

## **Summary Report:** **Chew Valley Village Agents**

Tuesday 14 April 2015 | 3:30 pm

Conygre Hall, North Road, Timsbury, Bath, BA2 0JQ

### **Attendees**

- Mike McCallam (B&NES Council and BaNES CCG)
- Sue Blackman (Programme Manager, Your Care Your Way)
- Avril Baker (ABC)

The meeting was attended by 16 people with 2 late comers. Attendees included: Farnborough, Timsbury and Whitchurch parish councils; Keynsham Dial-A-Ride; Village Agents and residents from Compton Dando, Farnborough, Keynsham, Pensford, Radstock, Timsbury and Whitchurch.

### **Meeting Summary**

Mike ran through a presentation explaining the purpose and principles of the **your care, your way** review and how all partners and stakeholders will be working together and engaging with as many people as possible. He also explained the definition of community services and the phases and timing of the review.

He highlighted some of the key themes which have emerged from consultation events so far including the importance of early intervention, person-centred care, preventative care, integration, equal and seamless access, building community capacity and significance of social isolation.

### **Q&A Session**

#### **What about people with long term conditions needing specialist treatment?**

We recognise that such treatment may be provided in specialist centres out of B&NES. We need to understand people's needs and ensure such treatment is as accessible as possible and manage how they return home for local treatment.

**What will happen to respite services?**

Respite care is seen as being part of community health and social care provision which overlaps with residential/nursing care. If an individual has a personal budget they can purchase a wider range of options. Primary care is not part of community health provision but we are talking to GPs about their involvement.

**GP time is taken up in residential care homes before they start looking at primary care needs. Will community services be joined up with GPs so patients don't have to tell their story again and again?**

The navigator role is very important as patients don't know what's available or how to access services. GPs don't fully understand the range of services available either. Community services will be delivered to clusters of 30–50,000 people, with five clusters in B&NES 'wrapped around' GP practices.

**Everything comes back to financial support e.g. Dial A Ride has to get funding from a transport budget whereas it should be from a wellbeing budget.**

Feedback to date has shown how important transport and access is, especially in rural locations. We will be talking to other Council departments such as highways, planning and transport as this is a bigger issue than just health and social care. There is the opportunity to use pots of funding differently and enable money to flow across departments.

**The problem for patients is not just about how to get to appointments but the costs of transport as this is very expensive in rural areas. People do not attend follow up appointments as they can't afford the travel.**

We need to look at building travel costs into personal care budgets. We also need to make more use of technology such as remote diagnostics which could avoid a patient having to travel to a consultant/hospital.

**People are not prepared by their employers for retirement. They go from leading an active life to sitting at home.****Commend the consultation. Very impressed with the presentation as the first time that someone from the Council or the CCG has spoken so clearly and without jargon.****Are you networking with other areas of the country to see what they are doing?**

Yes. At the start of the review we looked for 'gold standard' practice and didn't find any outstanding examples. The current good integration between the Council and the CCG already sets this area apart from many others. We plan to spend this summer talking to some of the 29 vanguard sites around the country to see which are relevant to B&NES. Particularly interested in Buckingham and Cornwall.

**Will you be considering the needs of the countryside and not just focussing on Bath?**

Yes. We have already had feedback on this from the Area Forums. We are aware of the need to look at the fringes of rural locations as some people may go to Bristol for their acute care. Again will look at Cornwall and see how it's working there. We are moving to an outcomes based approach and how to measure effectiveness.

**New bus service has been introduced from Somerdale to Keynsham, Whitchurch and on to the new Bristol hospital but it is not being taken up. People must use it or it will not continue.**

**Need smaller more regular buses especially in rural locations**

## **Group Feedback**

### **What works well?**

- GP integration and good local surgery
- Day care services
- Pharmacy delivery service
- Setting up good IT services and technologies and enabling independence through social facilities in the home
- Taking specialist services to people's homes
- Dial-A-Ride
- Siting of One Stop Shop in Keynsham library
- Listening to the service user when forming a plan
- Village Agents in rural communities
- Consultation so far – need this followed up
- What are the opportunities?
- Partnership and inter-agency working
- Communications between all agencies
- Closer co-ordination between volunteer agencies
- More use of charity sector
- Use smaller independent services who do things well (not just one provider like Sirona)
- New ways of working including communication between NHS and social care
- Community/local support
- Increased funding to Dial-A-Ride
- Co-ordinated approach to hospital appointments/transport e.g. use of postcodes to transport groups of patients
- A trained navigator in every surgery
- Social prescribing
- Use of technology and trained providers
- Include pastoral care and spiritual needs in planning
- Chance to improve patients quality of life
- Listen to service users and red flag any advance directives
- Clear pathways and plans, so patients/families know where they are in the system and have contacts and information in place

## What are the barriers?

- Finances
  - Available finance for both patients and service providers
  - Lack of communicating existence of the Personal Budget and benefits
- Communications and inter agency working
  - Contact between all the various agencies – not talking to one another
  - Communications between all services and patients
  - Integration between technology/social
- Community/local support
  - Transport not running at appropriate times
  - Loss of local services and shops – especially in villages
- Changing the attitude to what is perceived as a service user – ‘I’m treated like a child’
- Patients need a ‘promise’ of what to expect and easier means of raising issues if things go wrong
- Lack of early intervention especially around mental health post diagnosis, if not picked up early results in full blown mental health issues
- What happens now given the review will not be operational for several years

## 5. Summary

Sue Blackman highlighted the following key points she had taken away from the session which would be more fully documented in the feedback report.

- Huge amount of community capacity, skills and expertise that the review needs to support and build on
- Key issues of integration, intervention and communication
- Good services out there but these need to be dovetailed together better

Sue thanked everyone for their input and concluded by asking attendees to share the information about the review and encourage people to feedback through different channels. The next step as the project moves to Phase 2 will be the running of focus groups in May and June to start working up options for models of care. Invitations will be going out soon and the project is looking for representatives across the board to join these groups.