

## **Crossing the boundaries of Integrated Care**

### **Innovate stage**

**Monday 11<sup>th</sup> September 2017**

**13:00 – 14:00**

### **Speakers:**

- Andrea Sutcliffe – Chief Inspector of Adult Social Care at the Care Quality Commission
- Jennifer Pearl – Expert by Experience
- Vic Rayner - Executive Director, National Care Forum
- Vikki Morris - The Executive Director, National Care Forum
- Viccie Nelson - Service Manager for Integrated Care, Wigan Council

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### **Andrea:**

Those on that side of the room, we will sit and have a good conversation over this side of the room, if you want to feel really involved get a few steps more on your fit bit. Come across and join us over here, then we will feel love and wanted, that is great thank you very much.

So, this as Jenny has helpfully already said, is going to be a bit of an interactive session, a bit different session to the other sessions you have be to about integrated care.

I hope you will find it both informative but also enjoyable. Because seeing as how you are missing out on having lunch to come to this session at 1:00 o'clock, we have got to make it a good time for you.

One of the very important things we talk about when we talk about integrated care and I personally don't actually like that as the title. I think that we should be talking

about person centred coordinated care, and reminding ourselves this is about the person and what we should be doing to meet the needs and the aspirations of people who are using health and social care services.

So, to start us off, in the best possible way, I am going to invite Jennifer Pearl who is one of the experts by experience who works with the Care Quality Commission on our inspections to share with you her personal story because what I think that does for us is to set the tone for this conversation about what we should be doing and how we should be doing it. Jennifer, thank you for being with us and to have the courage and the bravery to share your story and please take it away.

**Jennifer:**

In April 2012 I couldn't lift my legs out of the bath before I went to work, I went to see my GP, eventually that day I ended up in A&E, due to go back to work after the Easter weekend, my children, 14 and 17 and I ended up in hospital for 5 months, before that, I was fit.

My daughter used to say, mum, what day don't you go the gym?

I worked almost full time and mum had secondary cancer, I had numerous hospital admissions and rehab, eventually through support I insisted on being referred to a spinal unit, my neurologist was so reluctant to do this, I made a huge fuss and got an appointment at the spinal unit by then I have been on two courses with the backup trust on the first one the volunteer physio set the goals to go upstairs, walk outside to a restaurant. At this stage, I was at home and on the waiting list for physio. By the end of the long weekend I was able to go upstairs and walk to the car with my Zimmer frame.

I then I asked my occupational therapist to put up handrails in the house and sort my bed upstairs so I could sleep in the same bed as my husband. At this stage, I returned to work very, very part time. Struggling emotionally to cope with the changes to my life, to cut a long story short, after umpteen health challenges my

mobility became a lot worse. After another back up course, city challenges in Edinburgh I went on a train journey on my own, I made numerous phone calls to the backup trust for reassurance. When I was there, the course leader encouraged me to use my manual chair, showed me how to get in a car and realised that I had the wrong sort of catheter and wheelchair.

The spasms in my legs, so bad that he recognised I needed a baclofen pump, once I saw the rehab consultant at the spinal unit, eventually got all the things sorted out. I found the liaison nurses incredible helpful always at the end of the phone and a real specialist in spinal cord injury.

Huge frustrations along the way, from being left with no care package when the social worker said I would be able to continue with care with the agency used for enablement to waiting to be assessed for the wheelchair services and having the wrong footplates on my wheelchair, resulted me in breaking my ankle. Whilst waiting for them to come to do the necessary reassessment, I ended up breaking my other ankle. When I threatened to sue they came out and provided a different solution to me.

I had huge frustrations in getting equipment sorted at home, despite my health being very uncertain and requiring numerous hospital appointments and various scans I have somehow managed to have some fun and get my life back on track. I love all the activities that I have been able to do from driving a sports car with hand controls around Silverstone at 140-miles an hour, to canoeing, abseiling and flying planes.

I have become an Expert by Experience for the Care Quality Commission and really love this role. It makes such a difference to have an idea of what it is like from my own experience of disability and my family experience of dementia. Really good to use my previous work skills in health and social care. Obviously, writing this has been something of a painful process for me and the family and has reminded us of just how much this has all affected our lives.

**Andrea:**

Thank you very much. I loved the fact that we have ended up with that fantastic photograph of you, in the cockpit and being the pilot of the aeroplane and showing that whatever, all of the other things you have had to put up with, there is still hope, there is still really great things you can do. So, thank you ever so much with sharing that.

You could see from Jennifer's story, there were bits of it there where the system wasn't particularly working well together. Wasn't seeing Jennifer as a person; wasn't thinking about the fact that that is what she wanted to do; that is where she wanted to be and wanting to have fun as well as look after her family and make a contribution in other ways in work.

So, I think that you know, it has been great to have that as a starting point for us today Jennifer thank you so much. What we are going to do now is to explore how can we cross the boundaries of integrated care in a way that means that that picture that we had of Jennifer's myriad of different people that she was working with and supporting her, how we make sure that that comes together in a way that makes sense for Jennifer and her family and helps her to achieve her goals?

So, we have a wonderful trio here, somebody has already tweeted apparently this is a fabulous all female Panel but Jennifer and I are the odd ones out in this Panel as I think you can probably tell from the list of the names. So, they all started out as Victoria apparently but a very long time ago I was told but could you all 3 you just introduce yourselves and say what your job is now.

**Vikki:**

The Executive Director of the National Care Forum, which works with the not-for-profit organisations in the care sector.

**Viccie :**

A service manager in Wigan Council working on integrated across the NHS and for

the care programmes.

**Andrea:**

We appear to have lost the slides, we will continue on. We can multitask and cope with crisis

So, what I was going to do was just to set out what it is that we would hope to see from the services that are provided for people like Jennifer or are commissioned and organised by people like the Viccie, Vikki and Vic. We need to make sure these are services -- I call it the mum test, asking the question, is this a service I would be happy for my mum or anyone I love to use, if it is, fantastic, celebrate it and if it is not, we need to do something about it.

But over the last year or so, we have had a lot of headlines and a lot of discussion about frankly how the system as a whole is failing the mum test.

This is just one slide from the state of care report that the Care Quality Commission put out in 2016. It shows the reasons why people are delayed from leaving hospital, when leaving hospital is the right thing for them. They need to be somewhere else, either their own home or in another setting and to help them with their rehabilitation and recovery.

We have had lots of reasons why that has happened, so if it is within the hospitals, but the big graph, the big lines on the graph are showing that the reasons why people are increasingly not being able to leave hospital is because that link between the system of supporting them going home or supporting them to go into a care home or a nursing home is not happening in quite the way we would want it to happen.

That is the reason why I would say that the system as a whole is failing the mum test, we heard it from Jennifer, in fact it is the "me" test, this could be you or me as it was for Jennifer, in terms of the catastrophic change in her life. I have asked her 3

fabulous panellists to do today is to share with us some of their thoughts about what represents good practice in integrated care for them?

So, I am going to ask each one of them, which one of them is their picture and explain why it means good practice to them and then I will ask the audience to use GLISSER to, to say which one of those pictures you like the best or which one of those visions you like the best. Vic, you are the first picture.

**Vic:**

Chosen that picture because it is a one of our members, so it is an organisation called Belong and it is a belong village which is an approach to a care set in Macclesfield.

Why I think it is a fantastic image of good practice in integrated care because this type of village model enables bringing together care and health provision in one locality and enabling people to move into that village environment which primarily in the Belong model caters for people with dementia, enabling them to come to the village environment and have a fantastic life, living that life as independently as they can. Then when the time comes; enabling them to have a good quality and dignified death.

I think that is one of the things that is really important that we bring to peoples understanding around social care, is that social care has a hugely important part to play in enabling people to live the life they lead, they want to lead but also to enable them to die in a dignified and respectful environment either within their own home if that is what they wish to do or within the new home that they have chosen in a care setting. So, I think that Belong village model is an excellent model of the integrated health and social care in practice.

**Andrea:**

Thank you, that is wonderful, I think someone has voted for it. Viccie?

**Viccie:**

That is one of our community matrons, as a clinician she works obviously with people with long term health conditions and Jean was working with a lady who had unstable asthma, regular visitor to the hospital. Her GP referred the patient in to Jean to look after within the team, well Jean took that wider, took it to wider agencies and worked with children's, social care, housing services, housing applications to make sure that the patient was looked after wider health, for the patient, when she was worried about going hospital because her own mum and her husband recently passed away, wasn't worried about the children being taken into care, the social care would take to a relative to be looked after.

Jean worked with the respiratory consultant to work with the medication, worked across GP; there was a plan in place if the patient's condition escalated. For the patient, it was a real win, for the team to be able to take to a multidisciplinary meeting, to have actions quickly and sort that as a clinician was really good.

**Andrea:**

Fantastic. Right this is not kind of going fantastically well but never mind, we will continue on because we still have not finished the first question, whoever is playing with this behind the scenes, return to the first question please and the first set of slides that is the one we want to thank you very much. Because Vikki has got to do her pitch for the Sutton example.

**Vikki:**

My example is hospital transfer, or the red bag, even if the slides go, still see the red bag. What this is about, we held a one of our pieces of work or projects in the vanguard, had a care home forum with the managers in the August 2 years ago, we had the geriatrician come out and talk to the care home managers and all the issues they faced in the hospital.

All the care home managers then sort of bristled and said, we have a lot of problems getting our residents out of hospital. We don't want them to be there, we saw this as

an opportunity to work together.

We held a task and finish group, brought together the acute representatives and the community representatives the ambulance services the CCG and held a meeting with care home managers in a care home, so was novel. Getting people out of their institutional organisations and meeting there. From this meeting, we thrashed out what are all the issues we faced where care home residents go into and out of the hospital. The problems, the potential solutions, the NICE draft guidance at that time. On the table there, we could refer back to as mutual ground.

From that meeting was born out of the concept of the red bag, which is more than a red bag. It is a whole pathway. So, into the bag goes a set of paper work, so you have the medical history for the older person. So that when they get to the hospital or the ambulance comes they know the basic medical information is.

They also have just a simple one-page escalation record, the reason for the call, what have they tried? What hasn't worked? This is me form the Alzheimer's Society, gives the social information about the person, simple things like what they like to be called and the medication sheet. Then also some clothes for day of discharge, so not having to be sent home in the hospital gown or the discharge delayed. A small pocket inside for the dentures, hearing aid and glasses.

Also, when the older person's form, a consent box, so the care home can talk to the hospital, that is one of the crazy things, ring up trying to get the resident home, but the hospital couldn't speak to them because of consent issues.

The other parts is that the care home managers agreed to go to the hospital within 48 hours if a person is admitted to help the discharge process, when the person goes home, because the GP discharge summary, sometimes ends up at the care home and sometimes not. Very often not in a timely fashion, the nurse discharge summary, it goes home with the resident, at least for the care home there is all the information.



Had a massive impact in terms of user experience, the quality, the safety, a knock-on effect on reducing the length of stay, improving the patient flows, it is an example of good practice and co-production working together.

**Andrea:**

I think it is a fantastic example. All 3 of those examples I think just show the different ways that systems can work together for the benefit of people using those services. So, we wanted to make this a little bit interactive. I am not surely sure whether this is going to work but we will give it a try.

If you would like to say which of those 3 examples of good practice kind of you know, you want to go out and do or think is the best, or most enthused by. Vote either (a) for the resource closer to home by Vic, or (b) working together to produce a positive outcome or (c) the red bag or the use of the care home forum to help create that.

What ought to happen now. Fantastic. What has come out is the middle one. Very, very good. Has everybody voted that can vote? I am hoping so. So why do you think that the middle one might have come out there Vikki?

**Vikki:**

I think our staff would say this, the ability for the staff to make things happen without going through multiple layers of the organisation, we found in Wigan, things run away with themselves, front line staff go out and do it.

**Andrea:**

We seem to be creeping up with the red bag at the moment. My question is to you is, can this happen everywhere?

**Viccie:**

What is crucial, the involvement, engagement because if people don't know what the role of it is, they don't feel they are involved. Can easily slip away, but can be rolled

out anyway really. Testing out a model in the community as well. A purple bag, having that information and a checklist for people with long term conditions, if they have to go the hospital frequently.

**Andrea:**

I am writing out things for my mum and dad, so that is helpful at home. Also for people with disabilities who have to go in and out of services Jennifer.

Fantastic ideas for people to take forward. One of the things we hear all of the time. So, we will stay on the pictures for a little while then we will move into the vote. So, one of the things that we do come across is how difficult people find working together and integrated working. So, I asked our esteemed colleagues here, what they thought represented the significant barriers to integrated care?

I think that these pictures do indeed tell a story. So, everybody having a different focus, coming at things from different perspectives not working together well. I loved the picture of the IT systems and the woman screaming. Which Vikki showed us, I think that is kind of, what doesn't work inside organisations, not just works across organisations, we will come to that.

The final one around negative attitudes and that having an impact. What I would like to do, this time we will ask the audience first, to see what you think as a, is out of those 3 options which you think is the biggest barrier to integrated care. So, you have a few seconds to make your vote; those of you down loaded the GLISSER app and let's bring up in a few seconds what we think -- right, so what we have got. Everybody having a different focus is edging it? Yes. Can we go back to the results thank you very much?

Everyone having a different focus is coming forward? Anyway, I think we are going to say that everyone having a different focus is one as the biggest barrier and that is not just because are feeling sorry for Vic, her picture got it the first time. Even Stevens between negative attitudes and IT systems, so Vic, clearly what you

identified resonates with this audience in terms of people having a different focus, why is that and what with we do about it?

**Vic:**

In a sense, the image in a way, we talk about what health and social care should look like, we talk about person centred practice, a lot of the time in the discussions we all have and sustain a focus on our own agendas, even when we are put together in a structure, such as STP you know, or accountable care organisation, there is a still a sense, where people are brought together to focus on a shared agenda they are coming with their own organisations; their own systems and structures as the key element within their mind.

So, I suppose when I was thinking about that, I do think that the notion of whether you call it integration or whether you call it person centred coordinated care, it gives us opportunities to think about the key parts of the system and use them as a way to bring the perspectives closer together. I think work force is a really key opportunity for that. In the social care sector, we have all sorts of challenges around recruitment and retention, many of which are shared across the health sector as a whole.

Localities offer excellent opportunities to provide shared learning routes, shared pathways for employment development all sorts of ways in which we can work together and bring together a closer shared focus and understanding.

I think the language we use still divides us enormously across the health and social care sector, often really acutely excludes the people using services as well.

Jennifer so clearly portrayed that the vast number of languages systems technical issues that people who use services have to grapple with in order to get the right kind of service that they need.

So again, for the parties involved to see language and bringing together language and understanding as a way of doing that, as a way of bringing together a shared

focus.

The last one, leading on to one of Vikki's points as well. Is around data and technology, there is huge things going on, in the health sector, driving us to paperless 2020 and the social care sector absolutely needs to be part of that if we all going to benefit from the kind of data learning opportunities, the shared systems, the kind of red bag, the virtual red bag that Vikki talked about and I think we could really usefully over the next 2 or 3 years use that transformation around digital and technology to bring us closer together and bring that person whose data essentially we are talking about, right in front of all of us, so we know what we are talking about.

**Andrea:**

Lots of nodding heads in terms of what you are identifying there, the thing about language is really important. I have worked in both health and social care, certainly earlier on in my career, I felt like an interpreter for my colleagues in the different organisations as I was explaining kind of what things meant. So, I think there is a lot we can do around those things.

Now Viccie you put down IT systems with a fantastic picture there of somebody, so I am not entirely sure whether we should be providing you with therapy as a, to share your experience, but why do you think that is a barrier and what can we about it? We have different systems trying to talk to each other, but fundamentally the key example that we wanted to use was we nearly didn't do I want grated care based on a fax machine. So, we moved a fax machine from one building to another, we tried to make the fax electronic and use it online, and it caused the biggest nightmare ever, and we're still trying to unpick what we did with it.

We have lots of digital tech, we suffered from the NHS cyber-attack and you have to have mechanisms to work around that sometimes. You cannot just rely on the IT element. But it is frustrating for anyone who tried to work across health and social care to bring them all together.

**Andrea:**

I remember when the cyber-attack happened. I had people phoning me saying we're falling apart here because we can't connect with the hospital and local GPs. This was causing local care homes in particular a huge problem.

Despite the fact that we've lost our percentages, certainly there was a good percentage of the audience that agreed with you. Why did you say negative attitudes? What were you thinking of there.

**Viccie:**

For us working with the care homes, there has been a negative attitude towards them. Well, people work in a care home if they can't get a job anywhere else. They look down on it. Also for the care homes themselves because you don't see many programmes on TV where they go in and do a lovely documentary about a lovely care home. It is always an issue or problem.

So, it was trying to overcome those negative attitudes to get the partners to realise that people who work in care homes are caring, very dedicated, they don't always have the same access to training and development as they do in NHS organisations, and also to try to give a couple of those negative attitudes from the care homes. We weren't going in there to make life more difficult, but to support them.

**Andrea:**

This is what we see is that difference between the sectors and actually, you know, care homes feeling the chip on their shoulder is there for a good reason because people can be very negative about the job. I was on an inspection in the North and met this amazing young woman. She loved working with older people. That was her passion. Just talking to her you could feel that coming out of her. She loved the job she was doing.

But she told me that her dad told her she was wasting her life by doing that job. It was heart breaking because she was brilliant at that job. There is a myth, I think,

that there is no career progression in social care.

It is all minimum wage roles and there's nowhere for you to go. Which also couldn't be further from the truth because there's a range of things people can do.

So much positive progression they have made. I've written a piece today, and one thing I said is good social care staff are the bedrock of quality care. They deserve, really, the kind of appreciation that I think sometimes they don't get.

So, thank you very much. It is particularly helpful to have that coming from the clinical Commissioning Group perspective rather than that being me or Vikki saying that. Now we don't want to concentrate on the barriers too much. We have to look at the barriers, because we have to overcome them, but we know we could learn from that, progress from that. But with a we can also learn from and be positive about is what good care does look like when we are thinking about crossing boundaries and working the positives around that and thinking how can we learn from the best as well as overcome the difficulties and the barriers.

Again, I asked our lovely colleagues here to share with us a photograph of what they thought good care looked like for them. What I'm going to ask them to do, so if we could stay on this slide for the next five or so minutes. What I'm going to ask them to do is to share with us is what does this photograph represent as good care for you. I can recognise the first one because I watched the programme too. But I shall leave you to share with us why she has shared intergenerational activities.

**Vic:**

It is very interesting you said about the TV programmes. This is a screen from a TV programme on about a month ago. Some people who saw that if you haven't seen it, do go watch it; it was called older people homes for 4-year olds. It was based in one of our accommodations, and it was a piece of research, essentially, managed by health practitioners to look at the impact of bringing four-year olds into a care home.

Four-year olds came in for a six-week period, managed by a nursery provision. What this was looking at and what was really exciting, A it was a fantastic programme. Like you, I have been asked by people, tell me a programme or a film that includes care homes. It is pretty challenging to think of anything other than odd reference on the Archers or some programme from the 80s. So, this was great from the point this showed a fantastic care setting, where people were living their lives, but it also showed the impact of bringing other people into that setting. It is a really big message from the care home sector.

You might be aware of care home sector days which is about bringing in the community. What I thought was exciting about this is it was able to show the way changing the dynamic in a situation had an impact on people's health. What happens over the progress of this six weeks' set of sessions, there are people within it who go from being incredibly unconfident in terms of their mobility to running in a race with a four-year-old in their hand.

They are people who are coming in with quite significant levels of depression who, at the end of this are able to value themselves much more. Using tests, we are able to see a measurable change in their mental health. I think that's really exciting for the care sector because it begins to show and for the health sector that if we change the dynamic, if we change some of the things we know are problems, like loneliness, like isolation we can measure those changes, and all those have significant changes on the sector as a whole, but, most importantly, they radically transform those people's lives and they feel into that narrative about people being assets for the whole of their life and having a contribution to give the whole of their life. I think that brings health and care right into the centre of the community. That's where I would like really good care to be.

**Andrea:**

Thank you very much. This was really going out to the community and thing about it across the ages. As you quite rightly say, made the best TV programme that I've watched for quite some time. So, thank you very much for reminding me of that one.

Vicky, you have gone for teamwork. Behind, the sign says Wigan integrated community service. So, it is there in the title of the team as well.

**Vic:**

This is a picture of the team I work in, the core team, but it is a big team. It wasn't just to say we were good as a team. We think we are quite good, but the point is we enjoy working together. So just in terms of my colleagues there, going from left to right. Lynn works in play space, so she looks after the seven service delivery footprint areas within Wigan.

The next lady is a GP who works in practice but also alongside integrated community services and brings her Primary Care colleagues with her. Hiding in the background is my colleague who looks after early intervention services and reablement for Wigan council and also the social workers up at the Hospital Trust. Myself and one of the clinical leads, who is community matron from the Acute Trust. There's a team of about 10, 12 of us who are a core team. Not pictured on here is my boss, Sharon Basher who heads up social care for Wigan council but is now a joint appointment with the community and NHS Trust as well. We have worked together now about 12, 18 months and sometimes it feels very much like one step forward, two back, but we also come back to this core team, we work together, we forgot the organisational boundaries and we work together to support staff, really, to go out there and do what they need to do. Trying to bring adult health and social care together. Sometimes it feels like we're trying to boil the ocean a little bit, but we work together extremely well as a team, I think that's what keeps us all going.

**Andrea:**

It is wonderful to hear the positive way you can work together bringing all of those different professionals together and making a difference within the community and with people's lives. Thank you very much for that example.

**Viccie:**

Now yours is person centred care. My picture is two sets of hands holding each



other. We have the hands of the residents, because that's what we had the heart of our programme, that the focus should be on the resident, with a is the outcome for that resident or that person. Then we have the hands of the staff member holding the resident because for us the focus is on trying to improve the confidence and the competence of those staff working with the residents, so they feel more empowered and they feel they have been engaged and better able to support the residents. The simply act of them together, hands holding hands, is reflecting that concept of partnership. With the programme, not being about someone says do this, someone else says do that, it is about working in collaboration, doing with the care homes, not "to" the care homes.

**Andrea:**

I think that's brilliant. Now this is the opportunity for you to vote on these three pictures. So, you know, which of those three stories did you like the best in terms of the intergenerational activities, teamwork and care. Not to influence the vote too much, but I'm going to ask Jennifer, which of those did you like to hear from.

**Jennifer:** I think they are all great, but I'm going for the person-centred care.

**Andrea:** Why.

**Jennifer:** For people to remember it is me or whoever it might be who should be at the centre of what is happening to you.

**Andrea:**

I think in some ways person centred care is evident in the other two examples as well because the team is coming together to work for the person and to coordinate the care to support them. Obviously from the intergenerational activities. There's a centre about being creative about the way we support people to live their lives in a way that is much more meaningful for them and gives them much more joy, really, which is certainly what happened in that programme.

So, fingers crossed, people have been doing voting. Do we have a result? Intergenerational activities, a quarter, a third like teamwork, but person-centred care clearly you influenced the rest of the room there in terms of them being the one that's won out.

I think, as I've said, person centred care comes through in the other areas, too. So, what we want to do now is to actually ask you, the audience, a question. Because there's a lot of these kind of conversations where, hopefully, throughout these two days of the NHS expo you will be inspired to think about doing something differently. We would like to ask you, what would you think you will do differently after today having listened to these great inputs from Jennifer story and from the examples of good practice, good care and with a we need to overcome.

You on Glisser, can type this in and say what would do differently after today. I'll give you a few seconds, but what I'm going to ask my Panel members, I'll go that end first, because I keep picking on you first, which is not fair, is there anything else you learned from your colleagues from the conversations we had that you want to take back to Sutton.

**Viccie:**

It is great to see you have that good balance of working across the organisations. We started on that journey, but I think we could continue to learn from other places. Also, just the real benefits of the system that Vik has described, getting the care closer to Home. Not only for people in care home residents, people living in the community.

**Andrea:**

I know you are doing great work in Sutton on the van guard. William, in the audience, has been supporting it across the country. In all of the van guards there's some good examples of great practice, of the health and care system working together. Thank you very much. Vikki, what will you be taking a way?

**Vikki:**

I think there's always something else to learn. You never arrive at the destination. I think the Red Back Scheme is something we could look at locally, certainly for the winter, and working with our care homes and taking on comments about working with people in a more person-centred way and also Jennifer's personal experience. It is helpful to hear that brought to light.

**Andrea:**

The reason why we asked Vikki to come along from Wigan is because you have had the pleasure of listening to Sharon talking about the fantastic work in Wigan. There's some really great work you are doing there which I think is definitely making a difference. What have you picked up.

**Vic:**

I think to encourage our members to keep on knocking on the door. I think there are lots of things we talked about in the context of the barriers. There are solutions out there. There's people would already, you know, made some of the progress. I think I'll be encouraging our members to look to the examples Sutton and the Wigan examples and the others to ensure that they have an opportunity to put their offer into that integrated community.

If I might mention, today the care procedure alliance, a body of organisations like my organisation, have put out an offer today to STPs to help STPs to think about how they engage with care homes. That might be really useful for people here to think about in terms of overcoming some of those challenges. The example you gave, I think that simply step you took of holding meetings in the care homes rather than, you know, in The Trust offices or whatever, is probably a really important step to take in terms of shifting that power balance appeared shifting the feeling of ownership of that. So that's a useful tactic.

**Andrea:**

The symbolism of these things really, really matters, doesn't it? I wonder if the magic

people behind the scenes can show us what we have. Excellent. We are going to start putting people first; not forgetting the person is at the centre. Fantastic; an IT supplier looking at how we can enable person centred care to be done more efficiently. Share best practice and champion person-centred care. We have been on a roll with this one. Fantastic. Be coverings of the boundaries and build links towards collaborative working.

Not be so precious about my work and working as a team rather than an individual. I think that is a fantastic sentiment. Keep pushing for genuinely pooled budgets. I love the word "genuine" there. That is superb in terms of this working properly. Involvement in integrated care. Absolutely. There's so many others that can be involved. Certainly, the example at St Monica's Trust in interpreters of getting the nursery involved, showing that other organisations can help as well. Taking more of a partnership approach in designing and delivering services. Great.

Certainly, that work on the sustainable and transformation plans will help us with that. Go and watch the programme. It's on channel 4. Explore the Red Bag Scheme. I think people might be coming after you today! Shine a better light on integrated working that cross boundaries, they're all there. Colleagues need to know it is possible. I think that's spot on.

Thank you all very, very much more all of that. There's just does anybody have anything else they would like to say before we close? I think we have covered quite a lot of ground. Jennifer, you had the first word, do you want to have the last.

**Jennifer:**

Thank you for inviting me to come. With a are STPs? They are sustainability and transportation plans trying to bring together health and social care in a different way. That's a good reminder, those of us in the business, we talk the acronyms and for those of us who spent time up in Cumbria, STP is sticky toffee pudding from Carmel. On that note, we will end. Thank you very much for being a part.