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People's Panel Report
Meeting held 22nd October 2015
At NHS Office, Derby Road, Wesham

Opening and Presentation

Christine Carty welcomed the Panel members and introduced Mike Bank who was presenting the Integrated Neighbourhoods presentation. He explained that he wanted to set the context of how this Integrated Neighbourhoods scheme would / was working, what were the current challenges for the CCG around health and social care, what has been learnt from prior delivery and consultation and how the proposed new ways of working would happen.

It was explained that there had been lots of prior consultation and working with other partners such as the Police and third sector. Members of the public have been asked their opinion by use of surveys, focus groups and listening cafes. There has also been reference to the rest of the community engagement plan.

One of the issues that has been highlighted from healthcare professionals (GP's) is that they do not know their patients as well as they used to do. Patients are often only attending the surgery if they are very unwell and so those residents who may have health problems that will worsen if not dealt with early enough and not being addressed. This has then prompted the creation of the Integrated Neighbourhood Team. This team comprises of a core of largely non-clinical staff who then liaise with a wider multi-disciplinary team as required in order to co-ordinate care for the patient in the most effective way.

It is being developed as a holistic method of treatment whereby the patient has all areas of their life reviewed to ensure they are receiving not just health care but possibly benefit advice, referral to support schemes for friendship and more.

The team will keep in contact after they have referred the patient into other schemes to ensure that the patient is being looked after. They will check that all referrals are appropriate. There will also be a managed health plan that incorporates all the services that are around the patient. The team will signpost and navigate around services, arrange for simple things like blood tests where required.

This is intended to help free up GP time for more complex cases or those with more serious medical conditions.

It was explained that the expected staff team would be wellbeing workers, co-ordinators, health intervention staff eg for blood tests and a manager with a medical background.

Panel Members Discussion
The Panel members stayed as one group for this meeting and started the discussions in a general way. They then gave their comments and considerations to the specific questions.

1. *What do you think of the name Integrated Neighbourhood Team?*
    - The Panel felt the name did not explain what it actually was.
    - The Panel felt very strongly that it should not be called the INT.
    - The Panel suggested that it should include something about GP's or health.
    - It was felt that the name sounded a bit like a Neighbourhood Watch type scheme.
    - Possibly consider using something like Health Co-ordinating Teams, Health Care Team, Health Support Team

2. *How do you feel about the introduction of greater co-ordination AND the person being someone other than your GP?*
    - It was suggested that most people don't, or feel they don't, have a specific GP. This means that it is unlikely to be a problem.

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- It was felt that it was more important to have a named co-ordinator in the surgeries as the initial point of contact.
- It was questioned as to how or if this saved the CCG money as it appeared to be a larger number of staff but if a lot of the services referred into were from third sector organisations then this would not have a cost to the CCG.
- There was concern over who makes assessments / recommendations and what training / qualification they would have to make these decisions.
- It was felt that this was in general supporting people to support themselves.
- It was hoped that within this scheme there would be better communication and thereby letting patients know what services are available to them.
- It was stressed that the co-ordinators, or whoever was making the recommendations, knew if there were cost implications before recommending a service eg social service support.
- It was suggested that the co-ordinators may not always be able to recognise that people may not be able to afford the costs of a service.
- The co-ordinators need to have the ability to co-ordinate across boundaries where possible and have knowledge of other areas to know what happens if you choose to attend a service out of the area.
- There was a concern that the staff assessing and making recommendations may not have appropriate training / medical knowledge.

3. *How would you feel about members of the team visiting you in your home so they could look at other things that might help to keep you well?*
    - The Panel generally felt happy that this may need to happen but would want to know beforehand for security purposes.
    - There was also a concern raised that if someone was looking after the patient that they would need to be contacted to arrange when the team visited rather than just speaking with the patient.
    - It would be useful if they could attend outside ‘normal’ hours so that carers who worked or someone who wanted to support a parent / relative could be there and not have to always take time off work.
    - There was some concern that it might feel intrusive to look at areas other than health. This should not be done on a first visit – need to build trust.

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- If anything was noticed on a first visit the co-ordinator could ask if there was anything else they could help with or if they felt a concern then it can be reported back under safeguarding.
- There was a concern over how this would work if the patient was living in a hostel or in sheltered accommodation.

4. *Would you find having a care plan useful?*
   - A care plan is useful but anyone who has contact with the patient needs to ensure they are aware of it.
   - It was stressed that the care plan needs to be used in the right way – eg is the patient engaged with it or has it been created by the 'professionals' and is just their opinion.
   - Would need to know what the care plan included and didn't include.
   - Would need to ask the patient what they want to achieve – what is their motivation
   - It was felt that a care plan doesn't have to be seen as something only for 'end of life' but can be used for engagement and progression.

Other Comments

The comment was raised that it is often useful for local services eg postman / milkman to be on board with schemes like this as they are often the eyes and ears of the community and notice any changes.

Suggestions for inclusion / necessary for the care plan – tailored to the patient, agreed by the patient / family, include power of attorney details or who is responsible for the patient, get in specific detail and all patients registering at a new GP's could complete one regardless of age so there are some basic details already on file.

Chair's Feedback

Christine Carty, UR Potential presented a brief overview of the feedback to Mike and agreed this would be put into a report to share with Commissioners.

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Closing

The Panel were thanked for their contribution and a brief discussion was held regarding dates / times of the next meetings. It was advised that the next one will be held on Thursday 19th November 2015.

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