

## **Nottinghamshire Health and Wellbeing Board**

### **Stakeholder Network Event 30 October 2013**

#### **Integration**

Around 55 people attended the event from \* organisations and were given an outline of the need for integrated services through Sam's Story – a short animation by the Kings Fund.

You Tube <http://www.kingsfund.org.uk/audio-video/joined-care-sams-story> or Vimeo: <https://vimeo.com/75291158>

Examples of work were then given from Bassetlaw by Dr Steven Kell, Frail Older People Programme Greater Nottingham by Dr Guy Mansford and the PRISM integrated care programme in Newark and Sherwood by Dr Kate Jack.

The Group then split to discuss two key questions:

- What benefits do we want to see from integration?
- What are the priority areas for integration?

Feedback from the discussions included:

- There have been attempts at integration previously which have not been successful but the new financial challenges make it essential
- Integration should be done on a locality basis as it's too big to do county wide but good practice needs to be shared
- Some providers including EMAS (East Midlands Ambulance Service), the acute trusts and Nottinghamshire Healthcare Trust operate across the county and could provide support across organisations
- Concerns were raised that choice was being reduced within social care.
- The Health and Wellbeing Board need to lead and inform the changes to influence strategy and ensure that there are equitable services
- Prevention is key and district councils have a vital role in this
- There is a tension which arises from the current contracting model with hospitals where payments are made based on activity.
- There should be a look at wider services e.g bin men signposting people who need help putting their bins out
- The picture is a bit confusing because of the different approaches in the three areas
- Integration needs to be extended beyond older people

#### **Benefits**

- Integration will provide a seamless patient journey to provide a better experience for service users, building confidence and trust in the system
- It will help compensate for the reduction in budgets
- Integration will allow long term decisions to be made rather than short term crisis management
- Should include social factors when making decisions regarding discharge e.g housing
- Holistic care will prevent admissions
- Could tackle loneliness – isolated older people can fall through gaps in the system
- A named responsible person could guide patient journeys e.g. Jack Dawe in the City

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### Priorities

- Education and awareness raising for patients and relatives on how people can look after themselves and also about different options for support
- Self-care needs more emphasis in the Health and Wellbeing Strategy
- People need to know what's available and how to ask for it
- Not to keep people in hospital if they don't need to be there and to educate people that there are *different* options in the community and that they are not substandard
- A problem based directory of services across the county would help
- Services for physical and mental health need to be integrated
- Information sharing is essential – between GPs and hospitals and with carers who can provide early information about deterioration
- Community teams also need to be able to view information systems
- Patchwork and SIGNS could help in sharing information
- Workforce planning – generalists 'v' specialists and also recognising carers
- Providers, including the community and voluntary sector and nursing homes need to be involved in planning and pathway development
- Set up a patient centred approach in primary care – GPs know their patients and can identify needs early
- Change staffing structures and have a one team approach
- Profile populations and identify those with long term conditions
- Rebalance services away from being hospital focussed.

Questions were asked during the evening:

Q. The Kings Fund video doesn't include the private sector. Why?

A. The video focusses on the commissioning of services rather than provision.

Q. There are inequalities resulting from self-funding and state funding and a lack of understanding of what people are entitled to. Some people are hidden because they are out of the system.

A. Personal health budgets will be in place from April 2014 which will help and will make people more aware of providers and entitlements.

Q. There is a lack of recognition of the role of Nottinghamshire Healthcare Trust as an integrated care provider and that should be recognised in the work that is being done.

A. Agreed and it was felt that this was recognised in CCGs.

Councillor Joyce Bosnjak closed the event by stressing the importance of the people involved in work to change services and the role of district councils was particularly important in preventing ill health.

Feedback from the evening would be passed on to the Health and Wellbeing Implementation Group and the Health and Wellbeing Board as well as to the Integrated Commissioning Groups for consideration.

The next Stakeholder Network event would take place between 6.30 and 8.30pm on 11 February 2014 and would focus on Psychological Wellbeing.