

Haringey CCG Network Meeting – Feedback Report

Monday 9 September 2013, 5pm - 7pm
(Turkish Cypriot Community Association)

Background:

In July the Network met for the first time and the Haringey Director of Public Health gave a presentation about Haringey's Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy. This presentation informed the Network about the profile of the Haringey population and their health needs. The Chief Officer from Haringey Clinical Commissioning Group (CCG) gave a presentation which informed the Network about the CCG's strategic priorities and the context in which decisions will be made. The distinction between the CCG's commissioning role and that of the Council and Public Health was clarified. This meeting was held in preparation for asking the Network to give feedback on some questions which relate to the CCG's commissioning decisions for 2014/15. A further briefing meeting was held on 15 August to answer more questions that arose for members of the Network.

The purpose of the September meeting:

The meeting on 9 September 2013 was an opportunity for the Network to discuss six key topics with specific questions where their feedback can help to shape commissioning intentions. Feedback will be given to the Network about how the outcomes of the discussion have been used/not used.

Notes from the group discussions:

We have summarised your discussions and hope they marry with your memory of what was discussed. If you think we have missed anything please let us know.

1. Keeping people with long-term conditions well

We asked you how hospitals could better contribute to the wellbeing of people with long term conditions and self-management of their conditions by providing better education and support.

You said:

- Hospital staff could brief patients better about how to look after themselves – but staff need more time, training and an education/information resource pack to help them to do this. The pack should include information about healthy living as well as tools to help people make healthier decisions.

- There should be more of a focus on treating the whole person rather than just the symptoms.
- There needs to be better liaison between the hospital, the GP and the patient
- More physiotherapists and occupational therapists were needed on wards.

We asked how the voluntary and community sector could help with this.

You said:

- Hospitals and GP surgeries need much better information about the voluntary and community services which are available and can support people with long term conditions e.g. patient support groups, buddying and befriending services etc. This should be available to hand to the patient alongside any education/information material.

2. Telehealth and Technology

We asked how can we build on our use of telehealth to improve people's health and reduce social isolation in older people?

You said:

- There needs to be an assessment of the capability of the patient to use telehealth and train them. Could District Nurses help? Is this a role for volunteers and befrienders?
- Specific apps could be used to monitor long term conditions e.g. an app to monitor sickle cell in the under 40s.
- Existing apps and technology to help people monitor their condition or receive reminders should be explored. Could these be used more? For example, partially sighted people could benefit from specific applications e.g. through Smart TVs. You also felt it would be helpful to remind people of appointments, or when a repeat prescription is due for example.

We asked what we need to be careful of and what the potential risks are

You said:

- Telehealth has the potential to reinforce social isolation for older people and not reduce it, and vulnerable adults may need special help.
- Commissioners must remember the importance of personal contact and connection that is intrinsic to effective healthcare, and have to be careful that technology doesn't replace this. It is also important for commissioners to look at when new technology becomes cost effective – is new technology cheaper than current practice(s)?

We asked how we could work with communities and the voluntary sector to prevent potential isolation caused by increased use of telehealth?

You said:

- The voluntary and community sector has a role in befriending and countering isolation and helping people to use new technologies could be a part of this work.

3. Urgent Care

We asked what we could do to help people better understand the urgent care system and how to access it.

You said:

- There needs to be a very clear and 'shared' description of urgent care which gives people an understanding of the different services available, what they are for and the roles of different professionals e.g. a community pharmacist.
- Further work is needed to provide information in accessible formats and languages to help people to understand what to do in an urgent care situation e.g. fridge magnets; flow charts and diagrams (rather than too many words).
- We need to ensure that understanding is developed of how and why black and minority ethnic groups use A&E and a different, more targeted model to communicate in community contexts is used.

We asked how useful you thought the role of a navigator in A&E would be to help people who turn up to A&E with a non-urgent condition.

You said:

- You wanted more clarity about the navigator role and it would need to be carefully explained so that the public are clear about what they would do.
- You thought that navigators could be useful, but would need to be well trained, work across sectors e.g. health and social care and voluntary, and have easy access to interpreting services and up to date local service information.

4. Mental Health

We asked how we could better support people with mental health problems to improve and think about their physical health.

You said:

- Service users need a safe environment for exercise, access to a wide range of activities e.g. low level chair exercises, and it needs to be recognised that

goals and recovery need to be self-defined at the person's own pace. (e.g. not giving up smoking when very stressed).

- Provision needs to be accessible (e.g. cost barriers removed) and well publicised.

We asked how we can better support people with a long-term condition with their mental health needs.

You said:

- When people are diagnosed they should be offered a range of support options which could suit them as an individual. This could be an expert patient group or something completely unrelated to their specific condition. For example, somebody might prefer to access a group which focuses on befriending/peer support so that they don't feel isolated. It would be important that people were given information about the range of support services available and that they were easy to access. Let the patient choose.

We asked if you have any ideas about how we could tackle stigma around mental health, and whether you think this is a priority.

You said:

- This is a priority and that we should tackle stigma and discrimination around mental health. You said that Mental Health First Aid training for frontline staff and the 'Time to Change' campaign are crucial and that we should support those programmes (for example, to reinforce the message that conditions can be managed).
- More should be done to educate children on mental illness in schools.

5. Children and Young People

We asked how to improve services for children with respiratory problems either through increasing community services or giving parents the confidence to provide more self-care to their children.

The Network queried why this particular question was being asked when so much work needs to be done with children and young people. The answer is that the council (and not the CCG) commissions the majority of services relating to children and young people, although working closely with the CCG. Would Network members find a briefing on what the CCG commissions compared to the Council and Public Health useful? And then how our work joins up together?

You said:

- Parents are crucial – they need to be as committed as the GP and hospital, and therefore they should be educated in areas such as smoking, nutrition, exercise etc. – anything that helps to prevent or lessen the impact of long term conditions. Could a parent education programme be commissioned for children with respiratory problems?
- Community centres and places that families and children and young people use to have fun should be used to provide education
- Schools have a really big role – more work is needed for education on obesity, asthma, sickle cell etc. to help tackle and resolve health issues that impact on children and young people.

We asked whether there is work we should be considering around parenting skills at different points in children’s lives. Specifically, a lot of children get referred to the child and adolescent mental health service, but we wonder if there is anything we could do to help parents manage crises with their children without the need for a referral to this service.

You said:

- There needs to be support for parents that may not be able manage these types of crises as they have mental health problems or substance misuse issues themselves. The language used is vitally important, as it may alienate parents/children and stop them presenting their problem(s) early. Language needs to be non-stigmatising.
- Parenting classes for affluent parents who are in full-time employment and may not be tending to their children’s emotional needs should be considered
- An holistic approach is the best way forward – other skilled providers (e.g. the voluntary and community sector) will be needed to support families and children and young people. Youth Services also need to be involved (i.e. integrated support).

6. Dementia

We asked how we could better identify, manage and support people with dementia and their families and carers.

You said:

- It is important to educate GPs to be more alert to early warning signs and to target ‘at risk’ people, for example isolated older people who won’t have family/friends to spot deterioration, or older people after they have had operations.
- You also suggested that GPs could review diagnoses of depression, especially in older people, give annual mini mental assessments of over 75s

and use the risk stratification computer tool to identify people who could be at risk.

- An information campaign should be developed for the public, local communities, neighbours etc to help them recognise symptoms and could help to tackle stigma. How can we reach into communities where the concept of dementia is taboo or not recognised?
- Support for families and carers was very important – e.g. separate appointments, provide information about respite, equipment, clubs. Are carers prioritised for health checks and psychological support? Carers may well be older themselves.
- A broad range of community-based services are needed to provide stimulation and exercise e.g. dementia cafes where nurses can answer questions; singing for the brain etc.

The next meeting:

The next meeting will take place in March 2014. Members are invited to let us know what you would find useful to have on the agenda.