

Summary Report:

Sirona Service User Panel

Monday 16th March 2015 | 12:00pm – 1:30pm

The Board Room, St Martin's Hospital, Bath

Attendees:

- Mike MacCallam (B&NES Council and BaNES CCG)
- Sue Blackman (Programme Manager, B&NES Council and BaNES CCG)
- Barry Grimes (BaNES CCG)
- Martha Cox (Service User Involvement Lead, Sirona Care and Health)

The meeting was attended by five members of the Sirona Service User Panel, three of which were users of a wheelchair or mobility aid.

Introduction:

Mike MacCallam and Sue Blackman presented an overview of the purpose and principles of the **your care, your way** review. Mike explained the definition of community services and the phases and timing of the review. He also shared some of the themes that have emerged from previous engagement events including:

- The role of system navigators is key to delivery of seamless and integrated services
- There must be strong relationships between organisations and departments within organisations
- The role of voluntary and third sector providers is key
- The behavioural and cultural barriers around information sharing must be addressed
- Primary care is central to the role of community services and GP's recognise they have a key role as "caretaker" in a person's pathway of care

Mike explained that this is a key opportunity for commissioners, providers and our community to be innovative, be imaginative and be bold in helping to shape the outcomes of the review. We want to be proud of what we achieve as a result of the review.

Group Q&A Session

Q1: Is the budget for the project ring-fenced?

The budget for the **your care, your way** review has been fixed and includes the cost of running the engagement process and the necessary human resources. This budget is reviewed on a monthly basis and is comparable to the budgets of similar projects run elsewhere.

Q2: Will there be enough money to deliver the model you design?

We need to be aware of budget when designing the model. We can't blow the budget but equally we're not looking to cut back on services. There are challenges for the CCG and the Council and we have to deliver the best possible model within the available resources.

We need to manage people's expectations as we move into Phase 2. At this stage we can ask people for their wish list but we will need to be realistic when designing the final model. We will be coproducing with the public so they need to be aware what the limitations are.

Q3: Will there be a pooled budget for community services? Community services could become very bureaucratic if the CCG and the Council are funding services from separate pots.

We recognise that our contracting arrangements need to be more flexible and we are looking at options to improve integration so that providers are able to deliver services across organisational boundaries. Jane Shayler is leading the **your care, your way** review and her role is jointly funded by the Council and the CCG. Compared to the rest of the country, we are ahead of the curve with regards to integrated working.

It's too early at this stage to give definitive answers on pooled budgets and contracting arrangements but it's on our agenda. Unlike surrounding areas, **your care, your way** is a review of health AND social care services.

Q4: Are Public Health involved in this process?

Yes. Public Health Consultants are part of the Commissioning Workstream and will be involved at every stage of the process.

Q5: How will you make sure that all your health information is available to the people providing your care whether you are at home, at your GP practice or in hospital?

The CCG is leading a project on joining up digital health records which we refer to as interoperability. The timings for this project are aligned with the *your care, your way* review. The project is looking at creating portals that allow clinicians to see the relevant information. Technology is not the barrier. The main barriers are information governance concerns and behavioural/cultural change. Service users can be resistant to technology.

Feedback

SB played the King's Fund Video, "Sam's Story" to illustrate the changes we are looking to make in Bath and North East Somerset. She asked the group for their feedback based upon the following questions:

- What works well?
- What are the barriers? How do we overcome them?
- What are the opportunities? How do we seize them?

What works well?

- My social worker and rehab team were fantastic when I was discharged from hospital. They come back in six months to check on you but then they're gone so there's nobody keeping an eye out for you if you start to get ill again
- Sirona does really good diabetes education courses. They are delivered by paid educators and a multi-disciplinary team including staff from RUH, Sirona and patients. However, only half the surgeries point people to it because they say that they offer it 1-1 already.
- My mother died in a care home and the last week of her life was arranged incredibly well. The GP surgery sent a nurse out twice a day to see her, the care home was well briefed and the hospice had a drugs pack ready. It was a great example of multiple organisations working together effectively against a tight deadline to focus on the care of one person. How do we make this happen in the rest of the system?

What are the barriers? How do we overcome them?

- Patients simply want their needs met and don't want to fight the system to make that possible
- A named, single point of contact is a very powerful way of cutting through the system. Someone could navigate through the complexity on your behalf but it means recruiting new people and spending more money.
- I went into hospital six times and no-one asked me about my home life. Everyone treated me as an acute case rather than looking back over my history and situation. My doctor got me into an Extra Care Home and the rehab team were great but now they're gone. If my illness gets worse, who will be keeping an eye out? Once you reach your goal the case is closed but people's conditions can change again. It would be great to have a check-up after 6 or 12 months. I see a GP but once I leave the doctors there's no more support. If I'd had a navigator when I first fell ill then I could have stayed at work and maintained my lifestyle. I just lived in my bedroom for six years with no-one to check on me.
- People are treated too often as a single acute intervention. Clinicians deal with the reason for presenting and think they've done the job.
- I used to be an adviser for the Citizen's Advice Bureau and we were trained to take a holistic view of the person. The navigator may have a great relationship with the service user but all the organisations involved in their care aren't going to sit round a table and discuss that person. It's not realistic.
- We can have amazing plans on paper but if we don't think about how we manage the relationships between people then it won't be effective.
- NHS and care staff are motivated by looking after people but they need to focus on helping people to be more independent e.g. "we want you to be as independent as possible but we'll be there if you need us".
- The word "patient" suggests someone who has had something done to them. We need to treat people as "people" not just patients or service users.
- This is about changing CULTURE, not changing STRUCTURES. We can fix the technology but how do we take people with us?

What are the opportunities? How do we seize them?

- We need to develop the role of voluntary services. Are we using local organisations as well as we can? Statutory services can't pick up everything. We need to think about housing, employment and social inclusion as well.
- We need to combine joined up money, joined up working and joined up information.
- SB explained that we are working with the Centre of Excellence which has worked on community service changes with other CCGs such as Kernow, Buckinghamshire and Plymouth. We are also looking at projects that have won awards to see what they did. The Government has also announced 29 vanguard sites around the country to develop new models of NHS services.
- Many organisations put on excellent courses and events but then don't market them effectively so not enough people sign up and they get cancelled. People rely on hearing about things through word of mouth or sometimes just by chance. People need confirmation that the course will be running well in advance.
- GP practices should be better at sending out information to their patients but it's another thing for them to take responsibility for. GPs could encourage people to be more proactive in searching out courses.
- All events need to have parking, disabled access and ensure that venue is suitable for the audience.

Next Steps

Mike and Sue thanked everyone for their input and suggestions.

- Attendees took away booklets and leaflets to read and share.
- Further feedback is invited via the website <http://www.yourcareyourway.org>
- Individuals can also feedback by writing a letter, making a phone call or using Facebook and/or Twitter

More information will follow in the coming weeks regarding the planned focus groups and we will contact all stakeholders involved in our engagement directly once dates and agendas have been confirmed. It is expected these workshops will commence in May 2015.