



Kent LINK Community Engagement Event

Thursday, 25 February 2010

Riverside Lounge, Angel Centre, Angel Lane, Tonbridge, Kent TN9 1SF

Total Place Agenda

Debate and discuss:

- What one recommendation would you put forward to make a difference and improve health and social services working together?

Responses:

Table 1

Ideas:

- Reduce red tape barriers; who pulls the purse strings - creates arguments, don't care who pays
- Managed culture change giving service delivery / priority over house-keeping (insular view is a block)
- Shared data – tackle issues across health and social care etc
- Government support – problem already with acute trusts being seen as business – is a principle not in line with joint working
- Use of private sector to add to services available via public sector.

Table 2

Ideas:

- Better (lack of) communication – How do you improve:
 - Common fund holder
 - Common language
 - Open to change – new start
- Cross fertilization by getting health and social services to undertake job shadowing holistic approach to the individual citizen.

Table 3

Ideas:

- Stop keep changing the goal posts
- Stay with strategic plans
- Continual change = accountability avoidance, prevents progress and goal achievements and is very costly.

Table 4

Ideas:

- Merge therapy and like services by transferring them all to one body – probably health
- Provision of aids

Table 5

Ideas:

- Enable people to make better local informed choices about health / lifestyle issues with a view to improve prevention options by having all service providers available in one place or one website
- Minority report; pool the money.

Table 6

Ideas:

- Pooling budgets
- Flexibility in the system eg two year's hospitalisation £3000 – a bed available in residential care £800 – But social services won't pay (regular review if change made)
- Same trust offering both services but expenditure from two sources. If systems for front line services – staff gateway ethos! Import into health and social care, practical pooling work bases it
- Induction into one another's worlds and systems. Understand across divide so can be more effective for people – patients, carers, users of services.

Table 7

Ideas:

- Joined up budgets administered by one organisation
- Identify who is leading Total Place Agenda – terms of reference (lead by KCC and active partners), Kent Partnership and Treasury
- Reduce barriers between health and social care professionals – possible joint training
- Smaller geographical partnerships between health and social care rather than Kent wide to make it more manageable and more localised
- If there are barriers to asset sharing keep project moving forward by parking problem area, don't let it hinder progress
- Learn from and use successful methods that may be different but could be used – ie don't reinvent the wheel.

Table 8

Ideas:

- Overcoming barriers
- Inwardly focused on own organisation's success; awareness and understanding of each other's
- Structure, working guidelines, finance, resources and constraints
- Effective communication retain staff increases continuity – better outcome for patients / service users
- Ensure people centred approach
- Recognise that people who we are responsible for, we also care for often and beyond our working roles.

Table 9

Ideas:

- Cancer services are looking at working more closely joined up with social services
- Giving information, communicating with patients
- Accessible, relevant information at night
- Recognition that local issues may be different in relatively small geographical areas
- Looking at services individually, eg cancer, stroke
- Savings may take a little longer but improve quality of life
- Savings need to be acknowledged to move elsewhere – not just into a ‘black hole’
- Budgets are not being considered in terms of how they could be spent most effectively – change is needed for barriers to come down
- Cultural change in organisations – staff need to share the same vision
- Recommendation: Sharing of vision and power between organisations to allow savings to be used where they are needed backed up by leadership, cultural change and commercial costs.

Table 10

Ideas:

- Difference in culture – way it’s organised, hierarchy, medical model versus social model
- Letting go of ownership, but not experience
- Information / communication – partner information advertised by GP surgeries and hospitals
- Too many areas / localities – needs to be centralised
- Decision-making; no outcomes from community meetings, voluntary meetings and partner (Kent wide). Need to signpost more
- Assessments – health and social services should be joined up
- C. A. F
- Restrictions develop through legislation
- Set time boundaries.

Table 11

Ideas:

- Amalgamate NHS and social services under one chief executive over real or virtual unitary authorities.