Greater Nottingham Transformation Partnership

1 November 2017 public event scribed notes from discussion

Self-care: Table 6

Some people cannot self-care: people with severe, serious and multiple conditions. This leads to social isolation – problems arise when people are alone, such as benefits issues, debt, living conditions deteriorate.

But this is also wider than mental health: clinical needs have to be addressed. Interventions and support have to be at the right time and in the right way.

But how can we do this when money is being taken out of the system.

Key point: more resources are needed to help people to self-care – it's more than just information.

Possible option could be supported living/sheltered housing – or a tiered system to support people as their needs increase and their ability to self-care decreases.

Key point: we need to understand why people go to health services – may have underlying conditions

We need to invest in care in the community in advance of different ways of delivering care. The voluntary sector cannot absorb all the consequences of services being decommissioned.

Self-care: people know why they might need to do certain things but their circumstances don't 'allow' them to. Young carers, austerity – there is not the same support now as in the past.

What about the cost of being responsible for own care?

There is a lack of consistency of application. Dr Atkinson's example of a patient dying: would the action taken be the same if she didn't know the patient and his circumstances?

When people do need support there are lots of separate organisations going in to support; lots of duplication currently. There is also the problem of turnover of NHS staff and a lack of continuity.

Self-care: Table 9

True self care is difficult to think of for yourself all the time. It needs self-help groups to lead on this – do practitioners know about the ACS plan?

We need a proper debate on what we mean by self-care.

Women and children have mental health and obesity support through school. Need to factor in the shortage of midwives and nurses.

People can help themselves if they are in a position to do so, but some aren't – deprivation and cultural.

Red book for children – model for long-term conditions, etc.

Self-care: Table 3

What do we mean by self-care? All organisations should tell the truth about what we can and can't provide.

We then need to shift the culture – the voluntary sector may be more knowledgeable and have expertise to offer.

Note: Pharmacy is missing from STP.

Self-care needs to start in education: early years, prevention, health promotion – but make it relevant to people. This includes things like diet and nutrition. Could this include dementia self-care with courses for carers? How do I care for someone?

There is lots of variation in care across patches. GPs need to be on board for voluntary sector to set specific support – knowledge is power. But the voluntary sector landscape changes due to funding.

We don't evaluate services and then funding is pulled.

A&E pressures – frail elderly are the majority. If in the right accommodation – can lead to social isolation. Need to ensure we have the appropriate housing and care.

Local authority planning needs to be affordable and social. We need a commitment via the Health and Wellbeing Board for people to work together.

There are barriers to social care. Need to look at:

- People's perception of what services can do
- People's perception of what they can do for themselves

Need to ensure appropriate data sharing – fundamental issue. Lots of good things happening. Fire Service doing lots in the community.

City is very different to some county CCGs.

Training budgets are being reduced.

Best care: Table 1

We need to stop hearing the word ‘crisis’.

Move from acute to community care with people not going to A&E. Shifting of more resources out of hospital. Priority is getting more GPs so we can get an appointment when we need it.

We need to work together; patients need to feel important, cared about, valued as a person and listened to. Example of a patient who had operation cancelled. GPs know you and have a relationship.

Manager of Community-based mental health service: issue of GP being the problem – GP won’t meet with the service; time issue.

Root cause of health problems can be prevented: housing, benefits, fuel, etc – hardly any referrals from GPs. Service refers to other agencies. So GPs are not referring to the right services to support patients to avoid hospital admissions.

Needs openness and transparency – a culture of everyone becoming involved.

Not everyone has a care plan – joint one everyone uses and included self-care management. Ensure everyone has a care plan who needs it.

Prevention is important – better sense of health and wellbeing needs early intervention for all conditions, eg cancer.

GP is the first port of call; GPs don’t know what support services are available in their area to help people stay independent. Proper funding for these services: more investment needed.

GPs don’t have time to find out what could ease their burden.

Best care: Table 4

Every patient is different – different outcomes for each patient. Unique.

What is being done to assist the transition in social care?

Ada’s story: How can we make Ada’s story the norm? Can we take Ada’s case into surgeries? Missing from Ada’s case is supported housing link.

Older people with no family – times are now different.

Education is important.

People with mental health issues – it’s more complicated than just joining up health and care. The stigma around mental health affects everything.

Patients with long term conditions – not just a health issue: how can the STP work when it is not just about health? We can't get people out of hospital because there's no care at home.

Best care: Table 7

We need to get better at information and measurement to be able to provide best care, whether it be measuring outcomes; joining up records across health and social care to support patient pathways; or managing clinical variation;

We need to get better at developing a system which can care for people in their own homes or the community;

We need to get better at prevention and the managing the wider determinants of health;

If we are looking at other international systems, we need to be clear what is working well but also what is working badly that we wouldn't want to adopt;

Whilst there is a need for more self care (upstream), we need to get better at providing people with the information they need to be able to do this;

We need to get better at using the entire workforce, e.g. community pharmacists to release GP time to focus on the people that actually need a GP;

If we are going to standardise care, we also need to build in flexibility recognising people don't fit into 'neat boxes' with the need to tailor care to individual needs;

We need to join up health and social care funding;

We need to tailor services and sessions like today to 'seldom heard' groups. The demography of the City population is changing and dynamic, we need to meet their needs.

Joined up care: Table 2

Budgets – how will we look at free and paid for care? Patients pushed around.

Non-integration has always happened; problem between LA and hospitals. Would we be able to break down these barriers?

Who will be the key co-ordinator of a patient? Workloads are horrendous. We won't be able to do this till we integrate.

Citycare and Social care seem to be bringing services together.

All talk though. When will this happen?

Crisis of funding and crisis of workforce – need to get this sorted.

Patients need to be involved and listened to. Struggles with communication and understanding how other services work.

We need to build relationships: sharing offices. Need to make sure we look after the staff. Workloads are too much.

People need to take responsibility, especially with prevention – learning first aid, for example.

Complex needs people use all services – data systems don't help. We need one system of data to help.

The tensions between NHS and LA cause an issue – with money coming out of different pockets.

There is no clear pathway out of the acute system.

Lack of resources has led to inequalities. Patients aren't given the information that staff should give out.

Patients are falling through the cracks. We need seven days a week access to services.

Nobody listens to patients who are using services on how they would improve.

Joined up care: Table 5

We need to become one system with one budget

Frontline staff and patients and carers want to give their views on services and jow these could join up

One data system so people aren't falling through the cracks

Need more relationship building between organisations

A seamless service where pathways are clear for patients

Seven-day-a-week access to all services

The right information is very important to help with joined up care.