

All Together Better - Patient, Public and Carers' Engagement

Interim Evaluation Report Executive Summary

In April 2015 NHS England announced the first wave of vanguard sites, designed to develop dedicated support packages to enable change on new models of care delivery. Sunderland was one of three sites selected in the North East, and the only multispecialty community providers care model, targeting older people with long term conditions and carers.

The Vanguard programme in Sunderland is known as *All Together Better* (ATB), a part of *All Together Sunderland*, the local brand for community activity. It brings together health and social care teams, as well as the voluntary sector, to create a new way of delivering care to some of the most debilitated people in Sunderland. Particularly for those with long term, multiple or complex health needs, the aim is to have a better experience of care and to live life as fully as possible. The increased integration of services and more person-centred care also means a greater number of services being provided out of hospital. The key aims are:

Recovery at Home. A single point of contact for patients and professionals to support recovery after discharge from hospital and to prevent future emergency admissions.

Community Integrated Teams (CITs). These bring together district nurses, community matrons, social workers, GPs, Age UK Sunderland living well link workers and Sunderland Carers' Centre workers into multi-disciplinary teams for each of the city's five localities. Care is provided in a more coordinated, planned and proactive way, particularly for the most complex patients at risk of avoidable emergency admissions.

Enhanced Primary Care. This involves greater support for local GP practices to work more autonomously to provide enhanced care, above the normal agreed GP strategy.

ATB tasked Age UK Sunderland, supported by the Carers' Centre, to deliver the Patient, Public and Carers' Engagement (PPCE) aspect of ATB. This required a comprehensive programme of public events across the city to provide information on the new services and capture views, in order to help shape service delivery in the future. Events were held across the city between October 2015 and March 2016. The levels of engagement identified in the planning KPI's, including the original target of holding 20 PPCE events in the 5 local areas, were significantly exceeded. 75 events were held across the city, with one city-wide conference also taking place in February 2016.

PPCE Engagement	Events Held	Numbers Engaged
Seated Events	34	632
Public Space Events	18	1004
Voluntary Sector Meetings attended	23	481
Total Engaged	75	2,117

A two-tier approach engaged directly with condition-specific patient groups, older people's groups and carers, and also consulted more widely with the general public. This reached target groups and raised broader awareness. A range of engagement methods were used:

Seated Events were held at 29 city-wide community groups and at five public events, in order to reach out to all communities and those who for which PPCE is especially relevant.

Public Space Events engaged with members of the public who may not traditionally participate in health consultations. In line with best practice of vanguard sites reaching the communities they serve, venues including Bingo Halls, Social Clubs and Shopping Centres.

Voluntary Sector meetings were also attended by Age UK Sunderland, who provided information on PPCE to a broad range of stakeholder forums.

Social Media was used in various formats, with over 1,000 visits made to the Twitter feed.

Promotional Materials, which included leaflets, briefing notes, banners and postcards, were used extensively during the engagement to support the events.

Engagement activity gathered perceptions of all stakeholders in relation to the principles that underpin the project. Of the Seated Event attendees who completed the PPCE Team questionnaires, 72% were aged over 65. 29% declared themselves to be unpaid carers. The seated events met the expectations of 94% of attendees. Following the events, 86% stated that their understanding of ATB was good or higher:

Levels of Understanding of ATB	%
Excellent	13
Very Good	35
Good	38
Fair	13
Poor	1

Participants were asked set questions regarding the ATB project to gather views on the new way of working. Detailed testimonial feedback is available in associated reports, with the majority of comments, in particular concerning the Community Integrated Teams, being positive. The concept of health and social care providers working together was welcomed, and there was a sense that trust, confidence and communications will improve.

A Service Priority Questionnaire, completed by 352 people, outlined 11 aspects of health and social care. The top four priorities from patients, the public and carers were:

Priority	% Identified as most important
To stay independent for longer	40
Having fast access to care and support	22
Seeing a health & social care professional together rather than wait for separate appointments	13
Having a single point of contact to get the required services	13

The impact of the CITs and Recovery at Home has been highlighted with case studies:

Mrs M: "In the last few years I was going backwards and forwards into different parts of the hospital. When Age UK came to see me as part of the Community Integrated Team, I was apprehensive, but it's been great. I wasn't getting out at all but I now go to a seated exercise session and "knit, stitch and natter", as well as the day clubs. I'm more confident. I'm now not even going to hospital as an outpatient. At the moment all I need is to see the Community Nurse and that's fine. Things are going pretty well."

Bill is 71 and was in hospital with broken arms. He has long-term health conditions. Via the Recovery at Home (RAH) service, Bill was rehabilitated at Farmborough Court reablement unit. The Multi-Disciplinary Team supported Bill, with Age UK Sunderland staff visiting his home, with his permission, to retrieve personal items to improve his stay. It was identified that he needed food shopping on his discharge and support in the coming weeks. Aids were put in place at home and Telecare was arranged. The social worker was updated with progress from Age UK Sunderland and the reablement team. After initially being escorted, Bill was able to go out on his own. He declined other services, as he awaits heart surgery. He expressed gratitude for the support of RAH, feeling he had regained his confidence. In his evaluation, Bill stated that the service was very good and he enjoyed going out on his own, and to the Age UK Boxing Day lunch. He has not been re-admitted to hospital.

A major cross-stakeholder conference, held at the Stadium of Light on 25th February 2016, reported on and celebrated the progress of the PPCE. Speakers from the CCG, Age UK Sunderland and Provider Partners recognised the work of the Community Integrated Teams, Recovery at Home and Enhanced Primary Care. Over 100 delegates attended, including patients, service users, carers, families, support agencies and health professionals.

Looking ahead, The NHS Five Year Forward view, published in October 2015, argues that we can only achieve better health, better care and better value by fundamentally changing the health service's relationship with patients and communities. In line with these principles, ATB will increasingly involve moving specialist care out of hospitals and into the community. Community organisations and specialist providers will therefore need to work even more closely together to meet changing expectations.

ATB will continue to evolve from a new care model vanguard to a business as usual service in Sunderland. Building upon the PPCE feedback, next steps will also include considering how mental health services can integrate into the out-of-hospital model, the strengthening of the dementia support pathway, and the empowering of carers. There is also additional engagement work to be done to reassure groups that the emergence of ATB will not negatively impact on other services designed to meet the needs of patients in the wider community.

The voluntary sector's involvement will continue to be pivotal to the success of this overall engagement approach, due to its ability to positively engage with the target groups via extensive networks within the local communities of Sunderland. The stronger relationships between the statutory, private and voluntary sectors will help to develop service solutions that meet the needs of health and social care commissioners and providers, and enable the people of Sunderland to improve their lives and be as independent as possible.