

Healthwatch Hertfordshire – Draft Comments on the ‘Update of the initial stages of Developing Integrated Care Strategy’

Purpose of the Paper

Following the presentation at the Integrated Care Partnership Board meeting in July, partner organisations were asked to comment on the various factors and principles outlined in the paper. A draft response is provided below based on the presentation that was given for discussion and agreement at Board.

1. Patient/Service User Focus

Despite there being considerable involvement and investment in coproduction and other methods of engagement of patients and the public, there is no mention of patient involvement in the paper other than ‘embed engagement of our population in the process’. A more explicit recognition of the importance of patient, service user & carer engagement, in addition to recognition of the work that is already undertaken, would be welcome.

2. Short term pressures overwhelming long term strategy

Rightly the emphasis is strategic – concerned with wellbeing and integration and a more ‘Population Health Management’ approach. However, COVID and ongoing resource issues have contributed to crisis affecting many areas. To name but a few examples: waiting lists are now approaching 7 million, many are suffering with poor mental health yet not receiving the desired service, and continuing issues in recruiting and developing care staff; all of this plus more means that the public’s main focus is on the current substantial difficulties rather than the long term. The strategy will need to address the short term and well as the long terms, especially as the short term pressures have a tendency to become long term.

3. Inequality

Reducing inequality is a key component of both Hertfordshire and Essex County Council’s Health & Wellbeing Strategies. Poverty and economic deprivation – which is often regarded as a problem of urban areas but in Hertfordshire and West Essex also affects households in rural areas – should be a clearer focus in the strategy.

4. Access

As mentioned in point 2, concerns over access to dentistry, mental health services, as well as unwarranted variation in GP Practice accessibility & services, are clearly matters that patients and the wider public have serious misgivings about. These are issues that can undermine patient and public confidence and support for a long term strategic approach.

There is a wider issue that the new Integrated Care System (ICS) structures and the strategies developed by them will be undermined as the public fail to understand what's fixable by the ICS and what can only be fixed by the Government. There is also a need for understanding what's fixable by the ICS and what requires the support and agreement of other organisations and institutions. Planning is an example of the latter. Decisions are made by local government both in terms of development and agreeing the Local Plan, as well as making individual planning decisions.

Based on the first meeting of the Integrated Care Partnership (ICP) Board, the intention seems to be that decision making should as far as possible be made at the Board by consensus. Some thought does need to be given as to how to resolve conflicts and disagreements. If the ICP Board is to be effective then differences of opinion are inevitable and we need to get our procedures in place so there are clear approaches for dealing with these.

Finally we would like to include as an underlying principle of the strategy that

'Care, Mental health and physical health having parity of esteem'

No doubt the wording can be improved, but the principle is surely correct.

Recommendation

Board members are asked to comment on and approve the response.