**APPENDIX 1**

## Commissioning Intentions Research: August 2015

Through this feedback some key areas were identified where the community has highlighted there is significant need for improvement. These are:

- Overall services are doing well at meeting the nine equality and diversity protected characteristics (race, age, gender etc). However, its specific services or departments where these experience falls short.
- Although, overall services are doing well it was highlighted that irrespective of the nine protected characteristics those patients who are the most vulnerable and have the most complex needs are not as well supported by the system and face more barriers. As a CCG, its important more is done to ensure that these patients do not face significant barriers when accessing and using services.
- Information: it was highlighted there needed to be more accessible information on how to use services, where to go, how to self-manage and what community support is available. Currently this was seen as a barrier
- Dental care: communities do not always know how to access a dentist, that they can access a dentist or the costs.
- Transport to and from hospital (particularly for vulnerable patients): discharge was highlighted as a real problem area. It was reported patients were left waiting for a long time. This issue has now been picked up within the contract quality review groups and by the Last Years of Life service user group. These have been shared with providers and are currently in the process of responding and actioning.
- Advocacy for mental health and refugee and migrant communities: help accessing the system and also accessing community support was highlighted as a real need area.
- It was felt people experienced barriers to accessing the right support because they could not properly use the system.
- Interpreting for groups that need this service
- Transition between child to adult, and if a person had to use multiple services. It was reported that currently the health and social care system does not feel joined up in any way to the people using it. It was reported people feel that ‘you are referred on and forgotten about. It feels as if there is little joint working.’
- Making a complaint to services was seen as an area where there are significant barriers. It was reported that people don’t know how to make a complaint, are confused about whether they have, feel worried about making a complaint and don’t feel the support is there from services. The complaints research work carried out with HealthWatch has gathered further insight on these issues.
- Pharmacies were seen as a key community hub for accessing health services and that more could be done to link pharmacies to community support and as an entry point for navigation to these services. Patient experience for pharmacy services was very high across communities.
- Self-management was seen as a crucial issue that overlapped a lot of the other highlighted points. It was felt to support self-management, communities

needed more information, more support to access community support (e.g. making every contact count in actual services) and time to be treated holistically (which could actually be done within the supportive community organisations but people needed to be navigated to these).
- Mental health and wellbeing was a key area of concern and importance for communities across the nine protected characteristics and inclusion health groups.

There are already work programmes in mental health in primary care and healthy living pharmacies. These will both meet some of the areas highlighted in the above list.

The mental health in primary care work programme seeks to improve access to mental health advice and support within a primary care setting. This means there will be mental health staff who will also sit within GP practices including counsellors and therapists. These staff will be free to sit within GP consultation or be available to advice practice staff. On top of this there will be peer support workers, working with practices.

There is to be a roll out of health living pharmacies across Islington. The Health Living Pharmacies links people who go to pharmacies for healthcare to wellbeing referrals and community support. These pharmacies will have strong links with health navigators and be able to make referrals directly to the service.

Additionally, the Integrated Care Programme's focus is on better transition between health and health and social care services. There are a range of projects underway as part of this work programme to better support integrated working. Two key areas are:

- Multi-Disciplinary Team working: Integrated Health and Care Teams is our local approach to improving working relationships between key health and care organisations in Islington. We want to improve patient outcomes, improve staff experience and improve outcomes for the local health and care economy.
- The CCG are working with Whittington Health NHS Trust, Camden and Islington NHS Foundation Trust (mental health), UCLH NHS Foundation Trust, 8 GP Practices, the London Borough of Islington and Age UK Islington to develop a model will roll out across the borough from October 2015. This model is called Multi-Disciplinary Team working, where all professionals involved in a person's care and the person come together to discuss their care and wellbeing.

Integrated Health and Care Record, and Patient Held Record: The CCG is currently designing an Integrated Care electronic record. The purpose of the record is to allow services to share information on a person's care. The group that this is aimed at are those people with a Long Term Condition. These are often people who see a multitude of services. From insight the CCG has gathered a key theme was the need to not have to tell your story more than once, and that services should know what the different care is that they are providing to the person. The record ensures that all

health and social care professionals have one record they can record the care given (as they would usually), the difference is that all professionals involved in the care can access it. Access is given by patient consent only. The Patient Held Record is the patient designed Integrated Care Electronic Record. It will have exactly the same information but will be presented in a more patient friendly manner. This record is being designed with the local community.

The equality objectives for the year will be:

1. To encourage a more effective interpreting service for the Islington community within all primary care services
2. To work with Trusts to identify areas for improvement within the equalities data collected.
3. To improve the way in which comments and complaints are captured, supported and monitored in the Islington healthcare system.

There is also already work underway on:

- NHS 111 and OOHs work.
- Value Based Commissioning.
- Mental Health Commissioning.

Additional areas that have come out this year are:

- How services respond to vulnerable patients as a whole and the treatment they receive specifically Learning Disability, Mental Health and sensory disability. Focus on acute services.
- Holistic care and treatment and services.
- Self-management, prevention and the link between wellbeing across health and social care services.
- People reported difficulties around booking appointments, particularly GP appointment availability.

**Recommendations and feedback from Equalities research:**

1. There is a sense that in many incidences UCLH offers a better service than the Whittington Hospital (in fact our note-taker from ICH has also had experience of both hospitals, each for the same medical condition and would very much concur with this view). The CCG will need to look at this in more detail.
2. Improved communication skills and engagement are key for the medical profession to offer a better service to patients and carers. Some consultants seem unaware of the detrimental effect of a brusque intervention and fail to recognise the value of a sympathetic engaged approach regardless of the message being delivered. This is perhaps something that should be addressed across all training opportunities.

3. There is concern that hospitals offer different expertise and equipment and yet carers would not know this in advance. More information is required if people are to make informed choices.
4. The carer's role in terms of their knowledge and expertise around the person they care for is not always acknowledged. Carers can play a vital role in supporting medical professionals in their treatment and engagement with the 'cared for' person. Not to engage with carers often leaves them excluded and the added value their input can bring is lost. Carer awareness training could assist to address this.
5. The failure of institutions/administrative systems to engage with some of the very specific problems some patients and carers face (e.g. around dementia) can lead to a deterioration in health and significant disadvantage. There cannot be a 'one-size fits all approach' – to ensure equality of access to services and treatment some patients and carers will need different and speedier responses. The CCG will need to review where changes to practice are needed.
6. Taking extra time to explain conditions and treatment can lead to patients and carers feeling significantly more empowered and reassured – often we are only talking about an extra 10/15 minutes or so to ensure the person understands and has the opportunity to raise any concerns.
7. Access to relaxation, massage and exercise are all highlighted as important opportunities to sustain carers' health and well-being and prevent carer breakdown. The CCG may want to consider a 'carers prescription' that enables GPs to prescribe free access to some of these services.
8. The importance of GPs, pharmacists and other health professionals acting as a gateway to support for carers requires a greater emphasis and support from the CCG to make this happen. The CCG should consider how this message can be rolled out.
9. Direct ongoing engagement between the CCG and local carers will help to develop some of these ideas further.
10. ICH currently offer UCLH medical students the opportunity to meet with carers to hear about their experiences and how this might influence their future medical practice – it is worth exploring if a similar approach could be developed with groups of local health professionals and local carers.

Somali carers group:

1. All present requested ongoing carers meetings, especially with C&IFT and CCG, to discuss mental health support in the community after discharge. This should be addressed as a priority as again it would appear that the current situation could lead to further institutional disadvantage.
2. Participants felt that not that many in the Somali community visit the dentist on a regular basis, which means they often only visit when things are really bad. More work is needed to raise awareness around regular health check-ups within the Somali community.
3. Interpreting services in Pharmacies could reduce the reliance on acute services to enable advice and information sharing early on.
4. Possibly introduce a mobile pharmacy services with interpreters to visit Somali and other communities across the borough.

5. Almost all felt that GP's discriminate against those who are overweight, i.e. when they go to the GP with another issue, the GP will say to lose weight without giving helpful guidance or signposting to weight loss programs or dietary advice.

It is clear that there is a need for additional health and social care support in this community but this must be done hand in hand with ensuring access to the telephone interpreting service is widely available and that health professionals are routinely offering this service to non-English speakers.

Elizabeth Stimson
Engagement Lead
Islington CCG
August 2015