Development of Warrington's Intermediate Care Services: pre-consultation engagement report

Contents

1) Introduction

This report is a summary of engagement work undertaken as part of the Warrington Intermediate Care Redesign Project. The overall communication and engagement approach in the project is described more fully in the Warrington intermediate care redesign communication and engagement plan.

This report summarises the approach taken to gaining views and experiences from stakeholders. The outputs have been used to influence the development of the future provision of improved intermediate care services.

The report has been produced with input from representatives of key agencies:

- Warrington Together communication and engagement group (multi-agency membership)
- Warrington Borough Council (Laurence Pullan, Clare O'Brien, Sarah Nancollas)
- NHS Warrington Clinical Commissioning Group (CCG) (Katie Horan)

2) Background and context

Warrington Borough Council and NHS Warrington CCG, supported by the Warrington Better Care Fund (BCF), are delivering a project to review and redesign bed-based and community-based intermediate care services. The focus for Warrington is ensuring that people spend more of their lives living well and independently, with a lower requirement for personal care. We want to ensure that frail people particularly receive more early intervention at home to improve outcomes and reduce the need for hospital and/or respite care.

Intermediate care services both prevent admissions into hospital by delivering rapid response and reablement services in a person's own home, as well as delivering reablement services on discharge from hospital that maximise people's independence to reduce or delay the need for care and support.

Services are defined as follows:

Home-based intermediate care

Home-based intermediate care services are community-based services provided to service users in their own home/care home. Home based intermediate care services offer intermediate care assessment and interventions supporting admission avoidance, faster recovery from illness, timely discharge from hospital and maximising independent living.

Bed-based intermediate care

Bed-based intermediate care services are provided within an acute hospital, community hospital, residential care home, nursing home, standalone intermediate care facility, independent sector facility, local authority facility, or other bed-based setting. Their primary function is prevention of unnecessary acute hospital admissions and premature admissions to long term care and/or to receive patients from acute hospital settings for rehabilitation and to support timely discharge from hospital.

Reablement

Reablement is meant to help people accommodate illness or disability, by learning or re-learning the skills necessary for daily living so they can live at home with maximised independence.

We currently have a range of intermediate care services provided by different organisations working across Warrington including:

- Intermediate care beds and Padgate House, Brampton Lodge and Woodlea
- The intermediate care assessment team, intermediate care at home service and reablement services based at Irwell Road

We are also working with other services linked to intermediate care including First Response (day), Out of Hours (night), Care Call, Rapid Response Hospital Service, Rapid Intervention Service Frailty Hub, and the Night Sitting service

We want to ensure that we have the correct ratio and type of bed-based and community-based services for the future, and that our buildings are fit for purpose. We aim to deliver services that will keep people independent and living well at home for as long as possible, and to ensure the model of delivery is appropriate for the future needs of the population in Warrington.

We want to redesign intermediate care services that deliver on the Warrington Together and NHS Long Term Plan ambitions about providing better community-based services that can prevent people needing to go to hospital. We aim to ensure we have:

- Staffing models that are integrated (nurses, social workers, therapists etc. working closely together with primary care, community and hospital services and offering a seamless patient journey)
- Processes (triage tools and assessment procedures) and pathways (steps taken with individuals by services) that are effective and efficient
- Bed-based care provided in a building(s) that is/are fit to deal with future demands
- A system that can support more people per day than currently
- IT systems that can support integrated working

3) Objectives

The aim of our engagement work was to:

- Provide our stakeholders with opportunities to influence and shape the thinking about intermediate care services for the future, based on their experiences, ideas and views
- Thematically review outputs from stakeholders into summary topics that could be considered further as the work proceeded
- Use information/intelligence gathered from stakeholders across the systems (via onsite visits, focus groups and surveys) to inform the future design of services
- Highlight relevant examples of views and experiences (positive and negative)
- Ensure that we satisfy our legal duties to involve the public in commissioning

4) Approach

The Intermediate Care Redesign Project Manager worked with the Warrington Together communication and engagement group to develop a communication and engagement plan for the project. Within the plan was a schedule of engagement activity. The plan was approved by the group in October 2019.

Using a variety of techniques and tools we have mobilised the plan and sought to gain information about the views and experiences of stakeholders. Our goal has been to use feedback to inform solutions that will ultimately address our known challenges.

5) Engagement methods

Following negotiation with the Warrington Together communications and engagement group, it was agreed that engagement would take place through three methods:

- Electronic surveys
- Focus groups
- Face to face, 1:1 interview

Attendance at relevant events was also facilitated and members of the Project Steering Group joined a 'Get Engaged' event with representatives from families and the voluntary sector, as well as attending workshops with stakeholders from the Frailty Programme. The outputs from the 'Get Engaged' event are provided in **Appendix 1.**

We developed electronic surveys and a semi-structured interview format. We produced tools that were tailored for:

- People using intermediate care services (including bed-based and community services and reablement)
- Staff working in intermediate care services (including reablement)
- Staff working closely with intermediate care services (including Carecall, First Response, NWAS, community services and the frailty programme)
- Wider stakeholders who consisted of carers, professionals, volunteers and anyone else who wished to comment

Surveys were tested in advance and feedback was provided by the Intermediate Care Redesign Project Steering Group and the Warrington Together communication and engagement group. Final version surveys were disseminated using our stakeholder matrix (**Appendix 2**) through council and CCG representatives. An audit of circulation is provided in **Appendix 3**.

Staff and patient interviews were conducted with a sample of staff and patients who were approached by the project manager and colleagues. Neither sample size provides a statistically representative view of the cohort being interviewed or the system as a whole, nor does the approach taken to engagement satisfy any criteria linked to primary research. Instead the findings give us an indication of views and opinions. Outlier issues are highlighted as are responses that were consistent.

A summary of the key themes from all the engagement effort is provided below.

6) Results

People using intermediate care (including reablement) services

The survey targeting people using intermediate care services (including reablement) was responded to by 26 people from across Warrington (geographically). Surveys were completed by people using bed-based provision (Padgate House and Brampton Lodge) via face to face interviews, as well as people using community based provision (Intermediate Care Assessment Team, Intermediate Care at

Home Team or Reablement) via staff delivering paper copy surveys to everyone using community intermediate care services on a snapshot day (19 November).

Respondents were aged from the 25-34 age category to 85 and over but the majority (23 out of 26) were aged over 65 years. 11 respondents described their gender as male, 14 as female. The majority of respondents were widowed (11), and those who described themselves as married numbered 10. 24 respondents described their ethnic origin as White British, 23 described their sexual orientation as straight and 21 their religion as Christian.

Survey results were populated electronically. For the purposes of clarification people using Intermediate Care Services were described as 'respondents'. A copy of the survey tool is provided in **Appendix 4.**

Key themes from the survey results are as follows:

Complex needs

Respondents using intermediate care services have complex and multi- faceted needs. Examples of self-reported conditions included:

- Amputee and visual impairment
- Stroke
- Imbalance still being investigated
- Plated and pinned hip
- Broken hip and diabetes
- Loss of ability to walk and needed a catheter
- Fall
- Haemochromotosis
- Sensory impairments
- Long-standing illness

Highly satisfied

Respondents self-reported a high level of satisfaction with intermediate care services (19 very satisfied, six satisfied), with all respondents feeling like they were treated by understanding staff who were compassionate, interested and showed respect and competence (26). Respondents were generally satisfied with the range of support on offer (26).

High level of confidence

Respondents highly valued the range of skills and interventions offered by staff (22).

Involvement in care

24 respondents rated being involved in their care planning as important.

Person centred training

17 respondents rated training in LGBTQ, religion, disabilities etc. as important.

A good physical environment

All respondents rated a clean, well decorated, safe and accessible environment for receiving 'out of home' intermediate care as important.

Better continuity of care

1 respondent using community services highlighted concerns about continuity of care in community services with staff on rotas meaning patients sometimes saw lots of different people.

Respondents who used bed-based care wanted bed-based care

But some respondents were open to the idea of care at home as an alternative (12 out of 26), if what they were offered was 'as good'.

People who used intermediate care services were invited to make open ended comments about 'what works well?' and 'what needs to be improved?' in services. Comments are listed below:

6. In your opinion what do you think works really well in the service you used? Please write in the space below.				
			Response percent	Response total
1	Open-ended question		100%	23
	1	13/11/2019 10:59 AM ID: 130786615	Everything works well, the place is really efficient, the staff are friendly and lovely and intelligent, and the food is ok.	
	2	13/11/2019 11:15 AM ID: 130788066	The staff are great. In some places the staff don't want to know you but here the staff want to get to know you personally and you can have a laugh and a good conversation. That makes a real difference.	
	3	13/11/2019 11:38 AM ID: 130790445	No comments.	
	4	13/11/2019 11:59 AM ID: 130791971	Furnishings, some thought has gone into the design of the space and the surroundings. It's basic but necessary and well done.	
	5	13/11/2019 13:08 PM ID: 130797511	Padgate feels more homely rather than hospitalised. Medical staff are good here and contact with medics is reliable. Food is good, feels like a home from home but with all the benefits of a focus on rehab and round the clock support. It doesn't matter really about the rooms etc. it's the quality of care that counts and it's good here.	
	6	13/11/2019 13:30 PM ID: 130801367	The whole service works well at Padgate, can't fault anything at all.	
	7	13/11/2019 13:49 PM ID: 130802621	Padgate seem to have most things under control and sorted. The best thing is the size of the unit, it's not like a big hospital that is	

6. In your opinion what do you think works really well in the service you used? Please write in the space below.				
			Response percent	Response total
		overrun. It provides a good transition from hospital in our attempt to return to a normal life and home.		
8	13/11/2019 14:02 PM ID: 130804294	Getting your own room. Good food.		
9	13/11/2019 14:23 PM ID: 130805990	I think the quality of physio care is really good. The food is great. Everything is really good.		
10	13/11/2019 14:40 PM ID: 130807435	The food is brilliant. The quality of care is good, the room is kept clean, the staff make sure they keep regular count with you.		
11	13/11/2019 15:08 PM ID: 130808867	The quality of care from the staff. They're amazing and work their socks off. The food is excellent.		
12	27/11/2019 11:48 AM ID: 131602676	The staff are the best thing about `Brampton Lodge. I get great care overall.		
13	27/11/2019 12:14 PM ID: 131606330	The quality of care and the physio support is excellent. Everything is pretty good really.		
14	27/11/2019 12:34 PM ID: 131607930	The equipment is good.		
15	27/11/2019 13:30 PM ID: 131612626	Press the buzzer and the staff arrive quickly, staff are good, they help you with washing ND moving, they're trying to get me back to dressing myself and walking.		
16	27/11/2019 16:11 PM ID: 131621012	I can press a button and get help immediately; I can get help in the shower. Everything is really good.		
17	04/12/2019 19:23 PM ID: 132043745	Engagement of complimentary services e.g. Physio, OT, and district nurse. Very caring staff.		
18	04/12/2019 19:27 PM ID: 132044458	Care of the ladies that attend you is excellent, they are friendly, caring and thorough in what they do.		

6. In your opinion what do you think works really well in the service you used? Please write in the space below.

			Response percent	Response total
19	04/12/2019 19:34 PM ID: 132045316	Good quality of care provided, access to physio, OT, good communication, professional and friendly approach by staff, tailored to specific individual needs, involvement of family in care needs/decisions.		
20	04/12/2019 19:37 PM ID: 132045619	Knowing I will not be on my own all day and night.		
21	04/12/2019 19:41 PM ID: 132045951	Care call and reablement services.		
22	04/12/2019 19:45 PM ID: 132046498	Having a time slot.		
23	04/12/2019 19:49 PM ID: 132046789	In my experience all carers that attended were supportive, reliable, respectful and understanding of my specific needs.		
			Answered	23
			Skipped	3

7. What do you think should be improved? Please write in the space below.

			Response percent	Response total
1	Open-ended question		100%	21
1	13/11/2019 10:59 AM ID: 130786615	The boredom, there is nothing to do except read and do cross words.		
2	13/11/2019 11:15 AM ID: 130788066	Nothing.		
3	13/11/2019 11:38 AM ID: 130790445	I'd like to see the doctor more and I'd like more info about when I'm going home. I'd like a date. I'd like to know.		

7. What do you think should be improved? Please write in the space below.				
			Response percent	Response total
4	13/11/2019 11:59 AM ID: 130791971	The noise level, especially early in the morning.		
5	13/11/2019 13:08 PM ID: 130797511	There are not enough activities to during the day to keep us socially occupied, quizzes, bingo, and singing. Padgate needs an activity coordinator.		
6	13/11/2019 13:30 PM ID: 130801367	It can get lonely between mealtimes; the day can feel long and boring. I can at least get out and about in the grounds on my own which helps but it is still lonely.		
7	13/11/2019 13:49 PM ID: 130802621	Might be better to have more frequent checks on us in the night.		
8	13/11/2019 14:02 PM ID: 130804294	Nothing.		
9	13/11/2019 14:23 PM ID: 130805990	Wi-Fi access is non-existent which prevents us from accessing something to do. We need some activities and more stuff to do during the day. Padgate welcome my kids visiting.		
10	13/11/2019 14:40 PM ID: 130807435	I know my diabetes better than anyone and sometimes I feel like the experts don't know that. But the service is excellent.		
11	13/11/2019 15:08 PM ID: 130808867	Mealtimes: teatime is too early at 4pm. I would like to eat tea at 6pm.		
12	27/11/2019 11:48 AM ID: 131602676	The food, the alarms going all the time on the corridor and getting into your head! Plus, sometimes the staff get so busy they forget you.		
13	27/11/2019 12:34 PM ID: 131607930	Some of the night staff and agency staff lack diligence at making sure that all my needs are met. The quality of care from some of these staff needs improvement.		
14	27/11/2019 13:30 PM ID: 131612626	Nothing.		

7. What do you think should be improved? Please write in the space below.				
			Response percent	Response total
15	27/11/2019 16:11 PM ID: 131621012	Nothing.		
16	04/12/2019 19:23 PM ID: 132043745	Don't think you can do much about, but engagement timeframe was difficult to predict. Incidentally engagement was quicker than forecast.		
17	04/12/2019 19:27 PM ID: 132044458	I cannot find anything that could be improved.		
18	04/12/2019 19:37 PM ID: 132045619	Carers are often apt to not listen to what I said to them.		
19	04/12/2019 19:41 PM ID: 132045951	Make sure family and patient are aware of any changes in care egg visits per day being reduced.		
20	04/12/2019 19:45 PM ID: 132046498	One-hour time slots rather than two hours.		
21	04/12/2019 19:49 PM ID: 132046789	Continuity of care provided would be better if regular carers were allocated as most visits were by a different carer.		
			Answered	21
			Skipped	5

9. Please write in the space below to tell us if you have any further comments about intermediate care and rapid response services in Warrington.				
			Response percent	Response total
1	Open-ended question		100%	9
1	13/11/2019 11:15 AM ID: 130788066	Sometimes it's too hot at night.		

9. Please write in the space below to tell us if you have any further comments about intermediate care and rapid response services in Warrington.

			Response percent	Response total
2	13/11/2019 11:38 AM ID: 130790445	No comments.		
3	13/11/2019 11:59 AM ID: 130791971	I was promised medication on my first night within an hour and a half, same on the second night and sometimes during the day but sometimes it seems to get delayed or forgotten.		
4	13/11/2019 13:08 PM ID: 130797511	Don't ever close it down, if you need to re-provide it then you must focus on the same quality of care standards. All the carers at Padgate are excellent.		
5	13/11/2019 13:30 PM ID: 130801367	No comments.		
6	13/11/2019 13:49 PM ID: 130802621	For the last 10 years of my working life I was night shift manager for rolls Royce. You don't manage anything sitting in an office. You get to know people if you get out and about and I think it's important that staff do that night and day.		
7	13/11/2019 14:23 PM ID: 130805990	All the equipment I need is here, everything is clean, and it still feels homely not clinical. All the staff are welcoming and introduce themselves. They make conversation and try to make your day the best it can be.		
8	13/11/2019 15:08 PM ID: 130808867	Padgate is excellent, I don’t think I've ever heard anywhere say anything bad about it. This is my third admission. Standards have never dropped. It's warm and clean and safe and well catered for. I think sometimes they are a bit short of staff, but staff work really hard.		
9	04/12/2019 19:23 PM ID: 132043745	Overall excellent service noting resource constraints, has worked very well in supporting us at a difficult time.		
			Answered	9
			Skipped	17

7) Staff working in intermediate care services (including reablement)

The offer of staff interviews resulted in 34 staff working in intermediate care contributing their views. Staff with a variety of roles were included (Occupational Therapists, Physios, Nurses, Carers, Social Workers, Cooks, Managers, Pharmacist, Administration). The semi-structured interview tool was used in 1:1 interviews and focus groups with staff working in bed-based and community intermediate care services. Flyers and briefings advertised the sessions and staff were invited to participate in small groups or 1:1 interview subject to their preferences. A copy of the survey tool is provided in **Appendix 5.**

Key themes from the survey results were collated based on 'what works well?' and 'what does not?' The summary of things that work well is as follows:

Working well

Rewarding work

Staff find their work rewarding, with good patient outcomes and effective MDT working.

Team relationships

Appears to be a good team spirit across all staff groups.

Good outcomes

When the pathway works as it should, everything is personalised and aimed at the patient's best interest.

Comments about 'what does not work well?' were more far ranging and so when analysed they were grouped thematically.

Not working well

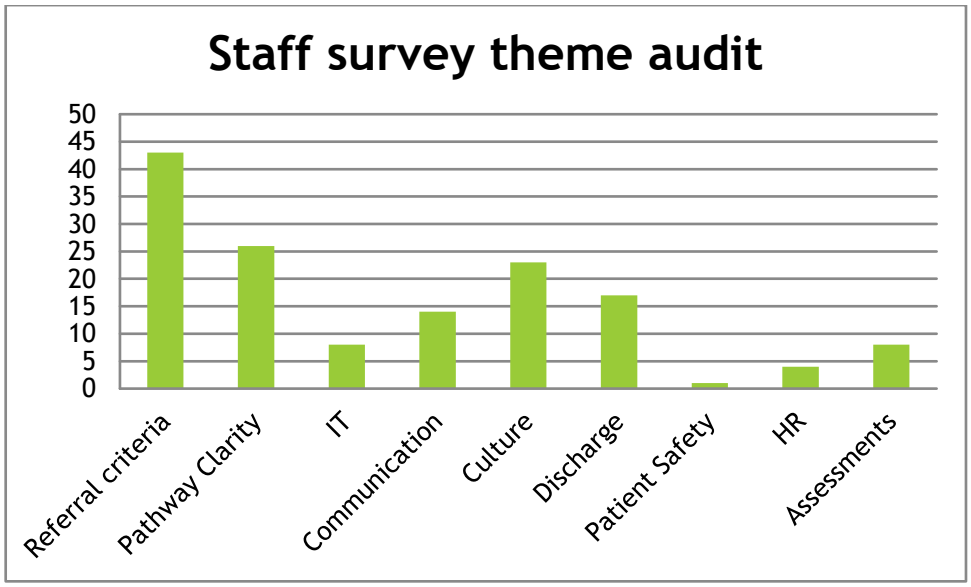

Table 1: This table summarises the results from the 'not working well?' section of the interviews. The left axis represents the number of comments per theme.

Referral criteria

The most frequently raised concern. The criteria for intermediate care was described as “woolly”; easily moulded to fit and varied depending on which member of staff was spoken to. Recent changes in patient profile were noted – more end of life patients being referred and more patients needing long-term care but unable to wait in hospital also being referred plus some who are not appropriate for rehab meaning that targets in IC (e.g. length of stay) are missed. Padgate House was perceived to be used as a “waiting zone” with limited benefits to the patients. Frequent mention to planning for one named patient, only to find the service receives a completely different patient. Inconsistent approach to screening. Pressure to take people regardless of appropriateness.

Pathway clarity

Comments about pathways not being clearly defined/understood across the system and lack of communication about pathways. Location B has six different entry referral pathways which was described as a “real task” to navigate.

Culture

Worth noting that for many of the comments, particularly around referral criteria, there was a subtext of concerns with culture, particularly staff not feeling valued as a professional and not empowered to challenge decisions made by non-clinical staff. Comments across all sites about the core purpose of the service being “watered down” and staff losing a sense of role value.

Discharge

Lack of prompt access to equipment, transport etc. Late discharges lead to being reactive rather than proactive. Incomplete prescriptions. Incomplete information.

Communication

This can be broken down into how the role of intermediate care is communicated to other staff, and to patients/families/carers – some staff felt that intermediate care was depicted as “convalescence” by referrers to encourage families to agree to a discharge. Communication between hospital staff was described as sometimes ineffective with a lack of meaningful consultation between services.

IT

Although mentioned by fewer staff, the concerns centred on a lack of access to all systems and issues around governance, record keeping and obtaining information relevant to a patient’s care.

Assessments

Staff reported frequent duplication of assessments and sometimes slow authorisation processes for assessments, care plans and package request, delaying a person’s transition.

Other

Lack of weekend availability for therapies. Service still viewed as fragmented. Shift system not efficient.

Opportunities for the future

As part of the semi-structured interview approach staff were asked to make suggestions of improvements for the future. These are listed below:

- More beds

- More co-location of staff
- Better IT
- Virtual meeting/skype/conference call daily with referrers
- Clarity on pathways, referral criteria and standards on decision making and staff empowered to challenge
- Building/infrastructure/parking
- Streamline processes
- Rotational posts to enable understanding of the service
- Better links with primary care
- One assessment tool

8) Staff working closely with intermediate care services

Staff working closely with intermediate care services (but not in them) were offered an opportunity to contribute views and six representatives participated in one focus group (including staff from Carecall, First Response, NWAS, community services and the frailty programme). The same semi-structured interview tool was used with this stakeholder group.

Key themes from the focus group were collated based on 'what works well?' and 'what does not?' The summary of things that work well is as follows:

Working well

- **High quality and responsive services** that are well received by the patients and by those who make referrals that are accepted. Services include a good skill mix and provide a service that stakeholders are confident in (e.g. the AVS service is highly valued by NWAS).
- **Good discharge info/letters from intermediate care bed-based care** when the patient is discharged, at point of coming home.

Not working well

- **Referral processes** are not easy, SPA (for intermediate care) won't take a referral from First Response, it gets diverted and First response are asked to get the GP to visit first, so First Response will do a 'work around' to reablement even though known not to be appropriate but just because reablement can access intermediate care
- **Lack of knowledge of referral routes into intermediate care** so, services will access First Response first and then intermediate care
- **Inconsistent referral pathways** e.g. SPA will accept referrals from hospital discharge and hospital social worker services with a form to fill in for a referral but not community social workers.
- **Eligibility criteria** suggests that referral from First Response can be made but in practice it is hard to satisfy the expectation for info and assurance re health: so, when you make the referral and it can often be refused.
- **Lack of consultation with community services (community matrons especially) before someone is placed in bed-based intermediate care.** Not enough joint working with community services to see if bed based care is really needed or not because sometimes it's not or it's a choice that will lead to further complications (e.g. loss of connections with

community services and the existing community based care plan) and sometimes patients are receiving more appropriate care in their existing community care plan.

- **Intermediate care screening is inconsistent** especially with people with cognitive impairment because these patients are refused from community referral but accepted if referred by the hospital. SPA refusing cognitive impairment, but person can find themselves in an IC bed from hospital.
- **Escalation to managers with 'bun fights'** (though managers are trying to work more closely together).
- **Community Matron assessments** are repeated by SPA when SPA are less qualified and arguably less knowledgeable about the patient: repeated diagnostics and assessments and sometimes referrals are declined, so again there is a work around by referring to the GP the next day who then finds that the patient is accepted straight away.
- **Referral times and cut off points are not workable** because SPA referrals cut off at 6pm. So, referrals around then will wait till the next day. Leads to unnecessary social care respite. Same with weekends.
- '**Us and them' attitude** still between health and social care.
- **Frustrations in social work teams** with access to intermediate care.

Opportunities for the future

- Easier, clearer and more consistent referral routes with better multi agency communication/joint working (between intermediate care, adult social care, Community Matron, GPs, ICTs etc.)
- Consistent offer (regardless of whether it's a step up or step-down referral)
- Clinician that knows the person best to be involved in the assessment process in intermediate care especially with Community Matrons.
- Access to healthcare records to enable better decision making.
- Greater capacity in the step-up offer.

9) Wider stakeholders

In order to ensure that we offered anyone not closely associated with intermediate care services an opportunity to contribute to the engagement process, an electronic survey tool was developed for wider stakeholders (including carers, professionals, volunteers and anyone else who wished to comment). The tool contained questions segmented according to the respondent's self-identification (e.g. either as a carer, professional etc.). The wider stakeholder survey was shared three times over the period November to February. 49 responses were received in total (23 partially completed).

A copy of the wider stakeholder survey tool is provided in **Appendix 6**.

The numbers of respondents are insufficient for a numerical analysis, instead we have summarised some of the key comments made as follows:

Referrers

- 'I am less familiar with the community rapid response services available'.
- 'The goal posts change too often'.
- 'The response and transfer of care is timely. It will be easier to refer into the service once they are all under one umbrella'.

- “There needs to be closer working between the teams – if a patient is admitted from an intermediate care bed or from home but was receiving therapy can there be a handover to therapists in the hospital? , feedback on inappropriate referrals?’.
- ‘As it is, we don't get feedback related to the progress of the referral and communication could be better’.
- ‘They need to be able to adapt to certain patient needs for specialist groups’.

Carers

- ‘My understanding was that you are referred into intermediate care services after a stay in hospital. I would not know how to contact them. I understand that rapid response are contacted via Carecall’.
- ‘The care at home worked well and when Mum wanted to go out, they were as flexible as possible with the calls if we informed in goodtime’.
- ‘Padgate House tried very hard to rehabilitate my Mum, but a diagnosis of cancer in the pelvis was very slow in coming as it took five weeks for the GP at Padgate to agree to an X-ray after pressure from the physio. It was clear that her situation was deteriorating’.

Professionals

- ‘Although I do know the criteria, I do not feel there is a document that has been circulated across professionals that clearly lays out the criteria’.
- ‘Wider communications needed on this and possibly a refresh, generally of the service info on the council website’.
- ‘Contact pathways and numbers need to be reviewed and refreshed - sometimes hard to make direct contact with intermediate care services to discuss or refer cases’.
- ‘More integrated working arrangements are essential with single line management arrangements so all staff within the service have clear lines of accountability’.
- ‘Supporting people in the community, free of charge’.
- ‘Once the referral has been received by the service, I think this then works well’.
- ‘The registered manager in Padgate House should have the status of overall manager of the unit. Currently this is dispersed with Bridgewater managing therapists and nurses. This leads to a fragmented service and lack of cohesive decision making. It also makes managing staffing rotas difficult’.
- ‘Social workers should also come under the direct management of the registered manager within the unit receiving professional support through wider management team for intermediate care’.
- ‘This is all essential to give assurance to the CQC registered manager as they are ultimately responsible for the safety of the service’.
- ‘Information to both professionals and the public about what the different services do, referral criteria and how to refer should be shared more widely and frequently’.
- ‘A single referral point for all services who then decides the most appropriate approach’.
- ‘IT – currently the GP have to use a software package that does not integrate with the GP's clinical system’.

10) Summary

The Intermediate Care Project Steering Group, with the support of the Warrington Together communication and engagement group, have sought to engage with as many stakeholders as feasible

to ascertain views about services and preferences for the future. Information has been gathered and collated so that a view of things that work well together with possible changes required helps to inform future work.

We will continue to engage with stakeholder representatives as relevant throughout the project and we will aim to provide feedback to stakeholders about the use of engagement data and the outputs of the project.

Taken alongside the evidence review about intermediate care (including rapid response and reablement services), this engagement with stakeholders reveals some interesting issues for consideration in further planning. The outputs from this work will help inform the design of the future service model as well as informing any potential formal consultation process.

11) Next steps

The information gathered from the engagement work is being:

- Tested against our design principles (to make sure that we are addressing key issues raised)
- Included into on-going improvement work (to make sure that any improvements we can make now do not have to wait for the conclusion of the project)
- Incorporated into the design of the future model of intermediate care services.

12) Note

We would like to thank everyone who participated in this engagement exercise, particularly those who we met in person because they were inspirational.

Appendix 1 – NHS Warrington CCG Get Engaged Event – 16 December 2019

The CCG's second public 'Get Engaged' event of the year focused on **living a safe, well and independent life for as long as possible**. The two topics focused on frailty and intermediate care but focused on obtaining views, experiences, ideas and gaps in service. There were 21 people in attendance, these ranged from patients and the public, Third Sector Organisations, Healthwatch Warrington and health and care providers (please see Appendix 1 for the list of organisations). This summary provides an overview of the presentations and discussions and includes a summary of the evaluation.

1) Summary of the feedback obtained on the day

What does living independently mean to you?

- To be able to shut the door with no one asking how you are?!
- Self-care
- Looking after myself and being able to do daily living activities
- Not relying on other people
- Knowing who to contact and where to go for suitable assistance
- To look after my wife who has Alzheimer's and to look after myself as well
- Have the chance to do what I want to do which includes what other people don't think is wise!
- Personal choice not patient choice

What would you like to get out of today?

- Where is Warrington up to?
- What is the full range of services I can refer to?
- Where can I get independent financial advice?
- Having access to services at the point of need.

What services do you use?

- My Life Warrington
- Adult social care occupational care and assessment team
- Vulnerable Tenants Support Scheme
- Wellbeing Service (by accident no referral)
- Catalyst
- CAB
- Age UK
- Warrington Disability Partnership – aids, equipment and smart flat
- Warrington have more access and have more on offer from experience in other parts of the country

What would you stop, change, strengthen or start?

- Buildings need to be built to be more accessible and more bungalows built. This should also include more social housing.

- Befriending service is a gap.
- Can there be a consensus that organisations are named the same in the different parts of the country this would make it easier for other organisations working regional to refer.

What do you think people need to avoid going into hospital?

- Promote physical activity to maintain good health
- Support at home – access to wellbeing.
- Surrogate carers
- Stay out of hospital – communications campaign on UTI – wee chart
- Education self-care re: hydration/nutrition/exercise
- Ensure people with poor literacy can understand
- Befriending service for older people to reduce isolation and re-enforce education
- Ensure social prescribing is fit for purpose
- GPs need to do more re: exercise and healthy lifestyles from middle aged onwards
- Educating carers with top caring tips for caring e.g. how to keep your loved one hydrated and how to avoid falls/trips.
- Carers being trained and informed about UTI's – how to avoid them and how to spot the signs
- Equip staff to be extra vigilant – give them the correct tools to pick up any issues.
- Third Sector support from volunteers, befriending services. Much more than a safeguarding issue. Referral into appropriate services.
- More education around referrals, GPs and district nurses.

What do you think people need to get home from hospital quicker?

- Discharge care should start on admission.
- Look at personal situation at A&E – do you care for any vulnerable people/person?
- Single point of contact – which has been on the table for over 10 years.
- Family knows about parents better than consultants. Listen to and consult them at decision making appointments.
- Plan for discharge from admission – ask about home circumstances, care already available. Family support so that if rehousing is an issue the work starts immediately.
- Single point of contact and a common language that public and family understand.
- Consult individuals on their own care.
- Discharge package- with information of services
- Families may be able and willing to do something – e.g. fitting grab rails which can speed things up.
- District nurses need to be informed when patients are discharged so they know to visit.
- Ensure that people are supported – that there is communication between services.
- Information sharing between services.
- Make sure that the carers are physically able to help the person.
- Befrienders – going to home to help with light care not personal care.
- Make sure that they have a voice – make sure the right questions are being asked.
- Make sure the relevant assessments are completed.
- Communication – have they had their medication, if so, when?
- Community nurses.
- Make sure they have the correct benefits in place so they have money for food and fuel.

Any other comments you want to give us?

- Are you linking in with organisations that are working face to face with vulnerable people i.e. care providers such as Home Instead? What issues are they seeing? Do they link in with other organisations? What suggestions do they have?
- A lot of what is/has been discussed has been suggested over the years and implemented i.e. discharge service from hospital. What worked, why is it still not happening, is it still happening?
- Befriending mentioned as a gap – why not commission this service? Is it really a gap or just not promoted enough?
- Come home – Befriending service to make GP appointments, do shopping, ensure the right HCPs are visiting when they should.
- Up skill domiciliary care, longer appointments.
- More support from Third Sector Organisations.
- Quarterly meetings review at Hollins Park includes Nurse Practitioner, wellbeing and social services. This works well but we hear it is stopping? It doesn't happen if they go to a consultant led clinic. It needs to happen for everyone.
- More home visits from GP or health professionals. Consistency of people who know you.
- Most services are in the day there needs to be more in the evening or weekends. This needs safe, secure access to buildings.
- Transport is an issue – particularly in the evenings. Could services like the Lymm minibus be more accessible? Some people need extra help so ordinary buses will not do.
- Communications with community care services.
- Support from carers and families.
- Better access to GP services.
- More support for carers to make appointments.
- Equipment – professionals to the people's home making private carers more affordable.
- Change in language around palliative care, hospice care.

2) Evaluation

15 evaluations were completed, the summary is below:

Has the event been of value to you?

73.3% stated yes and 26.7% stated yes somewhat

How would you rate the event overall?

86.7% stated very good and 13.3% stated excellent.

Is there anything about this meeting that you would change? How and why?

- Agenda in advance for all participants
- Correct start time being sent in the email
- Timings, ensure time is correct
- Really good, informative and not too long. People only stay interested for so long. Very good
- Good discussions but a lot of what we are discussing has already been set in place 10-15 years ago
- I would have liked to know who was here e.g. organisations
- Nothing. Well organised and opportunities for discussion on the topics
- Better slides with larger and easier to read text
- More information beforehand e.g. open from 12.30 to look around the marketplace event starts at 1.15pm. Food and drink available from the café in the Gateway

Would you recommend the next event to friends, colleagues etc.

100% stated yes

Suggestions for future topics:

- More up to date medical conditions
- Dentist – finding an NHS dentist can be problematic
- Mental health
- Healthy lifestyles for all ages
- Transport for disabled
- Social prescribing

Due to Purdah the event was rearranged from October. This had an impact on the number of people who were able to attend, due to the new date being close to Christmas. This was unfortunately not in our control but for future events we will not hold them too close to Christmas or other holiday periods. The informal structure worked well with different opportunities for people to be involved.

A loose agenda with the structure and topics was sent out beforehand, however participants would have preferred a more detailed agenda, including what other facilities are in the Gateway. This will be actioned for all future events.

A list of organisations attending will be sent out with the slides and notes from the event. For future events we will consider how we can incorporate this in on the day, depending on numbers.

We will ensure that all slides for future events are more accessible.

The suggested topics will be discussed with the CCG Health Forum. The Forum will be involved in planning the future events and topics whilst also ensuring they are coordinated with the CCG's commissioning priorities.

From the suggested list information will be sent out relating to the below:

- Dentist – finding an NHS dentist can be problematic. Information on where people can find out which dentist is accepting NHS patients and the emergency dentist service will be sent out. The CCG do not commission dentists this is NHS England. Local dentist can be found on the CCG's website.
- Healthy lifestyles for all ages – information on national campaigns and local LiveWire services will be sent out. More information is available on:
    - The Active Cheshire website
    - LiveWire Warrington website
    - The NHS website
- Transport for disabled – Information will be sent out but more information is also available on:
    - My Life Warrington
    - The Warrington Disability Partnership website

3) List of organisations in attendance

- WIRED Carers
- LiveWire
- Care Call
- Warrington Disability Partnership
- St Roccos
- Bridgewater Community Healthcare NHS Foundation Trust
- Bridgewater Home Care
- Reed Wellbeing
- MacMillan Benefits Advisor – Citizen's Advice Bureau
- Active Cheshire
- Causeway and St Sankey Medical Centre PPG
- Fearnhead Medical Centre PPG
- Public Governor, Warrington and Halton Hospitals NHS Teaching Trust
- Re-engage
- Healthwatch Warrington

Appendix 2 – stakeholder matrix

Using a stakeholder matrix, we defined the following groups as in scope of the project:

1) Groups we needed to manage closely

- Patients who have used in-scope services (and their carers)
- The public
- Staff working within in-scope services
- Operational managers of in-scope services
- Corporate Leaders of in-scope services
- Referrers
- PPG members
- Member GP practices
- NWAS
- Local media
- MPs
- Cabinet/council members
- Local scrutiny committee
- Health and wellbeing board
- Healthwatch
- Third Sector and patient support groups (via local CVS organisations)

2) Groups we needed to keep informed

- NHS England
- Wider Bridgewater, Acute Trust, Council and Community Service Staff
- Bridgewater Governors

3) Groups we needed to monitor

- Wider community services
- Other NHS staff
- Partner and other public sector organisations
- Trade unions and staff reps

Appendix 3 – audit of circulation

1) Intermediate Care Redesign Project Steering Group

Initiation of the project with multi-agency stakeholders. Monthly meetings of this group (with senior managers and strategic leads present from the CCG, the hospital, the council, other providers, clinical leads and professional representatives) supplemented by three weekly meetings of a sub group (the Operational Delivery Group (ODG) with front line staff and managers in attendance. Keeping staff, managers and senior leaders involved, briefed and up to date on progress and seeking views/inputs on next steps. Also:

- Introductory meetings with individual stakeholders (11 meetings over June and July 2019 to describe the project and gain early views)
- Introductory briefing to cabinet lead – 9 July 2019
- Introductory briefing to Council Adults Services Senior Management Team – 23 July 2019
- Introductory Briefing to the BCF lead – 23 July

As well as regular updates via:

- Monthly reporting into the Better Care Fund
- Regular contact with systems leads and service managers
- Regular contact with the workforce lead for the Warrington Together Workforce and Development Group

Regular joint working links with the Ageing Well Frailty Programme Director.

2) Wider stakeholder briefing

Four stakeholder briefings compiled to provide information about the project and the plans and to offer a point of contact for more information (circulated with guidance on purdah)

Outputs were shared through:

- Team briefs
- Follow up messages with senior managers and bulletins for staff
- Shared with Directors
- Sent to Heads of Membership/Governors representing Warrington
- Shared through the council's corporate communications channels
- Shared with the Project Steering Group membership
- Shared with RCRS and intermediate care frontline staff

3) Patients survey

Survey of people using in scope services on an identified day to gain views about experience, preferences and ideas for improvements

Read the Smart Survey for Padgate House

- Padgate House: 13 November 2019. 35 beds. Face to face survey offered to anyone having an admission at Padgate House.
- Brampton Lodge: 27 November 2019. 15 beds. Face to face survey offered to anyone having an admission at Brampton Lodge.
- ICA, ICAT, Reablement: 70 paper copies of the survey given out by staff to all clients using these services on 18th November 2019

Outputs:

- 26 patients in total responded
- 18 patients participated in interviews face to face
- 8 patients returned postal survey responses

4) Workforce focus groups

Conducted four Workforce Focus Groups (12 places offered per group) to gain views about experience, preferences and ideas for improvements from staff working in IC or closely with IC:

- Padgate House – 18 November
- Brampton Lodge – 27 November
- Intermediate Care/Intermediate Care at Home/Reablement x2 – 19/20 November
- Closely linked services (Care Call, Night Sitting etc.) – 4 December

Outputs:

- 34 staff interviewed via semi-structured interviews/focus groups.

5) Partners/providers and wider stakeholders

Attended meetings/workshops (as appropriate) to run mini workshops and survey partners using in scope services either as referrers, colleagues etc. about experience, preferences and ideas for improvements

- Getting engaged event – 16 December 2019
- Representation at the Ageing Well Frailty Event – 26 February
- Attendance at the Council EMT – 10 March 2020
- Electronic survey of wider stakeholders shared in December 2019 and re-circulated in January 2020 and February 2020, reviewed 16 March 2020, shared with:
    - Project Steering Group members
    - Warrington Together Comms and Engagement Group members
    - Warrington Together Workforce Development Chair
    - CCG colleagues and organisations (via Steve Tatham, 13 March 2020)
    - All council staff via an intranet news item
    - Staff in the council families and wellbeing directorate via email
    - Warrington's Health and Wellbeing Board
    - Partners across the Warrington Together group
    - Voluntary sector via Warrington Voluntary Action
    - NHS Warrington CCG mailing list of interested patients
    - PPGs
    - GP Bulletin

- Warrington Voluntary Action for Third Sector newsletter
- People's Panel (supported by WVA a list about 300 interested members of the public)
- Provider communications leads for internal distribution for staff.

6) Links to results

- Referrer – Smart Survey
- Professionals – Smart Survey
- Relative/Carer – Smart Survey
- Other – Smart Survey

49 responses (including partial responses) in total by 16 April 2020

7) Sensitive periods where engagement was limited

- General election 2019 – purdah
- COVID-19 response

Appendix 4 – Padgate House survey

Smart survey for intermediate care – Padgate House

Appendix 5 – staff engagement

1) Intermediate care redesign staff engagement

Approach

- Briefing provided as introduction (with contact details for future if needed) explaining the redesign project
- Staff invited to 1:1 staff interviews (10 staff: attended: Social Workers, Carers, Admin, General Assistants, Physio, Nurses, Pharmacy, Cook)
- Semi-structured interviews conducted with open ended questions and freedom to add any additional comments.
- Staff encouraged to contact if any later queries or comments.

1. What works well in IC services?
2. What doesn't work well in IC services?
3. Future Provision:

If you were in charge and you had a blank sheet of paper to develop a new model of IC services, what three things would be in your list of top design features?

Appendix 6 – introduction to intermediate care survey

Smart Survey – introduction to intermediate care