

Help Shape Future Services in Wolverhampton - Spring 2015

How we listened and engaged with you.....

Following a period of six weeks of engagement activities from 2 March to 12 April 2015, the outcomes of the engagement (including online, paper and face to face) have been presented to the Efficiency Review Group (ERG). The group has considered the original proposals, reviewed the engagement results and any additional information obtained and has recommended the following for approval by the Governing Body. The Governing Body considered these recommendations and the individual outcomes of the discussions are detailed below:

Afro Caribbean Community Initiative (ACCI) service – empowerment and engagement

Information received from the provider (ACCI) showed that the actual service delivered reflects a more direct service delivery towards recovery in support of those with complex, severe and enduring mental health needs, many of whom do not have English as a first language, and whose primary language is Patois.

The survey and face to face respondents felt that there would be a loss of support for this group, and for some mental health patients, the removal of this service could adversely affect their mental health wellbeing. There were concerns raised about the role of Community Development Workers. Some respondents also agreed with the original proposal. It should be noted however, that these comments were based on the original proposal of engagement and empowerment.

We have decided to provide funding for 2015/16 and review the service specification jointly with ACCI and WCC, to update it to reflect the actual service provided by ACCI. This revised service specification will need to provide the CCG with documented key performance indicators, which support the CCG's overall mental health strategic plan with clear outcomes.

Any potential CCG funding past the 31 March 2016 is to be discussed in 2015/16.

Wolverhampton Voluntary Sector Council (WVSC) empowerment service

Respondents highlighted that, whilst they did not understand fully the current role of the Community Development Workers, there was support for mental health support group Hear Our Voice. Some other suggestions included: educating family members to provide support, bringing back day centres, educating people on self-management of their mental health and increasing advocacy in the community.

Whilst the ERG identifies that advocacy support is beneficial to groups in the city, the ERG believes that this funding should be identified for more targeted provision in the future, rather than support groups through WVSC.

The CCG will serve notice to WCC to confirm that the CCG will not be contributing funding towards the WCC/WVSC contract past 31 March 2016.

Age UK - Supportive discharge service

The CCG has worked with AGE UK for the past 14 months to increase the number of people using the service (and thus reduce the unit cost). However the provider has been unable to achieve an increase in service users. It is only used by about four patients a day, and does not provide value for money with current costs of £60.56 per person.

We received four telephone calls from current/previous service users and the service provider sent in a letter disagreeing with the proposal and sent in two further service specification proposals for consideration, however these were at a higher cost. There was a suggestion to promote the service more widely to increase uptake. Comments also included: vulnerable patients needed the service, some people do not have access to an alternative method of transport, the service provided more than just a “drop off home” and that it helps reduce delayed discharge.

The CCG will disinvest in the funding for this service from 1 July 2015, due to the service cost per person and the low number of patients using the service.

Community benign skin lesion service

The current provider raised concerns about the capacity of the Community Dermatology Service. Survey and face to face respondents raised concerns including: Increase in demand and therefore waiting times at hospital and that the current provider is local, will the replacement be local too? The main theme of comments were in agreement with the proposal and noted that the service should be available at more GP surgeries.

Suggestions were to provide the service alongside the Community Dermatology service, share specialisms with other surgeries and increase training to nurses in surgeries to carry out the service.

The CCG currently commissions a dermatology service which has local sites set up at several local GP practices (further locations maybe set up for this service in the future); the new dermatology service undertakes all the service currently provided and therefore this is a duplication of contracts.

The CCG will disinvest the funding for this service from **1 July 2015**, due to the low number of patients using the service (three per week) and duplication of service with Community Dermatology Service.

Prescribing products containing glucosamine and chondroitin

Survey and face to face respondents raised concerns that those with mobility issues would find it difficult to exercise instead, however the vast majority agreed with the proposal and suggested that health professionals, or community groups could encourage uptake of exercise where appropriate. GP feedback raised that they would need support from the CCG to implement this proposal.

The CCG agreed to disinvest the funding for this product from **1 July 2015**, as this treatment is not recommended by NICE (CG 177).

Information regarding on-going Third Sector funding

The CCG are looking to review the mechanisms by which we support third sector organisations and how this funding is best allocated, assessed and measured.

We will be advising all parties of our progress in this matter in due course and expect to have a new process in place for any grant funding after 31 March 2016.