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Better Care Fund Update

Comments to Cabinet 01/04/14Dr Terri Eynon CC (Labour Group Health Spokesman)

There is much to be welcomed in the Better Care Fund Update whose in principle aims and objectives are necessary and desirable.

My comments are those of a 'critical friend' who would like this project to succeed. I would like to bring to Cabinet's attention some areas of concern that they would do well to monitor.

These include:-

Housing adaptations
Primary care mental health
Patient experience

I am aware that slow provision of housing adaptations is a matter of frustration to Clinical Co-ordinators who are aware of patients ending up being re admitted due to lack of suitable adjustments. District Councils are the main providers of adaptations and are under their own pressures. They are not represented as a provider on the Better Care Programme Board.

Another notable absence from the Programme Board is the LLR wide provider of primary care mental health.

This Council has been conducting a Scrutiny Review Panel into anxiety and depression in over 65s. These common mental health problems are associated with chronic conditions, such as COPD, cardiovascular diseases and diabetes as well as Care Home residence and terminal illness. The Kings Fund and Centre for Mental Health estimate that £1 in every £8 spent on long-term conditions is linked to poor mental health and wellbeing – between £8 billion and £13 billion in England each year.

http://www.kingsfund.org.uk/publications/long-term-conditions-and-mental-health

Most anxiety and depression comes under the Mental Health Payment by Results categories 1-3 and should be dealt with in primary care. The Better Care Update (p44/34) plans to restructure mental health provision 'into the most efficient and effective settings'. I doubt this will be possible when the specialist provider of mental health is represented on the Board and the primary care provider is not.

The most worrying aspect of the Update is found on page 28/18.

One of the primary objectives of the Better Care Fund is to prevent 'unnecessary admissions'. Frail patients find themselves in hospital because of an upstream failure in the system that normally keeps them at home.

From a systems perspective, this is understood as preventing 'failure demand'.

To prevent 'failure demand' you need to start by understanding the 'customer perspective'. The patient and their relatives will be best placed to tell you where exactly the system failed. This is the most valuable data available in system engineering for patient safety.

The Better Care Fund Update states on page 28 that the definition of 'patient/service user experience' is to be confirmed. Apparently, there will be a 'nationally defined metric'.

It is especially disappointing that patients have to wait to be listened to in Leicestershire, where we have already experience of using co-created outcome measures (such as the Outcome Star) in Supporting Leicestershire Families.

Leicestershire Clinicians are also responsible for the British Geriatric Society 'Silver Book' campaign and Acute Care Guidelines for the Elderly.

http://www.bgs.org.uk/index.php/bgscampaigns-715/silverbook

The BGS Silver Book includes guidance on using a comprehensive geriatric assessment to prevent unnecessary admissions. It was not only used as the basis for both WLCCG and ELRCCG proactive/integrated care models. It was also mapped, by Leicester University CLARHC (whilst I was working there) to the Outcome Star model to enable systematic customer feedback.

It is commonly stated that the 'NHS kisses up and kicks down'. It is appears that in the Better Care system, as in the wider NHS, the customer is not the patient but the 'regime'. While waiting for our political masters to explain to us how to listen to patients, we are ignoring our own clinicians as well.

I hope that my political colleagues in Leicestershire have the confidence to challenge this unhelpful NHS culture and drive forward genuine patient engagement that does not depend on completing top-down tick boxes.

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