

Healthcare Forum
17th May 2018
Questions following presentation

Steve Mann introduced all to the Healthcare Forum and introduced Charlotte Fletcher from Dudley Council, Park Activator and Charlie from Shared Intelligence who was delivering a survey on Dudley Vision.

Presentation delivered by Dr Mayada Abu Affan

Q: This all seems very rational and sensible, but there are many individuals who are irrational and not as sensible. For example we know what we should do, but we don't always do it. How will we recognise that people aren't rational? Could a psychologist be employed?

A: This is not about rationality, this is nature, we have been created, so we want to develop resilience, we will involve a psychologist. Having resilience supports us in recovering from difficulties/setbacks etc.... we accept some will need more support, so we will have a strategy which will look after those at the top of the pyramid. There could be more support groups which are started by individuals.

Q: On your slide 'principles of self-care', what does asset base mean?

A: This is the building of strength of a person, and not on their deficit.

Q: Some people need more care and support. A lot of people want to self-care, but they can't do it without support. So without support, they can't do the healthy things, they need support to access healthy living (fruit/food/activities) How do they overcome that barrier?

A: We need to support the poorest individual, do they have friends, or are they lonely, how can we help their connectivity? It's not about money; it's how effective it is to empower people to self-care with the resources they have.

A: If we all adopt an asset based self-care approach, it's not about people thinking everyone should have a solution for them. Everyone has strength, but some need support to find their own strength. We need to do more for ourselves, and then resources will be available because we are moving forward to help ourselves. With an increased number of people with complex conditions, the money will run out, we need to look at different ways to support ourselves and each other.

Q: The picture; self care as a journey, is it a national picture? However the only destination we will most certainly reach is death. I take exception we will lead to a beautiful place, whatever you do, you're going to die.

A: To ensure an effective self care strategy, we are looking at a unified approach. Dudley CCG asked for the strategy to be done and Public Health are supporting. The destination of the journey does not necessarily mean the end of life. For example; if I decide today to reduce my medication for high blood pressure and be free of

medication, there are a number of things I need to do, in order to get to that point for me, which will be a positive destination for me.

Q: I agree with the idea of self-care, but will it be spread into the schools? Our children are the future, if you don't start at the grassroots, we are not going to tackle it.

A: I agree, there is a lot of work looking at building and strengthening resilience in children already. Children are taught about health eating and looking after themselves from an early age.

Q: Would you say you are coming from a psychologist perspective to tackle this issue?

A: I understand we need to look at mental wellbeing to understand self-care. Public Health has been spending lots of money on weight management and smoking cessation in recent years. We need to look at a different approach as it doesn't seem to be working.

It is inevitable the focus is on the individual, individual philosophy, the anxiety it causes but the other side of this, is political, but surely the political, community structures need setting up. People were not subject to this philosophy, young are more anxious than we ever were.

Q: Do you have information on agencies and organisations who already follow the behaviour change of the model?

A: We are currently developing the strategy, then will decide what is going to be done, and when. There is a lot of work already happening within the third sector and we would hope the third sector would be applying to take on some of this work.

Following the presentation and questions, Dr Richard Gee introduced Moss Grove Surgery Kinver (South East Staffordshire & Seisdon Peninsula CCG) joining Dudley CCG. Dr Gee advised attendees that Moss Grove Kingswinford Surgery is seeking public views on its' other practice, Moss Grove Kinver Surgery merging, but retaining separate sites. For this merger to be considered NHS England would also need to agree to a CCG Constitutional Change. Dudley CCG have been separately seeking views on a practice which currently sits within another CCG joining Dudley CCG (a Constitutional change)

From Dudley CCG's perspective, at this stage we believe that the Moss Grove Kinver surgery joining Dudley CCG would have minimal impact on patients–

- Many patients registered at Kinver already use services which are part of Dudley CCG
- Based upon information provided by the practice's current CCG and NHS England, taking on the practice wouldn't have any impact on Dudley CCG's financial stability or our ability to fund the services provided to you.

- It would be easier for the Moss Grove team to report to one CCG as the team currently operate across both sites and have to report to separate CCGs
- We are assured that the quality performance is good

Dr Gee opened up questions to attendee's.

Q: Who's budget does this come under, and how will it affect patients who live in Kinver?

A: There will be a negotiation between Dudley CCG and south staffs. Kinver is 10,000 population with Kinver surgery about 5,300. There are other surgeries within South Staff which will still be available and patients can transfer to if they prefer. We already have nurses from Dudley CCG looking after Kinver residents this is due to patients registered at Dudley Practices.

Q: Is there going to be negotiation between councils as well in regards to public health?

A: Council serves residents so this would not have an effect on service, Kinver residents would still receive South Staffs services.

Q: Surely the agreement should take place before the move into the MCP?

A: Once the MCP comes into action, the funding for Kinver will go to CCG, then go onto the MCP.

Q: Patients registered at a particular surgery, what about ones who aren't already registered?

A: Patients have a choice of surgery to attend. They can sign up to a local Kinver one, or still sign up to this one.