



YourVoice@Healthwatch

**Community and Primary
Partnership – Co-production
Event August 2024**

healthwatch
Lincolnshire

Background

In February 2023, the 'Development of the Provider Landscape' report (Farrar Review) was published.

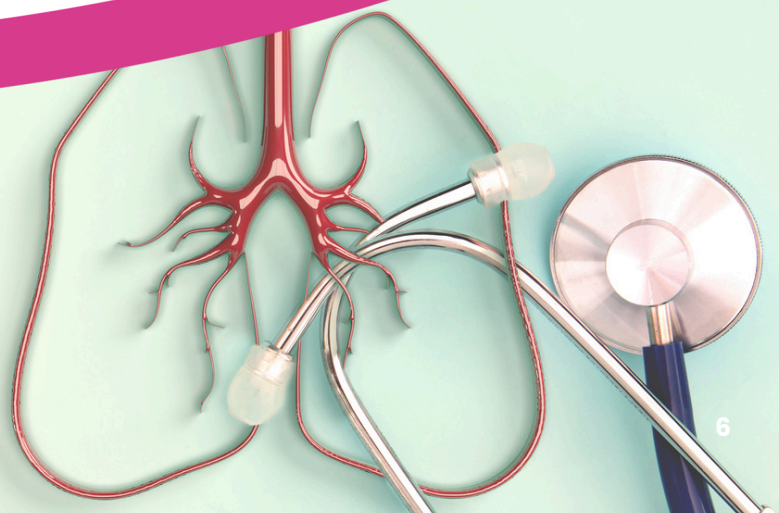
Commissioned by the Lincolnshire Integrated Care System, its purpose was to inform the next steps for the strategic integration of health and care services. One of the Farrar Review recommendations called for the development of Community Primary Partnerships to 'supercharge' arrangements for integrated care closer to home. While the review identified the eight core functions of a CPP, it did not define what the model or approach should be in Lincolnshire.

Following the publication, Lincolnshire Health and Care leaders agreed a collaborative approach was essential to inform the development of a CPP model for Lincolnshire. The new partnership(s) will drive collective action to improve health and care services and influence the wider determinants of health and broader social and economic developments across Lincolnshire.

Core characteristics of a Community and Primary Partnership include:

- Whole population health management – providing preventative and curative services, health promotion and long-term care.
- An integrated, multi-disciplinary workforce focused on a holistic, personalised approach rather than disease focus.
- Resources aligned with the health needs of the whole population.

The Chief Executives of the Lincolnshire Integrated Care Board and Lincolnshire County Council delegated the Executive System Lead role for the development of CPPs to the Director of Public Health. A small team of system officers have been leading the initial stage of programme development.



The development of CPPs is to be a major contributor to the delivery of integrated care close to people's home. The Farrar review attributes these functions to CPPs:

- i. Developing a systematic programme of community engagement.
- ii. Establishing a strong platform for population health management, including through the coordination of data to enable the system to target resources more closely to need.
- iii. Undertaking a primary prevention programme that incorporates bending non health and care spend to deliver the basics of a healthy life and provision of primary preventative services such as smoking cessation, screening, vaccination and immunisation etc, drawing on community pharmacy as well as general medical, dental and ophthalmology practice.
- iv. Assuring a consistent approach to secondary prevention, with Primary Care Networks (PCNs) addressing unwarranted clinical variation amongst primary practitioners in a supportive and learning culture.
- v. Working as the operational basis for integrated community services that work holistically for complex patients and those at greatest risk of hospitalisation and permanent loss of independent living.
- vi. Working with partners in secondary health and residential care services to coordinate and deliver the diagnostic and outpatient processes along with virtual wards and a systematic approach to assess generalist and specialist opinion.
- vii. Promoting the use of new technologies to enable citizens to understand and maintain their own health, virtually monitor chronic disease and flag any deterioration for those waiting for care.
- viii. Develop new innovative service offerings that enable health and care to be delivered in out of hospital settings.

Healthwatch Lincolnshire Community and Primary Partnership YourVoice@Healthwatch Event

Our latest YourVoice@Healthwatch was a collaboration between Healthwatch Lincolnshire, Public Health, and the Personalisation Team across the Integrated Care System (ICS).

- Date and location: 31st July 2024, Ruston's Sports & Bar, Lincoln.
- Purpose of the event: Start to work together to explore and understand what Community and Primary Partnerships (CPPs) mean to them and why having a better relationship with the health and care system is important to people.



More than 60 people attended the Healthwatch Lincolnshire event. Attendees ranged from people working in the health and care system to independent businesses, parish councillors and local residents.

This is the first event that has been held with the public about the Our Shared Agreement and CPPs, so the feedback received is important to help us shape the next steps with both programmes of work.

The session started with a presentation from colleagues from Lincolnshire's Integrated Care System (ICS) setting the scene around the current challenges and opportunities in Lincolnshire to work differently together with people.

The focus was on updating and sharing the progress and learning around the following areas:

- How we use data and insights to understand the health and wellbeing of our local populations, using linked data sets comprised of both quantitative and qualitative intelligence.
- The challenge we have in Lincolnshire around the levels and different types of health inequalities driven predominantly by the wider determinants of health, such as education, poverty, housing etc, and the impact this can have on people's physical and mental wellbeing.
- Our Shared Agreement, a co-produced programme of work with a range of stakeholders and people with lived experience that is starting to describe and demonstrate that by working together to develop a better relationship between people and the health and care system we can start to see improvement in outcomes for all.
- Community and Primary Partnerships: A collaborative approach agreed by Lincolnshire's health and care leaders to inform, develop, and improve care closer to home. CPPs are envisioned as a bridge between healthcare providers, local organisations, and community members, promoting a preventive personalised approach that goes beyond traditional medical care.
- Getting involved: Both Our Shared Agreement and CPPs are in their infancy and welcome anyone who's interested in working differently together to email with Kirsteen Redmile at lhnt.itsallaboutpeople@nhs.net

The session then moved into three round table discussions covering the following topics.

1. Communities – their value and potential
2. Our Shared Agreement
3. Community and Primary Partnerships – How should they feel?



Victoria Townsend, Programme Director for Population Health Management in the Lincolnshire Integrated Care System, said the idea of a collaborative CPP came from looking at where services currently let people down. This research led to the recommendation that a partnership and network of people be built.

Conversation 1: Communities – their value and potential

This energetic and lively discussion brought out a range of views and thoughts about the value of communities and the challenges there are to ensure a level of equity that enables people to have a choice about how involved they want to be.

It was clear that community means different things to different people, with a consideration that they can be seen as inclusive and exclusive, which has positive and negative connotations.

Why are they important?

- Communities are about who you associate with, where you live, like-minded people, shared hobbies, experience, ambitions, challenges.
- Communities are about sharing skills, learning together, being kind to each other.
- People feeling that they have a purpose and feel needed. A sense of belonging.
- Where people feel safe, where they meet each other.
- Having your voice heard and being able to add value to a local group.
- Communities can be virtual or in person.
- They can be dynamic, responsive and flexible.
- You can 'opt in' and 'opt out'.
- They can provide volunteering opportunities.
- There is a diverse range of communities across Lincolnshire.
- Communities evolve and change over time.
- There are lots of opportunities in Lincolnshire for people to feel part of a community or communities, but knowing where to go to find the right one is not easy to navigate.



Some of the challenges:

- Accessing community groups can be difficult due to the local transport infrastructures.
- Covid saw an increase in community cohesion and engagement but that has been lost now.
- Knowing where to find the information about activities, community groups.
- Artificial or administrative borders that stop communities from thriving.
- Can feel like a postcode lottery around funding for community groups
- Need a range of methods to communicate with people.
- Needs some level of leadership.
- Needs time and commitment from people – communities don't just appear and thrive on their own.
- Need more support around digital enablers that can connect and link people and communities together.
- Need to be aware of people feeling isolated, due to a disability, faith, language, access or the digitally excluded – how do communities come to people?



Conversation 2: Our Shared Agreement

This generated a lot of discussion and feedback around the language that has been used to describe 'Our Shared Agreement', such as;

- Was this generated by AI?
- This doesn't relate to me.
- Be careful with jargon.
- Feels corporate.
- Too vague, needs to be more punchy.
- Needs to be brought to life – where are the real people?

This feedback will be fed back to the Our Shared Agreement co-production group for further work.

Why is a better relationship important?

- Breaking down barriers across health and care systems
- Taking personal responsibility for your own health and wellbeing
- Educating and encouraging people to be actively engaged in their own health and wellbeing.
- See the person as a whole not as a condition.
- Start with asking me ‘what’s important to me and what I need?’.
- Start a conversation with me and those people important to me.
- This is relevant to all, no one should be left behind.
- Recognising individual needs and one size doesn’t fit all.
- Listening and hearing people and carers.
- People need to be prepared to ask questions of health and care professionals.
- Not having to repeat your story.
- Ensuring the person’s views are clearly recorded.
- Working together with people.
- It starts to challenge some of the workforces’ ways of working.
- This is about culture and mindset change and will take time.



Some of the challenges

- We’ve heard this all before and nothing changes.
- General sense that this is for someone else to do.
- The language used must be jargon free and in plain English.
- Our Shared Agreement is aspirational – how will it be enforced?
- How do we ensure people only tell their story once – the importance of sharing relevant information in a way that’s understandable and meaningful to the individual.
- Need to have a clearer understanding of what we’re trying to achieve.
- Do professionals feel they have permission to work in this way?
- A feeling of entitlement from people – I’ve paid for this all my life.
- People won’t be interested or bothered – why should I get involved?

Conversation 3: Community and Primary Partnerships – how should they feel?

This generated some lively debate around what CPPs could and should be. There were some general views along the lines of ‘Haven’t we been here before?’ and ‘What will be different this time?’, which need to be noted as this will be something that’s heard a lot.

It is imperative that this is acknowledged and recognised, and that we have a structured way of keeping the public up to date on the progress that’s being made.

Why is this way of working important?

- This is about working together.
- It’s an opportunity for colleagues to get to know each other and understand their roles.
- Supporting professionals to work together.
- Working to an agreed set of priorities to meet a population need.
- Need to understand what joint resources are available and how they can be used to best effect.
- We need to understand what we’re already doing well and build on that. No wrong door and no wrong time.
- Need to use population health data to consider what our local priorities are and target / shape our services appropriately.
- Need to focus on prevention.
- Underpinning principles of personalisation and strength-based assets.
- To be allowed to have time to have conversations – don’t give up – persevere.
- Improve the communication between services.
- Focus on proactive ways of working rather than reactive.



The opportunities

- Engage communities to develop a shared vision
- Develop CPPs with local people and communities.
- Let's have one conversation, one assessment.
- Do we understand why people behave in the way they do and their relationship with the health and care system?
- Don't undervalue the resources provided by the VCFSE sector.
- Know who the community anchors are – the people who notice things, the influencers – who are they? How do we support and encourage them to get involved and raise opportunities / challenges.
- Explore the use of all our community assets – libraries, GP surgeries etc
- This should make things easier and simpler for people, it shouldn't be a battle.
- Make sure there is a focus on 'quick wins', don't always use data as a driver – let things grow organically.

The challenges

- Need to be clearer about the message – what are CPPs?
- Needs bringing to life.
- Financial constraints
- Recognise the time that's needed to do this efficiently and effectively, and to make the change happen.
- Will the needs & pressures of the NHS overtake the desired changes that CPP can deliver?
- IT systems need to talk to one another.

The session closed with a challenge from one of the participants: 'I'll get involved in supporting this work, if we can come back here in a year's time and clearly say we've made a difference somewhere.'

The challenge was accepted.

As mentioned above all the feedback from this event and those in the future will continue to shape the work going forward.

If you'd like to get involved, please email Kirsteen Redmile at:
lhnt.itsallaboutpeople@nhs.net



Our shared agreement

The CPP project's Our Shared Agreement devotes people to develop a relationship between the people of Lincolnshire and healthcare services.

To make this happen, five foundations form the crux of the shared agreement, which has been signed by Lincolnshire County Council, ICB and LVET.

The foundations:

- 1 – Be prepared to do things differently
- 2 – Understanding what matters to ourselves and each other
- 3 – Working together for the wellbeing of everyone
- 4 – Conversations with people, not about people
- 5 – Making the most of what we have available to us

To find out how you can be involved in this exciting new movement as a member of the public, a professional or both, visit www.itsallaboutpeople.info/osa

Three quotes sum up why this work is so important.

Go with your heart
and do what's right

We need to be BRAVE

This is for our
grandchildren, what can
we leave them with?

Feedback from the day:

HWLincs CEO, Navaz Sutton said: “Today has been a fantastic opportunity for people to feed into the development of Community and Primary Partnerships. I have been amazed by the amount and richness of the conversations that people have contributed. This YourVoice@Healthwatch event was delivered in partnership with Public Health, and the Personalisation Team across the Integrated Care System, and we are excited to follow this up in the future to build on this great work.”

Public Health Officer Jo Osborn said: “It’s great to come to events like today and see so many organisations and individuals in Lincolnshire wanting to support the development of community working and joining up the services. At Connect to Support Lincolnshire, we aim to create a resource that signposts clearly to the right support, and having community partnerships will help to strengthen this offer for Lincolnshire, so people can access the right services for themselves more easily.”

Many organisations and groups attended, including representatives from the signposting and information service, Connect To Support Lincolnshire.

The YourVoice@Healthwatch event was attended and supported by:

- AMPARO
- Carers First
- Community Transport and Mobility Services
- Four Counties Primary Care Network (PCN)
- Friendship Lincs and Person Shaped Support (PPS)
- HWLincs
- Lincolnshire County Council (Adult Social Care Services)
- Lincolnshire County Council (LCC) Connect to Support
- Lincolnshire NHS Integrated Care Board
- Lincolnshire Rural Housing Association
- Lincolnshire Traveller Initiative
- NW Counselling
- One You Lincolnshire



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If you require this report in an alternative format, please contact us at the address above.

We know that you want local services that work for you, your friends and your family.

That's why we want you to share your experiences of using health and care services with us – both good and bad. We use your voice to encourage those who run services to act on what matters to you.