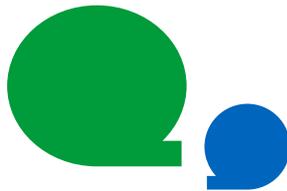


Thurrock Health and Care:

*Working together for
a better future*



**A report from the public event held at Orsett Hall
on Tuesday 29 April 2014**



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Introduction



NHS Thurrock CCG takes very seriously its commitment to share and engage with the public on its strategic plans. The CCG, along with Thurrock Council, Thurrock Healthwatch, Thurrock CVS and Thurrock Coalition organised a public engagement event on 29 April 2014 to discuss and share views on plans for shaping the health and social care landscape for the next five years.

The main topics under discussion were:

“Better Care Fund”: How we are reorganising existing funding across health and social care to offer a more holistic all-round care approach for citizens

Primary Care Strategy: An update and discussion on GP, dental and other primary care services

This report contains the main themes and feedback from attendees on these two areas.



Morning Session

Thurrock's Vision for Better Care

Thurrock Health and Wellbeing Board and NHS Thurrock CCG Board have developed a set of principles that frame Thurrock's Vision for an integrated health and social care system. Our vision is for all adults, children and young people to benefit from Better Care. We have chosen to focus our plan on the health and care of older adults, although as our plans for Better Care develop we will broaden our approach to address the needs of the whole community.

Below are the key themes from the public feedback which has been grouped into the Five Better Care principles.

(Feedback has been grouped into the following groups for responsibility: Commissioner/Provider/Service Users/All)

Question 1: How would we know if we were getting this principle right in Thurrock?

1. Empowered citizens who have choice and independence and take personal responsibility for their health and wellbeing

Understanding cultural change	Commissioner + Provider
Service User buy in	All
Not A&E first / don't call 999 if you don't need to	Service Users
Take responsibility for your own health	Service users
Education – get into schools / public education	Commissioners + Providers
Information networks, friends and face to face communication	All





2. Health and care solutions that can be accessed close to home

Social prescriptions – time banks	All
Community for community	All
As a network or community, help each other to help yourself	Service Users + Providers
Be a good neighbour	Service Users
People do not feel isolated or alone	Service Users + Providers
Find localised solutions to problems – specific to localities	Commissioners + Providers

3. High quality services tailored around the outcomes the individual wishes to achieve

Services will meet community needs rather than health led / provided	All
Service User to feel part of decision making process	All
Focusing on strengths individuals have and share	All
Improved health outcomes and wellbeing	All
Information about services more widely available	Commissioners + Providers

4. A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible

Better community support / networks – prevent depression / loneliness that in turn could lead to illness	Commissioners + Providers
Less pressure / demand on NHS services if improved own health / wellbeing	All
Self-management of Long Term Conditions	All
Proactive rather than reactive – ie self support, seek others in community, establish network/ buddying support	All
In order to support elderly people we need to educate 30-60 year olds who look after them and provide appropriate information	All
Patients cascade key messages on services and their positive experiences	Service Users
Earlier identification of patients in need through improved communities	All
Gain access to hard to reach groups through peer engagement	All

5. Systems and structures that enable and deliver a co-ordinated and seamless response

Honesty and openness within the community	Commissioners + providers
Integrated working	All
Contribute through hubs / PPGs – inform – two way dialogue	All
Engage with all citizen groups	All
Greater engagement of the third sector locally / collaboration makes them stronger	All
Improved participation will ensure public / patient ownership of the issues / solution	All
Simplify interactions between services for patients ie integration / patient passport	All

The public also provided general feedback that could be useful key messages

- Encouragement
- Support
- Empowerment
- Pass on experience of services and where waste occurs
- You will get more involvement once they see their voice is being heard
- An honest discussion with choice – bring the patient with you
- Learn from their experience – better education and communication
- Dr Mohile will start a laughing club
- Keep your hospital / GP appointments
- Have an open mind
- Get back to community spirit
- Keeping it “real and grounded”
- Adding some common sense “customer perspective”



The discussions at the event were very rich and varied. We would like to point out that much of the feedback at the sessions could easily fit into more than one principle.



Opportunities: Where are there good examples of citizen engagement and empowerment that we can learn from and spread?

- Appreciate and utilise the value of the third sector
- Harness community spirit which led to creation of community hubs ie South Ockendon
- Be a caring community and encourage citizens to befriend – take people to appointments rather than use health transport for example
- Go to where people are and not expect them to come to us
- Wider role of some services (including pharmacy) to work with isolated and vulnerable groups
- Patient Participation Groups
- Volunteer sector and charity sector and local community forums – use to reach all citizens ie to target minority groups
- Women’s health and equality consultation – there is a need for a subgroup in Healthwatch and the Health and Wellbeing Board
- How will you evidence that what we have said has had a positive long term impact upon service delivery? People would welcome feedback on our contribution at a future event opportunity
- Advertise NHS 111 more
- Innovation and education.

Challenges: What prevents active citizen engagement and empowerment that we need to tackle?

- Financial state of health and care systems – budgets and cutbacks
- Lack of knowledge / information – lack of awareness (more public education)
- Thinking they can’t make a difference
- Language barrier – diverse communities as well as plain English (and other languages)
- Patient distrust – of current systems and through lack of engagement and or feedback
- Change hearts and minds - generally people are only interested when unwell or have a problem
- The changing community and demographic needs
- Isolation

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- The changing community and demographic needs
- Isolation
- People need to use the NHS resources wisely (keep appointments, use meds appropriately etc.)

Key messages for the Health and Wellbeing Board

- Monetary support for signposting to voluntary sector / specialist services – these are valuable in achieving intervention / prevention / Local Area Co-ordinators (LAC) / advice / info / advocacy / working together – ready and willing to help, but not for free
- Releasing some of the power
- Holistic approach to what the person needs, not just offering what is available according to budgets (bottom up approach rather than top down)
- Bringing together patient participation groups
- Support carers
- Transparency
- Involvement of Community
- Not clear still about Health and Wellbeing Board or CCGs or what they do
- Population / citizens do not understand the Health / local area structure
- Ensure strategies include role of individual and community
- Small investment to the voluntary sector can give big rewards ie The community has some of the answers
- Keep patients at the centre, do not lose sight of the patient / individual.



Parking slot for things we cannot agree on

- Working with Travellers with SEPT
- Parking costs at BTUH.

Afternoon Session

'Transforming Primary Care in Essex'

The Vision for Primary Care

Primary care services are perceived by the public as those services delivered from general practice; however primary care includes dental practices, pharmacies and optometrists.

Primary care needs to be delivering the highest quality service consistently across every access point in Essex and needs to be accessible seven days a week.

Primary care is the gateway for the population to address their health issues through the prevention and treatment of illness, avoiding patients having to attend hospital. It contains a rich diversity of professionals ranging from GPs, Nurse Practitioners, Nurses, Optometrists and Pharmacists through to allied health professionals and others.

Primary care will be much more. It is the district nurse, the therapist, the mental health nurse. It is the health care assistant, the palliative care nurse and the health visitor.

A new concept will be established, that of a `primary care hub' which brings primary care provision together in an integrated way and delivers services in new and innovative ways.



What we plan to do: how we aim to improve Primary Care services



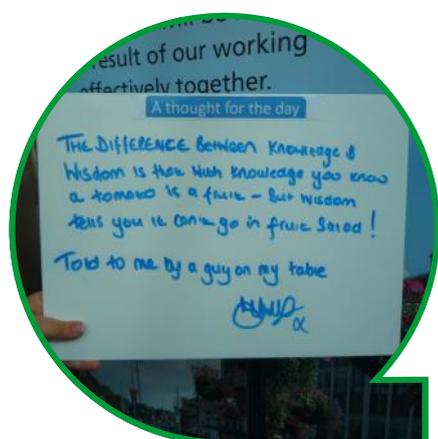
- Make it simpler for you or your family/carer to access and receive primary care services and advice.
- Help you or your family/carer's awareness of how to self-care and detect health issues early.
- Support you to manage your acute or long term physical or mental condition.
- If your need is urgent, provide you with guaranteed same day access to the primary care team.
- Improve your care, experience and outcome by ensuring early senior clinical contact is given
- Wherever appropriate, manage you, where you present (including at home and over the telephone).
- If it's not appropriate to treat you where you seek help from (including at home and over the telephone), direct you to a place of treatment within a safe amount of time.
- Make sure information, critical for your care, is available to all those treating you.
- Where you need wider support for your mental, physical and social needs, ensure it is available and easy to access.
- You can be confident that the quality of your care is good and you will be protected from harm.

Why is Change Needed?

In Essex there are more than 1,000 independent contractors delivering primary care services as well as five community trusts, five acute trusts and two mental health trusts. Although there are some excellent examples of integrated care being implemented, patients are still too often treated as a new patient every time they see a different health or social care professional. Links with social care are developing but much greater integration is needed. This also applies to the vital role played by the voluntary sector.

What the public said they wanted through the Primary Care Strategy

<i>Listed in order of popularity</i>
Improved integrated care-pathways, close to home; through 'Hub'-model
Better use and promotion of pharmacies
Savings and efficiencies: offering more to patients using same/similar resources
Improve patient participation, involvement and empowerment
Improved workforce: local development, recruitment and retention





The following captures what citizens did not understand and/or were not clear about:

- Timeline for implementation
- Role of voluntary services within creation of hubs
- How will we respond to workforce shortage?
- Understanding enhanced role of pharmacy services within the new hub model
- Clarification on operationalising hubs within existing premises.

Finally citizens thought the following key themes were missing from the Primary Care Strategy:

- Role and integration of mental health within hubs
- Financial sustainability of the hub model and the wider financial impact upon the health economy
- Understanding the patient journey in the future
- Concern on centralisation of service may mean worse access for some
- Further analysis required on gaps in workforce eg Nursing, pharmacy.



In summary ...

All feedback in this document has been taken from the *Thurrock Health and Care: Working together for a better future* public engagement event in Thurrock.

The NHS Mandate renews our focus on improving patient outcomes and reducing health inequalities.

The NHS Outcomes Framework indicators are grouped around five 'domains':

- Preventing people from dying prematurely;
- Enhancing quality of life for people with long-term conditions;
- Helping people to recover from episodes of ill health or following injury;
- Ensuring that people have a positive experience of care; and
- Treating and caring for people in a safe environment; and protecting them from avoidable harm.

Everyone Counts: Planning for Patients 2014/15 to 2018/19

The five 'offers' as set out in NHS England's planning framework 'Everyone Counts: Planning for Patients 2013/14' remain central to the new Planning for Patients 2014/15 to 2018/19. These five 'offers' are:

- NHS Services, Seven Days a Week;
- More Transparency, More Choice;
- Listening to Patients and Increasing their Participation;
- Better Data, Informed Commissioning, Driving Improved Outcomes; and
- Higher Standards, Safer Care.

There are also seven key 'ambitions' that NHS England aspires to:

- Securing additional years of life for people with treatable mental and physical conditions
- Improving the health related quality of life for people with one or more long term condition (including mental health conditions)
- Reducing the amount of time people spend in hospital through better and more integrated care in the community, outside of hospital
- Increasing the proportion of older people living independently at home following discharge from hospital
- Increasing the number of people with mental and physical health conditions having a positive experience of hospital care
- Increasing the number of people with mental and physical health conditions having a positive experience of care outside of hospital, in general practice and in the community
- Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.





Conclusion and next steps

NHS Thurrock CCG and Thurrock Council have established a joint Health and Social Care Transformation Programme. The purpose of the Programme is to plan and manage the challenging transformation process for the redesign of social care and health services to deliver the best outcomes for citizens. This is in the context of increased demand but less available resource.

Part of our approach includes an Engagement Group and accompanying Engagement Plan. We have agreed that citizens and users of the services we will be reviewing need to be engaged in the process of system redesign from the earliest opportunity.

The feedback that we have received from the 29 April event will be used as part of our Engagement approach to help us identify why and how the health and care system needs to change. This work will be undertaken by a Whole Systems Redesign Group.

The next steps in terms of ensuring that the results of the 29 April event are considered, and that citizens are involved in the on-going work of the Health and Social Care Transformation Programme are as follows:

- Report considered by the Engagement Group
- Report considered as part of development of Engagement Plan and Engagement Actions
- Results of report considered as part of work of the Whole System Redesign Group
- Engagement Group to consider ongoing engagement work and how to best engage citizens in the work of the Health and Transformation Programme

With regards to the development of the Primary Care Strategy, the feedback received from the 29 April is being used in the development of the final strategy which is currently being finalised.

View images from the day at:
www.thurrockccg.nhs.uk/working-together-for-a-better-future

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