

NHS and Local Authority leadership seminar

4 May 2017

INFORMAL notes

“I have never known a time when the relationships have been as close – between the two councils, between health partners and indeed, across the entire system. We are closer together than we ever were. “

Priorities identified

- Reducing inequalities – and we should all recognise that prevention is not just public health’s responsibility.
- Structural problems of most of the money going into acute care – we need to look at the individual and work out where the monies should be spent to look after him.
- Early years
- Discharge from hospitals – and people going home to empty houses.
- Linking up with the voluntary sector (like Age UK), could provide us an opportunity to harness the volunteering capacity available. We don’t use this very well.

The money

- Would be helpful to see the spend plotted back over time – further back than the 13/14.
- Ideally we should be able to show the spend by sector across both health and social care. The scale of the problem we are facing together is huge. We need to map the different components of spend of each part of the system – if we know what everyone has, where its spent etc.
- Preventative spend – is within the LA budget, although the CCG does commission some services. There’s a balancing act to be pulled off – investing in prevention whilst managing the day to day pressures of demand is not an easy balance to achieve. Need to recognise the budgets in LA and NHS are separate – we need to jointly prioritise and make sure we don’t pull funding from one agency to another.

Workforce

- We need to make sure the integration of services values the contribution made through domiciliary care. We know that when there are higher skilled people going into people’s homes, there are better outcomes. The range of services delivered by domiciliary care workers, is massive and varied – yet career progression opportunities can be limited. We need to create a pathway so people know that coming into domiciliary care has a pathway into social care/ health etc – it needs to be an attractive option for people.
- 18% of the population in Newcastle works in the health and care system; its 14% in Gateshead. That’s a massive workforce. Carving out a good and attractive career path is critical.

Depleted communities

- There has been significant reduction in the connectivity people feel with their community. The impact of social isolation needs to be recognised.
- We all need to do some work about people going home to empty houses.
- Connected communities’ event held last year – social prescribing model featured large, as did the approach to community assets.
- We should be looking at all the things the councils does – housing, planning, transport etc.... we need to be radical in the way we are thinking about how we need to work in the future. We need a common and shared vision about what we are doing. Also describe how we are working together to make the difference we all aim to make.