



Public view on the CCG priorities and the Better Care Fund



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Healthwatch Barking and Dagenham
Harmony House
Baden Powell Close
Dagenham
RM9 6XN

Info@healthwatchbarkinganddagenham.co.uk

www.healthwatchbarkinganddagenham.co.uk

Contents

	Page
Introduction	3
Information on CCG priorities	4
The Better Care Fund	6
Key themes from workshops	8
Conclusion	12

Introduction

This report has been compiled following a public event on Thursday 16th January 2014.

Healthwatch Barking and Dagenham was commissioned by Barking and Dagenham Clinical Commissioning Group to run workshop, which would give the CCG and LBBD an opportunity to:

- Update participants on progress the CCG have made in our first year
- Set out the our key commissioning priorities for the next 2 years
- Get feedback on their plans and areas where the CCG need to improve services.
- Explain about the Better Care Fund and the views of this.

The event was attended by over 70 local residents and organisations.

A presentation was delivered by Doctor John, on the priorities of the CCG and progression so far. This was followed by a question and answer session allowing participants to ask specific questions to Doctor John clinical director Barking and Dagenham CCG and Sharon Morrow, Sharon Morrow, Chief Operating Officer Barking and Dagenham.

Glynnis Joffe from LBBD delivered a presentation on what the Better Care Fund is and the update so far. This was followed by a question and answer session allowing participants to ask specific questions

Healthwatch then facilitated workshops to discuss the four main questions :

- *What are your views of CCG priorities for 14/15 and 15/16 and the Better Care Fund/CCG outcome measures?*
- *In order to improve LBBD/CCG focus together on prevention, early identification and integrated working in the community the CCG will need to release money from acute services so that we can invest more in prevention, primary care and other community services. How should the CCG do this?*
- *How can the CCG encourage people to take more responsibility for their health and put them in control of their own care?*
- *How do the CCG develop services that are genuinely centred on patients and not organisations?*

This report represents a collective response from the participants who attended the event on the 16th January 2014. Healthwatch Barking and Dagenham have no organisational view.

Copies of this report are available by contacting Barking and Dagenham Healthwatch on 020 8526 8200 or by emailing
Info@healthwatchbarkinganddagenham.co.uk

Information on the CCG priorities

The CCGS vision is to improve health and health outcomes for patients and residents in Barking and Dagenham through clinical commissioning of sustainable, safe and high quality local services.

The Clinical Commissioning Group is responsible for commissioning hospital and community health services, including mental health services, for the local population. Each year it has to set out its plans for the future based in line with its financial position and making the best use of the resources they have.

The CCG believe that working with the Council and NHS England is an important part of what they do to deliver this vision. The Better Care Fund is a key tool for supporting integration of health and social care in borough.

B&D CCG - you said: we did

In January 2014 the CCG met with their stakeholders to understand what was important to them, as they took up the new responsibilities as a CCG. This was the beginning of ongoing discussions with patients and the public through the year about what was important to them and how they used services. The CCG made some important progress this year - and they understand more needs to be done in the future...

You said	We did
Focus on early intervention and prevention – in particular for mental health	Increasing Access to Psychological Therapies (IAPT) - we are on track to deliver national targets for uptake and recovery by end of year. Improving dementia diagnosis – making progress but further work needed to deliver target
Meet needs of children and young people - focus on disabled children	We have reviewed care of children with complex needs review. We are working with Council to implement Special Educational Needs changes. Children's mental health care – Children's IAPT successful bid.
Better communication across health and social care	Professionals in health and social care can now share care plans for the most frail and vulnerable patients. <i>Better Care Fund will support this.</i>
Improve access to general practice	Changing the way people have their urgent primary care needs met – piloting the primary care surge scheme
Build on what works well	We have built on the success of integrated case management this year with Community Treatment Team and Intensive Rehab Service

B&D CCG: Commissioning Priorities 1

Priority	Planned Changes
Integrated care	<p>Implement Integrated Care Strategy. Better care through - Joint Assessment and Discharge, Integrated Health and Social Care Teams, frail elders and falls prevention. Better care in nursing homes and at end of life.</p> <p><i>Focus on mental and physical health.</i></p> <p><i>Better Care Fund as key tool to support integration</i></p>
Urgent care	<p>Implementing urgent care strategy - people seen at the right place first time, improved access to primary care, changes to walk in centres and more effective hospital based urgent care/A&E services.</p> <p><i>Focus on mental and physical health</i></p>
Planned care	Care as close to home as possible, better join up between primary care, community care and hospital care, getting the right tests/right care first time.
Primary care improvement	Primary care improvement plan. Working more closely with pharmacy. Underpins all priorities.

B&D CCG: Commissioning Priorities 2

Priority	Planned Changes
Children and young people	<p>Joint planning and commissioning services for children with Special Educational Need and Disability including: Education, Health and Care Plan (EHCP)</p> <p>Personal Budgets</p> <p>Designated Medical Officer.</p> <p>Improving children's mental health through implementing Children's IAPT. Access to Speech and Language Therapy.</p>
Learning disabilities and mental health	Continued focus on quality/safety and joined up commissioning for Learning Disabilities. Ongoing focus on meeting access and recovery rate improvement for Improved Access to Psychological Therapies (IAPT) and diagnosis rates access to memory clinic for dementia care.
Cancer	Early detection – particularly lung cancer in B&D, improved screening, improved primary care (Macmillan GPs), better post treatment pathways

The Better Care Fund

What is the Better Care Fund?

- Aim of providing people with the right care, in the right place at the right time, including through growing support provided in community settings and closer to home.
- Draws together existing funding used within Health and Social Care . There is no new money.
- The fund must be used to support Adult Social Care Services in each local authority which must also have a health benefit, support prevention and improved self care
- Remove fragmentation in services through joining these up, greater joint commissioning between health and social care and a more robust focus upon ‘outcomes’- such as improved health and independence.
- The Fund sets a number of ‘National conditions’ - such as 7 day working, and sharing information
- There are national and local performance measures- which include:
 - Patient and User experience of services
 - Delayed Transfers of Care.
 - Reducing Emergency admissions to hospital, where possible.
 - Reducing Admissions to residential and nursing care.
 - Effectiveness of re-ablement/ re-habilitation.

The aims of the better care fund:

- To improve outcomes for the public, provider better value for money and be more sustainable.
- Health and social care services must work together to meet individual’s needs.
- The Government will introduce a £3.8bn pooled budget, using existing monies, for health and social care services, shared between the NHS and LAs, to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people. In B & D this will amount to £14m.

The progress so far by LBD:

- There are Integrated Care arrangements around GP practices.
LBD are implementing a Joint Assessment and Discharge Service within the hospital bringing together staff and resources involved in assessment and discharges.
- Delegation to health staff to commission services with and for individuals from social care monies.

What LBBD are working on now:

- A shared plan between the Clinical Commissioning Group and the Council which will be for 2 years (2014/15 and 2015/16).
- Health and Wellbeing Board to approve so that we can have our draft plan complete by 14th February 2014.
- Revised plan submitted to NHS England by 7th April 2014

Key themes from the four workgroups

A number of key themes emerged from the workshops , which have been summarised below. These themes have been collated from both the “question and answer session” and from the notes and comments taken from the tables. The majority of these were addressed directly by CCG and LBBD staff as part of the Q&A session and on table discussions.

Overall participants did not have an issue with the priorities themselves, but rather had concerns about the access to certain services and implementation of these. These have been highlighted below.

What are your views of the CCG priorities for 14/15 and 15/16 and the Better Care Fund/CCG outcome measures?

- Majority of participants agreed that cancer should be high on the agenda. Cancer and early detection is needed in Barking and Dagenham. However participants wanted to know how the CCG would ensure that GPs are diagnosing the signs of cancer early and patients are sent for the necessary tests early.
- Participants felt that under the primary care priorities, accessing GP appointments needed to be addressed. There was a clear theme that patients are unable to see their GP when they need to. What is happening about this? This will have a impact on many of the other priorities.
- Urgent Care was highlighted as a priority area that needed a lot of work. There was a general feeling from the participants that urgent care priorities will only be addressed once people know and understand what services are available. People need to know what options are available to them in order to make informed choices about urgent care.
- Some participants felt that there is an issue with patients not attending their GP appointments, what can be done about the DNA patients . Some patients who seem to make this a habit, this is stopping others from accessing their GP.
- Participants said that there are some organisations who already offer support for example The Diabetes Support Group, Citizens Advice Bureau, Alzheimer's society and Saint Francis Hospice. The CCG and LBBD need to work with the community and voluntary sector.
- Cancer follow up should be available at home if it is needed and so should a pain management team.
- One of the measures of success is “ Increasing the number of people with mental and physical conditions having a positive experience of hospital care”. Participants were interested in how will be measured?. Participants wanted to know what support will be put in place to make sure their experience is a good one.
- Some participants highlighted that Autism needs to be a priority given the rate of diagnosis and the CCG need to buy into the autism strategy.
- Where does obesity sit within the priorities?

- There were concerns raised about patients who are asylum seekers accessing mental health services. Communication with these patients needs to be clear as to how the service will be provided.
- Some participants said that public health should do some work on educating people who have been diagnosed with diabetes and on the symptoms.
- The CCG were asked if they would commission the stroke association to support aftercare services.
- Some health issues are impacted on by stress and other aspects of life. To assist with some of the priorities it was highlighted that GPs should take into account the changes to welfare reform and what support can be given to some of their patients through Job Centre Plus via specialist advisors. They can then help signpost individuals to the services.

In order to improve our focus on prevention, early identification and integrated working in the community we will need to release money from acute services so that we can invest more in prevention, primary care and other community care? How should we do this?

- Primary care involves the GPs, currently it is very difficult to see your GP, why would you want to invest in a service that is already not working?
- Where do carers fit into community care? Carers need to be involved, this will have a positive impact as they will feel involved and will know about the treatment and care that their family member is receiving and how they can help.
- Some participants said that the professionals should be working this question out, others felt that there was not enough information available to fully answer the question for example where would the cuts actually be and where would this money be invested, the question is very open.
- Some charities and community groups already give information on preventive health and advice, for example Alzheimer's society. How are the CCG and the LBBD planning to incorporate these organisations in the plans?
- Participants felt that the theory of integrated care was good, however this would only work if there is a clear breakdown as to how the funds will be allocated. Is there a set budget for health and social care separately or is it used depending on the needs of the borough?
- The majority of participants wanted to be kept updated with the progress of the Better Care Fund and where the money is being spent.
- Some participants felt that looking at good practices elsewhere in Europe could help.
- There needs to be a good triage system at both King George and Queens hospitals, to ensure that people who do not need to be in A&E can be seen by the out of hours GP.

How can we encourage people to take more responsibility for their health and put them in control of their own care?

- Participants said that information about accessing services need to be clear. What services are available. Is there a cost attached?, What support groups are available? and where can people access information in a format they understand?
- LBBD programmes such as eating on a budget need more wider advertising and spread to schools.
- All service providers need to be aware of where they can signpost service users to for other services and support. This includes signposting to voluntary organisations.
- Participants felt that the culture needs to change within the NHS workforce. Some GPs and professionals believe that they are the only ones who know best. They need to change this attitude if the borough wants to encourage self management.
- Participants said that there is a need for patient education to encourage self care , this could be done through peer lead support.
- Participants felt that the local media should be used to help with the prevention of health issues such as obesity and exercise. Community television should be made better use of. There are televisions in dentists, GPs, health centres etc, why are the borough not making good use of these and advertising local services and support available.
- It was highlighted that the CCG need to work with pharmacists in order to ensure that patients understand what the pharmacists offers in terms of self care.
- It was felt that there needs to be emphasis on a holistic individual approach, an individual's circumstances should be taken into account for example financial stability.
- Carers need to be empowered with knowledge to enable them to support those in need of support to manage their health and social care needs.
- Faith representatives and groups would be a good place to start for some of the promotion needed around self care. The Volunteer Health Champions that LBBD are currently recruiting would be a good place to start.
- Do we need to target particular members of the community with long term conditions or are we talking about the general population?
- Information needs to be given in a simple way. A participant commented that she had learnt more from about my health from a group on Facebook then what I have from reading lots of leaflets. Different ways of communication needs to be looked into. There is a general overload of information.

How do we develop services that are genuinely centred on patients and not organisations?

- The majority of participants said that from the management to administrative staff all need to talk to their patients, listen and act upon what is being said.
- Rather than ask patients after a service is developed ask them when developing a new service or changing a service - not once a decision has been made.
- The CCG and LBBG need to explain the commissioning process to enable patients to understand the way services are commissioned. Following on from this when patients are asked to get involved in service development service providers need to be honest about how much funding is available for the redevelopment of the service.
- If professionals want to encourage individuals to self care for their health conditions, clear information and support services need to be identified.

CCG staff were available during the workshop discussion to answer a wide range of questions from participants.

Conclusions

In conclusion the main themes to highlight are:

- Majority of participants did not have issues with the priorities that have been set. There were concerns about the implementation of these.
- Participants wanted to know how the CCG plan to monitor early diagnosis of cancer.
- Many services can only be accessed through a referral from the GP. Participants said that currently it is difficult to get an appointment with the GP. This needs to be addressed.
- Services need to work together including community and voluntary groups to ensure that patients are signposted to support services to enable them to take more responsibility of their health.
- More information needs to be made available as to how funds are going to be spent and what services will be cut or reduced.
- Patients need to involved in planning and redeveloping services if the CCG want services to be centred around patients and not organisations.
- Pharmacists and GPs need to work together to ensure the best support is available for those service users who want to take more responsibility for their own health.
- Participants wanted to know exactly how money will be re allocated if taken from secondary care.
- Some participants felt that more information is needed in regards to the question that is asking for views on releasing money from acute services and investing it in prevention, primary care and community care.

