

Healthwatch Kent - October 2016

How can the Kent Health & Wellbeing Board and the Voluntary Sector work better together and achieve more?



Foreward from our Chief Executive

As a group, the Health & Wellbeing Board has discussed many times how they could work better with the voluntary sector.

Given the breadth and diversity of the voluntary sector, it's proved a challenge to decide how this variety could be adequately represented at the Board. No single organisation could truly represent the view of the 4,000 voluntary organisations that operate within Kent.

However that does not mean that the Board doesn't want to hear from the voluntary sector.

It's vital that the Board can hear and understand the issues and knowledge that the sector can bring. Only by bringing together all the issues, can the Board be able to address issues which affect us all.

Healthwatch has undertaken this piece of work to explore how the voice of the VCS sector can be truly heard by the Board and involved in discussions. Although Healthwatch has a seat at the Board and we are therefore a route for the sector to influence, we don't have a formal role in acting on behalf of the sector.

We wanted to understand how the sector themselves wanted to interact and work with the Board. We also took the opportunity to remind the sector about the role of the Health & Wellbeing Board and the important role that they play in our health and social care environment.

This report outlines what we found and is the start of a conversation that will see the voluntary and community sector being much more involved and engaged with the work of the Health & Wellbeing Board in Kent.

As well as sharing our findings with the Board, we'll be working with the new VCS Infrastructure provider as well as sharing it with the organisation that took part.

Steve Inett
Chief Executive, Healthwatch Kent



Our Aim

To support the Kent Health & Wellbeing Board to develop a constructive and productive partnerships with voluntary and community sector.

This relationship would support conversations over and above funding and enable everyone to work at a strategic level.

What did we hear?



94% have issues they want to share with the Health & Wellbeing Board



88% want the opportunity to influence the Health & Wellbeing Board

The majority of organisations would prefer emails or communication via an umbrella organisation, whilst 43% prefer face to face meetings

The three collective top challenges identified by the VCS sector were

- Insufficient levels of service to meet their client's identified needs particularly around mental health
- Challenges to increasing / improving joint working between agencies and awareness of service availability
- Challenges about finance and funding

Next steps and recommendations

- The Board needs to discuss and agree how they are going to work with the Voluntary sector
- Once agreed, set out clear routes of access and a framework for the Board to engage with the VCS sector. Work with Healthwatch Kent and the new infrastructure provider to achieve this
- Information about developments are shared from the Board, in agreed messages that can be cascaded across the wider VCS, via agreed communication routes
- Healthwatch Kent and the new infrastructure provider work together to ensure cost efficient communication and engagement across the VCS
- Healthwatch Kent and the new infrastructure provider to offer peer support and share information to ensure VCS insights and views are shared with the HWBB



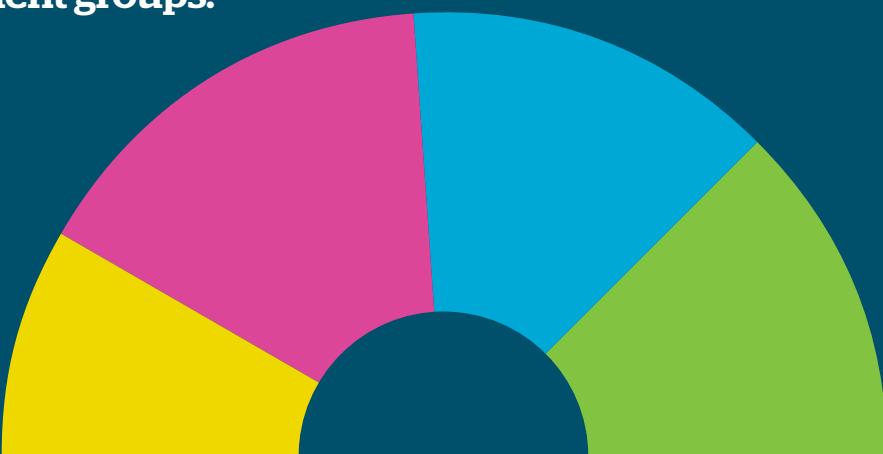


More detail

53 organisations gave us their views and insights via an online survey
Responses came from across Kent, organisations and groups representing range of client groups.

Responses received from:

| | |
|------------|-----|
| Kent wide | 17% |
| East Kent | 31% |
| West Kent | 27% |
| North Kent | 25% |





More detail continued.

When asked what the top three challenges they would want to raise with the Board, here is some of the detail that we received.

1. Services identified as having insufficient capacity

Mental health support was the most frequently mentioned area of need. Issues were raised about not being able to access Community Mental Health Teams when in crisis and a lack of local support services within the community.

Neurological services were also mentioned by more than one respondent. Concerns about access to early diagnosis and ongoing medical support for people with Motor Neurone Disease were raised including supply of specialised equipment and adaptations.

Other services thought to be insufficient to meet identified client needs were

- Perinatal support in Thanet
- Child obesity
- Structured Learning for Diabetes
- Physiotherapy
- Occupational Therapy
- Feeding support

2. Challenges to increasing / improving joint working between agencies and awareness of service availability

There was a common view from respondents that more joint working and better communication between social care and health services was needed. Many organisations suggested that if there was a better understanding of the services available (and referral criteria) that people and professionals could understand what choices they have. Some client groups, such as people with Disabilities reported that they were finding a limited variety of choices. Groups representing Older People highlighted concerns that their clients report limited help from social services and a lack of information about what services are available to them.

Some organisations raised concerns about sharing patient information. For example, could there be one referral and risk assessment for an individual so they don't have to fill it in for every service and that it could be passed with their permission to relevant services.

3. Challenges about finance and funding

Lower funding levels are creating challenges across the VCS, in terms of providing an effective service within available budgets, but also in the knock-on effect of reduced services for their clients from other social care providers. This was illustrated by an organisation raising the cost per treatment order for a client versus long term cost benefits.

Some within the VCS stated that they would like to see more creative funding models across the sector including; more self-funding organisations, use of direct payments or becoming a delivery partner. But others questioned how this might work for them.

VCS showed interest in having greater involvement in determining prioritisation of services and balancing need to expand some services and reduce waiting lists.





More detail continued.

Other challenges, in order of frequency of mention, were

4. Challenges in keeping people at home

The social and financial value of enabling people to remain in their own homes was echoed by several organisations representing older people, people with Polio, Disabilities and general health care needs. The need for more access to domestic care, personal care, emotional support, equipment and community transport to support groups and appointments were mentioned.

5. Challenges regarding commissioning and planning

The VCS reported a 'lack of consistency' with tenders and plans having a minimum of 3 to 5 years' duration. There was a request to change the 'mentality of short term programming and need for instant results', to a culture of planning further ahead.

Other commissioning trends, such as large consortium tenders and perceived focus on those needs that incurred high levels of expenditure were having an adverse impact smaller, local projects and prevention services.

It was also observed that CCGs have differing commissioning intentions, which can lead to 'postcode lotteries' and put services at risk.

6. Challenges regarding Discharges from hospital and aftercare

VCS organisations reported that their clients faced challenges with timely discharges from hospital.

Issues raised included being discharged without appropriate levels of care, or not being discharged as no care available in the community, medication delays, lack of planning and information and poor liaison between hospital and community care/primary care.

7. Challenges within GPs and primary Care

Getting a GP appointment is a challenge for clients of several VCS organisations, which reflects the wider picture across Kent. Organisations mentioned the need for GPs to be more aware of how issues such as, bereavement impact on a patient as well as better identification of early signs and symptoms of Motor Neurone Disease.

Three organisations mentioned the potential for GPs prescribing 'wellbeing' activities rather than medications, but the challenge is in ensuring the GP is aware of the service.

8. Challenges Faced by VCS organisations

Organisations themselves highlighted that they face challenges in reaching every person that needs the service. They also mentioned the challenge of understanding legislative and policy direction changes and a desire for more opportunities to work with other VCSEs.

11. Challenges of patient public engagement

A lack of patient monitor groups in Acute and Community services and a need for more effective Patient and Public Involvement and engagement.

12. Challenges facing the workforce

Attracting and retaining good staff and delivering appropriate training. Specific mention was made of ensuring people who provide support for elderly people in the community are properly trained and feel they have a career that is valued and properly paid.

13. Challenges for Carers

Carers identified that the Carers Strategy was not up to date and that they would like better support for carers, who often don't seek help until they reaching crisis point.





Healthwatch Kent

**Healthwatch Kent
is the independent
voice for local
people in Kent.**

We gather and represent people's views about any health and social care service in Kent.

Our role is to understand what matters most to people and to use that information to influence providers and commissioners to change the way services are designed and developed.

Our FREE Information and Signposting service can help you navigate Kent's complicated health and social care system to ensure you can find and access the services that are available for you. Call us on 0808 801 0102 or email info@healthwatchkent.co.uk



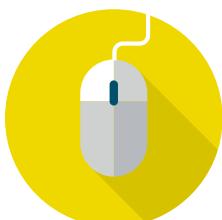
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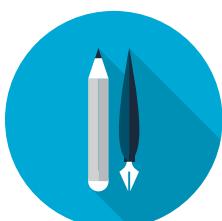
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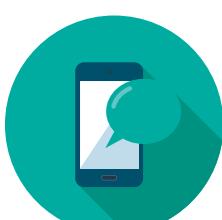


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Face to Face:

Call 0808 801 01 02 to arrange a visit



By Text: Text us on **07525 861 639**.

By texting 'NEED BSL', Healthwatch's British Sign Language interpreter will make contact and arrange a time to meet face to face.



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