

Commission for Health and Social Care Integration in the North East

Response from Northumberland VCS Assembly to inform work

- **Where do we need to focus our efforts and the money we spend on health and social care to make the biggest difference to the health and well-being of people in the North East?**

Focus efforts on person and community centred approaches as there is evidence that these approaches improve health outcomes and don't look to scaling up. Assist in enabling people to look after themselves better, providing networks and peer support that help improve health and well-being. Formal services and the wider community need to interact and collaborate to make this happen providing a grant - aided coordinator for localities to ensure partnership working, information sharing, mapping of provision and engagement with communities to support delivery of services. The focus needs to be in the community and on early intervention and prevention – reducing current demand and preventing and delaying later dependency on health and social care services. This can only be achieved by recognising and integrating VCS organisations as key delivery partners, and understanding the value of ongoing low level support provision including advice information and guidance to key demographics of the community infrastructure.

- **How can our organisations work more closely and differently, including working more with the community and voluntary sector to support people to stay well and independent and reduce reliance on hospital services?**

Focus needs to be on localities, close to home and meeting local needs, hence the importance of VCS collaborative working with local councils and CCG's. The VCS should be an integrated partner rather than an after thought involved in strategic planning in relation to health and well-being. Key considerations in achieving this will be procurement and commissioning processes that recognise the value of existing assets and experience within VCS providers, allow for collaboration and focus on social value, wellbeing value and social benefit. The voice of the voluntary and community sector should be embedded in core business and represented on Health and Well-Being Boards.

- **If there is already widespread agreement that the system ought to focus more on prevention why is this proving difficult to achieve? What are the barriers that need to be overcome in order to shift the system to one which prioritises prevention and better health outcomes?**

There is a need for systematic and sustainable routes to engagement between CCG, VCS and councils so that the VCS can contribute to plans and processes and be better informed about priorities at a local level and identify how the VCS can support delivery of prevention initiatives. NHS and local councils are inward looking, believing they have the answers and involving the VCS too late. Contracts with the

VCS need to be longer and if possible grants as dealing with long term issues that need long term solutions.

What do we need to do to support people to be sufficiently healthy?

Implement approaches which evidence positive outcomes for people e.g. peer support in mental health and diabetes, self management education for long term conditions, build social networks and social capital and reduce social isolation in older people (befriending). As an example, supporting family and friend carers to be healthy, understand the cared for condition, have flexible working for carers embedded in legislation, enables carers to support self-management and prevent hospital readmissions. Ensure wider implementation of social prescribing based on patients own life goals. The VCS could reduce costs and provide advantages of investing in the sector. e.g. carers support with self management,

Employers should have policies in place to support staff with caring roles and volunteering promoted as having a positive impact on health and well being, improving confidence and self esteem and also providing the first step into work.

It is also recognised that there is a need for more education, involvement activities and awareness raising of low level mental health conditions which prevent the need for longer term medical interventions.

- **How can we work with the wider devolution agenda on strengthening the regional economy, housing, training and skills so that they can play a part in efforts to improve the health and well being of people in the North East?**

There is a need to ensure that protocols are in place in terms of cross border health care service delivery to ensure efficient and effective access to health care for those living in the Border region. Rurality and distance are key issues for the county and transport play a key role in terms of access to health care, jobs, training, housing and reducing isolation. In a survey of North East women apart from a sense of isolation felt by those in the distant parts of our county, it can be a real disincentive to those for example being given a maternity appointment in Wansbeck Hospital near Ashington if faced with losing a whole day's employment for a 20 minute appointment. Some mentioned having to take 4 buses to get there, which is also expensive for younger people in employment. Subsequently most just didn't bother with all the appointments with obvious potential harm for their health. Older women, with caring responsibilities for children and/or their own elderly parents, mentioned that they too missed hospital appointments because they could not guarantee getting back to meet the children. One suggestion was to make much more use of the Scottish facilities as it is so much easier to nip over the border than travel by bus to the south east of Northumberland. The other is to make routine appointments for minor surgery and treatment available closer to where people work rather than where they live. Transport also affected those applying for jobs in the care sector.

One 20 year old explained she could not apply for some care jobs as it was assumed not only that she was a driver, but also that she had her own car. On minimum wage this was just not feasible.

There are voluntary organisations that provide assistance with transport e.g. Bell View, Belford provides transport to GP practices, hospital.

- **What additional powers should be devolved to the North East and how can local organisations work better with each other and with central government to improve the health and well-being of the people in the North East?**

-

- **What financial arrangements would need to underpin the shift to prevention and more community based care, supporting a place based focus and reducing spend on acute care?**

If there is an increased propensity to commission activity at the Combined Authority level, then the frameworks around which such activity is procured needs to properly reflect the potential of smaller, niche providers who can genuinely provide tailored interventions at a local level. A more nuanced approach that allows the VCS to properly engage in design and delivery will provide better quality services and value for money in the longer term. Contracts should also be for a longer term e.g. 3-5 year periods.