

## Summary Report

# Community Conversations about the South Yorkshire and Bassetlaw Sustainability and Transformation Plan

**Healthwatch Doncaster**

**Engage, inform, influence**

March-April 2017

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# 1 Introduction

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## 1.1 Details of activity

Following on from discussions with the Commissioners Working Together team, it was agreed that local conversations with local communities would be an ideal approach to gathering more information about perceptions of and feelings towards the South Yorkshire and Bassetlaw Sustainability and Transformation Plan.

The preferred vehicle for managed the local conversations was through local Healthwatch and Voluntary Action/CVS organisations.

It was agreed with the Commissioners Working Together team that, due to time constraints and a need to focussed conversations, local Healthwatch and Voluntary Action organisations would use their existing networks and links with communities and community groups to deliver a number of community conversations and focus group sessions.

In Doncaster the local Third Sector infrastructure support organisations were not in a position to deliver this particular service therefore Healthwatch Doncaster was asked to provide additional support for conversations with groups and communities.

There were 180 people engaged in local conversations through 9 groups and 5 local public meetings.

## 1.2 Acknowledgements

Healthwatch Doncaster would like to thank all the individuals, communities, communities of interest and organisations who took part in the local conversations or who participated online and through social media.

Healthwatch Doncaster recognises that this approach to conversations and discussions needs to be embedded and not just delivered as a one-off opportunity. Healthwatch Doncaster has committed to support further conversations in local communities about local and sub-regional changes, developments and transformation of local health and care services.

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## 2 **Headline Findings**

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### 2.1 **Style and approach**

In order to engage with as many people as possible, Healthwatch Doncaster used its networks and membership to arrange specific conversation sessions and focus groups with existing groups.

After internal discussion and conversations with some local groups, it was decided to organise a series of open access public sessions to enable local communities to engage in local conversations. There was a community conversation session arranged in each of the five localities in Doncaster.

The conversation sessions with existing groups and networks proved to be the most successful vehicle for engaging with people although there are disadvantages linked to the fact that these groups are already engaged in some aspect of health or social care and are often populated by people who are not at work.

There are also lessons to be learned from publicising public meetings to encourage more people to attend although there is anecdotal evidence to suggest that awareness of both the Sustainability and Transformation Plan and the local Place Plan is so low therefore attendance at public meetings would never have been high.

The conversations that took place in each of the local areas were supported by a topic guide, conversation prompt sheet and an overview of the online survey that participants were encouraged to access and complete.

The topic guide and conversation prompt provided support for a, generally, uniform approach across the South Yorkshire and Bassetlaw footprint although the nature of conversations is such that additional topics and points of interest are drawn into discussions. This fluidity of conversations enabled people to feel relaxed, engaged and valued – this was not a strictly formal approach to gathering views and opinions. In many cases the conversations were supported by food, drinks, informal settings and confidence in the fact that the organisations leading the sessions were independent and impartial.

The independence and impartiality of the lead organisations combined with the more informal approach to the conversations was a key to success and could be a model that it replicated.

There were criticisms of the conversation-based approach. It was initially referred to as ‘poor mans consultation’ and a ‘smokescreen behind which

the decision-makers were moving forward with things without consulting people' but once the context and background was explained there was, in the most part, willingness to engage.

Participants are keen to know what happens next – they have engaged in the conversations and Pandora's Box has been opened. People are keen for more involvement and engagement. They have questions to ask and points to raise.

There are more people who do not know about Sustainability and Transformation Plans and local Place Plans than do know about them.

There is an opportunity to engage communities and communities of interest in the on-going development of the details linked to the Sustainability and Transformation Plan – people want openness and transparency.

## 2.2 Summary of the discussions

The conversational approach combined with accessing pre-existing groups and networks reached 180 people across Doncaster. This is not a representative sample from the local population but the individuals and groups that were involved are groups and individuals that have either decided to attend a conversation session or a group who have been willing to participate in a conversation session.

As with any conversation about change and especially conversation about change to the NHS there is always a high degree of emotion but the emotional investment in conversations demonstrates the strength of feeling and enthusiasm for on-going engagement and involvement.

The key themes that came out of the conversations were:

**Service change** – recognition that change is need and that change to the NHS could be a good thing if people are listened to. There are concerns that the proposed changes are the first sign of closing down services and privatisation

**Finance** – there were many points raised around waste in the NHS and that this should be rectified to minimise the efficiency gap required. Conversations highlighted that there was £571million shortfall and that this would have a significant impact on service provision.

**Leadership** – Young people expressed a desire to be more actively involved with the leaders of the NHS and the changes proposed. People in some groups stated that 'Leaders need to lead'

**Integration** – Integration of health and social care services was recognised as a key area for development but there was also recognition that this has

been talked about for nearly a decade and nothing has happened as yet. The journey between health and social care services needs to be made more easy and straightforward.

**Engagement** – There were concerns about the lack of engagement in the development of the Sustainability and Transformation Plan and the local Place Plans. The online survey and questionnaire were criticised for being too leading in the questioning style. People who attended the conversations and focus groups appreciated being involved and engaged but wanted more involvement as the Plans are put into place.

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## 3 Local conversations – key themes

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### 3.1 Summary

- Participants expressed concern that services will be closed.
- Participants expressed concern that creating “centres of excellence” would mean longer journeys for both people accessing treatment/services and their relatives.
- Participants were concerned that the Sustainability and Transformation Plan is a means to “privatisation through the back door”
- Participants were concerned by the lack of detail and some thought that the conversations were “A waste of time” as there is nothing tangible to comment on at the current time.
- A lot of the attendees were appreciative of the opportunity to find out more through an independent source even if they were a little sceptical at first about Healthwatch’s role.
- Sustainability and Transformation Plans can be summed by the phrase “You can’t put a quart into a pint pot.”
- Sustainability and Transformation Plans have been based on nil financial info – there were lots of discussions about finances and financial resourcing because participants felt that the documentation available did not provide sufficient detail or information.

### 3.2 What challenges came up during the conversations?

#### Change

- “Change to the NHS could be a good thing if they listen to the people.”
- The group agreed that there was a need for services to improve
- The general feeling from the group was that the Sustainability and Transformation Plan is a means of privatising the NHS.
- Do the NHS want people to live longer or die younger?
- Is the Sustainability and Transformation Plan about politics or people?
- Patient centred care is on the decline – there has been no / very little improvements in this area.
- “People should be treated fairly and equally” (2 groups expressed this)
- One participant suggested that an operational plan were needed. Whilst acknowledging that any plan will be built on “shifting sands” as national policy for example around waiting times is liable to change.
- The general feeling was that there needs to be an honest and open dialogue with the Local Authority and NHS.

- The group wanted to know if there would be further opportunity to comment when the final plans are announced or will it be a done deal?
- Concern was expressed at the lack of a representative from the CCG to answer questions on the local PLACE plan.

### Leadership

- “There needs to be changes from the top, the leaders need to lead”
- “Leaders need to look at how services link up and find a way to do it better”
- Some students expressed a desire to be part of the change going forward and said they would welcome the chance to talk to local leaders about NHS services.

### Integration

- “There needs to be an integrated approach, more working together”
- “The referral system for social care needs to be better when leaving hospital, no one tells you who to contact if you are struggling.”
- “There needs to be more co-operation between the NHS and Social Care my family member’s care is joint funded and we have no end of issues to contend with because of this.”
- “The helpline system for social care needs improving, you ring and speak to one person, then have to speak to another and another I have been on the phone for one question and spoke to several different people and been on the phone for a long time”
- Improving social care should be where the priority is for development as this is where many issues arise for people when being discharged from hospital - back into their communities.
- It was raised that discussions around merging health and social care have been happening since 2002-3 and nothing has changed. It was acknowledged that GP’s have made progress around re-organising and that this is ongoing. However, the group felt that not much progress has been made around health and social care working more collaboratively.

### Information

- “There is lots of information on line, but what if you don’t use the internet?”
- The groups thought that information needs to be better especially about the links between health and social care.

### Waste and efficiency

- The NHS should focus efforts on reducing waste i.e undertake medical reviews with patients to identify medications which are no longer required

- The NHS should focus efforts on reducing waste around issuing/returning community equipment as this was felt to be an area which is overlooked in terms of recouping monies for the NHS.
- What happens to equipment considered not returnable?
- One of the groups thought that a lot of money is wasted by people who abuse the NHS system whether by not attending for appointments or using the wrong service, for example going to A and E because they cannot get a GP appointment

### Workforce

- What impact may the Brexit decision have on staff who operate or work within the NHS?

### Engagement in developing the Sustainability and Transformation Plan Plan

- The concern that patients, the public and the people who work in the health and social care sectors have not been included in the consultation phase around Sustainability and Transformation Plan's. Whilst it was acknowledged that there seems to be a culture of people expecting to have instant access to the care they need it was raised that staff who work day-to-day in the system have valuable insight to offer around potential savings and indeed false economies.

### Discharge and community-based care

- The group expressed concern about the added pressure that will be placed upon carers when people are discharged from hospital under the new proposals.
- Another issue around people being cared for at home instead of in a care setting people may feel isolated which in turn could lead to the person developing mental health issues which could in the long run end up costing more to treat.
- The group thought it very important that patients being discharged from an acute care setting should be able to, if needed, access a step down bed before being discharged into the community.

### Finance

- "The NHS shouldn't charge people for medication because not everyone can afford it"
- "The good thing is that GP's are free and they should stay like that"
- The young people thought that people should do more for themselves to stay fit and healthy and use services more appropriately. One student thought it would be a good idea to charge everyone £5 every time they go to the doctors for whatever reason and charge them if they fail to attend.
- "A lot of money is wasted by the crossover of health and social care, money could be saved by working more collaboratively"



- “Currently there are arguments between health and social care about who will fund aspects of a persons care, the person should be at the heart of things”
- Participants could see value in reducing management costs and diverting funds into operational activities.
- People thought that organisations working better together would be a good thing for example reducing management costs and as in the example of Manchester sharing budgets to allocate to priorities.
- Some people mentioned that they would be willing to pay extra tax to fund local health services but had never been asked. Another participant added that this would not work in the poorer areas.
- One participant highlighted the shortfall in recouping funding from “health tourism” and said that this needs to be addressed.
- The public who attended the session were concerned that in order to address the £571million shortfall this would have a significant impact on service provision.
- One person raised the question about funding per person, is it the same regardless of where you live? The feeling was that South Yorkshire and Bassetlaw is always “bottom of the table” despite having a lower life expectancy that the rest of the country.
- People expressed concerns about the logistics of travelling further afield to access services, not only for patients but for relatives visiting. They felt that time and cost could be factors that would have a negative impact on a patient’s relative being able to visit them whilst in hospital. It is considered that this is important to a patient’s recovery.
- People felt that the services in Doncaster were already stretched and were worried about the impact of patients from other areas coming into Doncaster to access treatment, for example will this have a negative effect on waiting lists.
- A short discussion took place around whether or not the NHS is in crisis, the feeling was that it was and this was due to government policy withdrawing funding.
- Mostly people felt that investment in prevention was a good thing with one participant adding that it should not be just for those people who are well but also those with long term illnesses.
- One person raised concerns about funding for mental health services and highlighted the potential impact on carers if the number of mental health beds in the area is reduced.
- PIP payments were mentioned in the context of them being mainly geared to physical health rather than mental health and the question was raised “Are the Sustainability and Transformation Plan aware of benefit changes?”

### Questions, priorities and the online survey

- Some participants felt that the questions on the survey were very loaded for example “Given the challenges we’ve mentioned, do you agree there is a need to change the way the NHS and social care works?” Participants felt that if they answered yes to this without knowing any details of the proposals that they would be in effect giving the commissioners carte blanche to introduce what changes they liked without fear of backlash from the public, as they had in effect agreed to changes.

### Closure of services and privatisation

- One overriding concern was that services will be closed before a suitable alternative is in place.
- “The Sustainability and Transformation Plan refers to flexible finance options, does this mean privatisation?”
- People were concerned about the lack of detail from the Sustainability and Transformation Plan stating that in principle they were being asked to agree that the changes were necessary and a good thing but when the details emerge will they still think the same thing?
- The wider group thought it very important that structures be in place before any changes start to happen. One person raised concerns that hospital beds would start to be closed before support structures in the community were fully in place.
- That there is no longer the amount of support available in the community for people who are isolated, the example stated was lunch clubs.
- The issue of Procedures of Limited Clinical Value was raised and discussed.

## **3.3 What did people feel about the ambitions laid out in the Sustainability and Transformation Plan?**

Overall people did not disagree with the ambitions laid out in the Sustainability and Transformation Plan but there were questions and discussion about the practical implementation to achieve the ambitions. There were also fears and concerns that work required to achieve the ambitions could only be achieved by large change across the region rather than by local changes.

- “It is important that people are taught about healthy eating etc at an early age”
- “Parents have a big influence on how children are brought up, better parenting advice is needed”

- Yes, but people's voices are not heard enough. There needs to be an increase of communication and explanation so the public can be informed.
- There are no mention around change to dentist's.
- Yes, good ideas but will they work?
- Need to consult more with service user groups.

### **3.4 What were people's views about the 10 priorities laid out in the Sustainability and Transformation Plan?**

There were general discussions where people found it difficult to disagree with the priorities set out but there were caveats. For example people agreed with the priority "To join up health and care services, so they respond better to people's needs" but said that by agreeing with this statement, it could be understood that this was agreement for whole-scale change.

There were general feelings from some discussions that the priorities were written in such a way that people could not generally disagree with them but that the details of how they would be achieved need to be discussed with local people and plans, ideas and opportunities co-produced at a local level – could this be done through the Place Plan?

- People need to see those actions being made and to be more involved.
- Physical equipment in hospital's – Where do NHS purchase the equipment?
- Should they be choosing more affordable options?
- Equipment provided by the NHS costs more than buying offline yourself.
- Video appointments being introduced – this links to strengthening GPs. – (More spare time for GPs, etc.)
- I am unsure until I have seen some actions rather than just words.
- Some of them. Make the health care better and easy but they need to set targets and ask to people about what change is needed.
- Yes, due to prolonging your health because then everyone is equal.
- No, not as they wouldn't be happening if we still had the money.
- Yes, if the change helps us

### **3.5 What did local people say was important to them when it comes to their health and social care?**

Discussions around what was important to local people were lengthy and involved. There was a high degree of emotion with a focus on local services for local people i.e high quality local services that were close to local

communities ensuring that everyone had access to right care and that they were treated correctly.

- To ensure everyone is treated correctly.
- Better appointment letters in easy read. No more jargon.
- Good services.
- Being there when needed.
- Near to family.
- Treated the same as everyone.
- Ensure my health is good to improve my quality of life.
- I care about my mum and partner – need more care staff.
- Everything is explained to me in a way I can understand.
- That I am aware of where to go for the correct help and information at the right time.
- Making sure we are provided with tablet which we need.
- To be able to get the correct help and healthcare when we need it.
- Fair treatment.
- “Having a pendant alarm”
- “Having immediate access to help if needed, especially at night”
- “GP’s need to offer an out of hours services staffed by them, I want to see my own GP not someone I don’t know, they are getting paid to look after me”

### **3.6 What discussions took place around what local people should do more for themselves to feel fit and healthy?**

There was recognition that people could and should do more for themselves to feel fit and healthy with a focus on taking more exercise and eating more healthily. It is interesting to note that there were some discussions around looking better and feeling better and this does raise the question of whether improving aspirations and self-esteem through community development can support transformational change of health-related behaviour.

- Exercise more and have a balanced diet.
- More exercise and eat more healthy foods, etc.
- Take less medication and being more active.
- Choose more healthy food options.
- Get more exercise.
- Attend your GP for a frequent health check.
- Walking, stopping smoking, keep fit.
- Diet – Healthy foods.
- Smoking and drinking – reduced or stopped completely.
- Exercise little or often.

- Stop smoking, walk and exercise more, eat healthier.
- Diet and exercise.
- How
- Health issues.
- Better support and information
- Show or talk to them
- Their clothes do not fit them
- Using stop smoking methods.
- To feel and look better.
- Videos showing what would happen to the lungs etc. and body if have poor diet.
- Feel better about themselves

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## 4 Conclusion

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### 4.1 Conclusion

Overall engagement in local conversations was more successful where there was an opportunity to link in with an existing group, community or community of interest.

There was willingness to engage in conversations although there was a perception from some members of the community that conversations were 'poor mans consultation' and that conversations were a smokescreen to prevent or avoid the leaders of the proposed changes from talking to local people.

Many people had not heard about Sustainability and Transformation Plans before the conversation sessions and where they had heard about them, their knowledge had come from local newspapers and internet news sites. They reported that they had not read the plans or knew where to access them. There was even less awareness of local Place Plans.

The lack of detailed knowledge of Sustainability and Transformation Plan and Place Plans does need to be rectified. This can be done through a more inclusive approach to developing the current and future documentation. People from a range of different groups have asked for an "Easy Read" version of the documentation and plans.

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## 5 Appendix

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### 5.1 Who attended the local conversations and meetings?

- 17.2.17 Doncaster College Be Well Festival - Open event – 5
  - 1.3.17 MG Don – Older men’s group, mixed ethnicities – 19
  - 2.3.17 Focus Group – Held at HWD – 10
  - 8.3.17 Doncaster College – Health and Social Care Students – 18
  - 15.3.17 Doncaster Keeping Safe Forum – 24
  - 28.3.17 Choice for All Doncaster Forum – 15
  - 29.3.17 Partially Sighted Society – 20
  - 30.3.17 Doncaster Deaf Community – 40 (over 2 sessions)
  - 3.4.17 Mexborough Library (Public Session) – 7
  - 5.4.17 Holmescarr Centre, Rossington (Public Session) – 6
  - 4.4.17 Alexander House, Askern (Public Session) – 1
  - 6.4.17 Doncaster Trades (Public Session) – 11
  - 7.4.17 Vermuyden Centre (Thorne Library) (Public Session) – 4
- Total people attended community sessions – 180**