

# Public Document Pack



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DATE: 30 October 2015

Dear Councillor

## **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE - THURSDAY, 5TH NOVEMBER, 2015**

I am now able to enclose, for consideration at next Thursday, 5th November, 2015 meeting of the Health and Adult Social Care Overview and Scrutiny Committee, the following reports that were unavailable when the agenda was printed.

### **Agenda No    Item 7**

#### **Update on the Progress of Securing Residential Respite for Carers in the Independent Sector (Pages 1 - 4)**

Report of Strategic Commissioning Manager

To consider a report from the Strategic Commissioning Manager regarding the implementation of the Cabinet Decision taken 30<sup>th</sup> June 2015 - Moving to Local and Personalised Carer Respite

### **Agenda        Item 9 No**

#### **South Cheshire CCG - Community and Primary Care Services Review (Pages 5 - 36)**

Report of Director of Transformation and Priority Projects (CCG)

To consider a report of NHS South Cheshire Clinical Commissioning Groups' Director of Transformation and Priority Projects

Yours sincerely

James Morley

Scrutiny Officer

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## Report for Health & Adult Social Care Overview & Scrutiny Committee

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**Date of Meeting: 05 November 2015**

**Subject/Title:**

Moving to Local and Personalised Carer Respite  
Progress Report on the Implementation of the Cabinet Decision taken 30 June 2015

**Portfolio Holder:**

Councillor Janet Clowes, Portfolio Holder for Adults, Health and Leisure

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### 1. Report Summary

- 1.1 The paper entitled 'Moving to Local and Personalised Carer Respite' was considered by Cabinet on the 30 June 2015. The decision to provide residential carer respite in the independent sector was approved. A Call-in of the decision was considered by the Adult Social Care & Health Overview and Scrutiny Committee on 7 August 2015 which confirmed the decision of Cabinet as follows:-

*'2. That the Committee review the progress of the decision to secure alternative carer respite support via a formal tender process, initially in November 2015, and subsequently at periodic intervals to review the effectiveness of this decision - specifically on the quality and number of beds available, starting six months after the introduction of the new arrangements.'*

- 1.2 The planned implementation of the decision was to procure pre-bookable residential carer respite beds in the independent sector and to have this available in advance of ceasing the two in-house carer respite services at Hollins View and Lincoln House on 2 January 2015.
- 1.3 For the purposes of this report the term 'residential carer respite' is to mean the use of residential settings that can be pre-booked for a person to receive their care for a short period whilst their carer(s) have a break from their caring role.

### 2. Procurement by Tender to Secure Residential Carer Respite from the Independent Sector

- 2.1 The procurement process is nearing completion and the new service will be phased in commencing 1 December 2015 with all beds being available from 1 January 2016. Contracts will be awarded mid November 2015. All selected providers at the first stage of the evaluation process are to be visited by the Council's Quality Assurance Team before final decisions are taken and contracts awarded.

- 2.2 The required number of beds will be secured to meet the agreed levels of need. This is based on the utilisation of current provision at Hollins View and Lincoln House. The methodology used to determine the required bed numbers has followed the process used for the re-provision of respite beds at Mountview in Congleton. This proved to be an accurate system of determining the required level of provision resulting in adequate bed nights being made available in the Congleton area.
- 2.3 From 1 January 2016 nineteen beds will be available for pre-bookable carer respite at a wide range of locations across the Borough. This will fulfil the Council's ambition to provide residential carer respite that is local and better meets the personal needs of carers and those they care for. This will substantially increase the choice of locations and cover both urban and rural locations.
- 2.4 In addition two further beds, one in the North and one in the South of the Borough, are to be secured for the emergency support of carers who may unexpectedly be unable to fulfil their caring role.
- 2.5 In acknowledgement of the range of needs some of the beds procured will provide support for individuals with more complex support requirements, including dementia and nursing level care.

### **3. Supporting Carers and Service Users Who Use Residential Carer Respite Services**

- 3.1 The carer respite services at Hollins View and Lincoln House will cease to operate on 2 January 2015. All service users and/or their carers have been contacted by letter and advised that they will receive a visit from a Social Care professional to discuss with them the range of carer respite options available to them to ensure they have a break from their caring role.
- 3.2 Many of these initial visits have taken place and individuals and their carers have had the opportunity to consider a range of options. To date a number of people have elected to have their respite provided in different ways to suit their particular needs and preferences.
- 3.3 The current users of pre-bookable carer respite have been informed that they can continue to request respite care beyond the 2 January 2016. The requests for bookings will be held by Adult Social Care. Carers and those they care for will be advised of the choice of residential carer respite homes available once the contracts have been awarded. People with bookings held will then given the opportunity to express a preference as to which home they would like to use.

### **4. Managing the Smooth Transition to the New Residential Carer Respite Provision**

- 4.1 In late November, once all contracts are in place, service users and carers will be contacted directly to inform them of the range of choices available. To help decide which options best suit their needs, carers and service users will be able to visit facilities and meet staff through open-days and booked visits.
- 4.2 The current arrangement for accessing carer respite beds at Hollins view and Lincoln House is to use the 'One - Call Booking system', this system is currently managed by Care4CE. Under the new system the 'One - Call

Booking system' will continue and will be managed by a Care Arranger role within Adult Social Care. This will allow carers and those they care for to continue to utilise a single contact point to book their respite stays.

- 4.3 Those service users and carers who have already booked residential carer respite care at Lincoln House and Hollins View will continue to receive that support up to and including 2 January 2016. This will provide an overlap of services for approximately four weeks where both existing beds and the newly procured beds will be available simultaneously. This is to ensure an appropriate transition period between existing bookings and new bookings over this period.
- 4.4 Adult Social Care professionals will provide every assistance to individuals to help them choose the most appropriate care home from the range of pre-bookable beds to meet their needs and their preferences. Information will be provided in a variety of formats for people to be able to make an informed choice.
- 4.5 It should be noted that some carers and service users already access alternative providers of respite care and so may not need the same level of support in securing their bookings.
- 4.6 Carers who wish to look at additional or alternative forms of respite care will be able to discuss these at their face to face meetings with their Social Care professionals. This will be revisited with the carers and those they care for each time the care needs are assessed both for the carer and the cared for.

### **5. Monitoring and Quality Assurance**

- 5.1 The evaluation process used to determine the awarding of contracts has been robust and has included the involvement of visits by the CEC Quality Assurance Team prior to final decisions being taken.
- 5.2 The contract monitoring of the pre-bookable beds will be closely monitored in terms of contract standards, quality and utilisation. The process by which the services will be monitored will include service user and carer feedback. In addition it will be important to monitor the demand for the carer respite beds at regular intervals to ensure that availability matches current and future demand.
- 5.3 The CEC Quality Assurance Team will monitor all feedback about the services during this period and a further report will be prepared for the Adult Social Care and Health Overview and Scrutiny Committee following the first six months of the services being in place.

### **6. Contact Information**

Contact details for this report are as follows:-

<b>Name:</b>	<b>Brenda Smith</b>
<b>Designation:</b>	<b>Director of Adult Social Care and Independent Living</b>
<b>Tel. No.:</b>	<b>01625 374881</b>
<b>Email:</b>	<b>Brenda.smith@cheshireeast.gov.uk</b>

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# Report

Agenda No.: 

<b>Report To:</b>	<b>Health and Adult Social Care Overview and Scrutiny Committee</b>
<b>Report Title:</b>	<b>Community and Primary Care Services Review</b>
<b>Meeting Date:</b>	<b>5 November 2015</b>

Report Author(s)		Lead Officer	
<b>Name</b>	Fiona Field	<b>Name</b>	Tracey Matthews
<b>Title</b>	Director of Transformation and Priority Projects	<b>Title</b>	Service Delivery Manager

## CCG Strategic Priorities (5+1) supported by this paper

Transforming Primary Care	✓
Transforming Mental Health	✓
Transforming Urgent Care	✓
Integration	✓
Person Centred Care	✓
NHS Constitution Targets	✓

<b>Outcome Required</b>	<b>Approval</b>	✓	<b>Assurance</b>	✓	<b>Discussion</b>	✓	<b>Information</b>	✓
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## Recommendations:

- The Health and Adult Social Care Overview and Scrutiny Committee is asked for their views on community health care services for the NHS South Cheshire and Vale Royal CCGs as part of the engagement process.
- The Health and Adult Social Care Overview and Scrutiny Committee note the current engagement activity across the South Cheshire and Vale Royal CCGs footprints (Connecting Care footprint).
- The Health and Adult Social Care Overview and Scrutiny Committee will receive the outcomes of the engagement activity in a report in January 2106, with a further report outlining the formal consultation process in February 2106.



**Executive Summary (key points, purpose, outcomes)**

- NHS South Cheshire and Vale Royal Clinical Commissioning Groups (CCGs) are currently beginning the process of transforming community health care services alongside primary care and secondary care services. This change is the focus of the Connecting Care Strategy locally, as agreed with all partners.
- Connecting Care is the overall plan for the health and social care footprint of South Cheshire and Vale Royal CCGs, the plan has outlined how we all want services that are better integrated and that are as close to people's homes as possible. The focus of our services needs to be the geography of Connecting Care, although patients will need to travel outside of the area for more specialised healthcare.
- NHS East Cheshire Trust is the current provider of the Community Healthcare Services provision, NHS South Cheshire and Vale Royal CCGs have formally informed NHS East Cheshire Trust that the current contract for these services will not be automatically rolled forward from 1st April 2016. The contract is to be extended for 6 months to 1st October 2016 whilst the CCGs seek to redesign and re contract for community services in an integrated format. It is hoped that we will be able to create an accountable care system although there is no clear view on what this will look like yet – hence the engagement and consultation processes being undertaken to ensure a clear outcome is reached.
- The CCGs are now beginning the process of wide engagement with public, patients and stakeholders to gain views on how community healthcare services could be improved towards better integration with other health and social care services.
- Engagement will be until 24th December 2015, with formal consultation commencing at the end of January 2016 for 12 weeks.
- A wide range of events, meetings, using stakeholder pre planned meetings, telephone consultations, face to face meetings, social media such as Twitter and specialised co- design workshops are being utilised to gain views from a wide range of people to inform the reshaping of community services. Clearly, there has already been CCG driven engagement and consultation in the past over specific services areas such as district nursing, specialised nursing services, special school nursing, some therapy services, intermediate care services. This previously gained information will also inform the engagement process happening over the next 2 months.

**Reviewed by (e.g. committee/team/director)**

Name (Individual or Group)	Date
Clinical Commissioning Executive	August 2015
CCG Governing Body	August 2015





Finance implications					
<b>Funding required?</b> (Please tick. If yes, please complete section A)			<b>Yes</b>	<input checked="" type="checkbox"/>	<b>No</b>
Section A					
Service Title	Recurrent (£000s)	Non-Recurrent (£000s)			
<b>Included in 15/16 budget?</b> (Please tick. If no, please complete section B)			<b>Yes</b>	<input checked="" type="checkbox"/>	<b>No</b>
Section B					
<b>Proposed source of funding</b>					

Have the following areas been considered whilst producing this report?	Yes	N/A
Other resource implications (apart from finances covered above)		✓
Equality Impact Assessment (EIA)		✓
Health Inequalities (JSNA, ISNA)		✓
Risks relating to the paper		
Quality & Safeguarding (6 C's +1, CASE)	✓	
Stakeholder engagement/involvement (member practices/GP Federations, patients & public, providers etc.)	✓	
Regulatory, legal, governance & assurance implications	✓	
Procurement processes		✓

## 1. Purpose of the paper

1.1 The briefing below, based on current patients/stakeholders views, will be used as the basis to inform people about the context of community health care services as the briefings and communications are shared widely.

## 2. Discussion

2.1. Services delivered by our local hospital should be focused on those people who need to be in a hospital setting, with good alternatives to support patients at home available in the community- the hospital needs to be more integrated with community services locally so patients have a seamless, safe transfer from hospital to home and this is one of the reasons why we need to develop community services differently.

2.2. Any community based services should be of high quality, with clear standards of care that a patient/person can expect. We have developed these standards alongside patients and staff so they are focused on good outcomes for patients and their families.



- 2.3. Community services should be fully integrated across primary care, mental health services and the local hospital - this means patients/people will have full confidence in the breadth of the services and that their care is owned by everyone involved in their care, as a team approach (accountable care system).
- 2.4. We also have a limited amount of money allocated to our health system and we need to make sure that we use every "Central Cheshire pound" wisely and make most use of it. Integrating services, removing duplication and any waste in the systems is what we all need to focus on by integrating services as much as possible.
- 2.5. The community healthcare services should be focused on patient centred care, meaning that the person/patient is able to state what they want to happen in their care (outcomes) and be part of the decision making happening around them (no decision about me, without me). Again, moving to further integration of services, will mean that a person's care is "owned " by everyone along the journey the patient takes , rather than individual organisations delivering their part of the care and then passing the person on to the next part of the "journey".
- 2.6. Community healthcare services are key to making sure that the person is supported to stay at home, where the services will be clustered around GP practices as much as possible, because this is where most people access healthcare in the community. Integrated teams are now being implemented across the footprint clustered around groups of GP practices with the outcomes to support people who are frail/elderly or with a long term condition to remain at home for as long as possible.
- 2.7. Some services currently provided in a hospital setting will be able to move out into community settings as we develop both community services and primary care. We are intending to use some GP practices and community buildings differently so, rather than people having to travel to the local hospital for procedures, these can be delivered in the community. We have good quality primary care buildings available across most of our footprint.
- 2.8. Primary care (GP practices) currently provide many services for their patients at a local level, some practices are hoping to be able to deliver more services on behalf of a bigger footprint than the size of the actual practice and work is beginning to happen to develop this new way of working.
- 2.9. Current services are very fragmented and we need to change the focus of services towards community and primary care settings rather than focusing services in the local hospital. The role of the hospital will still be important locally but we need to have all the right alternatives (through both community healthcare services, primary care services and mental health services) in place to support our population to remain out of hospital as much as possible and remain living in their own home for as long as possible.

### 3. Conclusion

- 3.1 Community healthcare services are a vital component of supporting people to remain in their own homes for as long as possible. Creating integrated community services is part of the connecting care strategy and therefore a strong engagement and consultation period is vital to the CCG to shape services based on the needs and principles as shown through this process.



**4. Recommendations**

- 4.1 The Health and Adult Social Care Overview and Scrutiny Committee is asked for their views on community health care services for the NHS South Cheshire and Vale Royal CCGs as part of the engagement process.
- 4.2 The Health and Adult Social Care Overview and Scrutiny Committee note the current engagement activity across the South Cheshire and Vale Royal CCGs footprints (Connecting Care footprint).
- 4.3 The Health and Adult Social Care Overview and Scrutiny Committee will receive the outcomes of the engagement activity in a report in January 2106, with a further report outlining the formal consultation process in February 2106.

Appendices	
Number	Title
1	Co-design Group Invitation
2	Staff Summary Sheet
3	Community Services Review STAFF Survey
4	Service Users Summary Sheet
5	Community Services Review SERVICE USER Survey
6	Recruitment Email



## You are Invited to Join our Co-Design Group

### Important Purpose

We are writing to invite you to join our newly formed Co-Design Group. The Group is being formed as NHS South Cheshire and Vale Royal CCGs are entering into an important period, where they are engaging with staff and service users around the future of community services and primary care (GPs). It really is a fantastic opportunity to continue to work with the CCGs to help create a more joined-up service for everyone involved. Please be aware that this Group will not replace your role with any forum that you are currently involved in.

**First meeting on the Tuesday 24<sup>th</sup> November 2015, 9.00am until 12.30pm**  
**Cedar Room, Canal-Side Conference Centre, Middlewich Community Church, 34-36 Brooks**  
**Lane, Middlewich CW10 0JG**  
**RSVP by Tuesday 17<sup>th</sup> November 2015**

### Objectives

The Co-Design Group will:

- Deliberate the issues around the way current community services and primary care are provided
- Review the insight (viewpoints) gathered from engagement around these services
- Work with the programme office to help formulate solutions for improving community services and primary care across South Cheshire and Vale Royal
- To meet at Co-Design Group workshops to help achieve the objectives of the Group and to subsequently review and feedback on reports of the discussions undertaken.



## **Mandate**

The Co-Design Group's aim is to discuss and feedback into proposals for the future of services. It is not a governing or decision-making body. So that it can operate successfully the participants are asked to maintain a balanced viewpoint. Therefore, participants of the Group will need to:

- Be committed to working towards producing solutions that will assist in leading up to a consultation around future services
- Work with each other to accommodate views that may differ
- Be open minded and consider the whole picture
- Be willing and able to deliberate the issues in a calm and inclusive manner.

## **Composition**

The Co-Design Group will comprise of up to 40 participants as follows:

- Service users of South Cheshire and Vale Royal from a variety of localities
- Frontline professionals in health and social care
- People who work within voluntary and community groups

All individuals that express an interest in being part of the Group will be considered. Those who are not part of the Group will be given other opportunities to be involved and put forward their viewpoints. In addition, targeted engagement will be undertaken with the staff and the public to feed insight into the development of the proposals that are deliberated by the Group.

## **Chairman**

The Co-Design Group meetings will operate in a workshop format, facilitated by members of the programme. Therefore, meetings will not be chaired although the facilitators will seek to ensure the viewpoints of all participants are heard and recorded.



## **Frequency**

The first Co-Design Group meeting will be held upon 24<sup>th</sup> November 2015. In addition, participants will be asked to feed their viewpoints into key stages of the pre-consultation engagement process as and when required.

## **Agendas**

Information and the structure for each workshop will be sent to the Group no later than 5 working days before the date of the event.

## **Reporting Mechanisms**

A record of discussions and recommendations from each Co-Design Group meeting will be produced by an independent organisation and submitted to the Group for review. The reports will then feed into the pre-consultation process.

## **Joining the Group**

If you would like to join the Co-Design Group and can meet for the first time on the 24<sup>th</sup> November, please contact Janine Allen:

e-mail: [Janine.allen@nhs.net](mailto:Janine.allen@nhs.net)

Telephone: 01270 275214



## NHS South Cheshire & Vale Royal CCGs Community Services Engagement WE NEED YOUR HELP!

We are calling for your help. NHS South Cheshire and Vale Royal CCGs (NHS SC & VR CCGs) are embarking on a programme of engagement in regard to the future of their community services and primary care. The aim is to achieve more integrated models of community care and in shaping a new way forward, we need to know what is important to you and your service users.

### What does this mean for you?

From now until the end of December 2015, Participate Ltd will be seeking views on services and future delivery from staff, service users and other stakeholders. The aim of this process from your perspective is to understand:

- what currently works well
- what doesn't work well and what improvements can be made
- what support you and your colleagues need to be able to further integrate services across the health system, including primary care and hospital services, with both health and social care professionals
- what ideas you have which could improve care for service users.

### How will this happen?

We would really value your assistance by taking part in this process. Participate has developed a staff survey, which can be completed through this link <https://www.surveymonkey.com/r/CommunityStaffSurvey>. They would also like to undertake 1-2-1 telephone interviews and attend any groups/forums taking place until the end of November 2015. Therefore, if you know of any relevant groups/meetings or would like to take part in an interview please email [communityeng@participate.uk.com](mailto:communityeng@participate.uk.com) or call **01270 868 021**. In addition, they will also be engaging with service users through established groups, Healthwatch, the CVS and any forums where you can assist.

### How can you help?

We recognise this is short notice, but it is essential that we gather as much insight as possible from staff to shape the way forward. Please let us know who you would like Participate to liaise with within your organisation to enable the survey to be distributed, in addition to the other opportunities to be involved through interviews or group



discussions. We assure you that all comments from staff will be confidential and their names will not be attributed to their comments.

## **What will happen with the insight gathered?**

All of the insight gathered will be summarised and analysed for common themes along with the views of service users and other stakeholders. This summary will be fed into a Co-Design Group, made up of service users and professionals, which will meet for the first time on the 24<sup>th</sup> November 2015. From that workshop, your inputs will be brought together to shape the quality standards of services. The draft quality standards will be circulated in early December to those who have participated in the engagement process for review and comment. As a result, an engagement report will be produced to inform the next stage of the decision making process, including relevant committees in January.

## **What happens next?**

There will need to be a period of formal public consultation to inform the end decision for future service delivery. The consultation is likely to commence in February 2016 and will last for 12 weeks. The aim of the consultation is to confirm an 'Outcomes Framework', which will describe the standards and outcomes required for integrated health services in the community.

## **Who will provide those services?**

The provision of community services in line with the Outcomes Framework will be subject to a procurement process in 2016 and so at this time, we do not know who the provider will be. We do, however, wish to ensure we work closely with staff throughout this process as we really value your commitment to delivering high quality services for all.

## **Who do I contact to get involved?**

At the CCGs, please contact Fiona Field via [fiona.field@nhs.net](mailto:fiona.field@nhs.net) or Tracey Matthews via [tracey.matthews@nhs.net](mailto:tracey.matthews@nhs.net). To arrange engagement in this process, please contact Participate directly by emailing [communityeng@participate.uk.com](mailto:communityeng@participate.uk.com) or calling **01270 868 021**.





## NHS South Cheshire & Vale Royal CCGs COMMUNITY SERVICES ENGAGEMENT - STAFF SURVEY

### ABOUT THIS STAFF SURVEY – WE NEED YOUR HELP!

We are calling for your help. NHS South Cheshire and Vale Royal CCGs (SC & VR CCGs) are embarking on a programme of engagement in regard to the future of their community services and primary care. The aim is to achieve more integrated models of community care and in shaping a new way forward, we need to know what is important to you and your service users. **Therefore, all of the questions in the following survey are about how you deliver health and care services.**

### DATA PROTECTION - YOUR COMMENTS WILL NOT BE ATTRIBUTED TO YOUR NAME

Please be assured that all of your answers and comments will not be attributed to your name. At the end of this survey you have the option to supply your contact details so that you can stay informed. However, if you give those details your comments will not be attributed to them and your details will not be passed on to any third parties other than the NHS.

**Data Protection Statement:** All information that you give in this survey will be processed by Participate to help improve the commissioning, delivery and experience of NHS and social care services. The data will be used for that purpose only. All data will be held securely and the information you provide will be treated as confidential.

### WHAT WILL HAPPEN TO THE SURVEY FINDINGS?

The insight gathered from everyone involved will be summarised and analysed for common themes. This summary will be fed into a Co-Design Group, made up of service users and professionals, which will meet for the first time on the 24<sup>th</sup> November 2015. From that workshop, your inputs will be brought together to shape the quality standards for services. The draft quality standards will be circulated in early December to those who have participated in the engagement process for review and comment. As a result, an engagement report will be produced to inform the next stage of the decision making process, including relevant committees in January.

### FURTHER INFORMATION AND DEADLINE

Please complete this survey by **5pm on Wednesday 18<sup>th</sup> November 2015**. If you would like further information please contact either of the following:

Email [communityeng@participate.uk.com](mailto:communityeng@participate.uk.com)

Call **01270 868 021**



**NHS South Cheshire & Vale Royal CCGs**  
**COMMUNITY SERVICES ENGAGEMENT - STAFF SURVEY**

**COMMUNITY SERVICES**

**Q1. From the following list, please tick which services you have delivered or have helped to deliver and where they are based. <TICK ALL THAT APPLY>**

Service Description	Please Tick	Please state where the service is based
District nursing		
Physiotherapy		
Specialist nurses		
Occupational therapy		
Continence services		
Rehabilitation services		
Outpatients		
Health visitors		
Social care		
Continued Healthcare		
GP services		
Community services administration		
Community services management		
Support/charity services		
Care services – home help or residential care		
Other, please state:		

**Q2. To what extent do you feel that the service you work in is integrated (joined up) with other health and care service areas? <PLEASE TICK ONE ONLY>**

Very integrated	
Integrated with room for improvement	
Not sure	
A little integrated	
Not integrated at all	



**NHS South Cheshire & Vale Royal CCGs  
COMMUNITY SERVICES ENGAGEMENT - STAFF SURVEY**

**Q3. Please state where you feel integration with other services need to be improved.**

**Q4. In your experience of working within health and care services, what do you feel works really well for you and your colleagues? <PLEASE TICK ALL THAT APPLY>**

Communication between you and your team	
Communication between you and other professionals	
Communication between you and your service users	
Communication between you and your management	
IT/electronic systems	
The facilities you use- base, office locations	
Access to training	
Access to supervision and support	
The equipment you use	
Referrals into services	
Sharing information about your service users	
Feeling valued in your organisation	
Having the resources to deliver effective care to a high standard	
Flexibility of working: hours, using your initiative etc	
Changes being enabled to improve services	
Being involved in designing improvements to services	
Being kept informed of any changes to services	
Everything works really well	
Other, please state:	



**NHS South Cheshire & Vale Royal CCGs  
COMMUNITY SERVICES ENGAGEMENT - STAFF SURVEY**

**Q5. Please share any examples you have of your service area working really well for you and your team.**

**Q6. In your experience of working within health and care services, what do you feel DOES NOT WORK well for you and your colleagues? <PLEASE TICK ALL THAT APPLY>**

Communication between you and your team	
Communication between you and other professionals	
Communication between you and your service users	
Communication between you and your management	
IT/electronic systems	
The facilities you use- base, office locations	
Access to training	
Access to supervision and support	
The equipment you use	
Referrals into services	
Sharing information about your service users	
Feeling valued in your organisation	
Having the resources to deliver effective care to a high standard	
Flexibility of working: hours, using your initiative etc	
Changes being enabled to improve services	
Being involved in designing improvements to services	
Being kept informed of any changes to services	
Nothing works really well	
Other, please state:	



**NHS South Cheshire & Vale Royal CCGs  
COMMUNITY SERVICES ENGAGEMENT - STAFF SURVEY**

**Q7. Please state any improvements that you feel could be made to your service area.**

**Q8. In your experience, what support do you feel you need to be able to better join up services around the needs of your service users? <PLEASE STATE>**

**Q9. Please state the MOST IMPORTANT factor that you feel needs to change to improve health and care services for your service users. <PLEASE STATE>**



**NHS South Cheshire & Vale Royal CCGs  
COMMUNITY SERVICES ENGAGEMENT - STAFF SURVEY**

**Q10. Do you feel you have always been involved in decisions made about your service area? <PLEASE TICK>**

YES  NO  DON'T KNOW

**Q11. If you answered NO to Q10, please give an example of where you feel you haven't been involved in decisions about your service area. <PLEASE STATE>**

**Q12. Please state any other comments in regard to health and care services in the community that you feel needs to be taken into account for the future.**



## NHS South Cheshire & Vale Royal CCGs COMMUNITY SERVICES ENGAGEMENT - STAFF SURVEY

### MONITORING INFORMATION

The following questions help us to ensure that we have spoken to a broad mix of people. Your comments will not be personally attributed to this information.

#### From the list below, how would you describe yourself? <TICK WHICH APPLIES>

I work for an NHS organisation	
I work for the Local Authority	
I work for a charity or community group	
I work in care (other organisation type)	
I volunteer to help others	
Other, please state	

#### Are you? <TICK WHICH APPLIES>

Male	
Female	
Transgender	
Prefer not to say	

#### How old are you? <TICK WHICH APPLIES>

18-24	
25-34	
35-44	
45-54	
55-64	
65+	

#### Which of the following best describes your ethnicity? <TICK WHICH APPLIES>

White British	
White Irish	
White Other	
Black British	
Black African	
Black Caribbean	
Black Other	
Mixed Other	
Asian British	
Asian Indian	
Asian Pakistani	



**NHS South Cheshire & Vale Royal CCGs  
COMMUNITY SERVICES ENGAGEMENT - STAFF SURVEY**

Asian Other	
Polish	
Other Eastern European	
Other or prefer not to say	

**Do you consider yourself to have a disability? <TICK WHICH APPLIES>**

Yes	
No	
Prefer not to say	

**What locality is your organisation/group based in? <PLEASE STATE>**

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**STAYING INVOLVED**

If you would like to stay involved and find out more, please provide your contact details. These details will be passed to NHS SC & VR CCGs to keep you informed about the future of community services.

<b>PLEASE STATE YOUR NAME</b>	
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OPTIONS	PLEASE TICK	PLEASE INSERT RELEVANT CONTACT DETAILS
By Post		
By Email		
By Phone		

**Many thanks for completing this survey. Your comments will be analysed and fed into a report to help shape the future of community services. If you have supplied your contact details, we will keep you informed about the next steps.**





## **NHS South Cheshire & Vale Royal CCGs Community Services Engagement WE NEED YOUR HELP!**

We are calling for your help. Your local NHS, NHS South Cheshire and Vale Royal CCGs (NHS SC & VR CCGs), are talking to people about the future of community services and primary care (GPs). Community services cover anything you may have used outside of hospital, examples are: district nursing, physiotherapy, specialist nursing teams, occupational therapy, continence services, rehabilitation services. We are aiming to improve patient care by joining up health and social care services, including GP services, so that you don't have to keep repeating your story and so that staff can work together with you. To move this forward, we need to know what is important to you and what staff think is important too.

### **What does this mean for you?**

From now until the end of December 2015, a company called Participate Ltd will be seeking views on services from you, staff and other people or organisations that would like to get involved. The aim of this process is to understand:

- what currently works well
- what doesn't work well and what improvements can be made
- what support staff need to be able to join up services
- what you feel needs to be done to give the best service possible.

### **How will this happen?**

We would really value your assistance by taking part in this process. Participate has developed a survey, which can be completed through this link <https://www.surveymonkey.com/r/communityserviceusersurvey>. They would also like to undertake 1-2-1 telephone interviews and attend any groups/forums taking place until the end of November 2015. Therefore, if you know of any of relevant groups/meetings or would like to take part in an interview please email [communityeng@participate.uk.com](mailto:communityeng@participate.uk.com) or call **01270 868 021**. In addition, they will also be involving service users through established groups, Healthwatch, the CVS and any forums where you can assist.



## How can you help?

We recognise this is short notice, but it is essential that we gather as many viewpoints as possible to shape the way forward. Please let us know how you would like to be involved, whether that's completing the survey, undertaking an interview or taking part in a group discussion. We assure you that your comments will be confidential and your name will not be attributed to your comments.

## What will happen with the insight gathered?

The insight gathered from everyone involved will be summarised and analysed for common themes. This summary will be fed into a Co-Design Group, made up of service users and professionals, which will meet for the first time on the 24<sup>th</sup> November 2015. From that workshop, your inputs will be brought together to shape the quality standards for services. The draft quality standards will be circulated in early December to those who have participated in the engagement process for review and comment. As a result, an engagement report will be produced to inform the next stage of the decision making process, including relevant committees in January.

## What happens next?

There will need to be a period of formal public consultation to inform the end decision for future service delivery. Consultation is a formal legal process and is likely to commence in February 2016 and last for 12 weeks. The aim of the consultation is to confirm an 'Outcomes Framework', which will describe the quality standards required for integrated health services in the community.

## Who will provide those services?

The provision of community services in line with the Outcomes Framework will be subject to a procurement process in 2016 and so at this time, we do not know who the provider will be. We do, however, wish to ensure we work closely with staff and service users throughout this process as we really value their commitment to delivering high quality services for all.

## Who do I contact to get involved?

To get involved in this process, please contact Participate directly by emailing [communityeng@participate.uk.com](mailto:communityeng@participate.uk.com) or calling **01270 868 021**.



## NHS South Cheshire & NHS Vale Royal Clinical Commissioning Groups COMMUNITY SERVICES ENGAGEMENT - SERVICE USER SURVEY



### ABOUT THIS SURVEY – WE NEED YOUR HELP!

We are calling for your help. Your local NHS, NHS South Cheshire and NHS Vale Royal Clinical Commissioning Groups (NHS SC & VR CCGs) are talking to people about the future of community services and primary care. This covers any services you may have used outside of the hospital setting, that are delivered in and around your local community and/or GP surgery. Please complete this survey to help us understand how you use your local community services and what is important to you about them. It is essential that we gather as many viewpoints as possible to shape the way forward.

### DATA PROTECTION - YOUR COMMENTS WILL NOT BE ATTRIBUTED TO YOUR NAME

Please be assured that all of your answers and comments will not be attributed to your name. Your views will be analysed and reported upon by a company called Participate Ltd, working on behalf of NHS SC & VR CCGs. At the end of this survey you have the option to supply your contact details so that you can stay involved and find out more. Your details will not be passed on to any third parties other than the NHS.

**Data Protection Statement:** All information that you give in this survey will be processed on behalf of NHS SC & VR CCGs by a company called Participate Ltd and will be used to help improve the commissioning, delivery and experience of local community and primary care services. The data will be used for that purpose only. All data will be held securely and the information you provide will be treated as confidential

### FURTHER INFORMATION AND DEADLINE

Please complete this survey by **5pm on Wednesday 18<sup>th</sup> November 2015**. If you would like further information please contact either of the following:

Email [communityeng@participate.uk.com](mailto:communityeng@participate.uk.com)

Call **01270 868 021**



## USE OF LOCAL SERVICES

The following questions relate to primary care and community services and how you may have used them.

**Q1. From the following list, please tick which services have you used in the last 12-months. <TICK ALL THAT APPLY>**

Service Description	Tick if used
District Nursing (nurse who visits your home)	
Adult Specialist Nursing (respiratory, diabetes, tissue viability)	
Physiotherapy (adults with muscle problems)	
Children's Nursing and or Therapy	
Continence services (bladder and bowel)	
Rehabilitation services (restoring skills after an injury or illness)	
Social care (help to be independent or improve quality of life)	
GP services (doctor or practice nurse)	
None of the above	
Other, please state:	

**Q2. From the services you have told us you used at Q1, did you have a positive experience? <PLEASE TICK ONE ONLY>**

	Tick one only	Instructions
YES		<IF YOU TICKED <u>YES</u> SKIP TO Q4>
NO		<IF YOU TICKED <u>NO</u> GO TO Q3>
DON'T KNOW		<IF YOU TICKED <u>DON'T KNOW</u> SKIP TO Q4>





**Q3. Please explain in the box below why you did not have a positive experience from the services you told us you used within the last 12 months.**

**<NOW GO TO Q4>**

**Q4. To help our understanding please choose the words below that best describes your experience of the services. <PLEASE TICK ALL THAT APPLY >**

Experience of using services	Tick all that apply
Close to home	
Unhelpful	
Compassion	
Welcoming	
Emotional support	
Friendly staff	
Informative	
Personal to me	
Waste of time	
Improvement needed	
Same day appointment	
Waited too long for appointment	
Approachable	
Self service	
Trained staff	
Learned more about my condition	
Involved my family	
Listened	
Respect	
Isolated	
Repeated my problem to several people	



**YOUR VIEWS ON GOOD CARE AND JOINED UP SERVICES**

**Q5. Below is a list of statements relating to good care and joined up services. Please put them in order of their importance to you 1 = most important and 11= the least important.**

Statements	Rank 1 - 11
I will see skilled professionals who have continued access to learning and development.	
If I have more than one illness or problem all will be taken into account.	
The professional I see will understand the problem I have and be in a position to inform me to enable a joint decision about care.	
I will be able to discuss my care and it will be recorded.	
Professionals will have the knowledge to inform me about the benefits and problems of treatment.	
I will be able to make a decision to have less care if I have the capacity (ability to make the judgment safely) to make that decision.	
I will have the ability to directly book an appointment with a GP, Practice Nurse or see a District Nurse/ Therapist.	
I will see a professional who is empowered to carry out my decision once it has been made.	
The NHS will accurately record my illnesses, treatments and investigations in a way that is easy to access by professionals and myself if requested.	
My care will be organised so that I have one person to co-ordinate and a small team who understand my needs and wishes .	
Care decisions will be reviewed taking into account patients views and patient choice in addition to clinical standards and guidance.	



**Q6. Below is a list of statements relating to care and joined up services. Thinking about how you would like the service to meet your needs in the future, please choose the statement you prefer the most under each heading.**

**<PLEASE TICK ONE BOX FOR EACH OF THE HEADINGS>**

<b>Booking appointments</b>	<b>Please tick one preferred choice only</b>
I am able to book an appointment directly.	
I cannot book an appointment, I will need to be referred and services will decide whether or not I can see them.	

<b>Staff</b>	<b>Please tick one preferred choice only</b>
The staff I see will discuss my care with me and can adjust best practice according to my choices.	
The staff I see will be working to a set script and will not adjust best practice according to my choices.	

<b>My notes and information</b>	<b>Please tick one preferred choice only</b>
I have easy and full access to all notes/records about me.	
I have access to some of my notes/information as decided by professionals. There may be some information that I can't access.	



Approach	Please tick one preferred choice only
If I have more than one illness I will see one professional to discuss most of my care.	
If I have more than one illness I will see more than one professional for each condition. This may require attending several clinics / services.	

Support for my care	Please tick one preferred choice only
Support for my care is provided at home or close to home.	
Support for my care is provided in hospital and several different clinics.	

**Q7. If services were better joined-up and there was ONE central contact who coordinated your needs, who would you expect that to be? <PLEASE TICK ONE ONLY>**

List of possible contacts	Tick one only
General Practice Specialist (Practice nurse, GP)	
Hospital specialist (nurse practitioner, doctor, therapist)	
Community matron/nurse	
Dedicated co-ordinator of care	
Someone from social care/care provider	
Someone from a community group/charity	
I don't mind/not sure	
Other, please state	







**Q8. Please share any other comments in regard to primary care and community services that you feel need to be taken into account when planning and delivering care in the future.**



**MONITORING INFORMATION**

The following questions help us to ensure that we have spoken to a broad range of people that are representative of the populations we serve. Your comments will not be personally attributed to this information.

**From the list below, how would you describe yourself? <TICK WHICH APPLIES>**

I have one or more long-term health condition	
I care for someone with long-term health conditions	
I volunteer to help people with long term health conditions	
I don't have a long term health condition	
I have children under 16 years old	
Other, please state	

**Are you? <TICK WHICH APPLIES>**

Male	
Female	
Transgender	
Prefer not to say	

**How old are you? <TICK WHICH APPLIES>**

18-24	
25-34	
35-44	
45-54	
55-64	
65 -75	
75-85	
86+	



**NHS South Cheshire & NHS Vale Royal Clinical Commissioning Groups**  
**COMMUNITY SERVICES ENGAGEMENT - SERVICE USER SURVEY**



**Which of the following best describes your ethnicity? <TICK WHICH APPLIES>**

White British	
White Irish	
White Polish	
White Other	
Other Eastern European	
Black British	
Black African	
Black Caribbean	
Black Other	
Mixed Other	
Asian British	
Asian Indian	
Asian Pakistani	
Asian Other	
Other or prefer not to say	

**Do you consider yourself to have a disability? <TICK WHICH APPLIES>**

Yes	
No	
Prefer not to say	

**Would you describe yourself as frail? (e.g. housebound, prone to falls)**  
**<TICK WHICH APPLIES>**

Yes	
No	
Prefer not to say	

**How would you define your sexual orientation? <TICK WHICH APPLIES>**

Heterosexual (straight)	
Gay	
Lesbian	
Bisexual	
Other (please state)	
Prefer not to say	



**NHS South Cheshire & NHS Vale Royal Clinical Commissioning Groups  
COMMUNITY SERVICES ENGAGEMENT - SERVICE USER SURVEY**



**What is your postcode? <PLEASE STATE THE FIRST PART AND THE NUMBER OF THE SECOND PART. FOR EXAMPLE CW9 7 OR CW10 0>**

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**STAYING INVOLVED**

If you would like to stay involved and find out more, please provide your contact details. These details will be passed to NHS SC & VR CCGs to keep you informed about the future of community services.

<b>PLEASE STATE YOUR NAME</b>	
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OPTIONS	PLEASE TICK	PLEASE INSERT RELEVANT CONTACT DETAILS
By Post		
By Email		
By Phone		

**Many thanks for completing this survey. Your comments will be analysed and fed into a report to help shape the future of community services. If you have supplied your contact details, we will keep you informed about the next steps.**

**WHAT WILL HAPPEN TO THE SURVEY FINDINGS?**

People’s views will be summarised and analysed for common themes. This summary will be fed into a Co-Design Group, made up of service users and professionals, which will meet for the first time on the 24<sup>th</sup> November 2015. From that workshop, your inputs will be brought together to shape the quality standards for services. The draft quality standards will be circulated in early December to those who have participated in the engagement process for review and comment. As a result, an engagement report will be produced to inform the next stage of the decision making process, including relevant committees in January.



**Subject:** NHS South Cheshire and NHS Vale Royal CCGs - Community Services Engagement

Dear Friend,

## **We need your help!**

NHS South Cheshire and NHS Vale Royal CCGs are embarking on a programme of engagement in regard to the future of their community services and primary care. The aim is to achieve more integrated models of community care and in shaping a new way forward, we need to know what is important to you and your service users.

We recognise this is short notice, but it is essential that we gather as much insight as possible from staff and service users to shape the way forward.

## **How can you help?**

We would really value your assistance by taking part in the staff survey and encouraging other staff and service users to complete a relevant survey. Using the staff and service user summary sheets attached and links below you can forward to the appropriate people (staff or service users/service user groups) and encourage them to take part **before 5pm on 18<sup>th</sup> November 2015**. Within the summary sheets is a link to the relevant on-line survey.

**Staff Survey** – click on the following link to open

<https://www.surveymonkey.com/r/CommunityStaffSurvey>

**Service User Survey** – click on the following link to open

<https://www.surveymonkey.com/r/communityserviceusersurvey>

We would also like to undertake 1-2-1 telephone interviews with staff and attend any groups/forums with staff or service users taking place until the end of November 2015. Therefore, if you know of any relevant groups/meetings or would like to take part in a 1-2-1 interview please email [communityeng@participate.uk.com](mailto:communityeng@participate.uk.com) or call **01270 868 021**.

I will call in the next few days or you can email me with how you might be able to help.

Thank you in advance for sharing your views and encouraging others to do the same.

Kind regards