

Community Works Conference 13th Oct 2016

Christa Beasley, Chief Operating Officer at the Clinical Commissioning Group, presented on integrated care (Caring Together) in the conference plenary.



Plenary Sessions Questions and Answers

Q - Many individual and communities can't access the web to find out where to get help. Older people often either don't have a computer or would prefer information another way. What support is available for them? (Lin Sheilds – Older People's Council)

A – A range of support and training needs to be offered. Skype consultations have been successfully trialled elsewhere so it is possible. (Christa Beasley, CCG)

A – Libraries are helping people to get online. The home delivery service has volunteers with tablets that can support older people. (Annie Cannon, B&H Libraries)

Q – What are the risks and how can the Voluntary and Community Sector be involved in mitigating them? (Jo Ivens, Impetus)

A – Money is the biggest risk. We need to develop a plan for investment that is too risky to undermine and is something that everyone can defend. It is important that we are a community with a plan and the voluntary and community sector can help to defend the plan.

The Sustainability and Transformation Plan is another risk but its priority is looking at finding savings around hospitals in particular. This is a funding gap that will only get bigger.

If we believe in our approach of more local based services we can defend it. (Christa Beasley, CCG)

Q – The GP surgery in Bevendean has just been closed and the next nearest surgery is oversubscribed. How are Bevendean residents to be helped? (Claire Jacobs, Friends of Farm Green)

Underinvestment has been happening in primary care for decades and it more than these practices closing.

Funding for GP practices works well for more affluent areas. It doesn't work in the more deprived areas. For example GPs get funding for the rate of uptake of screening and this is harder to achieve in deprived areas. Locally GPs will be paid more if it is going to cost more to deliver and local practices are taking on more of a role in deprived neighbourhoods. The CCG is also looking at better transport options for patients and more a visiting GP service. (Christa Beasley, CCG)

Commissioning Network Write Up

1) Feedback from commissioning network to Caring Together

Group 1

The group had concerns about the strain on GP services in primary care around funding, attracting GPs to areas, accessibility to services and the commissioning process itself.

People are less concerned about who delivers the service rather than it is offered.

The Voluntary and Community Sector have a duty to challenge.

Brighton and Hove could fair badly in the Sustainability and Transformation Plan unless we ensure we retain resources.

Group 2

What are the cost implications of Brighton and Hove Caring Together? There is a perception that volunteers are free when there is an infrastructure cost involved,

More use could be made of My Life. GPs are used to referring to healthcare and less experience at referring elsewhere.

How will representation work at a cluster level? Can Community Works help with this? Its fantastic that the Sector is part of it.

Group 3

A preventative approach to healthcare is needed that links into the healthcare system. Table tennis is one way to go 😊. It is beneficial to get active **and** join a group. GPs need knowledge of a local service – social prescriptions need to be broadened.

Group 4

More detail about the plan is needed. How does the Brighton and Hove City plan fit with the regional plan?

Preventative services need funding, the resources need to be switched from responsive services.

Sector involvement is needed to support the plan

2) Healthwatch Brighton and Hove presented on their work to date and consulted on their future priorities



**CWconference HW
presentation 131016**

Notes of small group discussion where CW members suggested what Healthwatch priorities should be

- Health needs to link with community safety and housing
 - Volunteer sector as part of trauma pathway of adults and children
- Mental health Wellbeing Service (it's only a crisis service; the telephone CBT is not good enough and the service is not effective if not face to face)
 - No acknowledgement when they signpost to VCOs that they have waiting list
 - Link gap between VCS and acute services
- Support VCOs to create an evidenced relationship base in terms of their provision
- Access Point (adult social care): is it efficient at supporting people who are in crisis?
- Reviewing how the Care act is being rolled out locally, eg DV mentioned for first time
- Adult safeguarding now has statutory duties attached, how is it going?
- Strengthen link to practitioners Alliance for Safeguarding Adults
- Sharing data / reports across local authorities ie WSCC report on hospital discharge
- Consider examining other areas ie:
 - Provision of m/h services in hospitals
 - Provision of m/h services for people in crisis eg attenders at A+E
 - Experience of m/h services by specific groups eg young people
- Explore impact on communities which have lost their G.P. services
- How to better communicate findings more widely without information overload
- Triangulate themes:
 - Join up "patient" feedback / experience with commissioning priorities
 - Can HW be involved in monitoring how B+H Caring Together is working?
- Solutions... give more profile to these (commissioners see problems all time, not so much solutions). Look at good practice –what is it that makes good?
- PPG network
- Improve scope for messages getting to HW, use CW/CUPP networks etc
- Focus on particular priority groups, ie homeless, refugees, frail elderly
- Early warning signs; VCS sharing with HW
- Where/who do HW reports go, ie statutory right to comment on services, is there also a statutory right to respond? [yes there is!]
- HW priorities should include Health Champions and more training for more of them
- Research ideas:
 - Impact of counselling as a preventative measure ie CAHMS.
 - Preventative services in general
 - Need for confidential counselling as a preventative measure
- Identifying problems before they get worse

3) Commissioning news

- An integrated commissioning unit in being developed within BHCC – under the new Adult Social Care director
- Learning disability children’s and adults services are being integrated under the Director for Children, Families and Skills
- The latest tendering round in the Housing Related Support commission was announced as follows:
 - a. Single Homeless Phase 1: including High & Medium Supported Accommodation, Multiple & Complex Needs Service: Publish 21 November 2016, Closes 13 January 2017
 - b. Young People’s Advice and Accommodation_Including Housing Advice, Family Mediation, Supported housing for Young People & Teenage Parents: Publish 1 December 2016, Closes 20 January 2017
- Community Works is working with some member orgs on the develop of the citywide model for social prescribing and befriending
- CW recently asked BHCC to clarify its approaches to de-commissioning. The response was:
 - a. There is no absolutely set process
 - b. Where organisations experience poor practice around de-commissioning they are encouraged to discuss with commissioners/contract manager in first instance
 - c. If dialogue is not possible, they can raise issues and concerns with Michelle Pooley or Emma McDermott in the Community and Equalities Team who can raise with service leads.

4) James Rowland, Commissioner for DV and SV services, gave a presentation on embedding commissioning for social value



**Addressing DV/ASV
and VAWG in practice**

5) Alison Marion, Community Works, gave a presentation on the partnership work with CUPP around monitoring, evaluation and impact

She referred anyone interested to the recently published position statement on community data burden.



**Monitoring
Evaluation and Impact**