

City & Hackney Health and Care Go Local Report: Public engagement events June 2016

Healthwatch Hackney organised a programme of events in June 2016 with the aim of starting public engagement with Hackney and City residents on the devolution pilot and Sustainability and Transformation Plan (STP). A panel of speakers answered resident questions and highlighted that in spite of the challenges for City and Hackney, devolution is a real opportunity to build a better health and social care system with organisations working more effectively together and services being co-designed with the public.

Attendance

A total of 181 local people attended the events. A public event on 28 June was attended by 140 people, 90 of whom were residents. There was also a series of four earlier roadshow events to reach with harder to reach communities. These were attended by: young people (20), people with mental health issues (20), carers (12), people with disabilities including learning disabilities (10), older men (10), and refugee and migrants (19).

Key themes

- Children and young people (and their families) are concerned about their mental wellbeing and lack of access to appropriate support.
- Unpaid carers increasingly feeling isolated and unsupported.
- Housing is seen as a challenging issue for both workforce and vulnerable groups (e.g. older people and those with mental health issues).
- Opportunities and support for people with learning disabilities are quite limited.
- There is a desire to know more about and access self-help (including using information technology to self-manage) and have preventative assessments for early warning of potential health problems.
- Public involvement needs to be deepened but it was seen as going in the right direction.
- Sense that GPs are central to the future of services but they are currently struggling with workload.
- Devolution is not necessarily seen as a bad thing but there is a concern that the current system's challenges will be carried over to whatever comes next.
- Migrant/refugee concerns about the quality and access of interpretation and translation services.

A full list of themes is in Annex 1.

Next steps

- There is momentum on this issue that can be built on with future engagements.
- Resources need to be allocated to plan future engagement meetings.
- While the main public event worked well, the roadshow format appears to have provided a richer and more focused engagement.
- Further public engagement events in autumn 2016 at the quadrant level as part of plan is to develop services within quadrant structure. This will give residents a better sense of the future structure of services that will be locally supporting their health and social care needs. It would also be a way to engage people more locally and target local populations directly about the future shape of services.

Annex 1: Key feedback themes

Assessments

- Long-term care and carer assessments are taking far too long

Children and young people

- Concerns about smoking being driven by stress in education
- Concerns about lack of effective mental health support
- Concerns about access and cost of healthily foods and sports facilities
- Concerns that the young, particularly those from disadvantaged communities, are not a priority
- Concerns about access and quality of sex education
- Increased use of IT to support health self-help including use of social media
- Better information and signposting needed for children and young people
- Support for children whose parents are experiencing a sickle cell crisis
- More information on how mental health services will develop in line with Future Minds report
- Concerns that GPs and special education needs co-ordinators (SENCOs) are unaware of the Children Disability Forum
- Concern at the way mental health services can disconnect families from supporting young people with mental health problems (NB: there was appreciation of patient confidentiality in this context)
- There is a need for a service for young men who experience domestic violence

Carers

- Need for respite for carers looking after people with long-term conditions, mental health issues and learning disabilities; there needs to be greater clarity about carers' entitlement to respite and the process for getting respite needs to be much more user-friendly
- Support for carers who are also in full time work
- Parents/carers have indicated that there is at times a lack of confidence in services there to support them; need for such services to build trust and engagement
- Advocacy services are not seen as helping carers (or other users) effectively to navigate what is viewed as complex systems of support
- Concerns that services carers rely on are reducing/patchy, e.g. the benefits of befriending schemes not understood and seen as 'nice to have' service as opposed to an integral part respite support for carers
- GPs and mental health need to work together better where care is to be delivered in the community
- Request for carers to have a better voice in the CCG
- Care agencies should better manage changes in paid carer support/personnel as currently there is little notice or communication and this can be very disruptive.

Smoking

- Ban smoking in public particularly where children are
- Suggestion of stopping staff smoking at the Homerton hospital grounds
- NHS should do more to stop people smoking

Maternity

- Need for better advice to mothers/parents on pre- and post-birth health management (stopping smoking, healthy eating, relationship stress) and support

Mental health

- Positive parental feedback on children and adolescent mental health (CAMHS) service
- Parental concern some GPs tend to misdiagnose mental health issues as only family tensions
- Concern that there is not enough under-five's emotional needs support
- Concern at time taken to access talking therapies
- Concern that mental health services over promoting cognitive behaviour therapy thereby limiting patient choice
- Concern at waiting times for mental health services
- Mental health crisis team - refugee concern that team not sufficiently geared up to deal with refugee issues appropriately
- Quality and access of translation in mental health services a problem

Obesity

- Need to fund voluntary and community sector (VCS) who have reach into communities to tackle this issue

Older people

- Need for better housing
- Need for more activities

Learning disability

- Concerns that public bodies are not leading by example and employing people with learning disabilities; concerns public bodies default into endless work experience placements/volunteering opportunities

Public involvement

- Involve people in decision-making; do not limit to just consultation
- Concerns that opportunities of engagement are not effectively promoted within clinical or practitioner settings
- Information for the public needs to be designed with public input: concern at quality of health and social care information
- Need for more public wellbeing champions
- Public sector needs to engage with the public more in community settings

Personal health management

- There needs to be greater emphasis of how people can self-manage conditions
- More support on how to prevent conditions getting worse
- More information on health conditions so they can spot the early signs of illness
- Queries about how people could use personalised budgets to access services
- People need regular health checks to encourage better self-management

IT aiding health management

- E-solutions/activities for young people including special educational needs and disability (SEND)
- Better sharing of patient data (NB: ensure patient consent)

- Patients should be able to access their own records and comment on them
- Text reminders for appointment and services available
- Concerns that the move to digital solution will adversely impact on those digitally excluded

The current health and social care system

- Need for a robust VCS sector
- Better signposting that targets specific groups such as the young
- Improve local opportunities to work in current system
- Waiting times are too long
- Discharge - health and social care not effectively linked up
- More information in easy read
- Current system needs to be more culturally sensitive to community diversity
- Local services feel quite disjointed and not effectively working together
- End of life care at Homerton hospital viewed as not sufficiently respectful of patient/carer/family issues
- Clinicians and practitioners need to better understanding of cultural differences
- Concerns about slowness of access to women's domestic abuse service

Primary Care

- GPs need to be the agreed lead in managing patient care
- Concern at difficulties getting GP appointments and limited time to see GP (10 minutes)
- Concern at the time taken to get referrals to specialist services
- Concern about use of family members to translate - confidentiality and accuracy of translation
- Concerns at quality and access to interpretation services
- Refugee concern at potential exclusion from services if no identification
- Concern GPs are overworked

Homerton hospital

- Concern that A&E procedures delay treatment
- Praise for cancer care
- Intensive care unit needs more privacy for patients
- Concern about Homerton's disability facilities
- Concerns about signage at the Homerton

Devolution

- Are health and social care going to share budgets?
- Do not let the health and social care institutions current dysfunctions be carried over to what comes next
- Housing is a integral part of the devolution solution
- Question on where SEND people are in devolution
- The social model of disability needs to be fully integrated into any future services
- Concerns that devolution will result in services becoming more difficult to access (thereby placing addition burdens on patient/user and carers)
- Will devolution increase number of GPs and improve access to them?
- Concerns that services are being reduced and cut and the local system just accepts and attempts to manage this
- Concern STP will lead to larger GP practices and thereby reduction in quality of care