

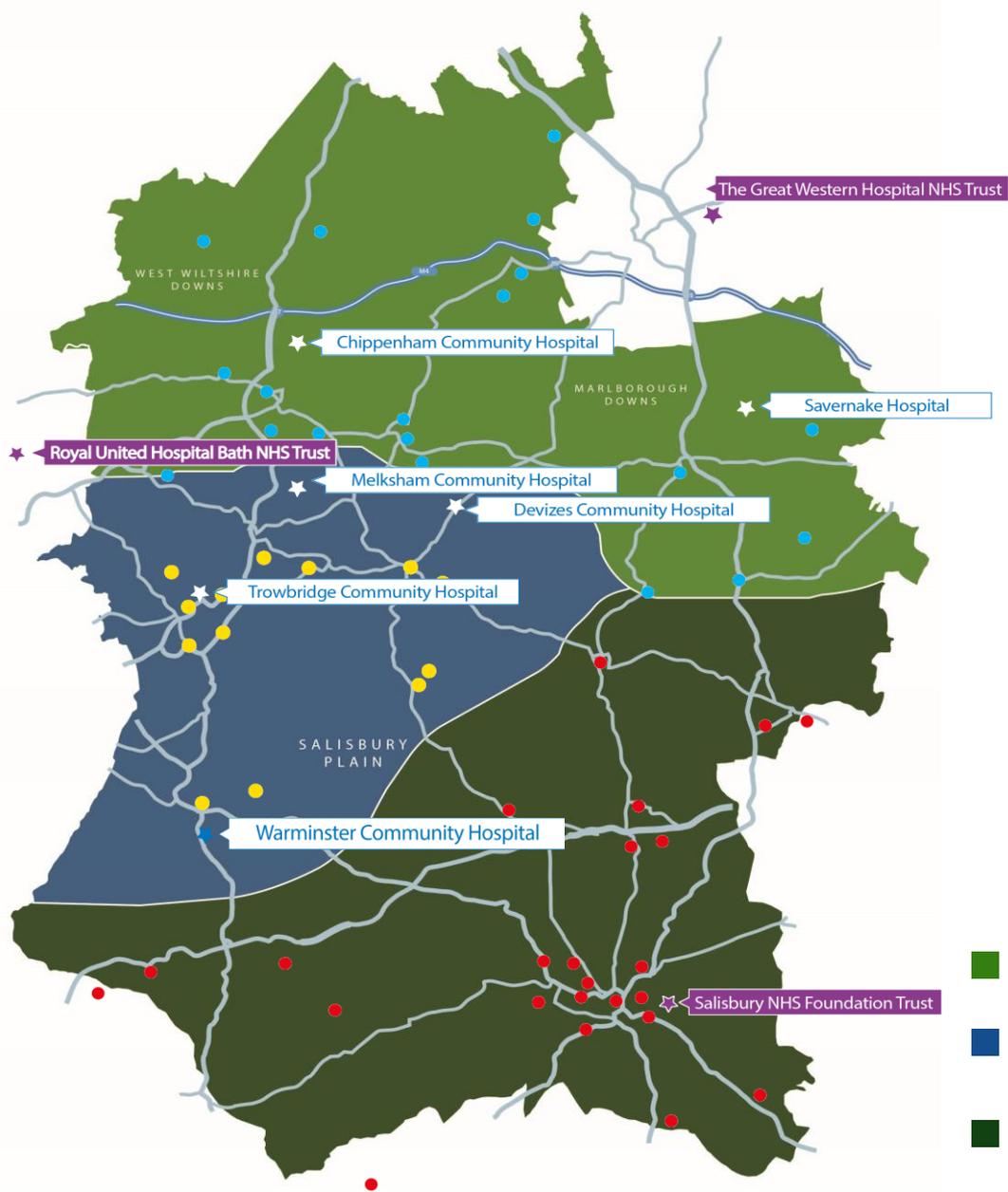


**Emma Cooper**  
**Healthwatch Wiltshire**

# The Healthwatch role.....

- HWW has a **duty** to involve local people in:
  - assessing the quality of services
  - the design of services for the future
- HWW gathers views and makes recommendations about health and social care services
- HWW has a role in informing and signposting people
- HWW is independent  
we report on what we find without fear or favour
- Influencing the system using ‘lived experience’





Wiltshire's geography and health environment is unusual:

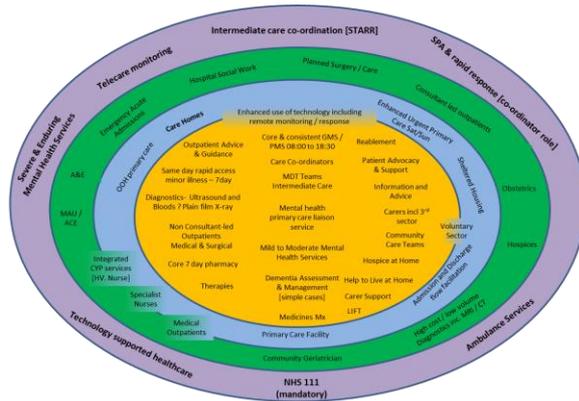
- 479,992\* residents (\*2013)
- Three acute hospitals
- Sparsely populated area in the middle of the county (Salisbury Plain)
- Densely populated areas to the north and south of the county
- 1 x CCG and 1 x LA

- North East Wiltshire or the 'NEW' group
- West Wiltshire, Yatton Keynell and Devizes Or the 'WWYKD' group
- Sarum group



# Patient centred healthcare

**System Level Implementation** – solutions focused on non elective activity and pathways within the ED and admitted care within and across providers



**Out of Hospital Care**



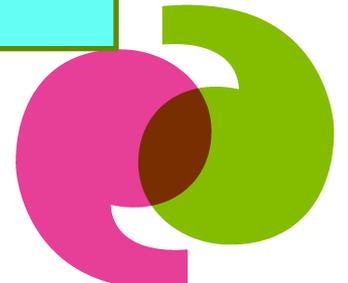
**Emergency Dept.**



**Admitted care/discharge.**



**Locality Planning** – focusing on solutions for patients before they reach the hospital and after discharge back into the community



# Healthwatch Wiltshire's contribution

- Engagement with patients, service users, and unpaid carers across the system (E&V)
- Drawing on intelligence from the VCS
- Working with other local Healthwatch
  
- Focus on themed areas including unpaid carers, end of life care, discharge
- 2016/17 focus on transfer of care and integrated community teams
  
- 'real time' reporting, operational working groups, strategic partnership boards, and Health and Wellbeing Board

Independence and Influence.....



# Key findings....

## Better Care Plan Engagement Update

**healthwatch**  
Wiltshire

Healthwatch Wiltshire is commissioned to carry out engagement with patients and service users as part of the Better Care Plan. We are an independent organisation which exists to speak up for local people on health and care. We have been talking to older people who are current (or very recent) users of health and care services asking them about their experiences across the whole system. This has taken us onto hospital wards, into care homes, and also into the homes of individuals. Through our extensive engagement we identified nine 'themes':

1. Quality of care - generally people felt that the quality of care they received was high.
2. Communication - whilst high numbers of people said they felt listened to, lower numbers said that they knew what was happening next.
3. Location of care - people told us that they wanted to be treated close to home, or as close to their family as possible.
4. Discharge from hospital - the process to get home was not always smooth and was sometimes delayed for a number of reasons.
5. Transport - the availability and affordability of transport is a recurring issue which is reported to Healthwatch Wiltshire through all our work.
6. Domiciliary care - issues included lack of confidence in staff (related to training), availability in some parts of the county, timing of visits, and challenges for self-funders in arranging care.
7. Working as a team - some patients and unpaid carers are experiencing a system that works smoothly with different parts coordinating with each other. However, many others do not perceive the system to be well connected.
8. Reliance on unpaid carers - many of whom are older people themselves. We found that only half of patients felt that their unpaid carers were involved in discussions and decisions about their care.
9. Social isolation - being socially isolated makes people particularly vulnerable. People who don't have family, friends, or neighbours to advocate for them and to help organise things can feel very alone and anxious.



### What Next?

Healthwatch Wiltshire will continue with its engagement over 2015/6 and share the outcomes with providers and commissioners. Healthwatch Wiltshire will be focusing on the new HomeFirst pathway which will be introduced as a 'proof of concept' this winter. There will also be an evaluation of the '72 hour care pathway' (end of life care).

### Contact us:

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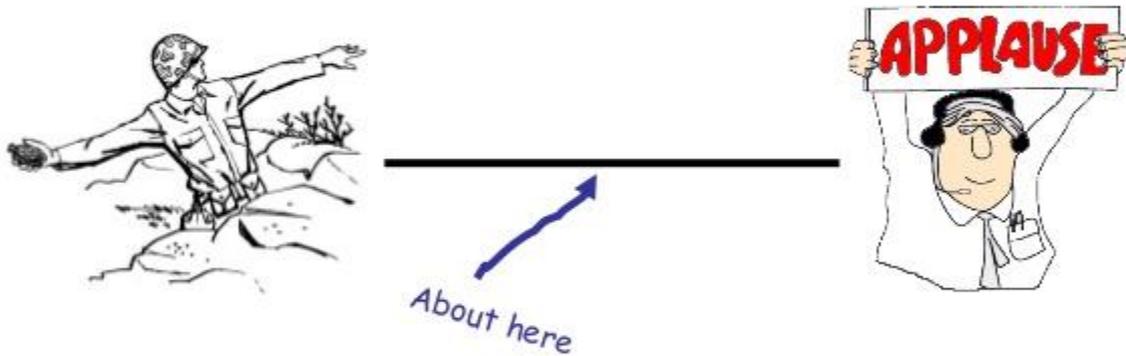


# Reflections on our role....

- Unique ability to elevate the voice of the patient and carer in all we do
- Providers and commissioners have a better understanding of the system strengths and weaknesses
- Enabling a greater focus on the assets of the wider system (voluntary sector and wider community)
- Healthwatch are part of the system and sit around the table with us - support on strategy, communications, and wider political discussions.
- A critical friend....



A critical friend is somewhere between a hostile opponent and an unquestioning follower



# Better Care Fund

The value of engaging people in service change

**Anthony Kealy**

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# Why integration?

## Historically:

- People expected to fit in with practices and protocols as passive recipients
- Health and social care systems stayed separate
- Patient experience was service driven, regardless of individual needs or preferences

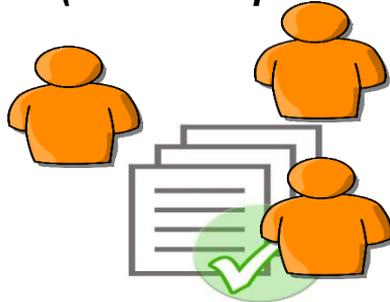
## Moving forwards:

- A **patient-centred, co-ordinated** service takes account of patients' requirements and opinions,
- Service users remain at the centre of all their care and treatment, which is designed to join up around them seamlessly
- People enjoy not just a better experience but a higher quality of life – and can be more independent for longer

# How the BCF drives integration

- BCF is the **biggest ever financial incentive** for the **integration** of health and social care.
- Seeks to facilitate the **joining-up of health and care services** at a **local level** through establishing:

*Plans jointly agreed by local authorities and CCGs (and other partners)*



*“The BCF has been a helpful catalyst to drive greater collaboration with the wider system and crystallise our approach...”*

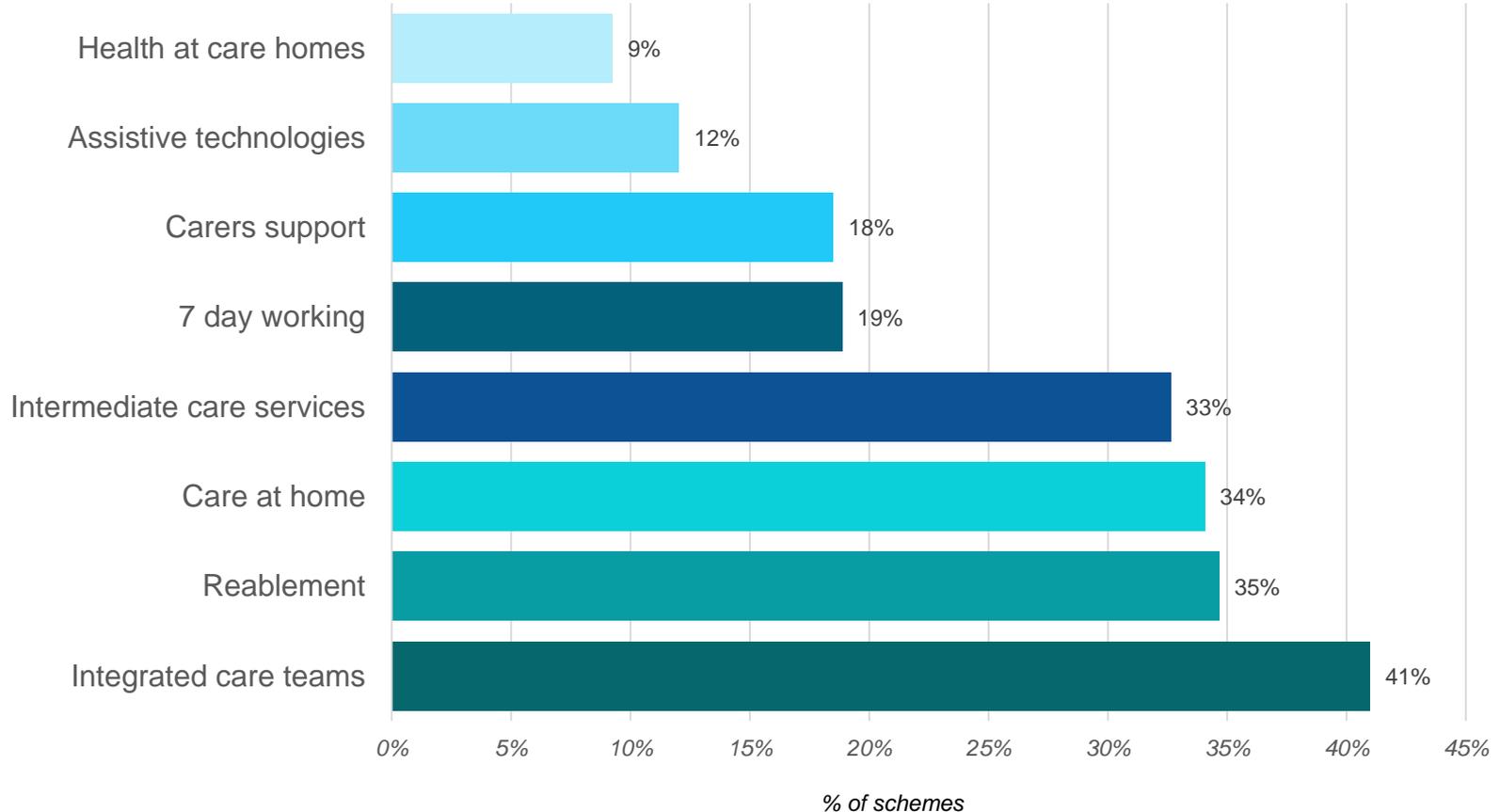
*Pooled budgets between local authorities and CCGs*



*“The BCF has encouraged structured, focused thinking about where we can accelerate the integration agenda...”*

# What's in the BCF plans?

*Proportion of schemes including different solution elements*



# What we have learnt since April: local implementation



**Strong relationships**  
**Supporting infrastructure**  
**Clear, shared sense of what is trying to be achieved**  
**Effective governance**



**Workforce development**  
**Aligning financial and payment incentives**  
**Creating joined up patient level data and systems**

# The broader integration picture

The BCF is just **one of a number of tools** that are being used to drive **the development of integrated care** across the country:



We're working to ensure these programmes are as collaborative as possible:

- ✓ Sharing and building on learning from across the different programmes
- ✓ Aiming to 'fill in the gaps' to meet support needs, rather than duplicating efforts
- ✓ Looking to influence policy and frameworks to be more flexible for local areas who are working to the agenda of a number of integration initiatives

# The BCF and Healthwatch

Healthwatch is critical in:

- engaging and encouraging the public to make a positive contribution to local BCF planning
- strengthening the interaction of local teams and communities on the ground during the implementation of BCF plans
- reporting back general progress and documenting specific case studies

# Future policy & planning: what we know

- Ministers have confirmed that **BCF will continue into 2016-17**,
- Post-Spending Review discussions on the policy framework and how it relates to wider integration / transformation agenda – but **strong focus on continuity**
- Commitment between national partners to **ensure better alignment with other core planning processes**
- Commitment to **proportionate assurance** and **reduced bureaucracy**
- Stronger focus on place and **better alignment between commissioners and providers**
- BCF is a tool to support integration journey – not the final destination

# Questions?

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