

## **NORTH STAFFORDSHIRE CCG PATIENT CONGRESS**

Summary of meeting on Thursday 18th June 2015

6.00 – 8.00 pm

The Council Chambers, Biddulph Town Hall, Biddulph, ST8 6AR

### **Joint Patient Congress**

The Joint North Staffordshire and Stoke-on-Trent Patient Congress will be taking place on Tuesday 7<sup>th</sup> July, 4.00 – 7.00 pm at the Medical Institute, Newcastle Under Lyme.

### **Summary of News and Views**

Congress members provided updates from their local PPG groups. Some highlights included:

- Healthwatch have been commissioned to review Healthcare in prisons alongside NHS England.
- BP informed members of a National Association of Patient Participation (NAPP) awareness event held at his local GP surgery to mark National Patient Participation week. Sessions were very well attended with new PPG members recruited including 20 virtual members; many of whom are younger participants.
- The CCG undertook an unannounced visit to the A&E department on 1<sup>st</sup> June 2015. A report on the visit was heard at the Joint CCG Quality Committee. BP explained to members that the committee heard that whilst there were delays in the department, all patients were being appropriately cared for.
- JS advised congress that all Six Staffordshire CCGs have appointed Staffordshire Doctors on Call (SDUC) to lead on the NHS 111 contract for the next 5 years.
- GJ informed members that the Stoke on Trent and North Staffordshire CCGs are working with Support Staffordshire and VAST to develop a strategy for engaging the voluntary sector.
- Congress members agreed that the agenda and summary should be made available for onward circulation to PPGs.

### **Martin Samuels – Domiciliary Care**

Martin Samuels, Commissioner for Care at Staffordshire County Council, attended congress to speak about Domiciliary Care. MS explained that whilst domiciliary care is a statutory responsibility of the local authority, for Staffordshire this responsibility is delegated by contract to the Stoke and Staffordshire Partnership Trust (SSOTP) The current position is that a new 3 year contract has been agreed with SSOTP, but this will be refreshed with some changes.

Congress members were asked to consider the following:

What are your views on a stronger focus on personalisation and re- enablement?

What are your current experiences of delivery of domiciliary care?

A summary of the group feedback is captured below:

- Personalisation can create its own challenges. Individuals are potentially very vulnerable and may have difficulty understanding what is available to them. This needs to be approached with caution as personalisation is not necessarily the same as holding a personal budget.
- Re-enablement – this is a “win win”, good for the individual, good for the health and care system, although re-enablement must be a fully integrated service. Individuals should be supported back to full health as far as possible with re-enablement packages personalised to suit user needs.
- Congress members welcomed the idea of more frequent reviews of those who are receiving domiciliary support, but felt this should not be mechanical and set to one year only. Reviews should be incorporated as part of the personalisation agenda with the professional making a decision on the timing of reviews with the individual receiving the support and their family.
- Voluntary and community sector involvement should be sought to support the domiciliary care agenda to help reduce financial cost to the Local Authority.
- Personal experiences of current service availability indicates that day care services are well run and are efficient;

although receiving regular night time support is more challenging. Co-ordination of services across providers and the Local Authority remains a problem.

### **Freedom to Speak up Report**

The Freedom to Speak Up Report was shared with congress members.

As part of the work to review the culture at North Staffordshire CCG, SP asked congress members for their views. Congress members were asked to consider the 6 Core NHS Values asking, can I think of any evidence where I have seen the CCG demonstrate this value and what could the CCG do better to ensure it demonstrates this value consistently?

Comments will be emailed to VB for collation and summarised at the August meeting.