospitals against operating beds from acutes?
- Early detail needed on proposed use of community hospitals

‘Think about half way house between hospital and going home’

GP's

4 tables discussed GP's and issues around difficulties getting an appointment.

- missed appointments - more should be done to inform people – some GP's offered a text service as a reminder
- Only get same day appointment via triage phone call
- Either same day appointment or 2 weeks' time. Not flexible

Another table discussed the difficulties when people are discharged home and that GP's are often unaware of the patient's history. Two way communication needed.

Pharmacy

- Greater use of pharmacies needed for minor ailments
- More publicity around costs of prescription medicines and wastage – pharmacies could play an important role in this

Self-care

3 tables discussed the issue of self-care and what would enable people to *'take more responsibility for themselves'*.

- Health education should start in schools
- Educate people about how to look after themselves especially those with long term conditions
- Those who are socially isolated need assistance to take part in social activities, which can improve general health outcomes
- Local information service providing health tips
- People unaware of what is available locally

- Lack of computer training (particularly for partially-sighted) therefore unable to use internet to access information
- Help health and fitness – Are there local opportunities and sports facilities we can access?

'Education on keeping healthy- help people to help themselves- Diet, Exercise- Be respectful, (not patronizing) We are not stupid!'

Carers

Carers both unpaid and paid were recognised as an important subject.

- Think of the role carers play in this
- How do we effectively engage with unpaid carers?
- Paid cares should be upskilled to help retain them (2 tables)

Services

- Bank holiday and out of hours services need improvement
- Audiology needs to be provided more locally
- Is the 111 service used appropriately? (2 tables)
- Mobile clinics may ease acute hospital issues
- Voluntary sector is being overwhelmed – There is a need for volunteers but they shouldn't be used to replace professionals

Future Engagement

- How do local ideas get to the decision makers?
- Next meeting needs to be more productive, this one was more about learning

- Smaller tables so everyone gets an opportunity to speak
- Feedback!
- Local focus groups to act with planners

‘Less top down, more grass roots’

Recommendations

Recommendation 1	When undertaking future engagement, Commissioners should produce a short, easy to read version of the STP which is available in advance, to enable people to be able to comment effectively, having read the information.
Recommendation 2	Engagement needs to be local and varied across the STP footprint to ensure a wide range of people including those who are isolated or most vulnerable have an opportunity to have their say.
Recommendation 3	Once people have been involved in informing the plan, feedback needs to be given in a timely and accessible way.
Recommendation 4	Opportunities for engagement need to be advertised widely and using a variety of mediums, such as newspapers, websites and through organisations.

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Appendix 1

Melksham & District Seniors 55+ Forum



An Independent organisation run by Seniors for Seniors
<http://www.melkshamseniors.co.uk>

Sustainability and Transformation Plan (STP)

Care and Health presentation on Wiltshire STP Plan

Agenda

- 1) Welcome by Tony Watts OBE - Chair South West Forum on Ageing**
- 2) Introduction by Brian Warwick - Chair Melksham Seniors**
- 3) 2.25 pm. Presentation on the Local STP Plan - David McClay - B&NES, Swindon and Wiltshire STP**

Questions

- 4) 3pm. Alison Elliot - Interim Associate Director, Wiltshire Council**

Questions

- 5) 3.25pm Mark Harris - Chief Operating Manager, NHS Wiltshire CCG**
- 6) 3.55pm Workshop & the summary of public's views**

**Introduction & Facilitation of the workshop. Louise Rendle - CEO
Wiltshire & Swindon Users' Network**

- 7) 4.30 pm. Local Partnership Working and Close of Meeting - Tony Watts OBE**