

## Hackney Health and Social Care Devolution Pilot Report: Public engagement events on quadrant working

Healthwatch Hackney organised four public engagement events on a locality basis in November and December 2016 to get feedback on the proposed 'quadrant' model of the [Hackney devolution pilot](#) and better understand local concerns. Each event ran from 4-7pm and gave an overview of devolution and quadrant working before a Q&A with a panel of devolution partner representatives (Annex 1). Smaller groups looked at how quadrants would work with patient case studies and gave feedback on concerns.

### Attendance

The four events were attended by a total of **155 people - 79 residents and 76 staff**<sup>1</sup>.

- North West, 29 Nov, Abney Public Hall. **43 participants:** 20 residents & 23 staff
- North East, 22 Nov, Pembury Community Centre. **54 participants:** 25 residents & 29 staff
- South West & City, 5 Dec, Hackney Community College. **56 participants:** 24 residents & 32 staff
- South East, 28 Nov, St Joseph's Hospice. **32 participants:** 15 residents & 17 staff

### Feedback themes and concerns

The majority of attendees felt the proposed quadrant model was positive in principle. They felt it could address issues of different providers not speaking to one another or disagreeing about who will pay for care. Participants raised the following practical concerns (full list in Annex 2):

- How patients will be referred if they don't visit a GP, can't get an appointment, visit different GPs, are socially isolated or reluctant to ask for help. More entry points needed for referral.
- Need for clarity on how MDT will work and timeframe quadrant support can be provided for. Clear timeline for quadrant model needed with steps laid out.
- Questions around how information will be shared between quadrant members.
- Concern about sustainability of funding given sustainability and transformation plans (STPs) and other financial pressures.
- Importance of keeping the patient informed and involved in decision-making.
- Importance of informed and explicit patient consent before data sharing. Concern around confidentiality/data protection of patient records and safeguarding.
- Need for service consistency and quality - concern voluntary sector may not meet standards.
- Importance of this model working with people who are 'falling through the gaps'.
- Need for more interpreters to meet needs of non-English speakers and those with hearing issues.
- Importance of working with housing and social services to address impact on health.
- Need for clearer communication/language and more awareness-raising on health generally.

### Lessons learned

Nearly 70% of participants (who completed the evaluation) rated the event 4 or 5 out of 5.

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<sup>1</sup> Please note these figures reflect the registration sheets that were not completed by all attendees. Staff figures represent those working at pilot partners. Many staff are also Hackney residents.

Participants identified some of the best things as the small group discussions, having a voice, the update on devolution, and the ability to ask questions.

They suggested events could be improved with:

- More focused discussion in smaller groups to give all a chance to contribute
- More time to respond to people's questions
- Less powerpoint slides with too much information
- A mixture of daytime and evening events so working people could attend
- More information about the wider implications of the STP.

### **Recommendations for future engagement events**

- On a 'road show' or outreach basis with existing organisations or groups.
- As smaller groups looking at topical areas and patient case studies
- At a variety of timeslots to attract different groups.

### **Annex 1: Panel members across four events**

Dr Penny Bevan - Director of Public Health, City and Hackney

Tracey Fletcher - CEO Homerton University Hospital

Paul Haigh - Chief Officer, City & Hackney CCG

Neal Hounsell - City of London Assistant Director of Commissioning & Partnerships

Dr Martin Kuper - Medical Director, Homerton Hospital

Catherine Macadam - Chair, Patient and Public Involvement Committee, City & Hackney CCG

Raj Radia - Chairman, City & Hackney Pharmaceutical Committee

Laura Sharpe - CEO, City and Hackney GP Confederation

Daniel Waldron - Director of System Development, Homerton University Hospital NHS

Jennifer Walker - Programme Director, One Hackney & City

*The panel was facilitated by Jon William, Director, Healthwatch Hackney*

### **Annex 2: Feedback given during panel Q&A and case study groups during November and December engagement events**

#### **Assessment**

- How patients will be referred if they don't visit a GP, can't get an appointment, visit different GPs, are socially isolated or reluctant to ask for help. More entry points needed e.g. community referral, self-referral, or community champions.
- Need for thorough first assessment to avoid multiple questions or incomplete care plan.
- Questions around who does the assessment.
- Quadrant team should include or link to allied health professionals, dentists, community pharmacists, and London Ambulance Service.

#### **Service delivery and coordination**

- Roles within the quadrant team are unclear and unclear who coordinates the team.
- Need for coordinated journey/pathway between crisis, primary care and social care which doesn't currently exist.
- Need to regularly review the care plan. Unclear responsibility for no-show patients or those who the plan doesn't work for.

- Shared care plan rather than multiple care plans is positive.
- Unclear responsibility for addressing complaints, problems or partner disagreement. Complaints procedure needed.
- Unclear how model involves out-of-borough services provided to Hackney residents.
- Need for care/staff continuity: key contact for the patient and back-up when unavailable.
- Clear timeline needed with steps laid out. Concern around timeframe quadrant support can be available for - will it still be six weeks?
- Clinical input is paramount.
- Model should 'pull together' existing services rather than replacing them.
- Need for plan B if it doesn't work.
- Concern that model creates more steps in pathway rather than reducing them.
- Bring providers with existing good relationships/trust with patients into model.
- Different skill levels in team could be issue.
- Concern about who monitors patient situation when things going well to prevent crisis.
- Need for accountability and clear decision making in the model.

### Communications

- Questions around how information will be shared between quadrant members and how this will work practically with many different IT systems in place.
- Sense that providers currently don't talk to each other.
- Suggestion that quadrant patients should get 'welcome pack' on what will happen in programme, how to complain, explanation of patient consent etc.
- Questions around what is happening with the One Hackney and City model. Need to keep patients and staff informed during transition from One Hackney and City to quadrant model.

### Funding

- Concern about sustainability of funding for the quadrant model given STP pressures and reduced funding for both health and social care.
- Funding decision making for quadrant not clear.
- Suggestion that money better spent in primary care.

### Staff

- Importance of bringing staff along and consulting them.
- Fear about plans to reduce number of GPs and hospital beds.
- Concern about recruiting and retaining professionals needed given stress and housing crisis.
- Model may help relieve high GP workload.

### Patient at centre

- Importance of keeping the patient (or independent advocate) informed and involved in decision-making.
- Questions around obtaining informed patient consent. Particularly important when mental health issues involved.
- Concern around confidentiality/data protection of patient records and safeguarding if different organisations involved.
- Need translators for non-English speakers and interpreters for those with hearing/sight issues.
- Questions around how the model will be evaluated and incorporate user feedback.

- Need to think about patients who may have more than one carer and keeping them informed.

### Voluntary sector

- Need to involve the voluntary sector.
- Need for service consistency and monitoring quality - concern voluntary sector may not meet standards.
- Model may place unnecessary burden on voluntary sector and carers.
- Need to include voluntary sector in MDT.

### Devolution

- Need for more information on devolution and the impact it will have.
- Concern regarding 'quadrant lottery'.
- Some don't like 'quadrant' term. Suggest 'area' or 'cluster' as alternative.
- Ethical issue around equity of access - concern that not everyone will get same service.

### Wider health issues

- Need to look at prevention and education as well.
- Questions around how quadrant will work with housing, Department for Work and Pensions (DWP) and social services to address their impact on health.
- Importance of this model working with people who are 'falling through the gaps'.
- Focus on mental health is important - need to involve social workers and psychiatrists.
- Need to involve hard-to-reach communities and those with mobility issues.

### Quadrant specific concerns

#### *North East:*

- Need more translators and interpreters for those who don't speak English.
- Informed consent for those with mental health issues.

#### *South East:*

- The need for the pilot to address housing issues that negatively impact health and particularly mental health.
- Interpreters and tailored information is needed for those with hearing or sight difficulties. Also concern about communications generally as many people don't understand the system or their GP.

#### *North West:*

- Concerns about model reaching socially isolated people and those who don't ask for help.

#### *South West & City:*

- Need to include additional professionals in the quadrant team e.g. pharmacists, paramedics, dentists.